A MODEL FOR THE STRATEGIC MANAGEMENT OF HIV/AIDS IN GAUTENG SCHOOLS

LETSATSI JONAS MOEKETSI

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PROMOTER: Dr Elda de Waal

CO-PROMOTER: Dr E A S de Waal

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ABSTRACT

The purpose of this study was to investigate current support from the Gauteng Department of Education with regard to the HIV/Aids-infected and affected learners and educators. The ultimate purpose was to find a solution for the ineffective management of HIV/Aids in the Gauteng Department of Education.

In developing such a solution, the focus was on the following aspects:

- The role of the Gauteng Department of Education in combating HIV/Aids
- The effects of HIV/Aids on education
- The effects of education on HIV/Aids
- The role of SGBs in helping schools to combat HIV/Aids

The literature study revealed that there is ineffective support for HIV/Aids-infected and affected learners and educators in South Africa. It also exposed that the Employee Assistance Programme (EAP) is not effective enough. It is evident that most educators do not have the necessary skills in handling the learners who are infected and affected by HIV/Aids. In order to save the future of education in Gauteng from the HIV/Aids pandemic, there is an urgent need to implement a model for strategic management of HIV/Aids in the Gauteng Department of Education.

The empirical study consisted of a structured questionnaire distributed to a sample population of educators in Sedibeng-East, Sedibeng-West and Johannesburg-South Districts. It was aimed at gathering information about the role of the Gauteng Department of Education in supporting learners and educators who are infected and affected by HIV/Aids, as well as determining a solution to managing HIV/Aids strategically at schools. The main findings of the empirical investigation revealed that ineffective methods are being applied to manage HIV/Aids strategically at most schools.

A model as solution for the strategic management of HIV/Aids in the Gauteng Department of Education was therefore proposed. The model was structured to provide Gauteng schools with a usable tool for managing HIV/Aids at schools strategically.

UITTREKSEL

Die doel van hierdie studie was om na te vors watter ondersteuning die Gautengse Onderwysdepartement tans bied aan leerders en opvoeders wat aan MIV/VIGS ly of daardeur geaffekteer word. Die uiteindelike mikpunt was om 'n oplossing te vind vir die oneffektiewe bestuur van MIV/VIGS in die Gautengse Onderwysdepartement.

In die vind van sodanige oplossing was die fokus op die volgende aspekte:

- Die rol van die Gautengse Onderwysdepartement in die bekamping van MIV/VIGS.
- Die uitwerking van MIV/VIGS op die onderwys.
- Die uitwerking van die onderwys op MIV/VIGS.
- Die rol wat Skoolbestuursliggame speel om skole te help in hul stryd teen MIV/VIGS.

Die literatuurstudie het aangetoon dat daar oneffektiewe ondersteuning vir MIV/VIGS-lydende of deur MIV/VIGS-geaffekteerde leerders en opvoeders bestaan. Dit het ook laat blyk dat die Werknemershulpprogram nie effektief genoeg is nie. Dit het verder geblyk dat opvoeders nie oor die nodige vaardighede beskik om MIV/VIGS-lydende of deur MIV/VIGS-geaffekteerde leerders te hanteer nie. Om die toekoms van die onderwys te vrywaar van die MIV/VIGS-pandemie, is dit gebiedend noodsaaklik dat 'n model vir die strategiese bestuur van MIV/VIGS in die Gautengse Onderwysdepartement geïmplementeer word.

Die empiriese studie het bestaan uit 'n gestruktureerde vraelys wat aan 'n steekproef van opvoeders in Sedibengoos, Sedibengwes en Johannesburgsuid uitgereik is. Dit was daarop gemik om inligting te versamel oor die rol van die Gautengse Onderwysdepartement in die ondersteuning van MIV/VIGS-lydende en MIV/VIGS-geaffekteerde leerders en opvoeders, as ook om die oplossing te bepaal wat ingestel moet word om MIV/VIGS op

skole effektief te bestuur. Die hoofbevindinge van die empiriese ondersoek het aangetoon dat onsuksesvolle metodes tans toegepas word om dit tans te doen.

'n Model as oplossing vir strategiese bestuur van MIV/VIGS in die Gautengse Onderwysdepartement is dus voorgestel. Die model is gestruktureer om Gautengseskole te voorsien van 'n bruikbare instrument vir die effektiewe bestuur van MIV/VIGS aan skole.

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ORIENTATION OF THE STUDY

1.1 INTRODUCTION AND STATEMENT OF THE PROBLEM

HIV/Aids is a destructive international and national problem. As this disease has become increasingly prevalent, it has emerged as a leading cause of death (Geballe, Gruendel & Andiman, 1995:24). At this stage, 5 million South Africans are infected with HIV/Aids (Desmond & Gow, 2002: 3) and according to Geballe *et al.* (1995: 24), more children in this country lose their mothers to AIDS than to automobile accidents each year. Coombe (2002: 26) maintains that HIV/Aids is an overwhelming disaster and that little has been done so far to confront it effectively. South African schools therefore need to act decisively and put mechanisms in place that can manage the pandemic strategically and reduce the rate of infection among our educators and learners.

The report on the study about AIDS, Future Fact (2000:3), brings the alarming proportions of the disaster to our attention: "When we talk HIV/Aids, we talk in millions. Millions infected, millions dying. - The enormity of it is too much to comprehend." Bor, Miller and Goldman (1992:10) have every right to say it is alarming to see the death rate among educators and learners as the HIV/Aids pandemic is spreading like a wild fire.

Thompson and Strickland (1993:12) point out that strategic management comprises judging whether things could go on as they are, or whether changes need to be effected (*cf.*3.2.2, Chapter 6; 7.3.2).

According to Lovelife (2001:4), the Joint United Program on HIV/Aids (UNAIDS) and the World Health Organisation (WHO) estimate that the pandemic has created a cumulative total of 13,2 million HIV/Aids orphans. In 2000, an estimated 600 000 children aged 14 or younger had already become infected with HIV/Aids, and Frederiksson (2002:1) indicates that in 2001 it was estimated that 83581 babies had become infected through mother-child transmission. Unfortunately, unlike adults with HIV infection, who often remain

asymptomatic for many years, infected children tend to become symptomatic very quickly (Geballe *et al.*, 1995: 26).

Even before these facts became known, Asmal (1999:1) warned that almost every educator would eventually be teaching some learners who are HIV/Aids-positive. He further pointed out that this disease would disrupt learning and teaching.

Firstly there is the precarious situation of the learners. Infected parents tend to ignore their children and concentrate more on their own problems arising from their HIV/Aids status. Children watch helplessly as death sweeps through their families (Geballe *et al.*, 1995:1). The quality of the relationship between mother and child may be affected by deteriorating physical and mental health, especially during the child's early developmental years (Bor, Miller & Goldman, 1992:10).

If children lose their parents, they are faced with even greater problems such as scarcity of food and lack of parental care. Most of these children might even be emotionally disturbed. Families with members who have HIV/Aids may experience high levels of stress and disruption in all areas of family life (Bor & Elford, 1994: 8). Learners experiencing the above-mentioned problems may not cope with their studies. Because of the stigma attached to HIV/Aids, learners could easily drop out from school. Traditional families that have already developed internal ways of coping with crises may be totally unprepared for the stress created by external pressure such as stigmatization *(Ibid.*,8).

According to the statistics given above and the exposition of the plight of the learners, those who will survive to enter the public school system will pose a challenge to the education departments in managing the disease at schools.

This dilemma is compounded by the equally precarious situation of educators who live in fear of infection being no longer productive or effective at their work. There is no quality teaching and learning when educators are undergoing a stressful situation due to HIV/Aids. The diagnosis of HIV infection can lead to major psychological problems, such as depression,

adjustment reaction or an exacerbation of existing problems (Bor *et al.*, 1992:6). Furthermore, the morale is low among educators, due to psychological problems that they are experiencing with regard to HIV/Aids. Schools are already experiencing the devastating effect of the pandemic as educators, learners and members of their families fall ill (Van Vollenhoven, 2003: 242). If more educators keep on dying, one wonders who will teach the upcoming generation, and how the future of South African education will be maintained.

Young educators who are appointed in managerial positions cannot concentrate purely on their management skills because some of them are affected by HIV/Aids. AIDS strikes predominantly the young, not the old (Geballe *et al.*, 1995:1). As old educators are leaving the system, they create a problem within the Education Department because their experience cannot be replaced. The Gauteng Department of Education is then faced with the problem of maintaining quality management within schools.

At the same time, the Gauteng Department of Education is losing money in the form of bursaries already granted and of the talents of students at tertiary institutions who are already infected by HIV/Aids. These students can no longer contribute meaningfully to the Gauteng Department of Education due to their HIV/Aids status (Geballe *et al.*, 1995:2). The future of the Gauteng Department of Education is therefore at stake because they are losing future managers: educators and administrators who could be raising the standard of the Gauteng Department of Education (Van Vollenhoven, 2003:243).

There can be no doubt: HIV/Aids is a global crisis and constitutes one of the most formidable challenges to workplace management (Maile, 2003: 78). The researcher agrees with Kelly (2000:7) that there is an urgent need for the education system to react quickly to have mechanisms in place to create solutions.

This study therefore attempted to answer the following questions:

- What impact does positive HIV/Aids status have on education?

- What does the strategic management of HIV/Aids comprise of at school level?

- How do educators respond to questions concerning:

  - the existing management of HIV/Aids at school;

  - the effect of HIV/Aids on educators and learners;

  - the involvement of the Gauteng Department of Education at school level; and

  - perceptions on HIV/Aids?

- What solution can be envisaged to augment the strategic management of HIV/Aids at school level, if necessary?

1.2 AIM OF STUDY

The overall aim of this study was to investigate whether the Gauteng Department of Education is able to manage HIV/Aids at Gauteng schools strategically.

The overall aim was operationalized by:

- presenting an overview of the impact of positive HIV/Aids status on education;

- highlighting the essential requirements of the strategic management of HIV/Aids at school;

- determining educators' responses to statements concerning:

  - the existing management of HIV/Aids at school;

  - the effect of HIV/Aids on educators and learners;

  - the involvement of the Gauteng Department of Education at school level; and

- perceptions on HIV/Aids.

- developing a solution for the strategic management of HIV/Aids at Gauteng schools, if necessary (*cf.*4.1; 4.3.2; chapter 6).

1.3 METHOD OF RESEARCH

1.3.1 Literature review

On the one hand, primary and secondary literature sources were studied to gather information on the impact of positive HIV/Aids status on education. The database used was EBSCO host web.

On the other hand, primary and secondary literature sources were evaluated to present an analysis of the strategic management of HIV/Aids at school level.

1.3.2 Empirical research

For the purpose of this research, the quantitative approach was followed.

According to Leedy and Ormrod (2001:102-103), this approach helps the researcher to find explanations and make predictions that can be generalized to other people and places. At the same time, the researcher is able to use deductive reasoning to draw logical conclusions (*cf.*4.2.2).

1.3.2.1 Aim

The empirical investigation was conducted to gather information on educators' responses to statements concerning the existing management of HIV/Aids at schools, the effects of HIV/Aids on educators and learners, the involvement of the Gauteng Department of Education in the strategic management of HIV/Aids at schools, and perceptions on HIV/Aids.

1.3.2.2 Measuring instrument

Information gathered from the literature was used to develop and design a structured questionnaire to gather information regarding the above-mentioned aspects (*cf.* 1.2 & 1.3.2.1). In this regard permission was obtained from Dr

Mary Grösser to use a variety of questions from the questionnaire which she developed in 2004 during her nationwide research on HIV/Aids at schools.

1.3.2.3 Population and sampling

According to Powers, Meenaghan and Toomey (1985:235), population means a set of entities in which all the measurements of interest to the practitioner or researcher are represented. The entities may be people, such as all the educators or doctors, namely people of a particular type of work. The study of population is a study of the whole (De Vos, Strydom, Fouche & Delport. 2002:198). Seaberg (1988:240) also defines a population as the total set from which the individuals or units of the study are chosen.

The target population of this study (N = 4147) comprises both primary and secondary school educators in three Districts, namely Sedibeng West (D7), Sedibeng East (D8) and Johannesburg South (D11), all easily accessible to the researcher.

A sample comprises the elements of the population considered for actual inclusion in the study (Arkava & Lane, 1983:27). It can also be viewed as a subset of measurements drawn from a population in which we are interested.

Researchers study samples in an effort to understand the population from which it was drawn (De Vos *et al.*, 2002:199). Alternatively, a sample is a small portion of the total set of objects, events or persons that together comprise the subject of our study (Seaberg, 1988:240).

A representative sample of schools was randomly selected for the purpose of this study (n = 450). From the sample, ten schools in each District were used. Fifteen educators randomly selected from each school participated in the research.

1.3.2.4 Pilot survey to establish reliability

Before the questionnaire was administered to the sample, a pilot study was conducted with a selected number of respondents from the target population,

to determine its qualities of measurement and appropriateness, and to review it for clarity. The respondents did not experience any difficulties.

Bless and Higgson-Smith (2000:155) provide what is perhaps the most encompassing definition of the pilot study: " A small study conducted prior to a large piece of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate." A pilot survey is indeed a prerequisite for successful execution and completion of a research project (De Vos *et al.*, 2002:210).

The results of the pilot study of this research can be summarized as follows, according to Cronbach Alpha reliability scores:

Section B: 0,89

Section C: 0,77

Section E: 0,82

Section F: 0,84 (*cf.* 4.3.6). These scores indicated that the questionnaire complied with reliability criteria.

1.3.2.5 Validity

Validity was arrived at by considering both content validity and construct validity. The content validity was supported by specific test items being structured strictly according to the definition of each section. The construct validity was underpinned by the fact that although the questionnaire focused on different sections, the items all dealt with aspects which were important concerning the strategic management of HIV/Aids at school.

1.3.2.5.1 External validity

As pointed out by Leedy and Ormrod (2005:99), this refers to the question whether the results of research could be applied to situations other than that of the original study: can the results be generalized to other contexts?

The strategic used in this thesis, to pay specific attention to its external validity, was that of the representative sample (*cf. 1.3.2.3*; Leedy & Ormrod, 2005:99).

1.3.2.6 Statistical technique

The Statistical Consultancy Services of the North-West University (Vaal Triangle Campus) were approached for assistance in the analysis and interpretation of data collected. The SAS-programme was chosen to process the data, since this software provides a complete and comprehensive platform for data analysis. Frequency analysis was used.

1.4 FEASIBILITY OF THE STUDY

This study was feasible because of the following aspects:

- The study was conducted in the Gauteng Department of Education, which was accessible to the researcher.
- The researcher is working as deputy principal of a school in the Gauteng Department of Education.
- Literature sources used for gathering the information were sufficiently available.

1.5 ETHICAL ASPECTS

- The respondents remained anonymous and the information supplied by them was treated confidentially.
- The researcher also made sure that the collected data were not used to the detriment of those involved in the research project.
- Permission was obtained from GDE to complete this research project (*cf.* APPENDIX A).

- Permission was requested from the District Senior Manager (Sedibeng West) to conduct the research in 10 schools (*cf.* APPENDIX B). Only telephonic permission was granted.

- Appointments were made with the principal of each school to obtain permission to distribute the questionnaires.

- Permission was obtained from the participants (*cf.* APPENDIX C), thus obtaining informed consent (Leedy & Ormrod, 2005:101).

1.6 CHAPTER DIVISION

CHAPTER 1: Orientation of the study

CHAPTER 2: The impact of positive HIV/Aids status on education

CHAPTER 3: An analysis of the strategic management of HIV/Aids at school

CHAPTER 4: Empirical research design

CHAPTER 5: Data analysis and interpretation

CHAPTER 6: A model as solution for the strategic management of HIV/Aids at school

CHAPTER 7: Findings, recommendations and conclusion

1.7 CONTRIBUTION OF THE STUDY

While the role of the school principal and the School Management Team in managing HIV/Aids at school is recognized, cognizance is taken of the fact that not all of them have been trained specifically in this regard. There is ample evidence that this is a serious omission. Therefore this study investigated whether the Gauteng Department of Education is able to manage HIV/Aids at Gauteng schools strategically, and if not, to develop a solution to this problem.

Eventually it became clear that it was of vital importance to develop a model to assist in the strategic management of HIV/Aids at school level with the intent of curbing its disastrous effects as soon as possible.

1.8 SUMMARY

In this chapter, the problem of HIV/Aids as a disease that has become increasingly prevalent in the education sector was highlighted. The primary and secondary literature sources were studied to gather information on the impact of positive HIV/Aids status on education in South Africa.

In this research, a quantitative research approach was followed. The questionnaire was used as an instrument to gather information regarding HIV/Aids at Gauteng schools. A pilot study was conducted to test the appropriateness of the questionnaire.

The following chapter will focus on the impact of HIV/Aids on education.

CHAPTER TWO

THE IMPACT OF POSITIVE HIV/AIDS STATUS ON EDUCATION

2.1 INTRODUCTION

HIV/Aids is pandemic, a worldwide catastrophic health problem (Jones, 1996:1).

The focus of this chapter is aimed at looking at behaviour patterns ensuing from HIV/Aids. Educators, learners and even students at tertiary institutions are equally stressed out by HIV/Aids. The pandemic is so intense that no one can ignore the reality, and every life in the Republic is influenced by it (Van Vollenhoven, 2003: 242). Their stress escalates when they learn or see someone close to them die of AIDS. Because of the above-mentioned situation, their behaviour is not consistent. It changes as they come into contact with infected or affected people, yet adolescent AIDS has been the subject of relatively little attention since the AIDS pandemic began (Tonks, 1996:1).

The first official HIV/Aids story in South Africa was recorded in 1982, when two men, said to be homosexuals, died of this disease (Togni, 1997:25). Although the first cases of AIDS appeared in homosexuals, most of the HIV/Aids cases in South Africa are currently spread through heterosexual contact (Tshivhase, 2003:22) Transmission through other modes such as intravenous drug use, blood-on-blood contact and homosexual contact currently constitute a very small proportion of all infections (Kinghorn & Steinberg, 2000:5).

It is estimated that over 5 million South Africans are living with AIDS and unless major behavioural changes are adequately promoted and realized, this figure is projected to more than double over the next decade (Kaizer Family Foundation, 2000). Much has therefore to be done to educate people about HIV/Aids.

This chapter will look at what HIV/Aids is all about, the effect of HIV/Aids-status on people, the transmission of HIV/Aids, reactions to positive HIV-diagnosis, the effects of HIV/Aids-status on education, legal issues surrounding confidentiality, the effects of education on HIV/Aids, reflecting on an HIV/Aids intervention programme as support system implemented by the Gauteng Department of Education and the national policy on HIV/Aids.

2.2 WHAT HIV/AIDS IS ALL ABOUT

The centres for Control and Prevention define Acquired Immune Deficiency Syndrome (AIDS) as a specific group of diseases or conditions which are indicative of a severe immuno-suppression related to infection with the Human Immune Deficiency Virus (HIV) (Jones, 1996:2).

According to the Department of Health (1997:12), HIV stands for the Human Immune-deficiency Virus. HIV was found to be the cause of the Acquired Immune Deficiency Syndrome (AIDS) in 1983 (Vlok, 2001:29). The Department of Health's report (1997:13) states that HIV/Aids attacks and slowly destroys the immune system by entering and destroying a type of white blood cell named the CD 4, which is essential to the body's immune system (Department of Health, 1997:13). Loss of these important cells weakens the body and makes it vulnerable to opportunistic infections. However, a person can have an HIV infection and look and feel healthy for many years, often 10 years or longer. Factors that can determine how quickly a person becomes ill include (*Ibid*):

- age;
- health history;
- life style; and
- presence of other infections.

An important current issue, both in relation to the high incidence of teenage pregnancy and of sexually transmitted diseases, is the need for money, primarily among girls (Webb, 1997:126). This interaction between poverty and

the spread of HIV/Aids is often alluded to without exploration, and there is a basic need to analyse this socio-sexual phenomenon as it lies at the heart of the epidemic. The relationship involves some sort of exchange in return for sexual favours, either during the course of a regular relationship or in a more casual liaison, which could also be defined as prostitution (Webb, 1997:127).

The disturbing reality of female economic dependence upon males encompasses a broad spectrum of sexual relations, including the sugar daddy/ mummy phenomenon, which is common across all of South Africa (*Ibid.*).

2.2.1 Transmission of HIV/Aids

The spread of HIV/Aids across the globe is now unfortunately a familiar story (Webb, 1997:1). The changing structure of the population will have untold effects on the way societies organize and reproduce themselves. Those meant to lead the reconstruction process (parents) are coughing and dying because of HIV/Aids, with their children growing up in a situation characterized by poverty and uncertainty.

The Human Immune Deficiency Virus is transmitted by contact with certain body fluids or tissues of a person infected with the virus (Jones, 1996:3). It is important for people to know that HIV travels in blood and that they must be extra careful when dealing with blood.

According to the Department of Health's report (1997:16), there are three main ways in which HIV is transmitted. These will now be discussed.

2.2.1.1 Sexual contact

HIV infection is sexually transmitted primarily through unprotected vaginal or anal intercourse (Van Dyk, 2001:2).

During sexual contact a person can infect the uninfected person through semen and vaginal fluids. The presence of a sexually transmitted disease (STD) can increase the chances of transmitting or being infected with the virus (Webb, 1997:117).

2.2.1.2 Infection through blood transmission

When the uninfected person has an open wound that comes into contact with infected blood, he/she becomes infected. Infection can also occur if a person receives infected blood from the blood bank. According to Landau-Staton and Clements (1993:5), blood transmission was not stressed originally, resulting in the infection of about 12 000 blood recipients before the blood bank finally instituted screening of blood. On the other hand, HIV infection continues to spread through intravenous means, i.e. drug users (Webb, 1997:117).

2.2.1.3 Mother-child infection

HIV/Aids can be transferred from an infected mother to her child during pregnancy, childbirth or breastfeeding. Frederiksson (2002:1) indicates that, in 2001 it was estimated that 83 581 babies had become infected through mother-to-child transmission. This is, without any doubt, one of the most heart-rending aspects of the pandemic with serious implications for the situation at school.

However, according to Amunyunza-Nyamongo (2001:86), ignorance, poverty, the high incidence of sexually transmitted diseases, socio-cultural beliefs and practices, civil strife and deficient public healthcare systems are the main factors for the HIV/Aids spread in Africa.

According to the statistics above, those who will survive to enter the public school system will definitely pose a challenge to the Gauteng Department of Education in managing this disease at schools (*Ibid.*). One of the challenges could be to implement an effective HIV/Aids programme as part of the curriculum.

2.2.2 Misconceptions about HIV/Aids

Members of some cultures believe that AIDS represents a punishment for their sins, curses or a test from God or the gods of one's faith or the faith of one's family (Geballe *et al.*, 1995:100).

When an acculturated young adult becomes infected with the HIV disease, more traditional family members may believe that the infected relative placed himself/herself at risk by straying from the old ways, using drugs, having sex outside marriage or socializing with others outside the traditional culture (*Ibid.*:99). For them, HIV/Aids is compatible with a Sodom and Gomorrah belief that it suddenly struck from the sky as God's punishment (Landau-Staton & Clements, 1993:5).

The following misconceptions and facts should be looked into critically (Anon., 2004:12-13):

Table 2.1: Misconceptions and facts concerning HIV/Aids

Misconceptions	Facts
HIV/AID is God's punishment, and a person living with HIV/Aids has sinned or is dirty. People are described as guilty (mothers or parents) and others as innocent (children).	HIV/Aids is not punishment and no one is guilty or innocent. Many faith-based organizations are active in countering stigma and discrimination, and providing care and support for people with HIV/Aids.
Some people believe they can get HIV/Aids through casual contact. This myth has led to children living with or affected by HIV/Aids being prohibited from attending school due to fear that they will pass on HIV/Aids to other children.	By law, all children have the right to go to school, whether they are HIV/Aids positive or not. HIV/Aids cannot be passed on through social contact or in the normal school environment. Schools should take precautions, such as using latex gloves when attending to any child who is bleeding.
If people insist on using condoms, some people assume the person is HIV/Aids positive.	Insisting on using condoms is the responsible thing to do, whether a person is HIV/Aids positive or not. It is his/her responsibility to protect

	his/her health, and that of his/her partner.
HIV/Aids only happens to some people such as gays, black people, poor people and migrants.	Anyone can contract HIV/Aids. Social status, wealth or belonging to a certain group does not exclude anyone. In South Africa, it is estimated that 3-6% of the white population is HIV/Aids positive.
Some employers believe that people with HIV/Aids are sick, unproductive and will burden their companies. Colleagues may refuse to share office facilities with someone living with HIV/Aids for fear of getting HIV.	Persons with HIV/Aids can live a healthy and productive life for many years. The provision of life-prolonging antiretroviral medicines will also increase their productive lives. There are several laws that protect people against being dismissed because they are HIV/Aids positive. Employers may not test someone for HIV/Aids without their informed consent.
Some communities and families believe that someone with HIV/Aids brings shame upon them. People have been banished, hidden, abandoned and even murdered because they are HIV/Aids positive. For fear of this, many people deny or hide their HIV-positive status.	The Constitution of South Africa prevents discrimination against people, irrespective of their race, sex, sexuality or health status. Families and friends play an important role in providing care and support to people living with HIV/Aids. Being open about HIV/Aids encourages others to disclose their status, and creates an environment in which prevention is much easier. Stress and emotional pain can speed

	up the onset of AIDS, whereas people with support are more likely to get help more easily and live healthier lives.

(Anon., 2004:12-13)

The above table explains the difference between the misconceptions and the facts of life with regard to HIV/Aids. More information about HIV/Aids helps people to understand facts, rather than believe the misconceptions. People need to understand the reality about HIV/Aids. Misconceptions can mislead people, thus it is important for people to access the correct information with regard to HIV/Aids.

It is of grave importance that cognizance should be taken of people's reactions concerning positive HIV-diagnosis

2.3 REACTIONS TO POSITIVE HIV-DIAGNOSIS

The diagnosis of HIV infection in a child threatens the integrity of the family in a unique way. Apart from the agony of the discovery, it may cause the mother to be tested and to discover that she is zero-positive, thus further testing may involve the father and other siblings (Boyd-Franklin, Steiner & Boland, 1995:5).

On hearing the diagnosis, parents are often unable to take in the information, which may resort to denial or disbelief (Brown, 2002:5). Denial takes different forms. Some families even attempt to withdraw or run away from medical facilities. People infected with HIV or who have children or other family members who are, undergo major stress and serious psychological problems. They find it difficult to communicate their conditions to their parents or partners because these can affect their relationships with them (Evian, 2000:53). It is also often difficult for a person to accept and believe that he/she has the HIV infection merely on the basis of an HIV positive test result (*Ibid.*52). So most HIV-positive people go through a phase of denial which is

an important and protective defence mechanism because it temporarily reduces emotional stress (Van Dyk, 2001:257).

What people need to understand is that, to an ordinary person who is diagnosed HIV positive, the meaning of HIV becomes different. To HIV infected people, HIV positive results mean death, losing a family, an isolated social life and living in social stigma. "AIDS kills! AIDS kills" is a demoralizing trademark. This trademark sends a devastating message to someone who has just been informed about his/her HIV/Aids status (Madikong, 2004:16).

Even before the symptoms occur, those infected with HIV have concerns about future economic security, sexuality and disease transmission, rejection from family, friends, lovers, and eventual ill health and death (Bor & Elford, 1994:98). An HIV diagnosis is commonly associated with depression, suicidal ideas, guilt and fear of social isolation (*Ibid*). HIV/Aids can remove the hope and the will to live, influencing an individual to welcome death prematurely or to run towards death by active suicide, passive withdrawal or refusal of medical treatment.

To clarify the question regarding how people react to positive HIV-diagnosis, nine different reactions are pointed out below.

2.3.1 HIV/Aids phobia

People with HIV and their families continue to face stigmatization in their communities and some encounter violence, which has become a rampant problem in our country (Jones, 1996:40). The common response to this disease is often *AIDS phobia*, a stigmatization that has profoundly affected the lives of HIV-infected children and their families, and is linked to homophobia, judgments about sexual promiscuity or drug abuse, and fear. Fear of contagion persists despite evidence that AIDS can be acquired only through sexual transmission or exposure to contaminated blood products (*Ibid.*).

According to Jones (1996:42), some school systems have barred HIV-infected children, families have become homeless when landlords refused to

rent apartments to them, parents have lost employment and their children are rejected by their peers because of their HIV positive status.

The children with HIV/Aids may suffer at school as well as at home. Although confidentiality is the rule at schools, the diagnosis of HIV/Aids can be revealed through other sources, leading to teasing and harassment by other children and blatant avoidance by school personnel (Brown,2002:6). Once the sufferer's secret is known, other learners are anticipating his /her death prematurely, and this kind of situation causes children with HIV/Aids to suffer from anxiety and depression in anticipation of serious illness and death (Van Dyk, 2001:93).

As society seeks ways to limit HIV transmission, people who are ill or at risk are often targets of discrimination (Nelkin, Wills & Parris, 1991:7).

2.3.2 Shame, guilt and anger

HIV-infected people are often very angry with themselves and others, and this anger is sometimes directed at people who are closest to them (Van Dyk, 2001:256). They are angry because there is no cure for AIDS and because of the uncertainty of their future. They are often also angry with people who infected them and with society's reaction of hostility and indifference (*Ibid.*).

The stigma associated with HIV infection causes many families to experience intense shame, guilt and anger. Mothers and fathers who are themselves HIV infected and who have become infected through unprotected sex, prostitution, drug use and / or needle-sharing often feel tremendous guilt. Mothers who acquired the virus through heterosexual transmission often experience complicated feelings of guilt and anger toward both themselves and their partners when confronted with the diagnosis of HIV in their newborn children. Infected individuals may have a sense of asking themselves: Why me?

It is all too easy to let anger and frustration lead to hostile feelings and a desire to blame someone for the epidemic. These negative thoughts sometimes result in energy being used in a destructive way, hurting both the

person with the feelings and the person on whom the blame is placed (Jones, 1996:40).

People who have discovered that they are HIV-positive become angry and frustrated. They become angry because they feel that their lives have been cut off prematurely by their partners. They become frustrated because they do not know how to inform their partners. They believe that their partners can blame them for contracting the disease. Female partners are the ones who suffer the most because they are afraid that if their partners become aware of this, they will either be killed or abandoned.

2.3.3 Secrecy and social isolation

There are numerous reports of discrimination and negative societal reactions against people with an HIV diagnosis, e.g refusal of medical and dental treatment, loss of employment, travel restrictions, denial of insurance, social isolation, eviction from housing, rejection by family and avoidance by associates (Bor & Elford, 1994:83).

Too often, many HIV-infected children and their families live in a *conspiracy of silence* because of the stigma and shame associated with AIDS, as well as related issues and risk factors. For many reasons HIV/Aids is often a well kept secret (*Ibid.*).

An HIV/Aids diagnosis may also expose an individual's drug use, homosexuality or prostitution to his or her family for the first time (Brown, 2002:7). Many such families fear that they will be rejected in their communities if the secret becomes known. One disturbing consequence of the *conspiracy of silence* is that families may withdraw, become socially isolated and *emotionally cut off* from their traditional support systems. These family members are at a particularly high risk of mental health problems, such as depression and suicide and of withdrawal from or poor compliance with medical care (*Ibid.*).

2.3.4 Suicidal attitude

Most people, after realizing their HIV-positive status, think of committing suicide because they fear the consequence of HIV/Aids. Inwardly directed anger may manifest as self-blame, self-destructive behaviour or suicidal impulses or intentions (Van Dyk, 2001:258).

Many do commit suicide after discovering their HIV/Aids status. Suicide may be construed as a way of avoiding pain and discomfort, of lessening the shame and grief of loved ones (*Ibid.*).

Some learners become more frustrated when they realize that they are HIV positive. They interpret the information about their HIV status as equivalent to death. It becomes worse for those who knew or saw someone suffering from AIDS. For them to undergo the stages of AIDS is unbearable. They wish to die before their health can start to deteriorate. Infection with HIV raises a wide spectrum of concerns and fear among infected individuals (Bor & Elford, 1994:99).

Because of this uncontrolled fear and stigmatization, some of these people choose to end their lives rather than to wait for the unknown future. They judge themselves with regard to their health conditions. They fear and believe people can see from the way they look or appear, that they are HIV-positive. Learners lose hope because they know that their parents are holding high hopes about them. They know that their parents' expectations are too high, and as a result they cannot face the reality of having to disappoint their parents.

Many learners view suicide as a solution, a way to be in control of their pain and deterioration and to achieve a dignified death (*Ibid*). To escape this huge challenge of facing the reality of disclosing their problems to their parents, they choose to die, rather than see how their parents will react to the news.

2.3.5 "I cannot die alone" attitude

People who are infected by HIV/Aids blame their partners for infecting them even if they do not have proof that it is their partners who did so. Most of them feel that they cannot die alone (Boyd-Franklin *et al.*, 1995:6). They feel it is not their fault. Somebody has to be blamed. They feel robbed of their valuable life. They want to rob other people because they, too, have been robbed.

2.3.6 Fear of knowing HIV/Aids status

Because of everything already mentioned, it is difficult to convince parents and learners to take an HIV/Aids test. People are afraid to face the reality, because if they become aware of their status, particularly if they are infected, they lose hope and get frustrated (Van Dyk, 2001:255). Their lives will be miserable because they will know that death is hanging above their heads.

According to Thom (2004:22), most of them have enough problems already and do not need the added burden of knowing their HIV status. To some it is better not to know their status because they believe they will live a normal life without fear. Knowing their HIV/Aids status destroys others because they become stressed out, lose hope, become socially withdrawn and have no reason to live (*Ibid.*:23). They believe not knowing their HIV/Aids status is better than knowing it, because knowing it means waiting to die or to die before the actual death. HIV-infected people often experience the following three emotions (Van Dyk, 2001:256):

2.3.6.1 Fear

Above and beyond all the emotions already mentioned, HIV-infected people have many specific fears. They are particularly fearful about being isolated, stigmatized and rejected (Van Dyk, 2001: 256). They fear uncertainty of the future: Will there be pain or disfigurement, and who will look after them? They are afraid of dying. Many HIV-infected people have experienced the pain and death of loved ones and friends who have already died of AIDS and they know and fear what awaits them (*Ibid.*).

2.3.6.2 Loss

HIV-infected people often feel that they have lost everything that is most important and beautiful to them. They experience a loss of control, loss of autonomy, loss of their ambitions, their physical attractiveness, sexual relationships, status and respect in the communities (Thom, 2004:24), the loss of their ability to care for themselves and their families and the loss of their jobs (Van Dyk, 2001:257).

2.3.6.3 Grief

People with the HIV-infection often have profound feelings of grief about these losses they have experienced or are anticipating. They grieve for their friends who die of AIDS, and they grieve with and for their loved ones: those who must stay behind and try to cope with life without them (*Ibid.*).

2.3.7 Personality disorder

Most educators and learners who are infected do not have a stable life because they are anxious about their future. Studies indicate the prevalence rate of major depression ranging between 4% and 18% in HIV-positive individuals (Freeman, 2004:147).

People who are HIV-positive believe that other people can see that they are suffering from the disease. They become aggressive when people look at them, and rates of 30% to 40% of people with HIV/Aids have been found to have a personality disorder (Freeman, 2004:147).

Because of the anxiety about death, people become restless. They want to do certain things before they die. When they are confronted about how they do things, they tend to be judgemental. They believe people think they are no longer competent because of their HIV-positive status (*Ibid.*).

2.3.8 Social changes

Children who are neglected as family members focus on the family member who is infected with HIV/Aids (Landau-Staton & Clements,1993:42). Children

get no support from their parents because HIV/Aids has caused family disorders throughout the country. The exigencies of the disease require close family and friends to focus more and more attention on those who are ill, thereby inevitably sucking attention away from those who are not physically impaired (*Ibid.*43). Children may feel rejected and unwanted by their parents. Children's performance at school is affected by this kind of feeling. Uninfected siblings may feel isolated, neglected or tainted, but mostly they feel worried and sad (*Ibid.*).

2.3.9 Rejection

HIV diagnosis may mean that a family is separated from normal healing rituals, family gatherings, friendship groups and church groups. Such isolation inevitably increases stress (Boyd-Franklin *et al.*, 1995: 119).

HIV/Aids sufferers are rejected by some of their family members. When children see this kind of attitude displayed, they are affected because they do not know how to react towards the family member who is rejected by parents. Family members reject the sufferers because they believe that HIV/Aids is a self-imposed disease. While many families have not abandoned a relative with AIDS, the irrational fear of transmission added to religious or cultural stigma has led to rejection (Bor & Elford, 1994:9). Even the family members who stood by the AIDS sufferer end up rejecting him/her or feel under pressure because of the existing illness. Although the stigma and discrimination surrounding the disease may diminish, they will not disappear (*Ibid.*:20).

2.4 THE EFFECT OF HIV/AIDS STATUS ON EDUCATION

The Department of Education should first understand the conditions that infected educators and learners live in, in order to be able to render meaningful support. Any service provider intending to work with HIV-infected children and families must first understand the social attitude, beliefs and biases about HIV/Aids that these children and families confront daily (Boyd-Franklin *et al.*, 1995:4).

HIV/Aids may affect the supply of education through deaths of personnel, school closure and reduced budgets for education. A fall in learner numbers through lower enrolment or non-continuation will lead to a decrease in the number of classes at school.

Even if facilities continue to be available, there may be a lack of educators and other personnel, principals, supervisors and inspectors or higher level managers to maintain previous levels of service in terms of either quantity or quality (Katahoire, 1993:67). Among such people, absenteeism from work will result from illness, attending funerals and caring for the ill (*Ibid.*).

Educators and other personnel who are infected may try to transfer to another area or once visibly ill, abscond and disappear (*Ibid.*:70). 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.

At the level of managers and planners in the system, another kind of impact may occur. Assuming that the current generation of such individuals is fairly well trained, their illness, absenteeism and 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.

Illness and death of educators lead to high job turnover and high cost of recruitment and training and, in a context of increasingly scarce trained human resources, to higher salaries, therefore to a reduction in both the quantity and quality of labour available to produce output (Cohen, 1992:21).

In his speech at the SADTU conference, Madisha (2001) indicated that HIV/Aids has a deep and negative impact on education systems in many affected countries. The high death rates of educators and administrators have severely affected the availability and quality of educational services (*Ibid.*).

He also went on to say South Africa's educators, most of whom are women, are among the casualties of the country's crisis. South Africa faces the

daunting prospect of losing its educators, a profession dominated by women, to the deadly disease (Cohen, 1992:21). The teaching force is being depleted almost as rapidly as new educators can be trained.

Now South Africa's education minister, alarmed by the projected shortage of educators in the country, says the government must take a proactive role in ensuring that fewer educators are lost to AIDS (*Ibid.*).

According to Katahoire (1993:3), the *numbers, tone* and *quality* of education are changing as a result of the impact of HIV and AIDS. The processes and social interaction that make education work are inevitably being coloured by the epidemic. Because of HIV/Aids the following prevail (*Ibid.*:5):

- Increased randomness in education, especially where systems already affected by recession, debts, poverty or disasters are further disrupted by absenteeism of educators and learners caused by HIV/Aids.

- A less-qualified teaching force, as experienced educators are replaced with those younger and less well-trained.

- Discrimination, ostracism and isolation of learners and educators who are infected or ill or who have families where somebody is ill or has died of AIDS. Educators may face suspension of social and health benefits and / or dismissal. Learners may face formal suspension or be pressured to leave voluntarily.

- The need to include HIV/Aids or life-skill education in the curricula. It is increasingly realized that such education at pre-secondary level will be needed if behaviour changes are to occur. This will require the development of new material, training of educators to use this and the possible need to obtain community acceptance of it.

- The special needs of those children who are infected and are at school need to be considered.

The HIV/Aids pandemic has various negative consequences for education, as can be seen in the following subsections (*cf.* 2.4.1-2.4.9).

2.4.1 Financial concerns

According to Jones (1996:36), the Department of Education has no special funding for infected educators and learners, so infected educators and learners become a burden to their respective families, as HIV infection, a chronic condition, is very expensive.

However, this cannot be expected of them, so it must be accepted that the Gauteng Department of Education cannot play a meaningful role in assisting infected educators and learners. When infected educators and learners are terminally ill, the burden is transferred to Hospices, run by Non-Governmental Organizations, therefore not adequately funded state or private companies. Most Non-Governmental Organizations also find it difficult to attract funding from donors (Department of Social Development, 2000:25). All this leaves affected learners and educators with serious financial concerns.

HIV/Aids is affecting and will continue to affect economies and society at all levels, from the individual to the macro-economy. The impact that AIDS has on the economy is frightening. It is estimated that the gross domestic product will decrease by 17 percent over the next 10 years –meaning that R160 billion will be lost (De Lange, 2000:15). The income of families in South Africa, especially poor families, will decrease dramatically due to HIV/Aids, and less income means fewer purchases and diminishing savings (Marcus, 2000:1).

According to Vlok (2001:96), HIV/Aids has the potential to create a severely negative economic impact in many African countries and is very likely to have far-reaching negative economic effects for employers, employees and South Africa as a whole. The Department of Education may also suffer as a result of the low income of the learners' parents.

Loss of family income through disruption of wage earnings outside the home due to demands for care has been widely reported (Bor & Elford, 1994:34). Parents can no longer support schools financially because their earnings are consumed by the expensive maintenance of the HIV/Aids sufferers. Infection with HIV/Aids therefore puts a financial burden on the immediate and

extended family of the person infected, especially when the illness curtails mobility and employment (*Ibid.*).

According to Katahoire (1993:3), in a situation where schooling requires a financial outlay, fewer children and their families will be able to afford education because of, among other things:

- the direct loss of family income from AIDS-related illness and death, and the cost of care and funerals;
- the expansion of extended families, where more children require money for schooling, which cannot be provided by less productive remaining adults i.e. grandparents or teenagers;
- the loss of the traditional economic safety net of extended family and community, although it is not just the lack of financial resources that will keep children out of school;
- the need for children to work or care for ill adults;
- trauma related to family illness and death;
- ostracism, discrimination and stigma suffered by children due to infection by HIV/Aids in the family;
- the illness of infected children entering primary school; and
- the perception that investment in education will not give returns due to premature mortality.

Even if children actually enter school, the above factors will reduce the chances of their completing their education.

According to Bollinger and Stover (1999:3), the direct costs of HIV/Aids include expenditure for medical care, drugs and funerals. Clearly, loss of income due to disease and death presents hardship to any family (Bor & Elford, 1994: 69).

The Department of Education is affected by the number of educators who die due to illness, recruitment and training costs to replace workers (Bollinger & Stover, 1999:3). HIV/Aids restricts the tax base, and raises the demand for social services due to the increased number of orphaned children, widows and the high cost of healthcare (Amunyunza-Nyamongo, 2001:86). Other effects may include increased absenteeism, early entry of children into the active labour force, early retirement, a mismatch between available human resources and labour requirements and curtailed remittances from migrant labour workers (Tshivhase, 2003: 2).

The reduced sources for education may also stem from a lack of support and finances from heavily affected communities and/ or the government (Katahoire, 1993:3). At school and community level, as extended families grow, available income decreases while more financial resources are needed for illness and death, thus less money is contributed by the community to the school (*Ibid.*). At the level of the education system, funds may be required for health-related personnel costs such as treatment and care of staff, death benefits, training and pay replacements of affected personnel who may still be on the pay-roll and on implementing an effective AIDS education programme.

HIV/Aids is one of the leading causes of death in Sub-Sahara Africa and is a major contributor to the infectious disease component of the present and future disease burden. In South Africa, the number of deaths due to AIDS is expected to increase from 120 000 in 2000 to be between 545 000 and 635 000 in 2010 (Kaizer Family Foundation, 2000). The epidemic also affects the life expectancy at birth of many. During the period 1996-1999, the life expectancy in the era of AIDS in South Africa declined from 63 to 55 years (Tshivhase, 2003:2). Deaths of children and young adults mean a large number of productive years of life are lost, translating into the loss of the most economically active population (*Ibid.*). The epidemic affects the size of both labour supply and demand. On the supply side, a considerable percentage of the economically active population who are victims of HIV/Aids, eventually withdraw their productivity from the workplace because of the psychological and physical weakening of their ability. With regard to the demand side, on the

other hand, employers are reluctant or scared to take more labourers on board as this would impact on the training cost of new employees (*Ibid.*).

2.4.2 Pain in learners with HIV/Aids

Educators are not adequately trained to handle learners with HIV/Aids. One or two educators at a school of fifteen or more are allowed to attend a one-day course of HIV/Aids conducted by District Officials or NGOs (Boyd-Franklin *et al.*, 1995:7). It is assumed by the Gauteng Department of Education that these trained educators will effectively educate other educators.

In most cases, this is a wrong assumption because not all these trained educators can impart all the relevant information from the course to their colleagues (*Ibid.*:8). The Gauteng Department of Education is wrong in thinking all educators can handle learners with HIV/Aids. The only guarantee will be to train the whole staff by using the facilitators who are properly trained for this purpose *Ibid.*:8), because educators do not know what to do during the day when HIV/Aids sufferers need extra help and on the other hand, learners who are not infected by HIV/Aids lose out because educators are concentrating on the learners infected with HIV/Aids (Tshivhase, 2003:3). Educators experience problems in understanding the pains that HIV/Aids children experience during the day, and yet they are forced by circumstances to be caregivers during teaching time (*Ibid.*:236).

The same authors (*Ibid.*:114) point out that learners with HIV/Aids experience pain related to the disease – its diagnosis, course, and treatment. Their pain can be acute (as in pancreatitis), chronic or intermittent (as in headaches), or it can be related to medical procedures. If educators are not properly trained with regard to HIV/Aids, it will be impossible for them to teach effectively and be caregivers to learners with HIV/Aids.

Table 2.2: Common causes of pain in learners with HIV/Aids

Acute	Chronic/Intermittent	Procedural
Headaches resulting from meningitis or sinusitis	Headaches (other)	Venipuncture
Diarrhea, pancreatitis	Abdominal infections, hepatosplenomegaly, tumor	Lumber puncture
Dental cavities/ abscesses	Severe spasticity/neuropathy	Injections
Oral thrush/Oesophagitis	Persistent oral thrush	
Cellulitis/ dermatitis	Persistent dermatitis	

(Boyd-Franklin *et al.*, 1995:144)

Learners with HIV/Aids are exposed to difficult situations where they are expected to perform like all learners even if they are not physically and mentally strong like their uninfected peers. Because of pain, learners with HIV/Aids cannot concentrate on their schoolwork. Patients who suffer from acute or chronic pain are likely to be very focused on the pain, rather than on other things (Boyd-Franklin *et al.*, 1995:145).

2.4.2.1 What do learners witness?

Learners at school are exposed to a depressing situation as they see their infected peers undergoing physical changes. They wonder why their friends become weak, cough a lot and lose weight. As the disease progresses, the infected often undergo even more profound physical and emotional changes (Geballe *et al.*, 1995: 32). Children do not understand the situation. They may have wrong perceptions about HIVAIDS. They may think that they too will soon be infected like their friends. Because of these wrong and disturbing perceptions, their performance may drop.

2.4.3 Educators with positive HIV/Aids-status

Skilled educators are a precious commodity in *all* countries, but in many African countries they are leaving schools and dying at an unprecedented and shocking rate (Amunyunza-Nyamongo, 2001:86).

Educators who are infected can no longer serve the Department of Education correctly as they are in and out of hospital. Infected educators have little hope of surviving and, as a result, everything becomes meaningless, including teaching the learners. Educators' social lives just collapse because their peers do not treat them as human beings. Educators therefore live and teach in a stressful situation because they think learners and other educators are aware of their HIV/Aids status.

Educators who are infected have a low self-esteem (Bollinger & Sover 1999:13). This low self-esteem affects their learners because they cannot become role models to them. Infected educators focus more on their families' future in case they die. Their minds are no longer in the classrooms, but on the circumstances that surround them. The Department of Education loses good educators due to the impact of HIV/Aids as some of the educators resign immediately when they learn about their HIV/Aids status.

2.4.4 Affected educators

Learners are faced with a situation where educators can no longer teach because of absenteeism or feeling weak to deliver. Statistics have also indicated that many educators have passed away as a result of HIV/Aids (Freeman, 2004:148). These circumstances demoralize the educators.

The Department of Education needs to encourage educators to remain effective in their work.

Educators' morale is gradually deteriorating as they come across incidents of death caused by HIV/Aids. If one of their family members is infected, the possibility of arranging for the funeral in the near future becomes a stressing factor because of financial constraints (Van Dyk, 2001:94). The educators'

focus therefore gradually moves away from teaching the learners effectively to family problems.

The Department of Education is not aware of this problem because there is no mechanism in place to help educators who are experiencing such problems. A situation, which is supposed to be focused on teaching and learning, now becomes a situation of self- learning for the learners.

With less motivated learners the situation becomes worse (Boyd-Franklin *et al.*, 1995:146). In cases like this there is no learning at all. Where there is no teaching and learning, discipline problems increase and educators no longer focus on the discipline of the school, meaningful teaching and learning is compromised.

2.4.5 Learners with positive HIV/Aids-status

Instead of data enumerating HIV/Aids positive learners, we are given projections which are very likely underestimated, say Geballe *et al.* (1995:2). So we do not have reliable figures to work on.

We do know, however, that infected learners could be the victims of rape or could be born with the disease. Approximately 70% develop symptoms at the age of one year and about 17% die within their first year (Geballe *et al.*, 1995:26). Moreover, learners who are not infected run the risk of being infected eventually because injuries occur on playgrounds where children may come into contact with blood.

If learners become aware of their HIV/Aids status, they become totally withdrawn, because to them HIV/Aids means having no future. They live in fear because they know they are going to die. Most learners who are infected, however, are not aware of their illness because their parents keep it a secret to protect their children from stigmatization, rejection, abandonment or loss. Clinical experience strongly suggests that fewer than half of the parents in HIV/Aids-affected families tell their children about their infection (*Ibid.*:76), for fear that the child will lose hope and become more despondent and more symptomatic (*Ibid.*).

2.4.6 Affected learners

The lives of learners who do not have HIV/Aids themselves are affected when family members have the disease. Families face increased poverty and stress because adults have to leave their paid employment or become too sick to farm their land. Girls, in particular, often become care providers for sick relatives and their brothers and sisters (Van Dyk, 2001:95; *cf.* 2.4.3). Sometimes learners even have to leave school to become breadwinners, rendering school education impossible.

Even clothing becomes a problem to learners whose parents are either ill or dead due to HIV/Aids (Bollinger & Stover, 1999:13). These learners experience social pressure from their peers who still have parents and can afford to buy new clothes.

For some learners the situation is even worse because they come to school without having eaten anything. They cannot learn effectively on an empty stomach, nor can they cope with their schoolwork because they are working at home as care providers (Bollinger & Stover, 1999: 12). On the other hand, parents who are ill cannot help their children with their homework, so if these learners cannot be given some sort of counselling, they will not gain anything from their school education.

There are records of children affected by the disease having spoken about their experiences: how, because of sick parents, they are unable to complete homework, let alone sleep, how being orphaned by the killer disease makes it impossible for them to pay school fees; how impossible it is for them to concentrate, how educators and learners do not understand their home situation and berate them (http://www.sadtu.org.za/press/2001/30-11-2001.0.htm).

It is the responsibility of the Gauteng Department of Education to support learners who are affected by the HIV/Aids pandemic. By doing so, the Department will even ensure that there is continuity in education by cultivating learners who can become educationists in future generations. Educating the youth means building the future citizens of South Africa. The Gauteng

Department of Education will therefore have failed if it cannot maintain its obligation to provide effective teaching and learning.

HIV/Aids affects education in three ways (Bollinger & Stover, 1999:11):

- The supply of experienced educators will be reduced by HIV/Aids-related illness and death.
- Learners may be kept out of school if they are needed at home to care for sick family members or to work in the fields.
- Learners may drop out of school if their families cannot afford school fees due to reduced household income as a result of an HIV/Aids death.

2.4.7 Psychological impact on parents

When parents realize that their children are infected, they become angry and frustrated. They feel life is not fair to their children and they know that there is a possibility of burying their beloved children in the near future. Their frustration and anger is exacerbated by the amount of money they have already paid for their children in different educational institutions (Amunyunza-Nyamongo, 2001:86).

2.4.8 Parents with positive HIV/Aids-status

Parents are expected to assist educators in educating their children. This is to ensure that quality education takes place at school. When parents are ill due to HIV/Aids, they cannot play a meaningful role in their children's education. Among other things, travelling between home, clinic, hospital and social service agencies disrupts the daily routine of the family (Geballe *et al.*,1995: 32).

According to Geballe *et* al. (1995:73), the following common fears are articulated by parents living with the HIV disease (*Ibid.*):

- Friends and neighbours will abandon them if they reveal that they are infected.

- Their children will be taunted by the other children in the neighbourhood.
- Their children will be taken from them by child welfare authorities.
- Perhaps most poignantly and importantly, the stigma of the disease will cause their own families to reject them.

2.4.9 Affected parents

Parents cannot support their children in their schoolwork because their attention is focused on ill family members. Where the mother or father is terminally ill, the other partner becomes emotionally affected and cannot give the correct parental care to the children. Some parents even take out their frustration on their children. Children's education suffers as a result of their affected parents (Bollinger & Stover, 1999:13).

2.4.9.1 Gender disparities in education

HIV/Aids further influences education by causing a disparity in the numbers of boys and girls because girls are removed from school in order to nurse siblings or relatives, to substitute for the productive work of other family members or to save the cost of school fees (*cf.* 2.4.1). Boys are perceived to be poor caregivers; hence their chances of attending school are better compared to those of girls. Moreover, girls may be encouraged to marry early because they are forced out or seek escape from overcrowded extended families (Katahoire, 1993:2). This situation will harm the girls' level of education seriously in an era when gender equality is being propagated.

2.4.9.2 Bereavement

Siblings of children with HIV/Aids are affected psychologically and emotionally as they realize that brothers or sisters are dying. It is even more painful if their peers are aware that their brothers or sisters are dying of HIV/Aids (Boyd-Franklin *et al.*, 1995:6), because they then acquire the stigma of HIV/Aids even if they themselves are not suffering from the disease. Many of these children and their families must cope with multiple deaths and losses, and therefore have little time either to prepare for death or to mourn past losses.

Therefore bereavement is a major psychosocial and mental health stressor in their lives (*Ibid.*).

2.4.9.3 Prevention

Learners and students must receive education about HIV/Aids and abstinence in the context of life-skills on an ongoing basis (SA, 1996c). However, studies have shown that secondary school learners have a basic knowledge of HIV/Aids, but that knowledge alone cannot assure 'safe' sexual behaviour (Visser, Schoeman & Perold, 2004:264).

The prevention of HIV/Aids among the South African youth is therefore a priority (*Ibid.*). The Gauteng Department of Education should intensify the programme of AIDS awareness at schools, particularly at high schools. Among the young people, HIV/Aids awareness programmes that focus on the merits of delaying sexual activity and on behavioural change towards 'safe' sexual practices, are priorities and remain the only means of primary prevention (Lindegger & Woods, 1995:9).

"We have recognized that preventing the spread of HIV/Aids will not be achieved only by teaching life skills in the classroom," said the previous Education Minister Kader Asmal. He went on to say that they had to join hands as an education coalition to intensify the fight against the epidemic (http://www.sadtu.org.za /press/2001/30-11-2001.0.htm).

2.5 LEGAL ISSUES SURROUNDING CONFIDENTIALITY

The themes discussed below are based on South African legislation, policies and proposals. These principles are based on those basic human rights which apply to all citizens and which should not be denied to people with HIV-infection or AIDS. The Constitution of the Republic of South Africa Act No.108 of 1996 (hereafter referred to as Constitution; SA, 1996a) is the supreme law of the country and all other laws must comply with its provisions.

According to the Constitution, all people have the following rights:

- The right not to be unfairly discriminated against, either by state or by another person (section 9(3)).
- The right to bodily and psychological integrity, including control over the person's own body (section 12(2)).
- The right not to be subjected to medical or scientific experiment without the person's own informed consent (section 12(2)(c)).
- The right to access to health services, including reproductive health care (section 27(1)(a)).
- The right not to be refused emergency medical treatment (section 27(3)).
- The right to privacy (section 14).
- The right to information (section 32).
- The right to basic education (section 29(1)(a)).

2.5.1 The law and HIV/Aids in South Africa

In January of 1992 the Department of Health requested the South African Law Commission to investigate the law related to an HIV-infected person (Togni, 1997:76). According to the Commission, the following are frequent infringements of the rights of HIV-infected persons:

- The possible exclusion of HIV-infected persons from insurance policies.
- The disclosure to others, without appropriate consent, that a person is HIV- infected.
- The condition under which, for health purposes, a person's HIV status may be revealed to medical authorities
- The possibility of doctors refusing to treat an HIV-infected person for their own safety and that of other patients.

- Does an employer have the right to test workers for HIV? Or conversely: do employers have the right to know if a worker applying for a job or already in a job is HIV positive?

- Can employers inform other workers that a person on their staff is infected? Can employers terminate the service of an HIV-infected person? In addition, can other workers refuse to work with persons infected with HIV?

2.5.1.1 National Education Policy

The National Education Policy Act No. 27 of 1996 (SA, 1996b; hereafter called Education Act) states the following with regard to HIV/Aids:

- No learner or student, or parent on behalf of a learner or student, or educator, is compelled to disclose his or her HIV/Aids status to the school or institution or employer (section 2.5).

- Voluntary disclosure of a learner's, student's or educator's HIV/Aids status to the appropriate authority should be welcomed and an enabling environment should be cultivated in which confidentiality of such information is ensured and in which unfair discrimination is not tolerated

- A holistic programme for life-skills and HIV/Aids education should encourage disclosure. An educator may disclose his/her HIV/Aids status to the principal of the school or institution.

- Any person, to whom any information about the medical condition of a learner, student or educator with HIV/Aids has been divulged, must keep this information confidential.

- Unauthorized disclosure of HIV/Aids-related information could give rise to legal liability.

The rights of infected educators and learners should be protected at all times. If the individual wishes to keep his/her status as a private matter, this is to be respected. The right to confidentiality concerning HIV status must be weighed

against the right of the community to be protected from infection (Thompson & Strickland, 2003:236).

School policy on confidentiality must thus take into account the welfare of the infected child and the protection of employees and learners from infection. School Governing Bodies must, according to Kwatubana (2004:50), take cognizance of the following six factors discussed below in 2.5.2-2.5.7 when drawing up the HIV/Aids policies for their respective schools (*cf.* 3.3.4).

2.5.2 The non-discrimination clause

The Schools Act (SA, 1996c) confirms the constitutional prohibition on unfair discrimination and the right to a basic education for all. The preamble of this Act states, among other things, that all forms of unfair discriminatory intolerance are to be combated, that the rights of all learners, parents and educators are to be upheld, and that uniform norms and standards for school education are to be set throughout South Africa.

Section 5 of the Education Act provides that a public school must admit learners and serve their educational requirements without unfairly discriminating in any way. No learner, student or educator with HIV/Aids may be unfairly discriminated against directly or indirectly (SA, 1996b). The following values emanating from these specifications must be upheld.

2.5.3 Promote equality

As one of the founding values of the Constitution (SA, 1996a), equality is seen to be perhaps the most problematic concern when looking at the HIV/Aids debate. Section 9 of the Constitution (SA, 1996a) stipulates that educators should be alert to unfair accusations against any person suspected of having HIV/Aids. Educators, learners and other staff members with HIV/Aids should be treated in a just, humane and life-affirming way. To prevent discrimination, all learners, students and educators should be educated concerning fundamental human rights as contained in various sections of the Constitution (SA, 1996a).

Therefore, school policies must address homophobia, racism and other forms of prejudice and bullying as important precursors to effective teaching and learning (Gruskin, Sofia, Hendricks & Tomasevski, 1996:327).

2.5.4 Prohibit screening

In terms of section 20 of the Schools Act (SA,1996c), the School Governing Body of a public school may not administer any test for the admission of learners to a public school, or direct or authorize the principal of the school or any person to administer any such test. In section 5 of the Schools Act it is admitted that any test is wide enough to include tests for HIV/Aids, which would mean that no learner who applies for admission to a public school may be asked to undergo a test for HIV/Aids (SA, 1996c).

The School Governing Body should consider the following (SA, 1996b):

- No learner may be denied admission to or continued attendance at a school on account of his or her HIV/Aids status or perceived HIV/Aids status in terms of section 4(1) of (SA, 1996b).

- No educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his or her HIV/Aids status or perceived HIV/Aids status. HIV/Aids status may not be a reason for dismissal of an educator, nor for refusing to conclude, or continue, or renew an educator's employment contract, nor to treat him or her in any unfair discriminatory manner in terms of section 4(2) of the Education Act (SA, 1996b).

- There is no medical justification for the routine testing of learners, students or educators for evidence of HIV infection. The testing of learners or students for HIV/Aids as a prerequisite for admission, or continued attendance at school or institution, to determine the incidence of HIV/Aids at school or institution, is prohibited. The testing of educators for HIV/Aids as a prerequisite for appointment or continued service is prohibited in terms of section 4(3) of the Education Act (SA, 1996b).

Despite the fact that the Schools Act was passed in 1996 and gives effect to both the spirit and letter of the Constitution by protecting learners from unfair discrimination and by guaranteeing their rights to basic education and equal access to public schools, learners and educators' rights are still violated when it comes to attendance (Gruskin, Sofia, Hendricks & Tomasevski, 1996:327).

The following learners' rights should be taken into consideration when drafting a policy on attendance (SA, 1996b):

- Learners with HIV/Aids have the right to attend any school. The needs of learners with HIV/Aids with regard to their rights to basic education should be as far as is reasonably practicable accommodated in the school or institution (section 5(1)).

- Learners with HIV/Aids are expected to attend classes in accordance with statutory requirements as long as they are able to do so effectively (section 5(2)).

- Learners of compulsory school going age with HIV/Aids, who are unable to benefit from attendance at school or home education, may be granted exemption from attendance in terms of section 4(1) of the Schools Act by the Head of Department, after consultation with the principal, the parents and the medical practitioner where possible (SA,1996c).

- In terms of section 5(4) if and when learners with HIV/Aids become incapacitated through illness, the school should make work available to them to study at home and should support continued learning where possible (SA, 1996b).

2.5.5 Confidentiality concerns

Confidentiality cannot be guaranteed, because the labels of medication that a learner must take during school hours may confirm to educators administering the medication that the learner is suffering from HIV/Aids (Thompson & Strickland, 2003:238).

Moreover, complete confidentiality may, in some cases, be detrimental to the welfare of the learner with HIV/Aids. The educator who is unaware of the learner's diagnosis may be less compassionate than necessary if poor school performance results from memory loss and poor concentration caused by the effects of HIV on the central nervous system (*Ibid.*).

2.5.6 A safe school environment

To create a safe environment for learners and educators, the School Governing Body should set up a Health Advisory Committee (HAC), design programmes to combat the disease, develop HIV/Aids policies (Schools Act) and embark on a fund-raising campaign to supplement the resources supplied by the state (*Ibid.*). A healthy school is one in which all learners can develop and grow safely with confidence (Karim, 2000:80).

2.5.7 Duties and responsibilities

In terms of section 20(1) of the Schools Act (SA, 1996c), the School Governing Body has to discharge functions as determined by the Minister of Education or MEC. The functions of the SGB could therefore include the adoption of an HIV/Aids policy for a specific school, provided that the policy does not infringe upon the norms and minimum standards of the National Policy determined by the Minister of Education in education Act (SA, 1996b).

From the above statement it is clear that there is a need for the development of school policies that will address the needs, values and ethos of the school and its community within the framework of the Education Act.

2.6 THE EFFECT OF EDUCATION ON HIV/AIDS

The purpose of HIV/Aids education is not only to disseminate information, but also to change attitudes and behaviour, to equip people with necessary life skills, to empower them to prevent the spread of HIV infection and to care for people who are already infected (Van Dyk, 2001:92).

By providing training, Education International equips educators with the skills to participate fully in the fight to stop the spread of HIV/Aids (*Ibid.*). For

themselves, learners, parents and the whole community, educators must become the people who raise awareness, lead prevention efforts and contribute to responsible sexual behaviour (*Ibid.*). They can do this in a number of ways:

2.6.1 Involving people with HIV/Aids

People living with HIV/Aids are often the best advocates and activists for social and behaviour change and they should be included in the developmental and implementation stages of HIV/Aids prevention programmes (Van Dyk, 2001:93). Involving people who live with HIV/Aids in prevention programmes in their own communities helps to ensure that the programmes are relevant and meaningful to the specific community or population in question (*Ibid.*).

2.6.2 Peer support

Behaviour change is most likely to occur if peers educate and support one another (Van Dyk, 2001: 93). Peer education programmes both empower and educate people. According to Harrison, Smit and Myer (2000:287), a successful peer education programme transfers the control of knowledge from the hand of experts to lay members of the community, thereby making the education more accessible and less intimidating. Willing and enthusiastic people should be identified and then trained to work as peer counsellors in their own communities.

According to the previous Minister of Education, Kader Asmal (1999), the Department of Education was considering taking a holistic approach to HIV/Aids in South African schools by providing support structures for those infected and affected, and by preventative education and peer counselling for learners.

2.7 DISCLOSURE OF HIV/AIDS STATUS

Disclosure of a learner or educator's HIV/Aids status to school authorities is not advocated as this would serve no meaningful purpose. In case of

disclosure, educators should be prepared to handle such disclosures and be given support to handle confidentiality issues (SA, 1996b).

Whether or not to disclose their HIV positive status is a difficult decision for HIV infected individuals to make because disclosure is often followed by major and life-changing consequences (Van Dyk, 2001:270). Disclosure can be accompanied by the following benefits (*Ibid.*):

- Disclosure can help people accept their HIV/Aids-positive status and reduce the stress of coping on their own.
- Disclosure can help people to accept the medical services, care and support that they need.
- Disclosure can help people to protect themselves and others. Openness about their HIV positive status may help women to negotiate a safer sex practice.
- Disclosure may help to reduce the stigma, discrimination and denial that surround HIV/Aids.
- Disclosure promotes responsibility. It may encourage the person's loved ones to plan for the future.

HIV/Aids has brought about a global crisis and constitutes one of the most formidable challenges to workplace management (Maile, 2003:78). Disclosure of HIV zerostatus appears to be a problem to most educators (*Ibid.*). It is important for people with HIV/Aids zerostatus to reveal their status for education purposes, but the current condition at schools is not conducive to disclosure.

2.7.1 Reasons in support of disclosure

It seems as if disclosure would promote trust among colleagues and between the educator and the school manager (Van Dyk, 2001:271). It would be impossible for professional people to act professionally if they are not in possession of critical information. Disclosure will promote trust and proper

human resources management. For instance, if an educator has a chronic illness, the principal may be able to adapt his/her recruitment and selection criteria, job classification, job assignment, employee assistance programme and some other relief mechanism (*Ibid.*:272). If the HIV status is not disclosed, it leads to speculation and such speculation could be harmful to the educator (*Ibid.*:271). Disclosure could help the school to offer support and understanding.

2.7.2 Barriers to disclosure

Disclosing one's HIV status can reveal intimate aspects about one's life and can result in stigma and discrimination from others (Hoffman, 1996:2).

School managers sometimes discriminate against educators living with HIV/Aids (Maile, 2003:78). This happens despite legislation that prohibits discrimination against persons living with HIV/Aids. It seems difficult for educators living with HIV/Aids to disclose their status, because of prevailing stigma. The negative attitudes emanate from the association of HIV positive status with promiscuity. It is held that HIV positive educators "got what they deserve" because they are promiscuous (*Ibid.*).

Disclosure problems are compounded by the dilemma of who should be informed at school. The law is silent about this, but it calls for urgent discussion.

2.7.2.1 Unfavourable conditions

Research by Maman, Mbwambo, Hogan, Kilonzo, Sweat and Weiss (2001:14-19) reveals that disclosing HIV/Aids status is a difficult process. The difficulty emanates from the negative environment that exists at home and at the school (Maile, 2003:80), giving no guidance as to whom to trust with such vital information.

2.7.2.2 The right to privacy

All persons with HIV/Aids have the right to privacy (*see* 2.5). Disclosure is a personal decision that an individual is entitled to make autonomously and in

private (*Ibid.*:78). Professionals working with these learners and families must therefore anticipate the possibility of an initial refusal to disclose (Boyd-Franklin *et al.*, 1995:119). In spite of this reluctance which should be taken seriously, learners may, however, tell others about the illness, which will lead to further rejection and stigmatization of learner and family. Children, particularly when they are young, are very likely to talk openly with peers, other family members, schoolmates, educators, friends, neighbours, and other members of the community. Admonishing a child not to share this information outside the family often proves to be ineffective (*Ibid.*, 121). The dichotomy between these two possibilities concerning disclosure is causing a serious dilemma.

The National Policy on HIV/Aids determined by the Minister of Education according to section 6(1) of the education Act says that no employee is legally required to disclose his/her HIV status to his/her employer or to other employees.

However, disclosure of HIV/Aids status could help people to accept their conditions and limit the amount of stress. HIV/Aids-infected people can receive support once they have disclosed their HIV/Aids-status (Vlok, 2001:88).

2.8 REFLECTING ON A NATIONAL HIV/AIDS INTERVENTION PROGRAMME AT SCHOOL

According to Vlok (2001:89), the implementation of an HIV/Aids programme in an organization has the following benefits:

- Better quality of life for employees with HIV/Aids
- Increased productivity
- Increased awareness and knowledge of HIV/Aids
- Increased awareness and knowledge of the possible impact of the epidemic

In the following paragraphs, the focus will fall on the advantages of counselling HIV/Aids-positive people and an evaluation of a recent National HIV/Aids Intervention Programme that was implemented at school level.

2.8.1 Counselling people with HIV/Aids

Numerous studies suggest that counselling assists people in making informed decisions, coping better with their health conditions, leading more positive lives and in preventing further transmission of HIV/Aids (UNAIDS, 1997:4). Trained counsellors sometimes provide HIV/Aids counselling, though nurses and caregivers are often in the ideal position to provide effective counselling, advice and support (*Ibid.*).

All counsellors, even health workers, need special training. According to the Department of Health (1997:66), the minimum standard is a two weeks' counselling training programme. The counsellor should aim to provide information and support in such a way that the HIV/Aids counselling participant is encouraged to change his/her behaviour and face the issue of having HIV/Aids in a positive manner. Counselling should not just provide information, but should enable the HIV/Aids counselling participant to choose between various options, while providing a psychologically and emotionally supportive relationship (Vlok, 2001:38).

All counsellors play an important role by encouraging HIV/Aids sufferers to accept their conditions and to live positively. They also play an important role by distributing information pertaining to HIV/Aids in the community.

2.8.2 Intervention by the Department of Health

The Department of Education cannot solve health issues on its own because it lacks the capacity to do so. The Department of Health has been approached to help the Department of Education with health-related issues such as oral health, immunization and general health care. The National Department of Education, Health and Welfare in South Africa and various auxiliary organizations initiated intervention to address some of the serious

psychosocial problems that young people in schools are confronted with, such as HIV/Aids, and substance and child abuse (Lindegger & Woods, 1995:269).

Since the Department of Education cannot handle the HIV/Aids epidemic alone, it has allowed the Department of Health to intervene. This proves that the Gauteng Department of Education needs to do more in order to put the situation under control. The Department of Health's nutrition programme has provided learners with food since 1998 because they realized that learners who could not get enough food from their families were in dire need (Department of Education, 1999:7). Often these learners do not eat enough because their parents are no longer working, due to HIV/Aids.

At hospitals and clinics doctors and nurses are doing as much as they can to convince pregnant women to take HIV/Aids tests to control the epidemic and to encourage those who are positive to realize that it does not predict the end of their lives (Thom, 2004:22).

Intervention of the Department of Health has helped the Department of Education by identifying problems of ill health within the education institutions. Learners who are infected and affected could easily be helped by the intervention of the Department of Health because they serve parents of learners (Lindegger & Woods, 1995:269), and by so doing, they create an opportunity for learners to concentrate on their studies. The Gauteng Provincial Government will provide comprehensive HIV/Aids care, including antiretroviral treatment (ART)(Lindegger & Woods, 1995:269).

According to the information provided by the Gauteng Provincial Government, comprehensive care means providing counselling, testing, education, medical care, treatment for acute infections (including TB) and palliative care. This care starts in local clinics and ends in hospitals, depending on the stage of the HIV/Aids epidemic (Thom, 2004:23).

2.8.2.1 Goals of the intervention

The intention of the intervention by the Department of Health was to introduce learners to skills that can contribute to the development of a healthy life style.

The rationale of the life-skills approach was to embed HIV/Aids education within a broad series of skills relating to self-esteem, interpersonal relationships, citizenship and health (Lindegger & Woods, 1995:269).

2.8.2.2 Content of the intervention

According to Visser, Schoeman and Perold (2004:269), a National Committee developed guidelines for the intervention and recommended that the following aspects should be included:

- Information about sexuality and HIV/Aids, especially on the transmission of and protection against HIV/Aids, to facilitate critical assessment of personal risk in acquiring the HIV infection.

- The development of life skills that would enable the learners to take up health-protective behaviour such as self-awareness, decision-making, assertiveness, communication and negotiation skills.

- The enhancement of a positive attitude among the young people towards older people with HIV/Aids as preparation for interaction with and caring for infected people (Swart, 1998:14).

2.8.3 Training educators as presenters of the intervention programme

According to Visser, Schoeman and Perold (2004:269), 840 master trainers on provincial and district level were trained during a 10 days' training session. The master trainers had to train and empower two educators in every secondary school in the country to present life-skills and HIV/Aids education at schools. Nationally, 13 609 educators were trained in HIV/Aids matters, life skills and presentation skills for HIV/Aids education programmes at schools. The trained educators were expected to (Visser *et al.*, 2004:269):

- develop a context-specific programme for their schools according to the needs of the learners and values of the community;

- present the programme to the learners at school; and

- act as change agents in the school by involving the other educators, parents and the principal in a change process to integrate life-skills training and HIV/Aids education as part of the school curriculum.

2.8.4 Outcome of the intervention

The programme was not successful because its outcome was not of significance (Visser *et al.*, 2004: 272). The analysis of the data indicated that there were many processes both inside and outside the school that obstructed the implementation and the effectiveness of the HIV/Aids prevention programme. From the latter, it has become imperative for the Gauteng Department of Education to do something to correct the situation with regard to HIV/Aids (*cf.* Chapter 6).

According to Visser *et al.* (2004:275), HIV/Aids prevention was not regarded as a priority in the school system. These authors also indicate that educators do not conceptualize their role as educators to include sex education and emotional involvement with learners. It is possible that at some schools with a low academic standard, the improvement of examination results is the most important goal for the school, since examination results are used as a standard for evaluating the effectiveness of schools (*Ibid.*).

It was found that the HIV/Aids and life skills programme, aimed at preventing the spread of HIV/Aids among South African young people at school, was not implemented successfully in order to facilitate change in the behavioural patterns of learners.

2.9 SUPPORT SYSTEMS IMPLEMENTED BY THE GAUTENG DEPARTMENT OF EDUCATION

In this regard, attention is focused on the support system put in place by the Gauteng Department of Education in an attempt to help educators and learners who are affected or infected by HIV/Aids at schools. The question is whether the support is adequate to control HIV/Aids or is just a way of saying "Rest In Peace" to both educators and learners.

2.9.1 The dilemma of HIV/Aids orphans

Learners who lost parents due to HIV/Aids have no means of coping psychologically, emotionally and financially. The Gauteng Department of Education seems to distance itself from these learners. They end up in the streets because they have been neglected, often being abused sexually and emotionally because they need money to survive (Visser *et al.*, 2004:275).

2.9.2 Help for infected learners

Throughout, educators struggle with infected learners without getting help from the Gauteng Department of Education (Van Dyk, 2001:257; *cf.* 2.5.1). Learners even die without having received any support from the Gauteng Department of Education, yet it is expected of educators to teach and give care to AIDS sufferers in their classrooms. The present situation does not guarantee any sustainability of effective education (*Ibid.*).

Being isolated by other learners and educators traumatizes the infected learners. Every school should be provided with a psychologist who will help these learners to cope with unbearable situations within a school.

2.9.3 Help for infected educators

The Gauteng Department of Education has established the Employee Assistance Programme (EAP) to help educators to cope with their problems, particularly emotional problems (Department of Education, 1999:8). According to the second draft of the HIV/Aids workplace policy, information will be made available to infected as well as affected employees regarding counselling services provided by other service providers outside the Gauteng Department of Education.

In cases where an educator is too ill, the Gauteng Department of Education offers such an educator six months' leave with pay, but thereafter problems start to surface. The EAP is not well marketed among educators. It should kick in earlier.

Although it is indicated in the second draft of the EAP that managers will ensure regular workshops and briefing sessions regarding HIV/Aids within the Gauteng Department of Education and ensure that information is displayed on all notice boards (*Ibid,*:12), the Gauteng Department of Education does not hold workshop for educators about EAP services.

It is important for educators to understand what EAP can do for them and how to access the information pertaining to EAP services (*Ibid.*). Most educators do not use EAP services because its services come too late for educators to recover from their emotional and psychological problems. Most of these educators opt to leave the Gauteng Department of Education before other educators can realize their illnesses. They are afraid of the stigma attached to HIV/Aids.

Absenteeism of educators is the only indicator to the Gauteng Department of Education that certain educators are in need of EAP services (Department of Education, 1999:12). At this stage, more damage has already occurred, and some of these educators are seeking ways to leave the Gauteng Department of Education.

From the above-mentioned information, it is clear that the Gauteng Department of Education is doing very little to ensure that educators and learners are provided with meaningful help to control the effects of HIV/Aids at schools. This is so despite the existence of a national policy on dealing with HIV/Aids at schools which will now be scrutinized.

2.10 NATIONAL POLICY ON HIV/AIDS

The national policy on HIV/Aids for educators and learners at public schools and for students and training institutions was published in the Government Gazette in August 1999. It was suggested by the Department of Education that all learning institutions familiarize themselves with the policy contents (SA, 1996b).

The policy addresses three main topics (*Ibid.*):

- Human rights issues and in particular non-discrimination
- Health aspects, including how transmission and infection occur, and how to create a safe learning environment
- Education on HIV/Aids

It is imperative for the SMT (School Management Team) and SGB (School Governing Body) to make the above-mentioned information available to educators and learners. The SMT and SGB should organize workshops for community, educators and learners in order to capacitate all stakeholders.

2.10.1 Human rights

The national policy on HIV/Aids is used as the guidelines for the schools to draw up their HIV/Aids policies, aligning themselves with it (SA, 1996b).

According to the policy of GDE (Gauteng Department of Education, 1996c), HIV/Aids-infected learners who become too ill to attend classes, should be enabled to work at home with the guidance and support of the learning institutions, but it does not specify how the learner's work reaches the educator at work nor explain how the educator's remarks reach the learner. This arrangement has no guarantee that the educational needs of the learner will be met. There is no guarantee that parents will be able to help their children at home.

After going through the Education Act (SA, 1996b), one realizes that the policy does not make any provision for psychological or financial assistance to educators and learners who are HIV positive. It seems that educators who are HIV/Aids positive are treated as important as long as they are capable of delivering to GDE, but as soon as they are too weak to deliver, they lack support from the Gauteng Department of Education. The policy goes on to say no learner or educator is compelled to disclose his/her HIV status, but a learner's status is exposed if educators are to administer his/her medication during school hours.

The guidelines do not recommend any programme that will help to address HIV/Aids at schools.

2.11 SUMMARY

This chapter dealt with the impact of positive HIV/Aids status on education, dealing with HIV/Aids as such (*cf.* 2.2), reactions to positive HIV/Aids diagnosis (*cf.* 2.3), effects of HIV/Aids status on education (*cf.* 2.4), legal issues surrounding confidentiality (*cf.* 2.5), the effect of education on HIV/Aids (*cf.* 2.6), disclosure of HIV/Aids status (*cf.* 2.7), a national HIV/Aids intervention programme at school level (*cf.* 2.8), support systems implemented by the Gauteng Department of Education (*cf.* 2.9) and a national policy on HIV/Aids (*cf.* 2.10).

The next chapter will focus on an analysis of the strategic management of HIV/Aids at school level.

CHAPTER THREE

AN ANALYSIS OF THE STRATEGIC MANAGEMENT OF HIV/Aids AT SCHOOL

3.1 INTRODUCTION

In this chapter, the focus is on how school managers should plan under ideal circumstances in order to achieve success in their institutions. The aim is to make school managers capable of handling situations where HIV/Aids prevails. As principals and School Governing Bodies are busy planning, they become more empowered and focused on their work, thus improving their strategic planning. According to Thompson, Fulmer and Strickland (1992:20), managers consciously and proactively are able to move forward incrementally:

- to improve the quality of information utilized in corporate strategic decision;
- to deal with the personal resistance and political pressure any important strategic change encounters;
- to build the organizational awareness, understanding and psychological commitment needed for effective implementation;
- to decrease the uncertainty surrounding such decisions by allowing for interactive learning between the enterprise and its various impinging environments; and
- to improve the quality of the strategic decisions themselves by:
    - systematically involving those with most specific knowledge;
    - obtaining the participation of those who usually carry out the decisions; and
    - avoiding premature closure which could lead the decision in an improper direction.

The focus is also on the reaction of people as soon as they realize that they are affected or infected by HIV/Aids.

In the last instance, the focus is on how principals can improve and understand the situation at their different institutions. Principals are especially encouraged to understand the effects of HIV/Aids at their institutions and national legislation with regard to HIV/Aids is pointed out.

The role of School Governing Bodies is explained in the Schools Act (SA, 1996c). In practice, their role means working with the principal to determine how the school should develop in order to improve its standards and then agreeing on policies, plans, targets and procedures, including those for dealing with HIV and AIDS (Cluster, 2001:78, Cohen, 2002:22; Ebersohn & Eloff, 2002:46). However, these high standards of educational achievement cannot be realized in a school where HIV/Aids is prevalent. School Governing Bodies, therefore, need to be effective in dealing strategically with the HIV/Aids pandemic at their schools.

The focus of this chapter is aimed at an analysis of the strategic management of HIV/Aids as it should be at school level. This is done by presenting an overview of strategic management, legal issues at school level, the impact of HIV/Aids on education, the impact of education on HIV/Aids and the strategic role of School Governing Bodies.

3.2 OVERVIEW OF STRATEGIC MANAGEMENT

Strategic management looks at how principals can become strategically aware of their school's position and opportunities for change. It gives principals the opportunity to see how often changes happen in reality and how the process might be managed more effectively.

3.2.1 Defining strategic management

Firstly strategic management is seen to be the process by which organizations determine their purpose, objectives and desired level of attainment, decide on actions for achieving these objectives in an appropriate time-scale and,

frequently in a changing environment, implement the actions and assess progress and results (Thompson, 2001:9).

Secondly, according to Byars, Rue and Zahra (1991:5), strategic management is the process by which top management determines the long-run direction and performance of careful formulation, effective implementation and continuous evaluation of the strategy plan.

Thirdly, Finlay (2000:5) describes strategic management as being concerned with the overall direction of an organization. Strategies help to explain the things that managers and organizations do. These actions or activities are designed and carried out in order to fulfil certain designated purposes. Companies succeed if their strategies are appropriate for the circumstances they face, feasible in respect of their resources, skills and capabilities, desirable to their important stakeholders (Thompson, 2001:8).

In the fourth place, strategic management begins by defining what business the organization is in and what business it should be in, giving consideration to the following factors (Thompson, Fulmer & Strickland, 1992:59):

- Opportunities available in the environment
- Risks associated with those opportunities
- Resources available to the organization
- Personal value of the organization's leadership, as well as their key constituencies, in particular, their preference for risk-taking.

In the final analysis, Pearce and Robinson (1999:3) define strategic management as the set of decisions and actions that result in the formulation and implementation of plans designed to achieve an organization's objectives.

For the purpose of this study, which focuses on the strategic management of HIV/Aids in schools, the last definition is upheld (*cf.* 6.3). This definition would lead to a workable solution concerning handling HIV/Aids at schools by deciding on a set of actions that need to be taken, resulting in implementing

well formulated plans in order to reach the objective of strategically managing the pandemic.

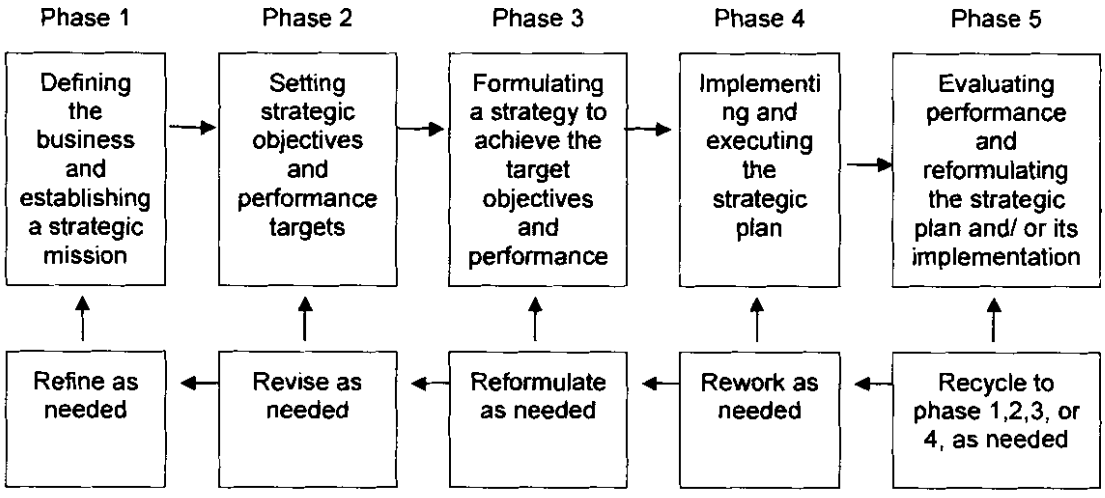
3.2.2 The strategic management process

According to Thompson (2001:24), courses in strategic management have traditionally been built around the three important elements of strategic analysis, strategy creation and choice, and strategy implementation.

Because each component of strategic management entails judging whether to continue with things as they are or whether to make changes (*cf.* 1.1 & 7.3.2). *the task of managing strategy is a dynamic process* – all strategic decisions are subjected to future modification (Thompson & Strickland, 1993:12).

A model of the strategic management process is shown in Figure 3.1. The three components, in combination, give direction to the enterprise, establish the directional map for strategic action, and, in effect, define what can be called an organization's strategic plan. The fourth component is easily the most complicated and challenging one because it involves not only deciding on, but also undertaking the administrative action needed to convert the strategic plan into results. The fifth component, evaluating strategic performance and making corrective adjustment, is both the end and the beginning of the strategic management cycle (*Ibid.*).

Figure 3.1: The strategic management process



(Thompson & Strickland, 1993:13)

The above Figure 3.1 illustrates the path of the strategic management process. Phase 5 is important because it rectifies mistakes that were found in each phase. Once the corrections have been effected, the process can produce sound results.

3.2.3 Critical tasks of strategic management

Strategic management is defined as the set of decisions and actions that result in the formulation and implementation of plans designed to achieve a company's objectives. It comprises nine critical tasks (Pearce & Robinson, 1999:3):

- Formulate the company's mission, including broad statements about its purpose, philosophy and goals.
- Develop a company profile that reflects its internal conditions and capabilities.
- Assess the company's external environment, including both the competitive and general contextual factors.
- Analyse the company's options by matching its resources with the external environment.
- Identify the most desirable options by evaluating each option in light of the company's mission.
- Select a set of long-term objectives and grand strategies that will achieve most desirable options.
- Develop annual objectives and short-term strategies that are compatible with the selected set of long-term objectives and grand strategies.
- Implement the strategic choices by means of budgeted resource allocation in which the matching of task, people, structures, technologies, and reward system is emphasized.

- Evaluate the success of the strategic process as an input for future decision-making.

Strategic management involves the planning, directing, organizing and controlling of the company's strategy-related decision and action (*Ibid.* :9).

Contrary to the nine tasks identified by Pearce and Robinson (1999:3), Thompson and Strickland (1993:3) see strategic management as consisting of the following five interrelated components (*see* 2.2.1).

- Develop a concept of the business and form a vision of where the organization needs to be headed.
- Convert the mission into specific performance objectives.
- Craft a strategy to achieve the targeted performance.
- Implement and execute the chosen strategy efficiently and effectively.
- Evaluate performance, reviewing the situation and initiating corrective adjustments in mission, objective, strategy or implementation in light of actual experience, changing conditions, new ideals and new opportunities.

The researcher agrees with Thompson and Strickland: the strategic-making, strategy-implementation function of managers consists of the above-mentioned components. Together, these five components adequately define what is meant by the term strategic management as augmented below.

3.2.3.1 Form a strategic vision

As soon as the strategic process starts, the principals or people involved should start posing specific questions (Thompson & Strickland, 2003:6):

- What is the vision for the institution?
- Where should the institution be headed?
- What should its future technology-product-customer focus be?

- What does the institution want to achieve in five years?

The managers should draw a carefully reasoned conclusion about the institution's long-term direction. A strategic vision thus reflects management's aspirations for the organization and its business.

3.2.3.2 Create performance objectives that are aware of the risks of strategic management

According to Pearce and Robinson (1999:11), managers must be trained to guard against three types of unintended negative consequences of involvement in strategy formulation. These follow in the next three paragraphs.

3.2.3.2.1 Extended time frame

The time that managers spend on the strategic management process may have a negative impact on operational responsibilities. Managers must be trained to minimize that impact by scheduling their duties to allow the necessary time for strategic activities (*Ibid.*).

3.2.3.2.2 Uninvolvement

If the formulators of strategy are not intimately involved in its implementation, they may shirk their individual responsibility for the decisions reached. Thus, strategic managers must be trained to limit their promises to performance that the decision-makers and their subordinates can deliver (*Ibid*).

3.2.3.2.3 Unattained expectations

Strategic managers must be trained to anticipate and respond to the disappointment of participating subordinates over unattained expectations. Subordinates may expect their involvement in even a minor phase of total strategy formulation to result in both an acceptance of their proposals and an increase in their rewards, or they may expect solicitude concerning their input on selected issues to extend to other areas of decision-making. Sensitizing managers to these possible negative consequences and preparing them with

effective means of minimizing such consequences would greatly enhance the potential of strategic planning (Pearce & Robinson, 1999:11).

3.2.3.3 Craft a strategy based on the benefits of strategic management

Using the strategic management approach, managers at all levels of the institution interact in planning and implementing (Pearce & Robinson, 1999:10). As a result, the behavioural consequences of strategic management are similar to those of participative decision-making.

The use of strategic management has the following benefits (Pearce & Robinson, 1999:4):

- Strategic formulation activities enhance the institution's ability to prevent problems. Managers who encourage subordinates' attention to planning are aided in their monitoring and forecasting responsibilities by subordinates who are aware of the needs of strategic planning.

- Group-based strategic decisions are likely to be drawn from the best available alternatives. The strategic management process results in better decisions because group interaction generates a greater variety of strategies and because forecasts based on the specialized perspectives of group members improve the screening of options.

- The involvement of employees in strategy formulation improves their understanding of the productivity-reward relationship in strategy plan and, thus, heightens their motivation.

- Gaps and overlaps in activities among individuals and groups are reduced as participation in strategy formulation clarifies differences in roles.

- Resistance to change is reduced. Though the participants in strategy formulation may be no more pleased with their own decisions than they would be with authoritarian decisions, their greater awareness of the parameters that limit the available options makes them more likely to accept those decisions.

3.2.3.4 Implement the strategy efficiently

In order to implement strategy efficiently, policies that are developed and plans that are in place should be followed so as to achieve the objectives of the strategy (Thompson & Strickland, 2003:12). The efficient implementation of strategy involves (*Ibid*):

- Allocating sufficient resources (financial, personnel, time and computer system support).
- Establishing a chain of command or some alternative structure (such as a cross functional team).
- Assigning the responsibility of specific tasks or processes to specific individuals or groups.
- Managing the process. This includes monitoring results, comparing them to benchmarks and best practices, evaluating the efficacy and efficiency of the process, controlling for variances, and making adjustments to the process as are necessary.

Young people (those aged 10-24 years) could be a great asset in helping to prevent HIV/Aids and bringing the pandemic under control, because they are still developing behaviour and experimenting in sexual matters. Therefore they can adopt safer practices more easily than adults (*Ibid.*).

Sound AIDS education covers effective prevention, care and support for people with HIV/Aids, and non-discrimination. Education of this kind has been shown to help young people to delay sex and, to avoid risky behaviour (Pearce & Robinson, 1999:13).

3.2.3.5 Evaluate performance strategically

A major purpose of strategic assessment is to determine the quality of strategies. Strategic assessment is the evaluation of organization or institutions' strategic management efforts. According to Pearce and Robinson (1999:390) strategic assessment is an essential part of determining the quality

of an organization or institution's strategic direction, the effectiveness of its strategic management processes, and the skills of its strategists.

Strategic assessment should be a continuing process, so as to improve the output of the institution. Strategic assessment compares the actual performance with the expected performance (*Ibid.*). Assessment can provide information to evaluate strategic decisions' success or failure.

Having dealt with strategic management in general, we must now apply this to the issue at stake.

3.3 STRATEGIC MANAGEMENT OF THE IMPACT OF HIV/AIDS ON EDUCATION

According to Katahoire (1993:23), Ministries of Education may be willing to develop appropriate and effective preventive AIDS education programmes to the extent that they see that HIV/Aids is not merely a health problem, but rather a problem that may affect their daily routine operations.

One impact of HIV/Aids, therefore, is to push the education system, at all levels, into a more open and frank discussion of these topics at the school and in the community, in the system itself and society at large (*Ibid.*).

HIV/Aids has adverse effects on the quality of education since it is unlikely that learning achievement will remain unaffected by the following factors (Bennell, Hyde & Swainson, 2002:18):

- Frequent educator absenteeism
- Repeated bouts of educators' sickness
- Increased reliance on less qualified educators
- Sporadic learners' attendance
- Intermittent learner participation, following an irregular "drop-out/ drop-in" pattern

- Low educators' morale
- Considerable learner and educator trauma
- Inability on the part of both educator and learner to concentrate on school work because of concern for those who are sick at home

According to Katahoire (1993:25), there are three ways in which education can be affected:

- The ways in which the education system must change in order to deliver messages about the epidemic effectively
- The impact of HIV/Aids on the demand, supply, process and quality of education
- The longer-term response of the education system to such impact

As the HIV/Aids epidemic increases, the Department of Education is faced with the tremendous task of ensuring that quality education is accessed by every learner in the country. This task is very difficult as educators experience a stressful situation due to HIV/Aids at schools. Educators are expected to deal with HIV/Aids-infected learners, even learners who are very sick throughout the day. On the other hand, some educators are ill and absent from work because of HIV/Aids.

As the AIDS epidemic grows, the responsibilities of schools are twofold towards HIV/Aids (*Ibid*: 234):

- The first is to provide appropriate education to learners with HIV/Aids in an atmosphere catering for their special needs and conducive to learning.
- The second is to provide education and training to educators of learners with HIV/Aids, as well as educators themselves who have the responsibility of teaching HIV/Aids information and a prevention curriculum. In this way, educators would be empowered to deal with the emotionally charged issues created by the AIDS crisis.

The two above-mentioned responsibilities become a challenge to the Gauteng Department of Education because they need to help schools to meet the kind of challenge mentioned above. These kinds of challenges expect schools to have clearly defined written policies regarding the placement of these learners. Educators and other personnel should be educated about HIV/Aids and its effects on learners.

Schools are expected to provide a curriculum design to prevent the spread of HIV/Aids infection (Boyd-Franklin, *et al.*, 1995:145). It is crucial that this challenge be met effectively to ensure the future and welfare of all learners: those who are already infected and those who have not yet been stricken by it (*Ibid.*).

Various formal aspects (*cf.* 3.3.1- 3.3.5) must therefore be addressed.

3.3.1 HIV/Aids statistics at schools

The number of educators and learners who die as a result of HIV/Aids is high, but apparently the Gauteng Department of Education does not have the correct statistics because not everyone discloses their HIV/Aids status.

When HIV/Aids was discovered to be present at schools, the Gauteng Department of Education did not know how to react. On the one hand they wanted to protect learners who were not infected and on the other hand they wanted to protect the rights of those infected by HIV/Aids. The first learners and school educators with AIDS had to petition the courts to protect their rights to an education and to preserve their jobs, respectively (Boyd-Franklin *et al.*, 1995:235).

3.3.2 Birth rate

As a result of HIV/Aids, fewer children may need education because the birth rate will decline following the early deaths of potential parents. The transmission of HIV from mother to child will increase infant and child mortality and further reduce the numbers of children entering school (Katahoire, 1993:2).

More schools will be closed down because the numbers of learners have dropped. Seemingly, parents are afraid to have babies because it means that they have to check their status every time before conceiving a baby. It seems that people are afraid of the test in most cases because they may find out about their positive status (Katahoire, 1993:2). It is also difficult to convince partners to go for testing, because it means one is indirectly saying to the partner " I do not trust you ".

The birth rate has generally declined because people are afraid to participate in unprotected sex. If there is a decline in birth rate, it will automatically have a negative impact on schools. Many health officials hold that HIV-infected women should not become pregnant (Nelkin, Wills & Parris, 1991:11). Because of the declining birth rate, the Gauteng Department of Education will be forced to reduce the educator-learner ratio.

3.3.3 Relationship: school and community

Infected and uninfected learners alike encounter their parents' periodic and episodic inability to care for them due to their own illness and incapacitation (Geballe *et al.*, 1995:72). Parents can no longer attend evening or Saturday meetings called by the school because they are too ill. The relationship between the school and the community is affected by the presence of the HIV/Aids epidemic in society. Infected parents also avoid coming to meetings because of the stigma attached to them by the community.

3.3.4 Physical threats

As HIV/Aids has weakened the immune system, in a similar way, the school system in a community that is seriously HIV/Aids-infected is also in danger of being weakened and disrupted (Flisher, 2000:1). The school experiences problems such as a high rate of absenteeism, death of educators and learners, demotivation and low morale. It is imperative for the School Governing Body to deal with such problems so as to avoid the above-mentioned problems. In such circumstances as mentioned above, the School Governing Bodies are obliged to deal with the potential area of impact on

learners, educators and school systems and to design appropriate and effective strategies (Pretorius & Ockert, 2001:69).

The School Governing Body must legally have HIV/Aids policies in place as mandated by section 20(1) of the Schools Act, (SA, 1996c). According to Heard (2001:7), the School Governing Body does not have to compile the HIV/Aids school-level plan, but should be closely involved in its creation. Heard's opinion (*Ibid.*) is, however, not confirmed by Kwatubana (*see* 2.72).

The researcher supports Heard who maintains that the School Governing Body should assist the School Management Team to compile the HIV/Aids policy for the school.

3.3.5 Educator training

Lack of educator training has been identified as one of the most significant barriers to effectively carrying out school health education programmes (Jones, 1996:13). Educators are not adequately equipped to educate learners about HIV/Aids. They need formal training with regard to HIV/Aids.

Ideally, at the elementary level, a certified health educator would teach the programme, but quality programmes can also be carried out by elementary educators who have had formal health course work and recent HIV in-service or formal education (Jones.1996:13). It is important for the Gauteng Department of Education to train educators or introduce a course that will address HIV/Aids.

Now that the formal aspects have been addressed it is therefore important to investigate the strategic management of the impact of education on HIV/Aids.

3.4 STRATEGIC MANAGEMENT OF THE IMPACT OF EDUCATION ON HIV/AIDS

Without a doubt, a major actor in the development of human resources through the teaching of literacy and numeracy, the transmission of basic knowledge and skills for survival, and the delivery of vocational, tertiary professional training, the education system bears both a special burden in

terms of being affected by AIDS and special responsibilities for responding to its impact (Katahoire, 1993:24).

In the long term, education plays a key role in addressing conditions that can alleviate vulnerability (Bennell, Hyde & Swainson, 2002:10). It does so by attacking poverty, gender, inequalities, the disempowerment of women, and disregard of human rights. Because poverty, gender inequalities, the low status of women, and abuse of human rights exacerbate vulnerability to HIV/Aids, every move in the direction of poverty reduction, gender equality, personal empowerment and concern for the protection and practice of rights, is at the same time a move against HIV/Aids (*Ibid.*). This is a consoling fact.

The success of education in these areas, and as a force for the long-term conquest of HIV/Aids, depends on its ability to do what it is supposed to be doing. This in turn depends on two factors:

- Ensuring that all young people can participate in education programmes.
- Ensuring that within those programmes real and worthwhile learning actually occurs.

3.4.1 Participation of learners

Adults are used to making decisions for children and young people. They often underestimate the understanding that even young children have and their ability to express their views, if given the opportunity (UNAIDS, 2001b:5). Developing trust between children and adults is essential in promoting children's participation and may take time. Children and young people need to feel safe before trusting other people enough to talk openly, so they may feel more comfortable where participation occurs within the normal, everyday contexts of their lives, such as at school and in community groups, youth and peer groups.

Moreover, all children's programmes should promote the rights and interests of children and young people, and restore or maintain their dignity (UNAIDS, 2001b:5).

The following aspects should be taken into consideration when learners participate (*Ibid.)*:

- The best interests of the learners should always be put first.
- Learners' rights to decide for themselves should be respected at all times and care should be taken to ensure that the learners understand the implications of their participation and know that they can refuse to participate.
- Learners' rights to confidentiality and freedom from discrimination should not be compromised by their participation.
- Learners should participate in an environment where they feel safe with their own peers, so that they do not feel threatened, frightened or used.
- Learners should not be portrayed in a negative and disadvantaged way.
- Learners should not be exploited for commercial, medical or research purposes.

It is important for learners to participate in discussions during HIV/Aids education so that adults can understand how they feel about HIV/Aids. Only children and young people themselves can tell us what it means for them to live in a world with AIDS (UNAIDS.2001b:2).

The challenge is to work with them in a way that respects their views and gives them the freedom to participate on their own terms.

3.4.2 Developing HIV/Aids-related skills

By participating, learners have the opportunity to develop skills and confidence in areas which will benefit them and their communities. Through participation, learners learn about co-operation, mutual understanding and social responsibilities (UNAIDS, 2001b:2). If learners participate, they may become better informed and equipped with new skills in communication and thinking which will prepare them for adult life.

Hearing what children have to say, often gives adults new insight into their wishes and needs, and provides relevant information about the activities and plans that can be used to meet them (Jones, 1996:5). Developing trust between children and adults is essential in promoting learners' participation. As said before, when effective AIDS education programmes are correctly implemented, learners can develop skills that will help them to survive the pandemic. The most important HIV-related skills young people such as learners can learn are (Jones, 1996:6):

- How to make sound decisions about relationships and sexual intercourse and stand up for those decisions.
- How to identify one's own personal reasons for resisting pressures for unwanted sex or drugs.
- How to recognize and avoid or leave a situation that might turn risky or violent.
- How and where to ask for support and to have access to youth-friendly health services.
- When ready for sexual relationships, how to negotiate protected sex or other forms of safe sex.
- How to show compassion and support for people with HIV and AIDS.
- How to care for people with AIDS in the family and community.

If learners can acquire HIV-related skills, it will be to the advantage of everyone concerned with education because this could reduce the infection rate among the learners.

We therefore need to focus on education itself as a strategy.

3.4.3 Education as strategy

According to Jones (1996:7), education is the most effective weapon against AIDS. Education has already brought about change with regard to the attitude

of people towards HIV/Aids. There should now be a concerted effort to devise a strategy that can turn the tide in a more radical way. The ultimate goal should be to:

- reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by the age of 15 and no more than 40% by the age of 17;
- increase to at least 50% the proportion of sexually active, unmarried people who used a condom at their last sexual intercourse;
- increase to at least 80% the proportion of HIV-infected people who have been tested for HIV infection;
- extend regulations to protect workers from exposure to bloodborne infections, including HIV infection, to all facilities where workers are at risk for occupational transmission of HIV;
- increase to at least 75% the proportion of primary care and mental health providers who give age-appropriate counselling on the prevention of HIV and other sexually transmitted diseases and;
- provide HIV education for learners and educators in at least 90% of the proportion of cities with populations over 100 000 that have outreach programmes to contact drug abusers (particularly intravenous drug abusers) to deliver HIV risk-reduction messages.

The above-mentioned strategy proves that education is the only active tool that can put AIDS under control. Ironically, some parents think sex education is not supposed to be part of the curriculum (Jones, 1996:10) as they believe that learners are sexually active, fall pregnant and suffer from sexually transmitted diseases because of sex education at schools (*Ibid,*:11). They fail to realize its indisposable value to counteract all this.

Because of education given at school, learners are able to know the risks beforehand. The first step in making a sound decision is to be informed (*Ibid.*). The school situation provides the opportunity not only to teach about

abstinence, a primary focus in any responsible curriculum, but to reinforce this concept. Learners should be given the opportunity to develop (or enhance) the communication and assertiveness skills needed to say "No" to peer pressure to engage in sexual activities. They can then develop the confidence necessary to avoid or remove themselves from a risky situation (Jones, 1996:11).

If learners can be given vital information to save their lives, the Department of Education shall have played a major role in securing the lives of the next generation because thousands of teenagers become infected with sexually transmitted diseases or acquire HIV infection unknowingly, and often pass these infections on to their peers or babies (Jones.1996:12).

The Gauteng Department of Education should therefore provide HIV/Aids programmes that will develop the approval and active involvement of parents, ensuring that learners acquire knowledge and skills necessary to adopt and maintain behaviour that will eliminate their risk of becoming infected.

3.4.4 Interventions through which the education sector will gain control over the diffusion of knowledge of HIV/Aids

The priority interventions through which the education sector will gain control over HIV/Aids are as follows (Bennell *et al.*, 2002:18):

- Diffusion of knowledge and understanding of HIV/Aids, with special attention to human sexuality, traditional viewpoints and the perspectives of youth cultures.
- Promotion of behaviour that will protect against HIV infection.
- Advocacy and sensitization on issues of child abuse and sexual violence.
- Promotion of gender sensitivity.
- Increasing the empowerment of girls and woman.
- Establishment of adequately resourced youth-friendly health services at or close to educational institutions.

- Increasing the availability of voluntary counselling and testing for students, educators and other educational personnel.

- Promoting the school or college as a centre for support and guidance of communities affected by HIV/Aids.

- Encouraging the involvement of educational institutions in providing support for AIDS-carers and home-based care programmes for persons living with HIV/Aids.

- Developing structures and policies for the protection of the education system.

- Provision of education and sensitization programmes and care in the workplace.

- Developing HIV/Aids-related policies and guidelines for learners, educators and education staff.

- Destigmatization of HIV/Aids.

To realize all of this, an effective programme should be devised.

3.4.5 Ensuring an effective HIV/Aids education programme

According to UNAIDS (2001a:4), effective programmes at school are those that have a positive influence on behaviour with regard to sex, drug use and non-discrimination, and do not simply provide increased knowledge and changed attitudes of learners.

An effective AIDS education programme should address the following aspects (*Ibid.*):

- Focus on life skills, particularly those relating to decision-making, negotiation and communication, with the double aim of delaying first sexual intercourse and encouraging protected intercourse.

- Concentrate on personalizing risk through appropriate role playing and discussions.

- Discuss clearly the possible result of unprotected sex and, in equally clear terms, the way to avoid such an outcome.

- Explain where to turn for help and support among peers, educators and outside facilities.

- Stress the skills useful for self-protection from HIV and also build self-confidence and avoid unwanted pregnancy, sexual abuse and the abuse of drugs (including tobacco and alcohol).

- Reinforce values, norms and peer group support for practising and sustaining safe behaviour and resisting unsafe behaviour, both at school and in the community.

- Provide sufficient time for classroom work and interactive teaching methods such as role play and group discussions.

An HIV/Aids education programme will help learners to have sufficient knowledge with regard to HIV/Aids. The HIV/Aids education should be seen as adding value to the reinforcement of cultural values and norms. The skills that learners gain in this kind of programme can enhance self-protection and elimination of unwanted pregnancy among learners.

It is therefore vital that the educator sector gain control over the diffusion of knowledge of HIV/Aids and such education be integrated into the school curriculum.

3.4.5.1 Integrating of the HIV/Aids education programme into the school curriculum

According to section 29 of the Constitution (SA, 1996a), learners have a right to be educated. This should include information pertaining to AIDS, sexuality and healthy lifestyles, in order to protect them against HIV infection.

In a national survey of district superintendents conducted fairly early in the AIDS pandemic, every participant agreed that AIDS education should be taught at schools regularly, and that schools should work with the health community to organize the best possible response for learners (Tonks, 1996:14).

The Department of Health and the Department of Education collaborated to implement a life skills and HIV /AIDS education programme at schools (Misra & Sujaya, 1999:35).

3.4.5.2 Effective means of combating HIV/Aids at school

According to Simms, Rowson and Peattie (2001:55), the following are regarded as effective ways of combating HIV/Aids at schools:

- The use of peer counsellors who discuss HIV/Aids both in classrooms and individually with learners.
- Dramatic theatrical presentations that portray the risks of HIV, especially for adolescents.
- School health fairs with presentations about HIV/Aids or presentations by learners who are HIV positive.
- Weekly discussion sessions on teenage sexual/social issues.
- Health columns on HIV/Aids in the school newsletter (Swanepoel, 2002:2).

In order to assure that an AIDS education programme is effective, there is the additional benefit that every learner must participate in role-play and must be able to demonstrate, at least once, that he or she is capable of using the skills correctly to handle a risk situation (Tonks, 1996:151).

3.5 THE STRATEGIC ROLE OF SCHOOL GOVERNING BODIES

The strategic role of the School Governing Bodies in dealing with HIV/Aids effectively and successfully at schools depends on whether they have adopted a strategic approach to curb new infections, to educate learners

about HIV/Aids, to plan for and organize training and workshops for learners and educators on issues of human rights and to mobilize parents, learners and communities at large around the common aim of controlling the epidemic (Ramjee, 2000:22 ; Williams, 2000:13 ; Desmond, Michael & Gow, 2000:5).

Schools have a major role to play in every community and it is through their School Governing Bodies (SGBs) that they establish links with their communities. The duties and responsibilities of School Governing Bodies are determined by law in the Schools Act (SA,1996c).The School Governing Bodies' main responsibility is to determine the aims and overall conduct of the school with the view to promoting a culture of teaching and learning (Kwatubana, 2004:13).

Now of late the School Governing Body is faced with the problem of HIV / AIDS infected learners and educators. The School Governing Body must see to it that the school has an effective plan in dealing with HIV/Aids.

3.5.1 Providing a forum of accountability

By formulating a policy at school level, Markus and Fincham (2000:35) see School Governing Bodies as providing a forum of accountability for their schools, as they have knowledge of the school and its problems and understand the constraints under which educators work. When drawing up policies, the Governing Bodies must take cognizance of the following three factors (Kwatubana, 2004:50) indicated below:

3.5.1.1 Adopting a strategic approach

The following principles should guide the strategic approach of the School Governing Bodies in dealing with HIV/Aids (Kwatubana, 2004:26):

- Learners and educators with HIV/Aids should be involved in all the prevention, intervention and care strategies at school (Chimere & Mnguni, 1998:30).

- Learners and educators with HIV/Aids, their partners in the case of educators, families and friends should not suffer any form of discrimination (Gwatkin & Deveshwar-Bahl, 2002:28).

- The vulnerable position of female learners and female educators in the school community should be addressed to ensure that they do not suffer discrimination, nor remain unable to take effective measures to prevent HIV/Aids infection (Wells & Henrietta, 1999:29).

- Confidentiality and informed consent with regard to HIV testing and test results should always be protected (Landman, Molteno, Cooper, Tomlinson, Swartz & Murray, 2000:88).

- HIV/Aids education, counselling and health care should be sensitive to the culture, language and social circumstances of all learners and educators at all times (Pfeiffer, 2002:15).

- The School Governing Bodies should form a partnership with all the sectors of government and other stakeholders in civil society in their fight against HIV/Aids (Davies, Connolly, Sturm, MacAdam & Wilkinson, 1999:13).

- Capacity building should be emphasized to accelerate HIV/Aids prevention and control measures (Bateman, 2002:33).

- Sexually Transmitted Diseases' prevention and control should be the central elements in a strategic response to the HIV/Aids pandemic (Assavanonda & Anjira, 1999:71).

The primary goal of the School Governing Body's strategic role should be the reduction of the number of new HIV infections among learners and educators.

By ensuring that the school policies on HIV/Aids are documented, the School Governing Bodies will have carried out their legal obligation (Kwatubana, 2004:25).

3.5.1.2 First steps in developing an HIV/Aids policy

In terms of section 20(1) of the Schools Act (SA, 1996c), the School Governing Body has to discharge functions as determined by the Minister of Education. The functions of the School Governing Body could therefore include the adoption of an HIV/Aids policy for a specific school provided that the policy does not infringe upon the norms and minimum standards of the National Policy determined by the Minister of Education.

From the above statement it is clear that there is a need for the development of school level policies that will address the needs, values and ethos of the school and its community within the framework of the Schools Act (SA, 1996c). The School Governing Bodies should develop these policies.

Strategic planning implies a process of long-term planning in order to achieve the desired vision and mission for the school, and involves setting goals, planning action steps to achieve the goals and ensuring that the process is evaluated in an ongoing way (Davidoff & Lazarus, 1997:101; Murdock & Scutt, 1997:101).

Strategic planning is informed by the core business of an institution and is conceptual, in that it designates what the school will do better in order to be the customer's choice (Xaba, 1999:94). To further the cause of the issue at stake in this regard, it is therefore vital to uphold Bardwick's postulation (1996:136) that, for strategic planning to succeed, it must anticipate, create and guide change so as to create commitment in the institution's members.

Strategic planning by School Governing Bodies involves investigations to obtain current information on HIV/Aids. It also includes setting out this information in an orderly fashion and selecting the best methods to achieve the main objectives of combating HIV/ AIDS at schools (Fuphe, 2002:5; Lorgen, 1998:151). Strategic planning to combat HIV/Aids should always consider changes in the environment and institutional needs within the context of the plan while making the initial run (Shutte, 2000:33; Bateman, 2002:8) and the School Governing Bodies must be essentially prepared for the wholesome revision of the HIV/Aids plan, continually updating massive

changes in environmental conditions, changes in the educator and learner's needs and changes in the governing body's needs and objective.

The first step when planning for the strategic management of HIV/Aids entails setting the objectives and goals that address a positive scenario (Kwatubana, 2004:28). Various researchers agree that the objectives of a school's HIV/Aids plan should include the following aspects:

- Provide knowledge that will instil self-protection among learners, educators and parents (Joseph, 2002:15).
- Foster the development of a personally held, constructive value system, including skills that will facilitate self-protection (Fourie & Schonteinch, 2001:42).
- Promote behaviour that will lower the HIV/Aids infection risks (Wild, 2001:22).
- Enhance the capacity to help learners, educators and parents to protect themselves against the HIV/Aids risk (Hilton-Barber, 2000:159; Crowe, 1997:147).

3.5.1.3 Determining the rationale behind school policies

The School Governing Body should ensure that all relevant policies and procedures are in place in order to (Bunting, 1996:3; Bhatiasevi & Alphaluck, 1999:85; Kironde, 2000:18):

- support learners infected with or affected by HIV/Aids effectively, including understanding absenteeism, lack of concentration and confidentiality;
- challenge prejudice, stigma and related bullying across the school;
- provide positive learning opportunities that are relevant to all, including the greater risk of infection or of already living with the virus either themselves or through their families; and
- ensure links with community health and support services.

HIV/Aids school policies should cover the admission of learners to school, school attendance, universal precautionary measures, and education on general health and safe lifestyles, of which sexuality education is to form part (Kwatubana, 2004:48).

The process of policy development, for instance, can help to resolve disagreements and build consensus and support for HIV education (*Ibid.,* 49). In less qualitative terms, School Governing Bodies will need to develop policies and programmes regarding contentious issues related to sex education, job discrimination and human rights violations, confidentiality, information about HIV status and educator-learner protection (Brown, 2002:68).

School Governing Bodies' policies on HIV/Aids should reflect goals in dealing with HIV/Aids, should be consistent although differences in interpretation may be made, should not be rigid and inflexible; should focus on the revision of the policy to effect adjustments, should be embodied in written form, and should be distinguished from rules and procedures (Djoerban & Samsuridjal, 1998:7).

This brings us to the role which school management should play.

3.6 RESPONSIBILITY OF SCHOOL MANAGEMENT

School Management Teams can not effectively deal with HIV/Aids because they are not capacitated by the Gauteng Department of Education. The problem is that the school system, especially in heavily affected areas, may have a lack of financial and human resources and the energy and creativity to develop the innovative programme needed to address the new clients (learners) and their needs (Barnett & Blaikie, 1991:67).

Management of the education system will require particular flexibility and imagination in order to develop and operate a programme designed to cope with the impact of the pandemic.

Thus, in order to enable schools to respond efficiently and effectively to different learners and their needs, and assume new roles, the education

system itself must change (*Ibid.*). It must learn to operate in different ways, to develop specific strategies for the new challenges it faces and, in general, to become non-formal and flexible in nature.

Employers are gradually recognizing, in light of the continued increase of the number of HIV-positive and AIDS cases that the most sensible approach is to be proactive (Du Plessis, 2004:121).

The Department of Education should implement the following as part of their intervention programme so as to minimize infection among learners (*Ibid.*, 122):

- Promote the development and implementation of policy guidelines and legal provisions relevant to the HIV/Aids epidemic in education.
- Intensify advocacy and mobilization for HIV/Aids in education institutions.
- Incorporate HIV/Aids and other reproductive health issues into the curriculum for all education institutions.
- Promote specialized, skill-based educator training in HIV/Aids.
- Promote HIV/Aids education, counselling and health care services at all levels of education.
- Promote the welfare of AIDS orphans and staff who are living with HIV/Aids in education institutions.
- Promote partnerships and networking with NGOs, private sectors and other stakeholders in AIDS education, counselling/testing and health care.

According to Barrett Grant, Strode and Smart (2002:38) and Gillies (2004:15), management should play a major role in the following ways:

- Develop a proactive approach to deal with HIV infection and AIDS, including fair and consistent treatment of HIV-positive employees.

- Carry out effective education of employees in view of changing attitudes towards behaviour with regard to sexual practices and people who are HIV-positive.

- Manage colleagues of employees who are HIV-positive. Colleagues, who are often fearful, may refuse to work with the HIV-positive employees and need scientific and factually correct information.

- Keep HIV/Aids status confidential.

- Minimize the risk of infection to first aiders and occupational health practioners by supplying appropriate training procedures and protective equipment.

- Proactively consult and negotiate with trade unions to establish the respective roles of the company and the unions.

Having dealt with the inability of the Gauteng Department of Education to capacitate school management concerning the handling of HIV/Aids, it is necessary to investigate the impact of the content and methods of education on the strategic management of HIV/Aids.

3.7 THE IMPACT OF CONTENT AND METHODS OF EDUCATION ON THE STRATEGIC MANAGEMENT OF HIV/AIDS

In more concrete ways, the education system must also adapt to the impact of HIV/Aids by altering the content (knowledge, skills and values) of what it teaches and the methods it uses for teaching (Barnett *et al.*, 1991:67). The education system in a society affected by AIDS must be able to teach **knowledge** of quite a different kind from that traditionally taught. The education system should create a separate learning area that will focus on the following aspects (*Ibid.*):

- the body and its functions. "HIV prevention requires children to learn about their bodies before puberty begins. Girls, especially, need to understand the relationship between sex and power, to strengthen self-esteem, and to be assured of their right to make sexual decisions" (*Ibid.*);

- reproductive health and sexually transmitted disease;
- the transmission of HIV, the prevention of infection, and the nature of the disease, i.e. how to stay HIV-negative;
- the care and treatment of people with AIDS; and
- human rights issues related to HIV/Aids.

Within this content, the projections of HIV infections, AIDS cases, AIDS death and AIDS orphans should be made available and should be updated after each three years. The Gauteng Department of Education should strengthen advocacy for:

- mobilization of resources for the education sector to reinforce its capacity in general and more specifically to build up a more proactive role in HIV prevention and AIDS impact alleviation;
- integration of AIDS education in formal and non-formal programmes carried out by the education sector; and
- highlighting the need to reduce discriminatory environments and practices towards educators and learners affected by HIV.

It is the responsibility of the Gauteng Department of Education to help schools to cope with HIV/Aids at schools. It is their responsibility to do something about HIV/Aids rather than to acknowledge the impact of the epidemic in schools.

3.8 SUMMARY

This chapter explored strategic management as an organization's prerequisite to sound governance (*cf.* 3.2) and then looked specifically at the strategic management of the impact of HIV/Aids on education (*cf.* 3.3) and that of the impact of education on HIV/Aids (*cf.* 3.4). The strategic roles of School Governing Bodies (*cf.* 3.5) and of school management (*cf.* 3.6) were also

scrutinized, as well as the impact of content and methods of education on the strategic management of HIV/Aids (*cf.* 3.7).

The next chapter will focus on the empirical research design.

CHAPTER FOUR

EMPIRICAL RESEARCH DESIGN

4.1 INTRODUCTION

The literature study in chapters two and three formed the framework for the empirical research. The focus is on the research instrument, which occupies a central place in the gathering of data for this research. This includes discussion on the research concerning the measuring instrument itself, reasons for selecting a questionnaire as the instrument, and the advantages and disadvantages of such a questionnaire. The construction of question items is dealt with and the format of the final questionnaire is given. This chapter also indicates how the sample was determined, and how the questionnaires were distributed. The North-West University Information Technology was consulted to analyse the data collected.

In chapter one the overall aim of this study was stated as follows (*cf.* 1.2):

To investigate whether the Gauteng Department of Education is able to manage HIV/Aids at Gauteng schools strategically.

This was undertaken by:

- presenting an overview of the impact of positive HIV/Aids status on education;
- highlighting the essential requirements of strategic management of HIV/Aids at schools; and
- determining educators' responses to the current nature of the management of HIV/Aids at school, the effect of HIV/Aids on educators and learners, the involvement of the Gauteng Department of Education and educator perceptions on HIV/Aids-related school matters.
- If substantion is determined, to develop a model for the strategic management of HIV/Aids at Gauteng schools (*cf.* 1.2; Chapter 6).

The empirical investigation aims at gathering information to the background of these aims, i.e. the current nature of the management of HIV/Aids at school, the effect of HIV/Aids on educators and learners, the involvement of the Gauteng Department of Education and educator perceptions on HIV/Aids-related school matters.

4.2 METHOD OF RESEARCH

This research was conducted by means of a literature review (*cf.* 1.3.1) and empirical research (*cf.* 1.3.2).

4.2.1 Literature review

Firstly, primary and secondary literature sources were studied to gather information on the impact of positive HIV/Aids status on education. This was done by looking at reactions to positive HIV/Aids-diagnosis (*cf.* 2.3), what HIV/Aids is all about (*cf.* 2.2), determining possible effects of HIV/Aids status on education (*cf.* 2.4), focusing on legal issues surrounding confidentiality (*cf.* 2.5), investigating the effect of education on HIV/Aids (*cf.* 2.6), disclosure of HIV/Aids status (*cf.* 2.7), reflecting on an HIV/Aids intervention programme (*cf.* 2.8) and support systems implemented by the Gauteng Department of Education (*cf.* 2.9)). In the final instance, the relevant aspects of the National Policy on HIV/Aids for learners and educators at Public Schools were presented (*cf.* 2.10).

Secondly, information was gathered from primary and secondary sources to present an analysis of the strategic management of HIV/Aids at school level. This was done by giving an overview of strategic management (*cf.* 3.2), pointing out the strategic management of the impact of HIV/Aids on education (*cf.* 3.3) and the impact of education on HIV/Aids (*cf.* 3.4), reflecting on the strategic role of School Governing Bodies (*cf.* 3.5), the responsibility of school management (*cf.* 3.6) and the impact of content and methods in education (*cf.* 3.7).

The information gathered during the literature review informed the construction of a questionnaire, i.e. the empirical research instrument.

4.2.2 Empirical research

The research design was quantitative in nature (*cf.* 1.3.2). For the purpose of this thesis the researcher selected a structured questionnaire as the research instrument.

The rationale for choosing a structured questionnaire will now be presented.

An explanation of how the questionnaire was pre-tested is also given because pre-testing is important in operationalizing the question items. The administrative arrangements carried out to administer the questionnaire, as well as sampling methods to obtain a representative population, are discussed.

The statistical techniques used to analyse data and answer the research questions are pointed out.

4.3 THE QUESTIONNAIRE AS RESEARCH INSTRUMENT

The choice of a measuring instrument depends on the goal of the study (Gall, Borg & Gall, 1996:246). The New Dictionary of Social Work (as quoted by Fouche, 2001:152) defines a questionnaire as "a set of questions on a form, which is completed by the respondent in respect of a research project". The information gathered from the questionnaire completed by respondents is then transferred into data (Tuckman, 1994:230).

Although the term *questionnaire* implies using a series of questions, Babbie and Mouton (as quoted by De Vos *et al.*, 2002:166) point out that a typical questionnaire comprises as many statements as questions. This holds specifically true when the researcher would like to determine to which extent the respondents maintain a specific attitude or perspective (*Ibid.*:116).

4.3.1 Defining a questionnaire

A questionnaire is a self-report instrument used for gathering data about variables of interest to the researcher and it consists of a number of questions or items that a respondent reads and answers (Beckman & Visser, 1999:348).

According to Tuckman (1994:216), a survey questionnaire is an instrument used when collecting research data and it is ultimately dependent on the purpose of the study.

4.3.2 Suitability of a questionnaire for this study

A questionnaire is appropriate as research instrument for this research since it helped elicit responses connected to specific attitudes or perspectives.

The respondents are all educators who are involved in the management of HIV/Aids at school level. Their responses led to identifying the urgency to develop a model as a possible solution for the strategic management of HIV/Aids at Gauteng schools (*cf.* 1.2).

The questionnaire comprises six sections (*cf.* Appendix D):

- Section A: This section collects biographical information pertaining to socio-economic elements of the educators such as their age, status, level of educational attainment and their years of service in the Gauteng Department of Education.

- Section B: This section collects responses on the strategic management of HIV/Aids at school. It contains questions relating to the knowledgeability of educators with regard to the pandemic. It also checks educators' attitudes towards their co-workers with HIV/Aids.

- Section C: This section determines the effect of HIV/Aids on educators.

- Section D: This section determines the effect of HIV/Aids on learners.

- Section E: This section gathers information concerning the knowledge of educators with regard to the involvement of the Gauteng Department of Education.

- Section F: This section gathers information on educator perceptions concerning HIV/Aids-related school matters.

4.3.2.1 Disadvantages of a questionnaire

In the same breath as above, the questionnaire has the following disadvantages (Anderson, 1990:207; Ary, Jacobs & Razavieh, 1999:421; Borg & Gall, 1989:158):

- Some question items may be misunderstood by the respondents.
- Questionnaires can easily be "delegated" or discussed with other parties
- Questionnaires typically yield a low response rate.
- Some important information may be omitted due to the restrictions imposed by the question items.
- Little can be done to rectify misinterpreted questions.
- Because of its apparent simplicity, a questionnaire might appeal to the amateur investigator and may be abused.

Despite the above-mentioned disadvantages, the questionnaire was selected because the disadvantages were ameliorated by personal administration of the questionnaire in the field.

4.3.2.2 Advantages of a questionnaire

The questionnaire is the most widely used technique in obtaining information for a variety of reasons (Ary *et al.*):

- It is relatively economical.
- It contains the same questions for all the respondents.
- It ensures confidentiality.
- It comprises written statements/questions to which respondents reply.

4.3.2.3 Reasons for selecting the questionnaire

A questionnaire with closed questions was chosen for the following reasons (Anderson, 1990:207; Ary *et al.*; 1990:421; Borg & Gall, 1989:152; De Wet, Monteith, Venter & Steyn, 1981:163,164):

- Information over a wide field and from a large sample could be gathered easily.
- Uniformity of questions ensured reliable results.
- The concise question items could be presented and analysed easily.
- It saved time and money.
- The questionnaire allowed for uniformity and elicited comparable data.
- Anonymity of respondents was assured since respondents were not required to divulge their identities, addresses and schools.
- The influence that an interviewer might have on the respondents was obviated.

4.3.3 The design of a questionnaire

The design of a questionnaire must be well organized by a thorough process. Moloko (1996:90) cites Sidhu's exposition that a well-designed and administered questionnaire can serve as an appropriate and useful data-gathering device and can boost the reliability and validity of the data.

According to Ary *et al.* (1990:422-424) and Gall *et al.* 1996:294), the following factors need to be considered in preparing a questionnaire:

- The questionnaire should reflect scholarship so as to elicit high returns.
- The questionnaire should be kept as brief as possible so that answering it requires a minimum of respondents' time. All unnecessary items, especially those whose answers are available from other sources, should be eliminated.

- Questionnaire items should be phrased in such a way that they can be understood by every respondent. It would be best to construct simple and short sentences.

- Items in the questionnaire should be phrased in a way that will elicit unambiguous responses. Words like "often" and "Sometimes" should be avoided as they mean different things to different people.

- Questionnaire items should not be misread because of unstated assumptions. The frame of reference for answering questions should be clear and consistent for all respondents.

- Alternatives to items should be exhaustive, e.g. What is your marital status? The questionnaire should not include only alternatives *married* or *single*, but also *widowed, divorced* and *separated.*

- The questions that might elicit embarrassment, suspicion or even hostility in the respondents should be avoided.

- The questionnaire should be arranged in the correct psychological order, e.g. if both general and specific questions are asked, the general questions should precede the specific ones.

- The questionnaire should be attractive in appearance, neatly arranged and clearly duplicated or printed.

4.3.4 Pilot study

According to Selltiz, Whitsman and Cooks (1980:545), piloting provides a means of catching and solving unforeseen problems in the administration of the questionnaire, such as phrasing and sequencing of questions, or its length. It may also indicate the need for additional questions or the elimination of others. Tuckman (1994:235) has found that it is highly desirable to run a pilot test when using a questionnaire. The author states that a pilot test which uses a group of respondents who are part of the intended test population but who will not be part of the sample, attempts to determine whether the

questionnaire items possess the desired quality of measurement and discriminability.

The respondents who answered the pilot questionnaire were similar in educational background to those who answered the final questionnaires. The purpose of pre-testing was to determine if there was any bias in the selection or wording of questions. In addition, the questionnaire was scrutinized for technical defects that might have existed.

This pilot study was also conducted to test the relevance of the question items and to solve problems that may arise during the actual administration of the final questionnaire (*cf.*1.3.2.4), in order to ascertain whether any adjustments needed to be made before proceeding with the research report. Furthermore, the pilot test was also used by the researcher to decide whether the research was feasible and whether it was worthwhile to continue with it. It also provided an opportunity to assess the opportunities and practicality of the data-collection instrument (Ary *et al.*, 1999:423).

The pilot study was conducted at 2 secondary and 3 primary schools. Schools that were piloted were not included in the actual population that was used in conducting the research.

The pilot study was useful in identifying defects in the question items and these were subsequently changed.

Having completed the pilot study, the Statistical Consultancy Services of the North-west University (Vaal Triangle Campus) analysed the questionnaires and found the following Cronbach Alpha reliability scores (*cf.* 1.2.3.4):

- Section B 0,89
- Section C 0,77
- Section E 0,82
- Section F 0,84

According to UCLA Academic Technology Services, the Cronbach Alpha measures how well a set of items or variables measures a single construct. A reliability coefficient of 0.80 or higher is considered to be high reliability.

4.3.5 Final questionnaire

The final questionnaire was discussed with the Statistical Consultation Services (SCS) at Vaal Triangle Campus of the North-West University, to ensure the data would not be problematic when it had to be analysed.

4.3.6 Administration procedures

The questionnaire was submitted to the Gauteng Department of Education for scrutiny and approval. Permission was requested from the Gauteng Department of Education for the questionnaire to be administered to the targeted population in Sedibeng-East, Sedibeng-West and Johannesburg South Districts.

Principals of the identified schools which were randomly selected, were personally approached to give permission for educators' participation in answering the questionnaire. After the purpose of the questionnaire was explained to principals and confidentiality was ensured, all principals were very positive towards the study. Permission to conduct research was granted by the Gauteng Department of Education. The questionnaire was finalized (see Annexure B).

4.3.7 Distribution of the questionnaires

Fouche (2001:153-156) mentions different means of distributing questionnaires, namely mailed, telephonic, personal or group-administered questionnaires, but in this study, questionnaires were delivered by hand. Delivery by hand was an easy option for the researcher because:

- the schools identified for this study are easily accessible to the researcher;
- delivery by hand would thus save time and cost; and
- communication with these schools is easy.

4.3.7.1 Advantages of hand-delivered questionnaires

When using hand-delivered questionnaires, Fouche (2001:155) points out specific advantages:

- These questionnaires are time-saving.
- Such questionnaires have a raised response rate because of personal contact.
- These questionnaires are open to communication: if respondents experience difficulties with the questionnaire they can clarify the matter on the fieldworker's return.

4.3.7.2 Disadvantages of hand-delivered questionnaires

The following disadvantages are noted (Fouche, 2001:155):

- A small geographical area can be covered,
- Sometimes the respondents lose the questionnaire or do not complete it, which is an inconvenience for the researcher fetching the questionnaires.

4.3.8 Population and sampling

The target population consisted of educators at both secondary and primary schools in Sedibeng-East, Sedibeng-West and Johannesburg-South Districts.

Due to the large size of the population (N =4147), a sample size was selected (n=450) of educators in both secondary and primary schools. The sample was randomly selected from the list of the schools in Sedibeng-East, Sedibeng-West and Johannesburg-South Districts.

4.3.8.1 The size of a sample

Neuman (2000:216) declares that the size of the sample depends on the kind of data analysis the researcher plans, on how accurate the sample has to be for the researcher's purposes, and on population characteristics. Some authors, for example (Gall *et al.*, 1996:59), declare that a sample of 10% is big

enough. Others believe that a sample of 30 is large enough to do basic statistical analysis, while other authors believe that the minimum number should be 100 (Gall *et al.*, 1996:229).

4.3.9 Response rate

Some authors differ about the response rate that can be expected from the respondents. Ross and Rust (1997:437) state clearly that there is no general rule which sets a safe boundary for the frequency of response rate. However, Tuckman (1994:245) asserts that a 75-80% response rate can be seen as reasonable.

A total of 364 questionnaires were returned in this research. The response rate of this study was 81, 1%. This response rate can be attributed to the accessibility of the researcher to the respondents.

Table 4.1: Response rate of respondents

Number of questionnaires sent out	Number of questionnaires received back	No response	Total % of response
450	364	86	81

As the above-mentioned table indicates, the response rate was 81%. Since a response rate of 70% provides a quantity of data large enough to draw valid and reliable conclusions from (Ary *et al.*, 1990:453, Anderson, 1990:167), generalizations from this research can be made to the entire population (*cf.* 1.3.2).

4.4 STATISTICAL TECHNIQUES

The Statistical Consultation Services of the North-West University, Vaal Triangle Campus, analysed and processed the data, using the SAS programme.

4.5 SUMMARY

In this chapter, the instrument used to gather information was discussed at length. The questionnaire as an instrument was therefore explained in detail. The population and sampling were explained. The response rate of the respondents was also elucidated.

The next chapter will focus on the data analysis and interpretation.

CHAPTER FIVE

DATA ANALYSIS AND INTERPRETATION

5.1 INTRODUCTION

The overall aim of this study is to investigate whether the Gauteng Department of Education is able to manage HIV/Aids at Gauteng schools strategically (*cf.*1.2).

The specific aim of this chapter is to address the third research question that is posed in the first chapter (*cf.* 1.1):

How do educators respond to questions concerning:

- the existing management of HIV/Aids at school;
- the effect of HIV/Aids on educators and learners;
- the involvement of the Gauteng Department of Education at school level; and
- perceptions on HIV/Aids?

The discussion that follows indicates how respondents (educators) responded to the questionnaire (*cf.* Annexure D). This chapter therefore represents the analysis and interpretation of the results of the empirical research. The data are represented by means of frequency (f) and percentage (%).

5.2 DATA ON THE GENERAL INFORMATION

Section A: Biographical information

5.2.1 Review of respondents

A total of 450 questionnaires were distributed among schools in District 7, District 8 and District 11 in Gauteng. From the above-mentioned questionnaires, 364 (81%) respondents returned the questionnaire (cf. Table

4.1). The response rate was thus representative of the sample group (Tuckman, 1994:232).

5.2.2 Item A1: Gender of respondents

Table 5.1: Gender of respondents

	Frequency	Percentage
Male	156	43%
Female	203	56%
Missing	5	1%
Total	364	100%

Table 5.1 depicts the respondents' gender. The majority of respondents (56%) were females, while males account for (43%) of the total respondents. Females therefore have greater representation at schools than their male counterparts. Five of the respondents did not indicate their gender when completing their questionnaires.

Figure 5.1: Gender of respondents

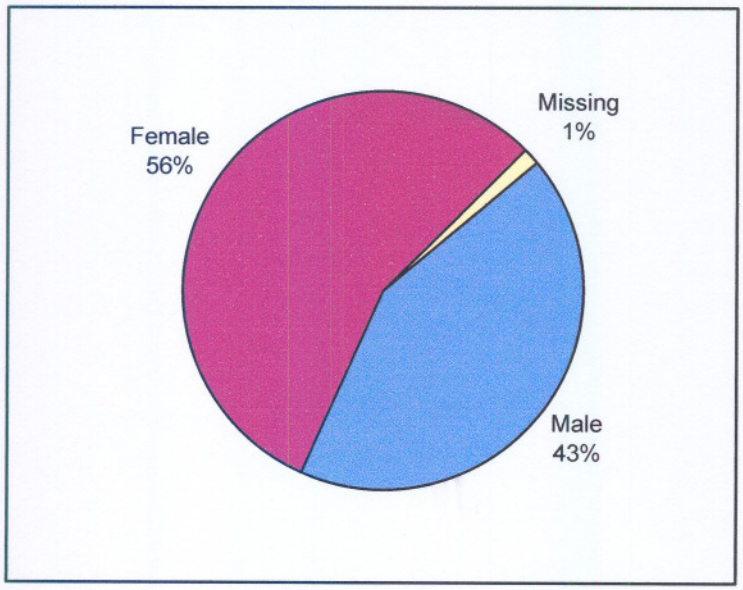


Figure 5.1 depicts the respondents' gender. The numbers represent females (1) and males (2). Missing means respondents who did not respond to the question.

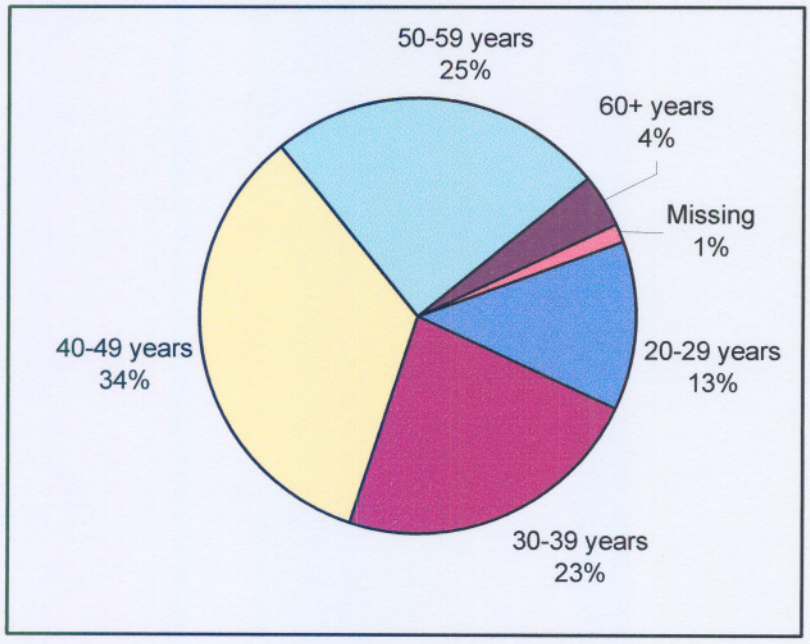
5.2.3 Item A2: Age of respondents

Table 5.2: Age of respondents

	Frequency	Percentage
20-29 years	46	13%
30-39 years	83	23%
40-49 years	125	34%
50-59 years	91	25%
60+ yeas	14	4%
Missing	5	1%
Total	364	100%

Table 5.2 shows that most respondents (34%) fall within the age group 40-49 years. While 83 of the respondents (23%) fall within the age group of 30-39, 25% fall within the 50-59 age group and 4% fall within the 60+ category. Only 1% of the respondents did not respond to the question.

Figure 5.2: Age of respondents



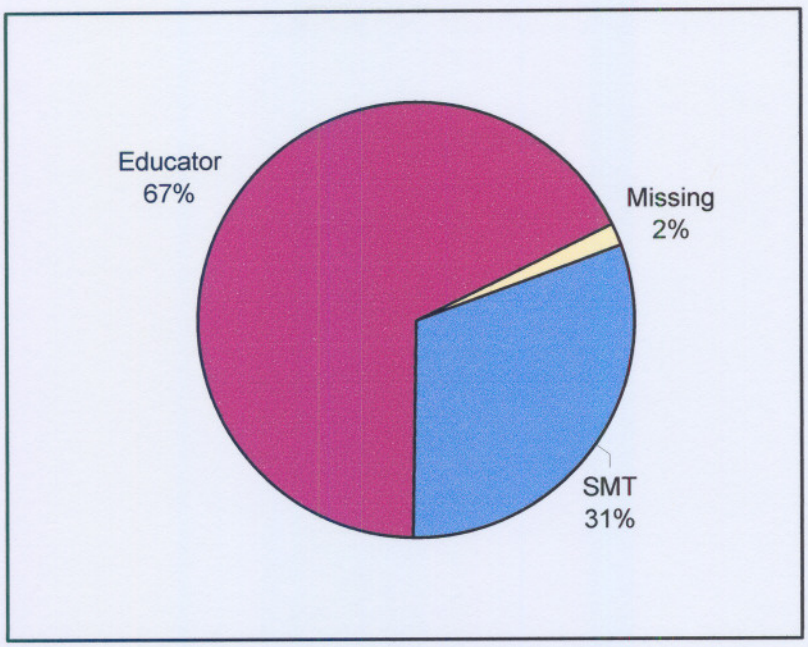
5.2.4 Item A3: Position of respondents

Table 5.3: Position of respondents

	Frequency	Percentage
SMT	112	31%
Educator	246	67%
Missing	6	2%
Total	364	100%

Table 5.3 depicts the respondents' positions. The majority of the respondents (67%) are educators. This points towards educators being the ones who must help to find the solution for the strategic management of HIV/Aids. SMTs constitute 31% of the respondents. These are people who must support educators in finding the solution for the strategic management of HIV/Aids at Gauteng schools.

Figure 5.3: Position of respondents



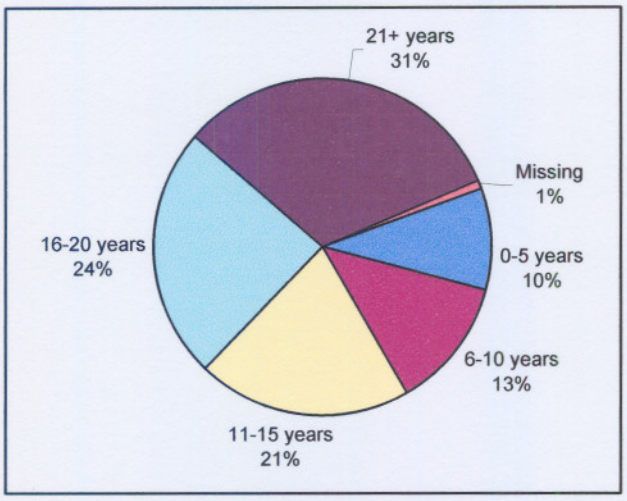
5.2.5 Item A4: Respondents' experience

Table 5.4: Respondents' experience in number of years

	Frequency	Percentage
0-5 years	35	9%
6-10 years	46	13%
11-15 years	75	21%
16-20 years	88	24%
21+ years	118	32%
Missing	3	1%
Total	364	100%

Table 5.4 depicts data on the respondents' experience in their present positions. It shows that most educators (56%) have been in the system for more than 16 years and thus they should be able to contribute positively to manage HIV/Aids with their experience in dealing with learners over so many years, in whatever the subject they teach.

Figure 5.4: Respondents' experience in number of years



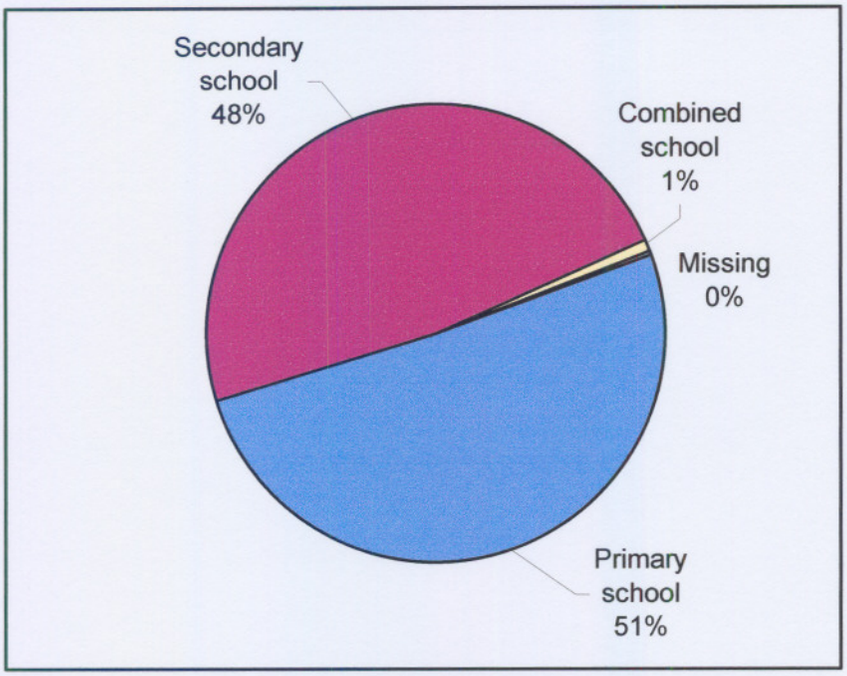
5.2.6 Item A5: Type of school

Table 5.5: Type of school

	Frequency	Percentage
Primary school	185	51%
Secondary school	175	48%
Combined school	3	1%
Missing	1	0
Total	364	100

Table 5.5 depicts data on the respondents according to the type of institution they work at. It is clear that slightly more respondents were from primary schools (51%). The data obtained through the questionnaires were therefore representative of both primary and secondary schools.

Figure 5.5: Type of school



5.3 REASONS WHY EDUCATORS AND LEARNERS ABSENT THEMSELVES FROM SCHOOL

5.3.1 Item A9: Absenteeism of educators

Table 5.6: Absenteeism of educators

Reason	Frequency				Missing	Total
Absent	Always	Often	Sometimes	Never		
Illness	43	97	222	1	1	364
Accident	2	5	243	110	4	364
Violence	0	7	196	153	8	364
AIDS-related illness	2	10	199	144	9	364
Suicide	0	1	116	242	5	364
Funeral	22	71	260	8	3	364
Truancy	6	19	192	139	8	364

Table 5.6 exposes the unexpected fact that funerals are responsible for the most cases of sometimes being absent (260), with slightly more educators sometimes absent because of accidents (243) than because of illness (222).

AIDS-related illnesses take up the fourth position (199). The 144 respondents who indicated that they are never absent due to AIDS-related illness does not ring true: the stigma related to AIDS could possibly account for non-disclosure of illness (*cf.* 3.3.1).

If the frequencies of the first three categories are added up (Always absent/Often absent/Sometimes absent), the most absentees are either ill (f= 362) or attending funerals (f= 353), which is practically the exact result as found in Table 5.7. Illness and funerals could be seen to be related to the possibility of HIV/Aids-related reasons for absenteeism.

5.3.2 Item A11: Absenteeism of learners

Table 5.7: Absenteeism of learners

Reason	Frequency				Missing	Total
Absent	**Always**	**Often**	**Sometimes**	**Never**		
Illness	93	146	123	0	2	364
Accident	3	10	283	63	5	364
Violence	7	33	237	81	6	364
AIDS-related illness	8	12	240	102	2	364
Suicide	1	5	106	248	4	364
Funeral	34	60	262	6	2	364
Truancy	45	103	175	38	3	364

Table 5.7 indicates that learners are often absent because of illness (146). It also indicates that accidents (283), funerals (262), AIDS-related illness (240) and violence (237) can sometimes affect learners' attendance. AIDS-related

illness scoring 102 under "never", can be attributed to the fact that it is not easily disclosed (*cf.* 3.3.1).

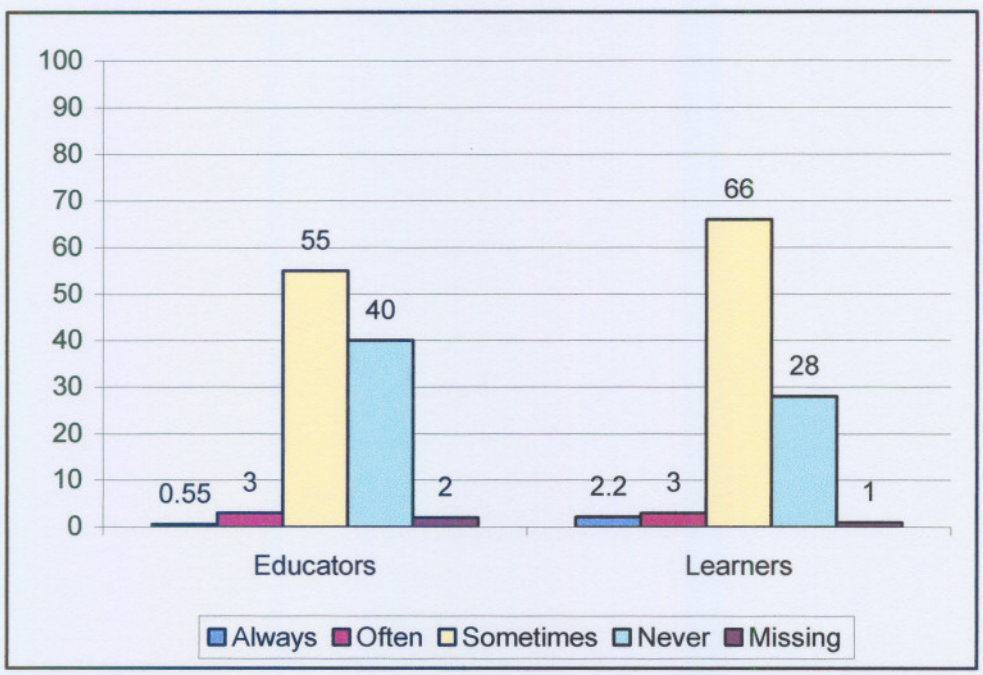
If the frequencies of the first three categories are added up in this Table, most learners are either ill (f=362) or attending funerals (f= 356). These figures are the mirror image of the results of Table 5.6 which depicts the educators' situation.

Once again, it needs to be pointed out that illness and funerals could be seen to be related to HIV/Aids-related reasons for absenteeism

All in all, the indication appears to be directed at the necessity for better management of the HIV/Aids situation at schools (*cf.* 1.2).

5.3.3 Item A9: Number of educators and learners absent per week due to HIV/Aids-related illness

Figure 5.6: Comparing learners and educators' absenteeism based on HIV/Aids-related illness



The two graphs indicate that learners (66%) are affected by HIV/Aids-related illnesses more than their educators (55%). This can be attributed to the fact that children can be born HIV positive (*cf.* 3.3.2). Most learners could also be infected because of the lack of knowledge and skills to protect themselves against HIV/Aids. This places the onus on the Gauteng Department of Education to save the future citizens of especially this province.

5.3.4 Item A8: Number of educators absent per week

Table 5.8: Number of educators absent per week

	Frequency	Percentage
1-2	203	56%
3-4	116	32%
5 and more	17	4%
Missing	28	8%
Total	**364**	**100%**

Table 5.8 depicts that 56% of the respondents indicated that between 1 and 2 educators are absent per week. This does not account with what is frequently reported in the news. As 8% of the respondents did not answer this question, it seems that there is a reluctance to tell the truth on this score, which presents a bleak picture of the overall management at schools (*cf.* 1.2).

5.3.5 Item A10: Number of learners absent per week

Table 5.9: Number of learners absent per week

	Frequency	Percentage
10-20	238	65%
21-35	54	15%
36-50	31	9%
51-65	7	2%
66 +	18	5%
Missing	16	4%
Total	364	100%

Table 5.9 shows that 65% of the respondents indicated 10-20 learners, 15% indicated 21-35 and 9% indicated 36-50 learner absentees per week. This is certainly one of the most crucial reasons to doubt the effectiveness of the current management system (cf. 1.2; Chapter 6)

5.3.6 Item E6: Participation of learners in HIV/Aids programmes

Table 5.10: Participation of learners in HIV/Aids programmes

	Frequency	Percentage
Strongly agree	31	9%
Agree	129	35%
Disagree	119	33%
Strongly disagree	85	23%
Missing	0	0
Total	364	100%

Table 5.10 depicts that 56% of the respondents indicated that learner participation in the HIV/Aids education programmes at schools is not satisfactory.

The logical conclusion is that the Gauteng Department of Education is not managing this matter satisfactorily and should make provision to implement programmes that educate learners about HIV/Aids (*cf.* 3.4.1).

5.4 INVOLVEMENT OF THE GAUTENG DEPARTMENT OF EDUCATION

5.4.1 Item E7: GDE has funds available for educators' in-service training in HIV/Aids-related skills

Table 5.11: Funding of educators

	Frequency	Percentage
Strongly agree	31	9%
Agree	110	30%
Disagree	159	44%
Strongly disagree	62	17%
Missing	2	0
Total	364	100%

Table 5.11 shows that 61% of the respondents indicated that the Gauteng Department of Education is not providing adequate funds for educators' in-service training regarding HIV/Aids-related skills (*cf.* 3.3.3; 3.4.2; 2.4.1). If educators are not trained in the necessary skills to handle HIV/Aids education, there can be no improvement in the situation. It is disconcerting that 39% are satisfied with the situation if 61% are not.

5.4.2 Item E8: GDE has a plan of action to handle loss of educators

Table 5.12: Plan of action to handle loss of educators

	Frequency	Percentage
Strongly agree	24	7%
Agree	104	29%
Disagree	183	50%
Strongly disagree	51	14%
Missing	2	0
Total	364	100%

Table 5.12 depicts that 64% of the respondents indicated that the Gauteng Department of Education has no plan of action in place for handling the loss of educators at schools (*cf.* 3.6). This is a serious omission which has dire consequences. It would seem that 36% are under a wrong impression

5.4.3 Item E9: GDE plays a significant role in funding schools' HIV/Aids prevention and care programmes

Table 5.13: Funding HIV/Aids programmes

	Frequency	Percentage
Strongly agree	33	9%
Agree	105	30%
Disagree	175	47%
Strongly disagree	52	14%
Missing	2	0
Total	364	100%

Table 5.13 depicts that 61% of the respondents indicated that the Gauteng Department of Education does not play a significant role in funding schools' HIV/Aids prevention and care programmes. Without adequate funding, HIV/Aids programmes cannot run effectively (*cf.* 3.6). 39% of the educators do not seem to realize what it takes.

5.4.4 Item C3: Educators experience problems when they have to take over the responsibilities of an absent colleague

Table 5.14: Problem of absenteeism

	Frequency	Percentage
Strongly agree	142	39%
Agree	169	46%
Disagree	37	10%
Strongly disagree	13	4%
Missing	3	1%
Total	364	100%

Table 5.14 depicts that 85% of the respondents indicated that educators experience problems when they have to take over the responsibilities of an absent colleague (*cf.* 3.3.1). This calls for the immediate attention of the Gauteng Department of Education to circumvent the serious consequences of such a situation.

5.4.5 Item C4: Educators are appointed when permanent educators are absent

Table 5.15: Substitution of absent educators

	Frequency	Percentage
Strongly agree	63	17%
Agree	139	38%
Disagree	102	28%
Strongly disagree	56	16%
Missing	4	1%
Total	364	100%

Table 5.15 depicts that 55% of the respondents indicated that the Gauteng Department of Education provides substitutes for educators who are absent. It should be clear that this applies only to educators who are absent for more than 30 days. For educators who are absent for a week or two there are no substitutes. Comparing Table 5.8 and Table 5.14, it is clear that 85% of the respondents who indicated that educators experience problems when they have to take over the responsibilities of absent educators were referring to educators who are absent for less than 30 days.

It therefore seems imperative that any absenteeism should receive the department's urgent attention.

5.4.6 Item C5: Educators often have to cope with more than one person's workload

Table 5.16: Workload of educators

	Frequency	Percentage
Strongly agree	148	41%
Agree	150	41%
Disagree	43	12%
Strongly disagree	19	5%
Missing	4	1%
Total	364	100%

Table 5.16 shows that 82% of the respondents agreed that, in most cases, educators often have to cope with more than one person's workload. This table compares well with Table 5.8 and Table 5.14 because they show that educators have more work than they are supposed to handle (*cf.* 3.3.1; 2.4.4).

5.4.7 Item C6: Shortage of staff

Table 5.17: Shortage of staff

	Frequency	Percentage
Strongly agree	166	46%
Agree	77	21%
Disagree	95	26%
Strongly disagree	19	5%
Missing	7	2%
Total	364	100%

Table 5.17 depicts that 67% of the respondents indicated that the heavy workload at schools is caused by shortage of staff. The Gauteng Department of Education should improve this situation by employing educators in vacant posts.

5.4.8 Item C7: Problems experienced by educators

Table 5.18: Problems experienced by educators

	Frequency					
Type of experience	**Always**	**Often**	**Sometimes**	**Never**	**Missing**	**Total**
Frustrated	151	80	123	9	1	364
Motivated	18	24	219	100	3	364
Decreased interest	89	123	128	20	4	364
Coping	18	48	236	60	2	364
Not coping	89	117	111	43	4	364
Comfortable	24	30	203	105	2	364
Negative	89	130	119	26	0	364
Low moral	177	68	94	21	4	364
Feel like resigning	144	78	107	35	0	364

Table 5.18 depicts that 151 respondents agree that most educators always feel frustrated in their work. This can be attributed to the fact that educators are stressed by a number of things that are happening within the Gauteng Department of Education (cf.2.9.3). This may point to the fact that lack of efficient management can be one of these that contribute to educators' frustration.

From the table above, it is clear that 177 respondents indicated that educators always suffer from low morale and it is therefore logical that 144 think that such educators feel like resigning.

However, there is a discomforting lack of logic in the reasoning of the following: 123 respondents indicated that educators' interest has often decreased, 117 indicated that they often fail to cope, 130 indicated that they are often negative, yet only 78 indicated that they often feel like resigning.

However, this might be so because such educators believe they will not find other employment.

5.4.9 Item E1: High-level GDE support exists for the implementation of effective HIV/Aids programmes

Table 5.19: Support for the implementation of HIV/Aids programmes

	Frequency	Percentage
Strongly agree	41	11%
Agree	120	33%
Disagree	135	38%
Strongly disagree	63	17%
Missing	5	1%
Total	364	100%

Table 5.19 depicts that 55% of the respondents indicate that there is no high-level GDE support for the implementation of effective HIV/Aids programmes. Without effective HIV/Aids programmes, there is no way that the Gauteng Department of Education can curb or combat the ever increasing HIV/Aids infection among educators and learners (*cf.* 2.4.3, 2.4.5). So it is disconcerting that 44% of the respondents are satisfied with the *status quo*. This needs to be looked into.

5.4.10 Item E2: GDE awareness that schools need guidance to deal with HIV/Aids teaching

Table 5.20: GDE awareness of guidance regarding HIV/Aids teaching

	Frequency	Percentage
Strongly agree	70	19%
Agree	229	63%
Disagree	50	14%
Strongly disagree	15	4%
Missing	0	0
Total	364	100%

Table 5.20 depicts that 82% of the respondents indicated that GDE is aware of schools needing guidance to deal with HIV/Aids. It is disconcerting that 17% indicated a negative response here. Educators should feel the support of GDE in dealing with HIV/Aids

5.4.11 Item E3: GDE contribution in training educators to deal with HIV/Aids

Table 5.21: Training in HIV/Aids-GDE contribution

	Frequency	Percentage
Strongly agree	42	12%
Agree	125	34%
Disagree	120	33%
Strongly disagree	75	21%
Missing	2	0
Total	364	100%

Table 5.21 depicts 54% of the respondents who indicated that the Gauteng Department of Education does not make a significant contribution to educator training in HIV/Aids education. Yet 46% indicated that it does. This implies

that not all educators have perhaps become part of such training, which is a disturbing fact.

5.4.12 Item E4: GDE support to develop HIV/Aids policy

Table 5.22: SGB support by GDE

	Frequency	Percentage
Strongly agree	27	8%
Agree	137	38%
Disagree	138	38%
Strongly disagree	60	16%
Missing	2	0
Total	364	100%

Table 5.22 depicts that 54% of the respondents indicated that the Gauteng Department of Education is not supporting School Governing Bodies in developing HIV/Aids policies (*cf.* 2.5.5, 3.5), yet 46% indicated it does! Once more it seems that educators do not all recognize what is really necessary to counteract the problem.

5.4.13 Item E5: GDE has developed an appropriate HIV/Aids education programme for the educators

Table 5.23: GDE has developed HIV/Aids programmes for educators

	Frequency	Percentage
Strongly agree	26	7%
Agree	117	32%
Disagree	157	44%
Strongly disagree	61	16%
Missing	3	1%
Total	364	100%

Table 5.23 depicts that 60% of the respondents indicated that the Gauteng Department of Education has not developed an appropriate HIV/Aids

education programmes for educators (*cf.* 2.3.1, 2.3.6.1). Yet 39% indicated it has, so they may be unskilled in knowing what the real issue is. This is an untenable situation which needs immediate rectification and proves the vital significance of this study.

5.4.14 Item E10: Good co-ordination between GDE and our school concerning HIV/Aids

Table 5.24: Good co-ordination between schools and GDE

	Frequency	Percentage
Strongly agree	24	7%
Agree	98	27%
Disagree	149	41%
Strongly disagree	88	24%
Missing	5	1%
Total	364	100%

Table 5.24 depicts that 65% of the respondents indicated that there is no effective co-ordination between the Gauteng Department of Education and schools concerning HIV/Aids. The Gauteng Department of Education will need to co-ordinate with stakeholders to manage the consequences of the disease.

5.4.15 Item E11: GDE does enough to protect educators and learners who are HIV/Aids positive

Table 5.25: Protection of HIV/Aids educators and learners by GDE

	Frequency	Percentage
Strongly agree	19	5%
Agree	75	21%
Disagree	125	34%
Strongly disagree	140	39%
Missing	5	1%
Total	364	100%

Table 5.25 depicts that 73% of the respondents indicated that the Gauteng Department of Education does not do enough to protect educators and learners who are HIV/Aids positive (*cf.* 2.4.3, 2.4.5). Some educators who are positive have opted to resign before some of their colleagues could be aware of their HIV/Aids status because of the stigmatization concerning the disease and the lack of protection by the Gauteng Department of Education.

5.5 THE STRATEGIC MANAGEMENT OF HIV/AIDS AT SCHOOLS

5.5.1 Item B1: The SMT has a carefully formulated plan concerning an HIV/Aids education programme for learners

Table 5.26: The SMT has an HIV/Aids programme for learners

	Frequency	Percentage
Strongly agree	39	11%
Agree	156	43%
Disagree	126	35%
Strongly disagree	38	10%
Missing	5	1%
Total	364	100%

Table 5.26 indicates that the School Management Team at the relevant schools of the respondents have a carefully formulated plan concerning an HIV/Aids education programme for learners because 54 % of the respondents agree. However, 45% of the respondents did not agree. This situation calls for concern because all learners need to be aware of HIV/Aids and its implications.

5.5.2 Item B2: SMTs organize and control schools' HIV/Aids policies

Table 5.27: SMTs' contribution towards HIV/Aids policies

	Frequency	Percentage
Strongly agree	22	6%
Agree	157	43%
Disagree	138	38%
Strongly disagree	44	12%
Missing	3	1%
Total	364	100%

Table 5.27 indicates that 50% of the respondents disagreed with the perception that SMTs can organize and control a school HIV/Aids policy,but 49% indicated they can! The recurring difference in opinion calls for urgent clarification: are schools managed so differently, or are the respondents afraid to tell the truth?

5.5.3 Item B4: SMTs involve educators when planning HIV/Aids activities

Table 5.28: SMTs involve educators

	Frequency	Percentage
Strongly agree	70	19%
Agree	188	52%
Disagree	74	20%
Strongly disagree	28	8%
Missing	4	1%
Total	364	100%

Table 5.28 shows that there is a sound interpersonal relationship between School Management Teams and educators because 71% of the respondents indicated that educators are involved in planning of all HIV/Aids activities. This

augurs well for a solution to the problem, merely lacking full-scale strategic management of the programme.

5.5.4 Item B5: Strategic assessment is done after each HIV/Aids activity

Table 5.29: Strategic assessment of HIV/Aids programmes

	Frequency	Percentage
Strongly agree	15	4%
Agree	103	28%
Disagree	159	44%
Strongly disagree	76	21%
Missing	11	3%
Total	364	100%

Table 5.29 depicts that 65% of the respondents indicated that no strategic assessment is done after each HIV/Aids activity. If this is so, it is difficult to check if the activity has achieved its intended result in educating learners and educators about HIV/Aids.

5.5.5 Item B6: SMTs have the capacity to support HIV/Aids positive educators and learners

Table 5.30: Capacity to support HIV/Aids educators and learners

	Frequency	Percentage
Strongly agree	29	8%
Agree	115	32%
Disagree	151	41%
Strongly disagree	65	18%
Missing	4	1%
Total	364	100%

Table 5.30 shows that the majority of respondents (59%) indicated that SMTs do not have the capacity to support HIV/Aids-infected educators and learners, but 40% believe that they do. Once more this appears to imply that schools

differ greatly in this regard. The ideal is to have a formal programme which ensures that all schools are capacitated by the Employee Assistance Programme (EAP) to support the relevant educators and learners.

5.6 DETERMINING EDUCATORS' PERCEPTIONS ON SPECIFIC STATEMENTS RELEVANT TO HIV/AIDS

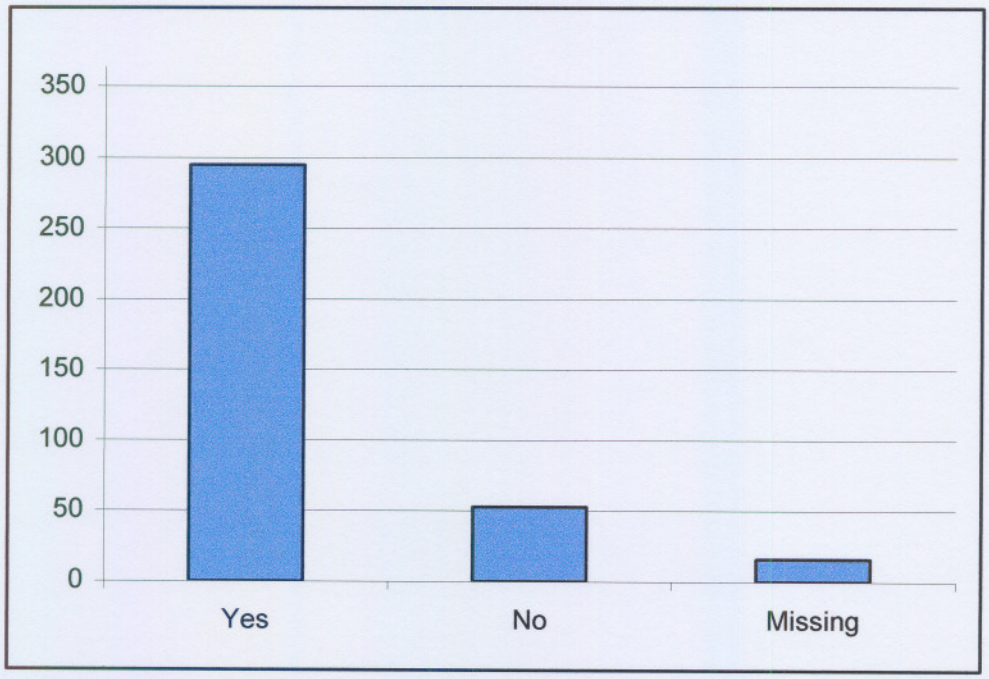
5.6.1 Item F1: The HIV/Aids pandemic has a detrimental effect on teaching and learning at school

Table 5.31: HIV/Aids has detrimental effects on teaching and learning

	Frequency	Percentage
Yes	295	81%
No	53	15%
Missing	16	4%
Total	364	100%

Table 5.31 depicts that 81% of the respondents indicated that HIV/Aids has detrimental effects on teaching and learning. This implies that there is currently no effective management of HIV/Aids at South African schools (*cf.* 2.2.1) and that this is detrimental to education.

Figure 5.7: HIV/Aids has detrimental effects on teaching and learning



5.6.2 Item F10: Extra-curricular activities are planned to address HIV/Aids

Table 5.32: Extra-curricular activities are planned to address HIV/Aids

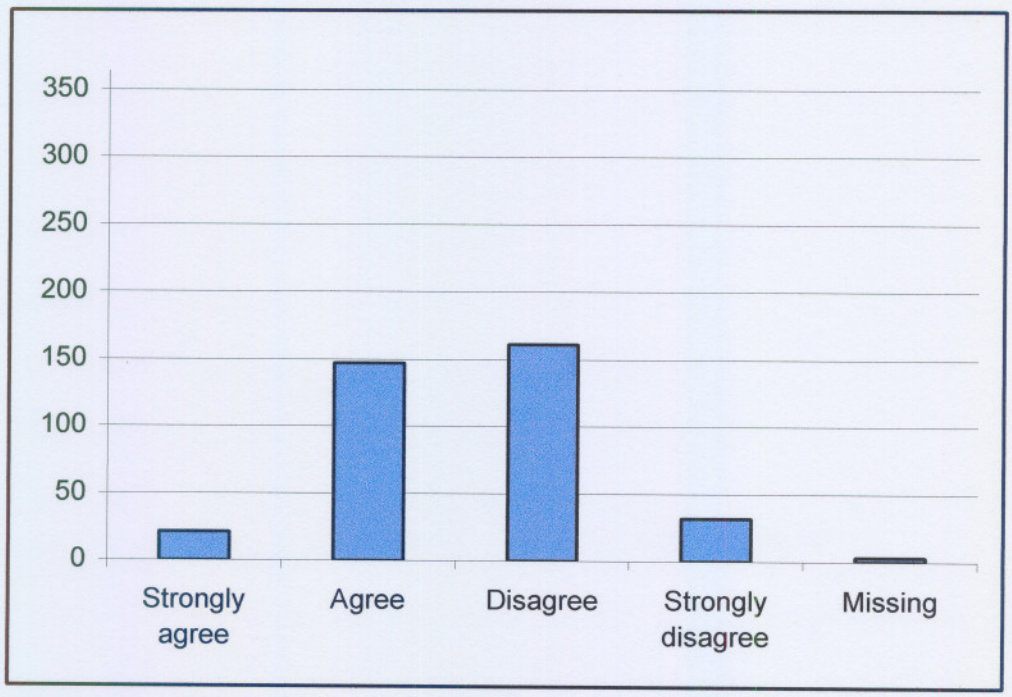
	Frequency	Percentage
Strongly agree	21	6%
Agree	147	40%
Disagree	161	44%
Strongly disagree	32	9%
Missing	3	1%
Total	364	100%

Table 5.32 depicts that 53% of the respondents indicated that extra-curricular activities are not planned to address HIV/Aids. Learners who are participating in these activities are at risk of being infected in case of accidents that might occur during performances. Educators and learners should therefore be

trained in handling wounds. This calls for effective strategic management of the situation.

However, 46% viewed the situation in a positive light, probably because their schools are better organized. This is a matter of concern: all schools should be managed strategically in this regard.

Figure 5.8: Extra-curricular activities are planned to address HIV/Aids



5.6.3 Item F11: In-service training programmes for HIV/Aids are implemented

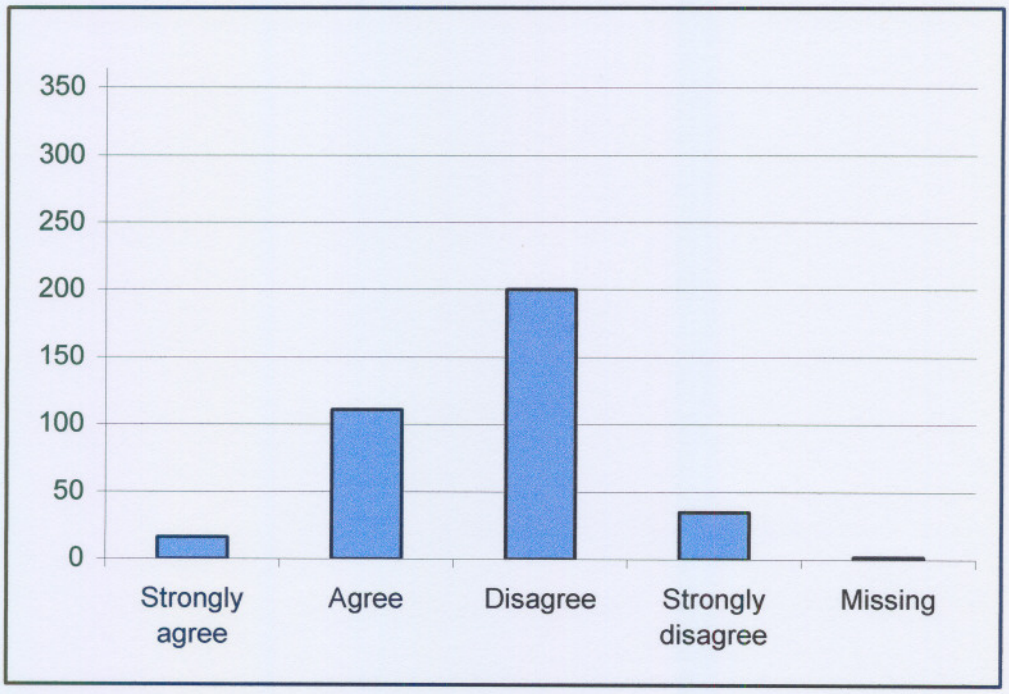
Table 5.33: In-service training concerning HIV/Aids

	Frequency	Percentage
Strongly agree	16	4%
Agree	111	30%
Disagree	200	55%
Strongly disagree	35	10%
Missing	2	1%
Total	364	100%

Table 5.33 depicts that 65% of the respondents indicated that the Gauteng Department of Education does not provide an adequate in-service training programme concerning HIV/Aids programmes. As a result, educators of such schools will not be in a position to educate learners effectively with regard to HIV/Aids (*cf.* 2.8.3).

This exposes a serious situation which needs immediate rectification. The fact that 35% indicated existing programmes may indicate that a few schools actually have such programmes: a step in the right direction, but not enough to solve the problem.

Figure 5.9: In-service training concerning HIV/Aids



5.6.4 Item: F9: Topics of HIV/Aids are well taught

Table 5.34: Topics of HIV/Aids are well taught at school

	Frequency	Percentage
Strongly agree	46	13
Agree	186	51
Disagree	109	30
Strongly disagree	22	6
Missing	1	0
Total	364	100

Table 5.34 depicts that 51% of the respondents indicated that topics of HIV/Aids are well taught at schools However, this proves that HIV/Aids topics has little or no effect at all (cf.), hence the infection rate remain high. This also indicates that GDE does not have effective strategic management in place

when coming to the HIV/Aids. The GDE should come up with alternative solution in order to address the HIV/Aids pandemic.

5.6.5 Item F14: The school curriculum is flexible

Table 5.35: The school curriculum is flexible: it deals with learners whose schooling is interrupted

	Frequency	Percentage
Strongly agree	41	11
Agree	190	52
Disagree	119	33
Strongly disagree	14	4
Missing	0	0
Total	364	100%

Table 5.35 depicts that 52% of the respondents indicated that the school curriculum is flexible, and it does accommodate learners whose schooling is interrupted. However, this is not enough if we take into consideration that 133 respondents do not agree with the statement. This calls for immediate response because we need to put an effective and visible mechanism in place so as to manage this HIV/Aids issue strategically.

5.7 SUMMARY

This chapter presented the analysis of the data from the empirical research.

Firstly, the general information of the respondents was discussed (Section A). Secondly, the strategic management of HIV/Aids at school was dealt with (Section B). Thirdly, the effect of HIV/Aids on educators and the effectiveness of EAP in dealing with the HIV/Aids pandemic was also looked at (Section C). Then, the effect of HIV/Aids on learners was also dealt with (Section D). The involvement of GDE in dealing with HIV/Aids and their support was looked into (Section E). Lastly, educators perceptions were considered (Section F).

The next chapter will focus on a solution to the serious problem of managing HIV/Aids at school level strategically.

CHAPTER SIX

A MODEL AS SOLUTION FOR THE STRATEGIC MANAGEMENT OF HIV/AIDS AT SCHOOL

6.1 INTRODUCTION

When analyzing the data collected (Chapter 4 & 5), one of the strategies was to consider the empirical statistics against the background of the literature study (Chapter 2 & 3). This led to the conclusion that the strategic management of HIV/Aids at Gauteng schools is a matter of grave concern among educators.

In attempts to address HIV/Aids at Gauteng schools, government has launched a comprehensive number of initiatives, including policy and legislation. However, there is no sustainable evidence of these initiatives being successful in decreasing the infection rate among educators and learners. Policies and regulations are merely external guidelines and parameters within which combating HIV/Aids has to take place and can as such not guarantee decrease in infection rate among educators and learners. Moreover, these actions are not enough to lay down procedures without ensuring that they are being followed and that they prove the desired result (Fourie, 2000:249).

It is therefore necessary to suggest a model as solution that could be used by the Gauteng Department of Education to manage HIV/Aids at schools strategically (*cf.*1.2). The proposed model for strategic management of HIV/Aids in the Gauteng Department of Education intends to provide institutions with a usable tool for managing HIV/Aids.

In this chapter, the focus turns to the final research question posed in the first chapter (*cf.* 1.1):

- Can a model be developed as a solution for the strategic management of HIV/Aids at Gauteng schools?

While the answer to this question could lead to a simple positive one, this chapter presents a model that could in actual fact be seen as a solution to the problem of managing HIV/Aids at schools strategically. The researcher's model was developed by taking both the literature study and the empirical research into account, as indicated in several cross references (*cf.* 2.4, 2.4.1, 2.4.3, 2.4.4, 2.6, 2.8.4, 3.2.1, 4.1 & 5.3.5).

The data of the empirical research (*cf.* Chapter 5) have also made it profoundly obvious that solutions are necessary to facilitate the strategic management of HIV/Aids at schools.

This chapter thus sets out to propose a model for use by educators and learners in the Gauteng Department of Education. Since the aim of this chapter is to suggest a model as solution for the strategic management of HIV/Aids in the Gauteng Department of Education, it is essential to give an exposition of the nature and scope of the concept "model".

6.2 THE NATURE AND SCOPE OF THE CONCEPT MODEL

Confusion often surrounds the meaning of the concept "model". In some cases, the concept is used synonymously with the concept "theory", although the two are conceptually different (Fourie, 2000:249). In brief, it may be argued that theory is judged by its truthfulness in portraying reality, while a model is judged by its usefulness in explaining reality (Mouton & Marais, 1990:142).

6.2.1 Defining the term model

A model is a representation of an object, system or idea in a form which differs from the object itself (*Ibid.*143). Nadler (1989:4) describes a model as a representation of reality so that sense can be made out of the world around us. Mouton and Marais (1990:140) postulate that a model does not pretend to be more than a partial representation of a given phenomenon, but rather agrees in broad outline with the phenomenon of which it is a model. The two authors also point out that the value of a model is its ability to draw attention to specific themes, providing such a model with strong guiding functions.

Mouton and Marais (1990:143) furthermore state that a model attempts to represent the dynamics of a phenomenon in that it provides a simplified indication of relations between the main elements in process. In this way, it becomes a mode of representation within which not all its features correspond to some characteristics of its subject matter, but attention is drawn to specific themes, relations and dimensions (Fourie, 2000:250).

Models can be regarded as constructions aiding research. They visualize concepts which are complex and difficult to understand by reducing them to interdependent units (Jonker, 1994:208).

Mouton and Marais (1990:144) advocate that most models have certain characteristics:

- Models identify central problems or questions regarding the phenomenon to be investigated.
- Models limit, isolate, simplify and systematize the domain of research.
- Models provide a new language within which the phenomenon can be discussed.
- Models provide explanation, sketches and resources for making predictions.

Nadler (1989:5) emphasis that a model is valuable in so far as it improves understanding or helps the user to understand what is essentially a complicated process.

Jansen and Steinberg (1991:9) warn that models highlight certain aspects of a complex process and offer a simplistic representation of the aspects covered. It should therefore be noted that models generally accentuate certain aspects so as to serve a particular purpose.

Although models are only representations and should not be confused with reality, models have specific benefits for the user. These benefits or advantages will now be presented.

6.2.2 Advantages of models

The following advantages of the use of models should be considered by researchers (Nadler, 1989:5; Vermaak, 1999:212):

- Research results can be presented in text-form within a specific framework.
- The meaningfulness of the research results can be presented and evaluated within a specific framework.
- The problem that has been researched can be presented in a reduced and summarized form.
- The gap between the theory and the empirical research can be closed.
- What is known through research and observation can be integrated.
- Observation can be guided.

The model proposed in this chapter aims specifically at presenting the problem that has been investigated in reduced format, while at the same time closing the gap between the theory exposed in chapter 2 and 3 (literature study) and the empirical research discussed in chapter 4 and 5.

Although a sound model can help the user to understand what essentially looks like a complicated process, models also have limitations or disadvantages. These will now be discussed.

6.2.3 Disadvantages of models

The following disadvantages in the use of models should be considered by researchers (Nadler, 1989: 6-7):

- Models can only represent reality and should thus not be confused with reality.
- In reducing a complex process to one dimensional representation, information can be lost.

- The utility of models depends on the user's own understanding of reality.
- Feedback in an open model is not automatic.
- The closed model presents few options for the user's own interpretation (*cf.* 6.2.5.2).

These disadvantages are noted by the researcher in the sense that this study does not advocate the proposed model as the only possible solution. It is merely offering one possibility of advancing the strategic management of HIV/Aids at Gauteng schools.

Now that both possible advantages and disadvantages of using models have been addressed, the attention needs to turn to actually developing a model.

6.2.4 Developing a model

There are various ways in which to build a model. Vermaak (1999:210) identifies the following steps in the development of a model:

- Identify the problem.
- Make assumptions through identifying and classifying variables and through determining the inter-dependence of variables and sub-models.
- Design the model.
- Verify the model by ensuring that the model addresses the problem is meaningful and can be applied in practice.
- Implement the model.
- Maintain the model.

Because a model focuses on a certain aspect of reality, a variation of models can be applicable in building one specific model (Vermaak, 1999:208). Nadler (1989:5) identifies a number of questions that should be considered in the choice of a model, namely:

- What is the purpose?
- Does the model indicate what to look for?
- For what kinds of learning is it appropriate?
- Does it help the user to anticipate what he or she will find?
- Does it provide alternatives?

The design of a model will thus depend on the application value of that specific model.

The final question that needs to be addressed is: What type of model would suit the research best?

6.2.5 Types of models

Nadler (1989:4) states that, in the designing of a model, the fact that other models already exist should be recognized, as such models can be extremely useful in an attempt to build a new model.

For the purpose of this research, two kinds of models will be discussed, viz. the closed model and the open model. The two models were both used by the researcher in the sense that the intended model shows the characteristics of each of the models.

6.2.5.1 The closed model

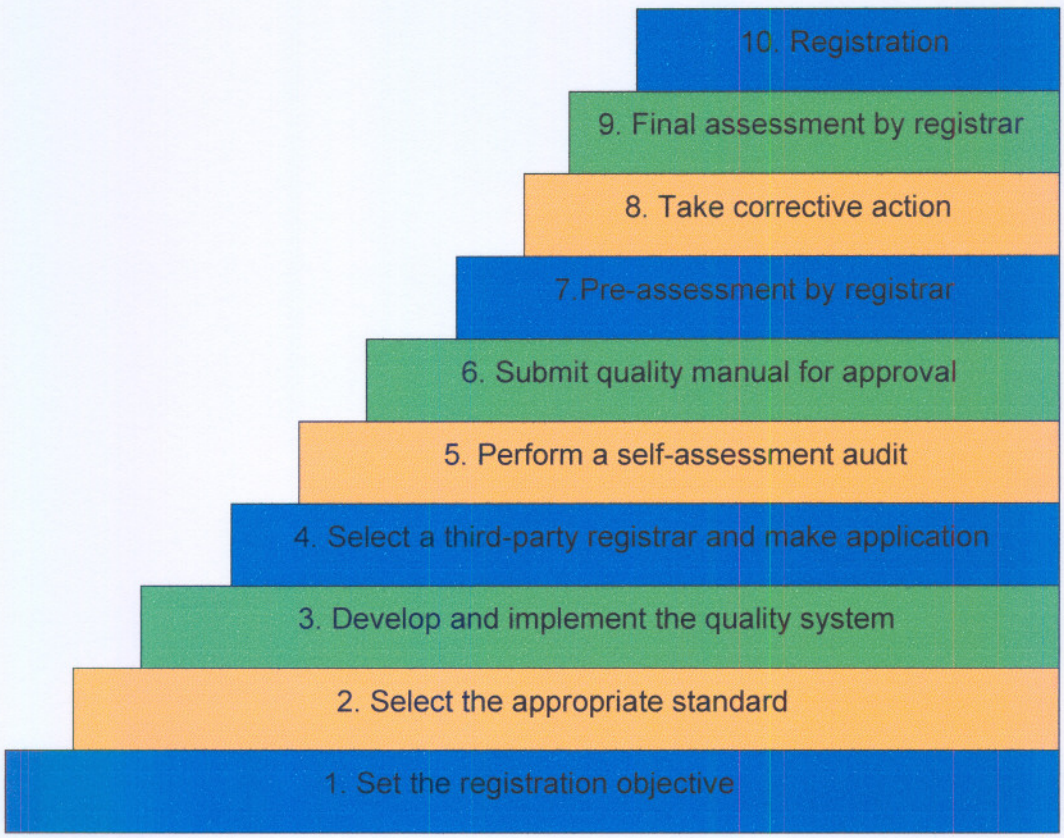
A closed model is based on the assumption that all inputs can be identified. Closed models endeavour to build all the possible variables into the model. Anything that can have an impact on the design process should have been previously identified and integrated into the model (Nadler, 1989:6).

When using a closed model, the researcher is assured that the conclusion and outcomes are predetermined. If the researcher therefore uses this model as indicated by the model-builder, the programme will evolve exactly as promised by the model. According to Nadler (1989:6), the designer has few

options, for if he deviates from the model, it is not used for the purpose for which it has been developed.

The linear movement that is found in a closed model, is depicted in Figure 6.1 below.

Figure 6.1: Ten basic steps of ISO registration (Craig, 1994:20)



ISO is the International Standards Organization, which is a globally recognized movement for advancement of quality.

The above-mentioned figure is an example of a closed model. It shows a smooth step-by-step kind of procedure. It is referred to as linear movement, due to its appearance.

Some of its characteristics were used when formulating a model as solution for strategic management of HIV/Aids at Gauteng schools.

6.2.5.1.1 Limitations of the closed model

The closed model seems to be the logic path for developing a management development programme at school level, as it presents simple and straight-forward steps. However, this type of model has the following difficulties (Legotlo, 1994:259):

- It fails to take cognizance of the complex nature of management development in a transforming education system.
- It presupposes a smooth, if not successful, progression through the various stages.
- It does not allow for a feedback and follow-up mechanism for corrective action.
- It fails to accommodate disfunction at any stage or the necessary damage control mechanism.
- The final stage seems like an end in itself, as it is silent on what should be done in the event of unforeseen external forces coming into play in the process. For example, it does not explain what would happen if there is a policy change or input from the Department of Education at any stage of its progression.
- It presupposes a successful implementation phase and does not cater for delays or shifts in time frames as the process unfolds.

For the model to be successful, it is imperative for it to be used for the specific purpose for which it was designed for. A closed model is a good choice in a situation where processes run smoothly. For the closed model to work, a school needs to adhere to its programme of action.

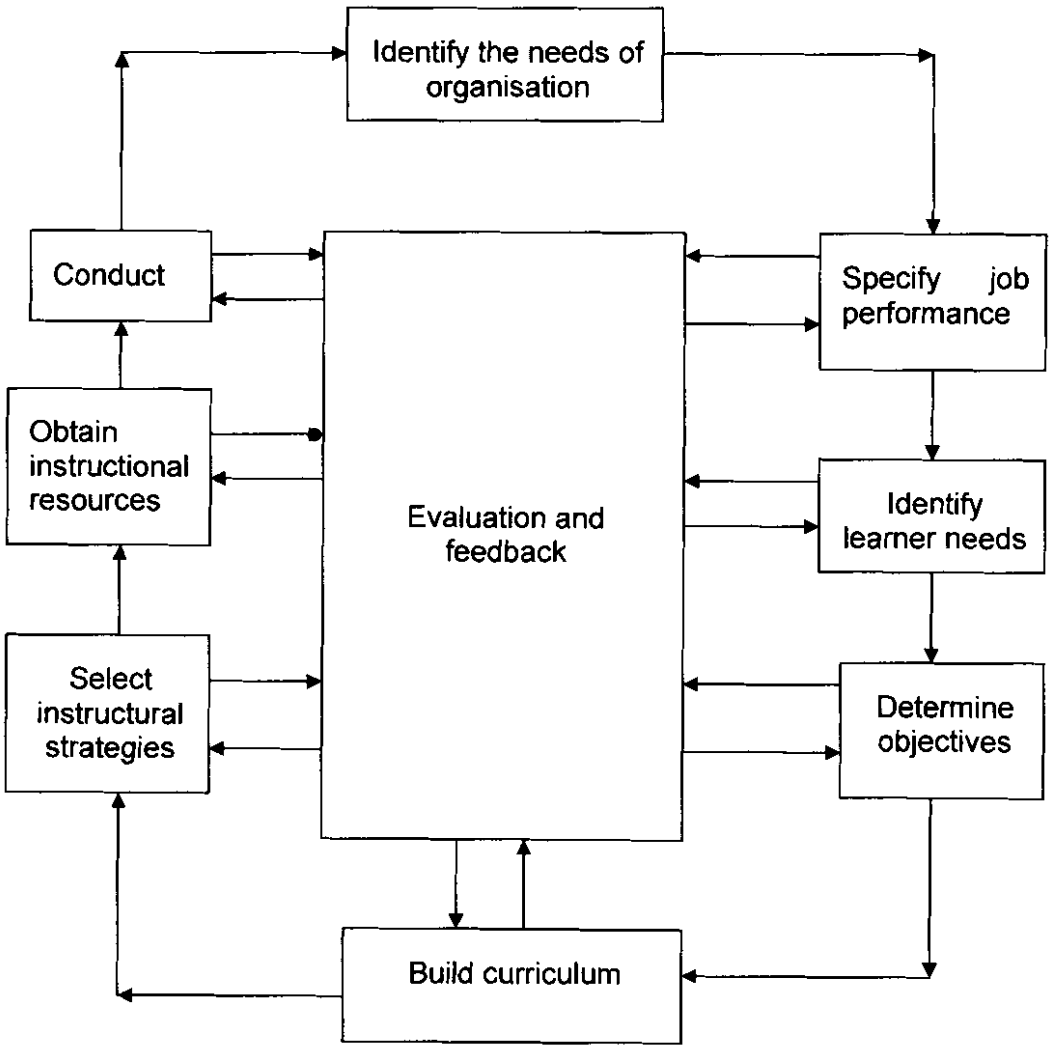
6.2.5.2 The open model

An open model is one that considers that outside factors, which can have an impact on the design process, exist. In creating an open model, the model-builder is accepting the fact that some outside forces may be beyond the

scope of the model, but should still be considered in its design process. The open model therefore provides the researcher with possible courses of action and anticipation of outcomes (Nadler, 1989:6).

An open model endeavours to describe what will happen if the model is followed. However, it provides no guarantees as to outcomes and the design process should thus be carefully observed as it unfolds. According to Nadler (1989:6), feedback in an open model is not automatic, but the assumption is made that the user will recognize the need for feedback. There is, however, nothing to restrict an open model from having a feedback component built into it. In Figure 6.2 an example of an open model is represented.

Figure 6.2: The Critical Events Model (Nadler, 1989:18)



The Critical Events Model (CEM) is essential in training people to manage situations strategically.

According to this model, the first step is the identification of organizational needs. This relates to what the organization must have in order to attain its goals while recognizing that there are constraints on the kinds and amount of resources available. Nadler (1989:17) postulates that the underlying assumption behind needs identification is training, and therefore development cannot be undertaken unless there is a special need. This step therefore entails identifying the needs and clarifying them. It is only when that has been done, that the next event can be moved to.

Needs identification involves determining *where* needs come from. Nadler (1989:20-24) postulates that needs can emanate from:

- production or service of the organization;
- equipment or regulations;
- output in terms of products or service;
- outside pressure; and
- people in the organization.

Needs assessment also entails an *organizational diagnosis* (*Ibid.*). This implies finding answers to question like:

- How are we doing?
- How can we do better?
- What is our future?

Organizational diagnosis includes *performance analysis.* Legotlo (19994:259) relates performance analysis as seeking to find out what the performance component is and how the needs of the organization relate to some kind of performance problem.

Performance analysis would then answer the following questions (Nadler, 1989:20-24.):

- How did the need arise?
- Which human resource area is to be focused upon?

Consideration of the above-mentioned aspects of the needs assessment would then lead to assessing alternatives to management development and training programmes. If necessary, some alternatives could be to hire or fire, internal mobility, re-engineering the job, equipment changes or organizational change or design. It is only after the consideration of alternatives that a decision to design a development and training programme would be undertaken (Nadler, 1989:30-34).

A look at the CEM (*cf.* Figure 6.2) shows one event that is involved in every other event until the end of the programme *viz. evaluation and feedback.* Evaluation is concerned with how the model designer is meeting the objectives of a particular event (Nadler, 198939). According to Nadler (1989:39-41), evaluation and feedback is an automatic step built into the CEM so that it alerts everybody to the necessity for some decision-making before proceeding further.

This process involves answering the following questions at each event of the CEM (*Ibid.*):

- Who will be asked to make decisions?
- Who must receive the feedback so that they can make decisions?
- Who must receive the analysis so that they can provide feedback?

The most important point to make about evaluation and feedback is that it runs through all the events and affords opportunities for the designer to apply corrective action throughout the process of model designing (*Ibid.*).

The strength of this model seems to be located in its simplicity, in other words it can be easily implemented because it progresses through few and understandable phases. It does, however, not recognize the complexity of the process of development or the management thereof (Fourie, 2000:254).

On the other hand, the model recognizes the importance of an environmental analysis, which could help to identify the needs of the school and determine objectives to be achieved. It emphasizes the vital role of evaluation and feedback throughout the process of development. This type of model stresses the importance of job specifications based on valid data regarding current job performance (*Ibid.*). The learning and training needs of those who are doing the job are recognized.

6.2.5.3 Limitations of the open model

However, there seems to be a number of limitations in the model. The simplicity of the model might lead to perception that the implementation of a system for the management of internal quality assurance would be a smooth, uncomplicated process (Fourie, 2000:255). The model fails to take cognizance of the complex nature of the management of the internal quality assurance in that it fails to address a number of essential elements, for example (*Ibid.*):

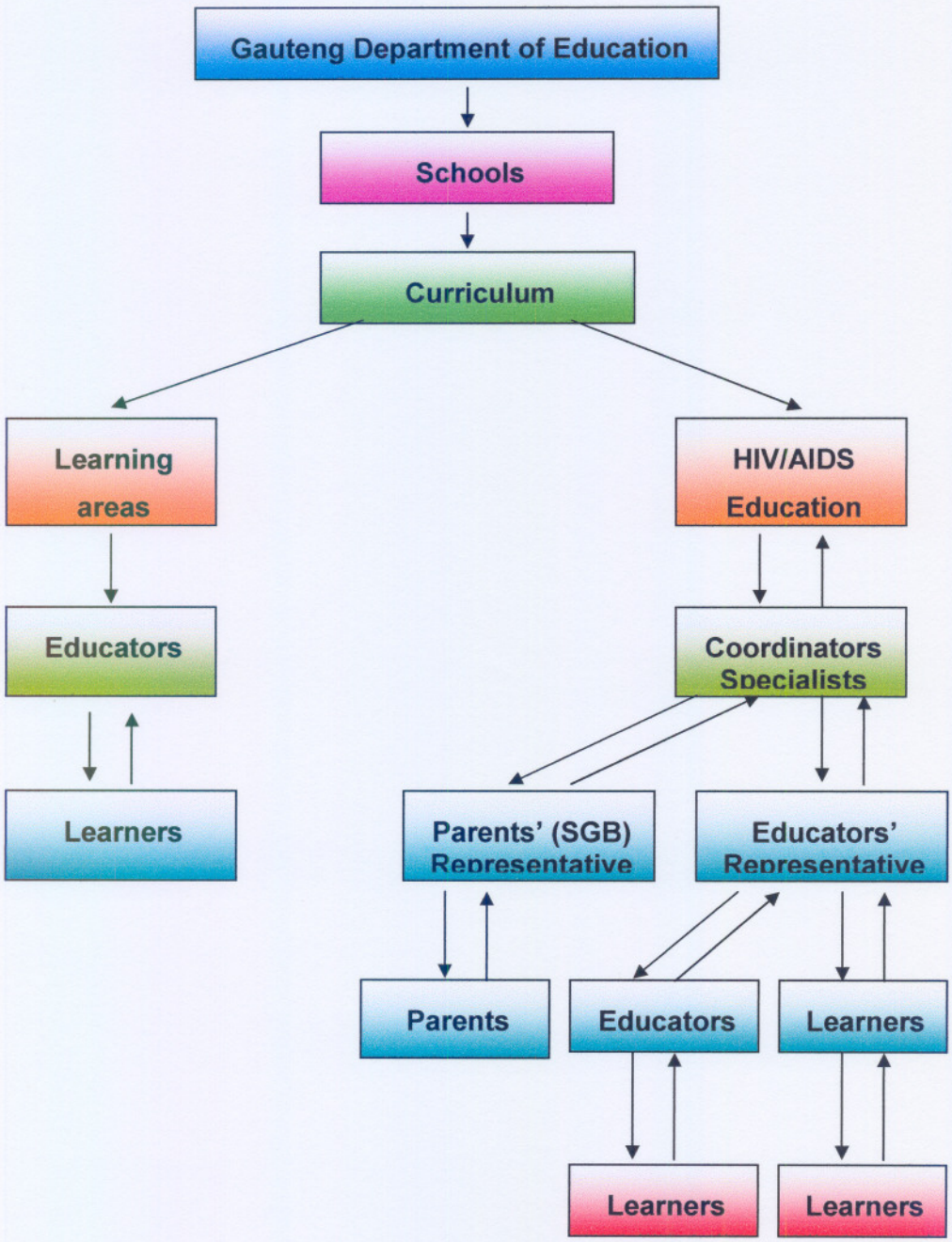
- management commitment;
- customer expectations and needs;
- setting standards for a good service or product;
- involving consumers in setting and monitoring standards;
- monitoring performance against standards;
- remedying shortfalls; and
- the importance of managing the system.

The model proposed in this research includes characteristics of both closed and open models (*cf.* Figure 6.1 & Figure 6.2). Figure 6.3 presents the proposed model as a solution for the strategic management of HIV/Aids at schools.

6.3 A MODEL FOR THE STRATEGIC MANAGEMENT OF HIV/AIDS

As pointed out in 3.2.1, the proposed model upholds the Pearce and Robinson (1999:3) definition of strategic management: a set of decisions and actions that result in the formulation and implementation of plans that are designed to achieve an organization's objectives.

Figure 6.3: Proposed model as solution for the strategic management of HIV/Aids at school



The above Figure 6.3 is a combination of both an open and a closed model. It is imperative to follow each and every step according to the specific order. There is no way that one could move from step 1 to any step without passing step 2.

The eight learning areas will be ignored in this study, since this study focuses on the strategic management of HIV/Aids at Gauteng schools.

6.4 ORIENTATION

The purpose of this model is offer a solution to manage HIV/Aids strategically in the Gauteng Department of Education. This model might help ensure that HIV/Aids education is done effectively and it could bring about changes in the behaviour of learners and educators with regard to their sex life. Its implementation might minimize the problem of absenteeism among learners and educators who are infected by HIV/Aids. In addition, its implementation might deal with the negative stigmatization connected to HIV/Aids. The information disseminated by HIV/Aids coordinators to specialists could help parents and educators to understand HIV/Aids and, in turn, reduce the stigmatization because educators and learners would know how to treat people who are affected and infected by HIV/Aids.

The arrows in Figure 6.3 indicate the two-way information-sharing process. HIV/Aids coordinators would be people who have advance training with regard to HIV/Aids. Educators' representatives would be educators who have been randomly selected by schools to receive extensive training concerning HIV/Aids matters. These educators would, in turn, inform the entire staff on HIV/Aids. The parents' representative would be parents who volunteered to be trained so that they could educate the school community pertaining to HIV/Aids matters.

The model also indicates that the Gauteng Department of Education should interact with schools so as to understand the impact of HIV/Aids at individual schools (*cf.* 1.2; 2.4, 2.4.3; 3.3, 3.3.1). The Gauteng Department of Education should design a programme that would fit into the existing curriculum. HIV/Aids should be treated as a learning area on its own, because if it is

infused into other learning areas, as the case stands now, it will not be addressed adequately.

Educators need to teach the eight learning areas. The Districts should provide the co-ordinators who have undergone intensified training in HIV/Aids as a learning area. HIV/Aids co-ordinators should interact with parents (SGBs) and educators' representatives (*cf.* 3.3.4, 3.4.2; 5.10). HIV/Aids co-ordinators should provide in-depth HIV/Aids education to parents and educators. This relationship of interaction should be regular so as to ensure understanding of the intentions of such a learning area.

The SGBs should conduct workshops for parents and allow parents to interact with them to get clarity and also to allow one-on-one meetings. The intention of such meetings would be to advise parents and also to give support where necessary.

On the other hand, educators' representatives should hold workshops for other educators and present HIV/Aids as a learning area to learners. Educators' representatives should draw up a programme that will allow interaction between learners and also a mechanism that will ensure feedback at all times.

The purpose of this model is to promote understanding of the negative impact of HIV/Aids both at school and in the community. It might ensure that there is two-way communication in each step. It could help ensure that learners understand the impact of the pandemic and prevent HIV/Aids from spreading. Peer education would enforce what educators do in class and what parents do at home.

6.4.1 Curriculum

HIV/Aids education should be part of the school curriculum. The Gauteng Department of Education should appoint specialists/ counsellors in HIV/Aids. These specialists should train representatives from Grades R to 12 and School Governing Bodies. In-service training should take place regularly.

Representatives of educators and parents should, in turn, train educators and parents respectively.

6.4.2 Co-ordinators of HIV/Aids

Counsellors or specialists employed by the Gauteng Department of Education should monitor the school programmes for HIV/Aids. They should see to it that infected learners and educators receive all the necessary help. The counsellors should ensure two-way information sharing sessions. This would ensure that parents and educators' representatives understand HIV/Aids education. This two-way information sharing would ensure feedback and evaluation of the programme, so that corrective measures and improvement could be done at an early stage.

6.4.3 School Governing Bodies

The School Governing Bodies, in conjunction with educators, should draw up programmes that would ensure that learners and educators are given the necessary information with regard to HIV/Aids. School Governing Bodies should devise a programme that would ensure that parents and the community are educated concerning HIV/Aids issues.

6.4.4 Educators' representatives

Educators trained by HIV/Aids counsellors should hold workshops for other educators and learners. At this stage, feedback is still essential to correct misperceptions about HIV/Aids.

The above Figure 6.3 would contribute in combating and decreasing HIV/Aids infections immensely because each school community member will undergo extensive training pertaining to HIV/Aids matters. The designed model could have a positive impact on the school community because it allows two-way communication so as to deal with misconceptions and provide solutions to problems that could arise during information-sharing sessions. The proposed model could contribute positively because it creates an opportunity to teach

HIV/Aids education as a learning area rather than as an integrated learning area.

6.5 SUMMARY

This chapter set out to propose a model as possible solution for strategic management of HIV/Aids in Gauteng schools. Two types of models i.e Firstly the nature and scope of the concept were discussed (*cf.* 6.2) the open model (*cf.* 6.2.5.2) and the closed model (*cf.* 6.2.5.1) were discussed with the view to using some of their precepts in designing a model for strategic management of HIV/Aids at Gauteng schools (*cf.* 6.3).

The CEM highlighted the importance of having a planning process which is as elaborate as possible, with a built-in evaluation and feedback mechanism throughout the process of designing.

In the model for strategic management of HIV/Aids (*cf.* 6.3), HIV/Aids education was recommended as a learning area (*cf.* 6.4.1). Emphasis was namely put on the implementation of HIV/Aids education by HIV/Aids counsellors ensure the effectiveness of the learning area to help educators and learners understand HIV/Aids, and to encourage good behaviour with regard to sexual activities.

Every step of the model ensures feedback and evaluation so that problems can be attended to as soon as possible. Evaluation will help to ensure the effectiveness of the programme.

The final chapter will focus on the summary, recommendations and conclusion of this study.

CHAPTER SEVEN

FINDINGS, RECOMMENDATIONS AND CONCLUSION

7.1 INTRODUCTION

In this chapter, a summary of the research is presented. Consequently, the findings regarding the research aims (*cf.* 1.2); the effects on HIV/Aids-status on people (*cf.* 2.3.1); reactions to positive HIV-diagnosis (*cf.* 2.3); the overview of strategic management (*cf.* 3.2); the strategic management of the impact of HIV/Aids on education(*cf.* 3.3); the role of School Governing Bodies (*cf.* 3.5); the empirical design (*cf.* chapter 4); data analysis (*cf.* chapter 5); the model for strategic management (*cf.* 6.3); and finally recommendations based on the research will be presented (*cf.* 7.4).

7.2 SUMMARY

In chapter 1, the background and problem statement concerning a model for the strategic management of HIV/Aids were given (*cf.* 1.1). The aims and method of research in terms of both primary and secondary literature sources and the empirical research were discussed at length (*cf.*1.2 & 1.3) including the investigative procedures to be followed, the instrument to be used, the population targeted and the sample. The division of chapters was also outlined.

In chapter 2, a literature survey concerning the impact of positive HIV/Aids status on education in Gauteng schools was given (*cf.* 2.4). It also explained legal issues concerning confidentiality *(cf.* 2.5), as well as reflections on a national HIV/Aids intervention programme at school (*cf.* 2.8).

In chapter 3, the study dealt with an overview of strategic management (*cf.* 3.2), strategic management of the impact of HIV/Aids on education (*cf.* 3.3), strategic management of the impact of education on HIV/Aids (3.4), as well as the strategic role of SGBs (*cf.* 3.5), of school management (*cf.* 3.6) and of the content and methods of education on the strategic management of HIV/Aids (*cf.* 3.7).

In chapter 4, the instrument used to collect data for this study (i.e. the questionnaire) was discussed in detail.

In chapter 5, the data analysis and its interpretation were presented (*cf.* 5.2) by means of tables detailing frequencies and ranking. The relation between the categories of data was examined.

Chapter 6 proposed a model for strategic management of HIV/Aids at Gauteng schools. The concept 'model' was explained (*cf.* 6.2) and the two types of models were discussed, namely the open model (*cf.* 6.2.5.2) and the closed model (*cf.* 6.2.5). The model for strategic management of HIV/Aids at Gauteng schools was proposed (*cf.* 6.3), and essential elements in the implementation of this model were detailed (*cf.* 6.4).

The next section presents the findings in accordance with the stated aims to indicate how each aim of the research was achieved.

7.3 FINDINGS FROM THE RESEARCH

7.3.1 Findings on research aim 1: Presenting an overview of the impact of positive HIV/Aids status on education

The following findings refer to the literature review as found in Chapter 2, and reflected in the empirical data in Chapter 5.

- Learners find it difficult to communicate their HIV/Aids status to their parents or partners (*cf.* 2.3.4, 5.3.2).
- The diagnosis of HIV infection threatens the integrity of the family (*cf.* 2.3, Table 5.7).
- The common response to this disease is often *AIDS phobia* (*cf.* 2.3.1, 5.3.1 & 5.3.2).
- HIV/Aids may affect the supply of education through deaths of personnel; school closure and a reduced budget for education (*cf.* 2.4, Table 5.6, 5.4.1 & 5.4.3).

- The impact that AIDS has on the economy is frightening (*cf.* 2.4.1, Table 5.11, Table 5.13).

7.3.2 Findings on research aim 2: Highlighting what the strategic management of HIV/Aids at school comprises of

The following findings refer to the literature review as found in Chapter 3, and reflected in the empirical data in Chapter 5:

- Principals in particular should understand how strategic management works (*cf.* 3.2.1- 3.2.4, 5.4.4 & 5.4.13).
- Principals and the School Management Teams need to understand how to develop strategic vision (*cf.* 3.2.3.1; 3.2.3.2 & 3.2.3.2.1).
- Schools should be able to assess their own level of strategic management (*cf.* 3.2.3.5, 5.4.13 & 5.4.14).
- Participation of learners is vital concerning the strategic management of HIV/Aids at school (*cf.* 3.4.1, 5.3.6 & Table 5.10).
- Development of HIV/Aids-related skills should be seen as a necessity (*cf.* 3.4.2).
- HIV/Aids education is an important part of the curriculum (*cf.* 3.4.5.1, 5.6.4 & 5.6.5).
- An effective HIV/Aids education programme is indispensable for schools (*cf.* 3.4.5, 5.4.9, 5.4.13 & 5.5.1).
- The role of the School Management Team with regard to HIV/Aids at school should not be under-estimated (*cf.* 3.6).

7.3.3 Findings on research aim 3: Determining educators' responses to statements

These statements concern the following aspects:

- **the existing management of HIV/Aids at school;**
- **the effects of HIV/Aids on educators and learners;**
- **involvement of the Gauteng Department of Education at school ; and**

- **educators' perceptions on HIV/Aids.**

The following findings refer to the literature review as reflected in the data analysis of Chapter 5:

7.3.3.1 The existing management of HIV/Aids at school

- Not all School Management Teams have well formulated HIv/Aids education programme (*cf.* 5.5.1) or HIV/Aids policies (*cf.* 5.5.2) in place at their schools (*cf.*5.5.1). However, the literature points out that this is a vital aspect for the strategic management of HIV/Aids at school (*cf.* 3.4.5; 3.4.5.1).

- Strategic management comprises judging whether things could go on as they are or whether to make changes (*cf.* 3.2.2).

- Strategic assessment is not done after HIV/Aids activities (*cf.* 5.5.4), although this is clearly one of the critical tasks of strategic management (*cf.* 3.2.3).

- In the final analysis, School Management Teams do not have the capacity to support HIV/Aids-infected educators and learners (*cf.* 5.5.5).

7.3.3.2 The effects of HIV/Aids on educators and learners

- Although the statistics of HIV/Aids-related absenteeisms of educators and learners as reflected by the respondents' perceptions (*cf.* 5.3.1 & 5.3.2) are disturbing, these results occur with the information of the literature review (*cf.* 2.4.3 & 2.4.4).

- A disturbing aspect is the obvious resistance to disclosure, resulting in dishonest responses (*cf.* Table 5.6, Table 5.7 & Table 5.8).

- A lack of knowledge and skills regarding the HIV/Aids pandemic (*cf.* 5.3.3) could be linked to the high absenteeism incidence.

- Learner participation in HIV/Aids school programmes needs urgent attention (*cf.* 5.3.6).

7.3.3.3 Involvement of the Gauteng Department of Education at school

- Financial barriers are standing in the way of strategic management of HIV/Aids at schools (*cf.* 5.4.1 & 5.4.3).
- No effective plan of action is currently in place at schools (*cf.* 5.4.2 & 5.4.7).
- High-level GDE support does not exist at all schools (*cf.* 5.4.9, 5.4.11 & 5.4.12).
- GDE is not reacting to the disturbing level of discomfort that educators are experiencing at schools (*cf.* 5.4.8).
- GDE has not yet developed an appropriate HIV/Aids programme for all educators (*cf.* 5.4.13) and is therefore not doing what is required to protect educators and learners (*cf.* 5.4.15).

7.3.3.4 Educators' perceptions on HIV/Aids

- Education is affected negatively by the HIV/Aids pandemic to a great extent at schools (*cf.* 5.6.1). Effective management of HIV/Aids at South African schools (*cf.* 2.2.1) is therefore lacking.
- Learners participating in extra-curricular school activities are at risk of HIV/Aids infection (*cf.* 5.6.2) since effective planning and management (*cf.* 3.2.2) are not in place.
- Educators have more work than they can handle (*cf.* 3.3.1, 2.4.4; Table 5.14 & 5.4.6).

7.3.4 Findings on research aim 4: Developing a solution for the strategic management of HIV/Aids at Gauteng schools, if necessary

The following findings are made regarding a model for the strategic management of HIV/Aids at Gauteng schools, as proposed in Chapter 6:

- A model that presents the characteristics of both the closed and the open model are ideal for the strategic management of HIV/Aids. It would allow for changes and inputs from the schools themselves, but would also prescribe certain essential components for the strategic management of HIV/Aids (*cf.* 6.3). Strategic management of HIV/Aids calls for identifying and specifying the stages that must be followed to ensure that HIV/Aids is combated.

- A model for the strategic management of HIV/Aids could be designed on the basis of an existing model (*cf.* 6.2.5.1; 6.2.5.2).

- HIV/Aids education could bring about a great difference if treated as a learning area rather than as an integrated learning area (*cf.* 6.4.1).

- The Gauteng Department of Education needs HIV/Aids counsellors in the system so that HIV/Aids education could be handled by experts (*cf.* 6.4.2).

7.4 RECOMMENDATIONS

For the Gauteng Department of Education to manage matters effectively, we need to protect our learners and educators against the detrimental effects of the HIV/Aids pandemic. In light of the literature and the empirical studies, the following recommendations are made:

Recommendation 1

The Gauteng Department of Education should introduce HIV/Aids as a learning area from Grade 4-9.

Motivation

If HIV/Aids education is taught as a learning area, it would be allocated more time to influence the behaviour of educators and learners. If it is only integrated into other learning areas, it would not be effective because more time is allocated to the core learning area than to the one which is integrated (*cf.* 3.4.3; 3.4.5.1; 3.4.5.2).

Recommendation 2

All educators should be trained on how to care for and support infected educators and learners.

Motivation

Educators need to have more information and more knowledge when dealing with HIV/Aids. Educators can attend workshops during school holidays so that normal teaching time is not disrupted. Educators need to understand how HIV/Aids-infected learners and educators feel so that they can support them (*cf.* 2.4.5, 2.4.3).

Recommendation 3

The Gauteng Department of Education should employ HIV/Aids counsellors.

Motivation

HIV/Aids counsellors have undergone intensive training with regard to HIV/Aids. They have the knowledge that could help educators and learners to understand the importance of HIV/Aids education (*cf.* 2.8.1).

Recommendation 4

The Employee Assistance Programme should be revised, because presently it is only active when educators are already dying of AIDS.

Motivation

The Employee Assistance Programme should be visible and active at schools. Officials responsible for the programme should visit schools and teach educators about the importance and benefits of the programme (*cf.* 2.9.3).

Recommendation 5

EAP officials, in conjunction with HIV/Aids counsellors, should conduct workshops to help educators.

Motivation

Officials responsible for EAP, in conjunction with HIVAIDS counsellors, should organize workshops to help educators to understand the role of EAP. This would help educators who are already infected to cope with the disease and understand that there is life after infection. Educators would be able to understand learners who are infected with HIV/Aids (*cf.* 2.4.5).

Recommendation 6

The Gauteng Department of Education should introduce a programme that will ensure the participation of learners.

Motivation

Several learners do not have the supervision of their parents any longer. They need more assistance to overcome the temptations of being independent. As inexperienced young teenagers, they need to be prepared to understand their responsibility concerning sexual behaviour (*cf.* 2.4.9.3).

Recommendation 7

The Gauteng Department of Education should be encouraged to review its policies concerning the strategic management of HIV/Aids at schools as new scientific information becomes available.

Motivation

Strategic management comprises judging whether things need to be changed (*cf.* 3.2.2)

Recommendation 8

The time has come for implementing an immediate, effective solution to managing HIV/Aids at schools strategically. A model could very well be the way forward.

Motivation

Both the literature review and empirical research have indicated this need.

7.5 RECOMMENDATIONS FOR FURTHER RESEARCH

The following recommendations for further research are made:

- Promotion of abstinence rather than prevention of HIV infection in order to combat HIV/Aids.
- An investigation into the support from family, workplace and society to eradicate HIV/Aids stigmatization.

7.6 CONCLUSION

The Gauteng Department of Education cannot expect to escape the devastation caused by the tragic death rate of educators and learners if it does not act immediately to curb the HIV/Aids pandemic at schools.

Such an essential commitment points directly towards the urgent implementation of a solution, such as a model for the strategic management of HIV/Aids at schools. This would immediately improve the conditions of teaching and learning at all schools under the Gauteng Department of Education because health is a prerequisite for quality teaching and learning.

If the Gauteng Department of Education is to become an effective contributor to the development of the human skills and the physical and mental well-being required for the reconstruction of South Africa, it is important to convince people that HIV/Aids is a "Killer" which needs to be eradicated from society by alerting parents, educators and learners to its insidious devastation and equipping them with the necessary skills to beat it.

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APPENDIX A

LETTER OF APPROVAL: RESEARCH

Date:	30 August 2005
Name of Researcher:	Moeketsi Letsatsi Jonas
Address of Researcher:	26 Kwartsiet Street Waldrif 1938
Telephone Number:	0826225873
Fax Number:	(016) 4513927
Research Topic:	A model for the strategic management of HIV/AIDS in Gauteng Schools
Number and type of schools:	15 Primary & 15 Secondary Schools
District/s/HO	Johannesburg South, Sedibeng East and West

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/ Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

Permission has been granted to proceed with the above study subject to the conditions listed below being met, and may be withdrawn should any of these conditions be flouted:

1. ***The District/Head Office Senior Manager/s concerned must be presented with a copy of this letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.***
2. ***The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.***
3. ***A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.***

Office of the Senior Manager – Strategic Policy Research & Development
Room 525, 111 Commissioner Street, Johannesburg, 2001 P O Box 7710, Johannesburg, 2000
Tel: (011) 355-0488 Fax: (011) 355-0286

4. *A letter / document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.*
5. *The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.*
6. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Senior Manager (if at a district/head office) must be consulted about an appropriate time when the researchers may carry out their research at the sites that they manage.*
7. *Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year.*
8. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
9. *It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.*
10. *The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.*
11. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.*
12. *On completion of the study the researcher must supply the Senior Manager: Strategic Policy Development, Management & Research Coordination with one Hard Cover bound and one Ring bound copy of the final, approved research report. The researcher would also provide the said manager with an electronic copy of the research abstract/summary and/or annotation.*
13. *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.*
14. *Should the researcher have been involved with research at a school and/or a district/head office level, the Senior Manager concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.*

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

ALBERT CHANEE
ACTING DIVISIONAL MANAGER OFSTED

The contents of this letter has been read and understood by the researcher.

Signature of Researcher:

Date: 04 - 09 - 2005

APPENDIX B

APPLICATION TO CONDUCT RESEARCH

The District Senior Manager
Sedibeng West
Vereeniging
05 September 2005

Dear Sir/Madam

Re: Ph.D research: A model for strategic management of HIV/AIDS in Gauteng schools.

I am a Ph.D student at North West University (Vaal Triangle Campas) and the aim of my research is to develop a model for strategic management of HIV/AIDS in Gauteng schools.

I have been granted the permission by Gauteng Department of Education to conduct a research in your District. I hereby wish to request your permission in this regard to conduct this research in 10 schools that will be randomly selected.

The questionnaire is only aimed at educators and will be done outside the contact time.

Thank you in advance

Yours faithfully
L.J Moeketsi

APPENDIX C

PERMISSION FROM PARTICIPANTS

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Vaal Triangle Faculty

Cell 082 622 5873

July 2005

Dear Colleague / Participant

QUESTIONNAIRE: EDUCATORS

The attached questionnaire forms part of the undersigned student's research to investigate the possibility of suggesting a model for the strategic management of HIV/AIDS in Gauteng schools.

You are hereby kindly requested to complete the questionnaire. The responses will be treated with the utmost confidentiality: no mention will be made of you or your school. Therefore, please do not write down your surname or the name of your school on the document. The questionnaire number will be used for control purposes only. For the reliability and validity of the information, you are requested to answer the questions on your own.

Thank you for being willing to form part of this research project. Good luck with your studies.

Yours sincerely

Mr LJ Moeketsi

PhD student

Dr Elda de Waal

Promoter: School for Educational Sciences

Please complete the following statement to confirm your participation in the questionnaire:

This questionnaire will protect the identity of my school and me.

I am fully aware of the part I will play in completing the attached questionnaire and am willing to complete it to the best of my ability.

Signature: _____

VAAL TRIANGLE CAMPUS
• PO Box 1174 • Vanderbijlpark, 1900 • Tel: (016) 910-3077 • Fax: (016) 910-3078 • http://www.nwu.ac.za

APPENDIX D

QUESTIONNAIRE

Topic: Developing a model for the strategic management of HIV/AIDS in Gauteng Schools

The purpose of this questionnaire is to help schools to manage HIV/AIDS strategically.

Instructions for completing the questionnaire:

1. The questionnaire is strictly for research purposes only.

2. Please do not enter your name or the name of your school on this questionnaire.

3. Your honest response will be of great value to the research.

4. Your responses will be dealt with in a confidential manner.

Please answer the following questions by drawing an **X** in the appropriate box.

SECTION A: BIOGRAPHICAL INFORMATION

1.	Gender			Female	Male

2.	Age				
	20 – 29 years	30 – 39 years	40 - 49 years	50 – 59 years	60+ years

3.	Current position			
	Educator	HOD	Deputy principal	Principal

4.	Teaching experience in years				
	0 - 5 years	6 - 10 years	11 - 15 years	16 - 20 years	21+ years

5.	Type of school	Primary	Secondary	Combined

6.	Number of learners					
	30 – 80	81 – 200	201 – 350	351 – 600	601 – 900	900+

7.	Size of staff			
	5 – 15	16 – 20	21 – 29	30 and more

8.	Number of educators absent per week	1 – 2	3 – 4	5 and more

9.	Indicate the extent to which educator absenteeism can be attributed to each of the following reasons:				
9.1	Illness	Always	Often	Sometimes	Never

9.2	Accident	Always	Often	Sometimes	Never
9.3	Violence	Always	Often	Sometimes	Never
9.4	AIDS-related illness	Always	Often	Sometimes	Never
9.5	Suicide	Always	Often	Sometimes	Never
9.6	Funeral	Always	Often	Sometimes	Never
9.7	Truancy	Always	Often	Sometimes	Never

10.	Number of learners absent per week				
	10 – 20	21 – 35	36 – 50	51 – 65	66+

11.	Indicate the extent to which learner absenteeism can be attributed to each of the following reasons:				
11.1	Illness	Always	Often	Sometimes	Never
11.2	Accident	Always	Often	Sometimes	Never
11.3	Violence	Always	Often	Sometimes	Never
11.4	AIDS-related illness	Always	Often	Sometimes	Never
11.5	Suicide	Always	Often	Sometimes	Never
11.6	Funeral	Always	Often	Sometimes	Never
11.7	Truancy	Always	Often	Sometimes	Never

SECTION B: THE STRATEGIC MANAGEMENT OF HIV/AIDS AT SCHOOL

Indicate to what extent you agree/disagree with each of the following statements		Strongly agree	Agree	Disagree	Strongly disagree
1.	The School Management Team has a carefully formulated plan concerning an HIV/AIDS education programme for learners.	1	2	3	4
2.	The School Management Team is known for organising and controlling our school's HIV/AIDS policy.	1	2	3	4
3.	The HIV/AIDS strategies developed by the School Management Team are realised by us as educators.	1	2	3	4
4.	The School Management Team always involves us when planning HIV/AIDS activities at our school.	1	2	3	4
5.	Strategic assessment is done after each HIV/AIDS activity.	1	2	3	4
6.	Our School Management Team has the capacity to support HIV/AIDS positive educators and learners at our school.	1	2	3	4
7.	Our School Governing Body has developed an HIV/AIDS policy with the support of GDE.	1	2	3	4
8.	Our school has already implemented a formal HIV/AIDS programme.	1	2	3	4
9.	The principal deals effectively with absenteeism at our school.	1	2	3	4

SECTION C: THE EFFECT OF HIV/AIDS ON EDUCATORS

Indicate to what extent you agree/disagree with each of the following statements		Strongly agree	Agree	Disagree	Strongly disagree
1.	Our educators feel confident to teach HIV/AIDS topics.	1	2	3	4
2.	GDE implements leave without pay for educators who are absent without permission.	1	2	3	4
3.	Educators experience problems when they have to take over the responsibilities of an absent colleague.	1	2	3	4

4.	Substitute educators are appointed when permanent educators are absent.	1	2	3	4

5.	Educator's often have to cope with more than one person's workload.	1	2	3	4

6.	The heavy workload at school is caused by:				
6.1.	Shortage of staff	Definitely true	Usually true	Sometimes true	Not true

6.2.	Frequent absence of staff	Definitely true	Usually true	Sometimes true	Not true
6.3	Staff members not replaced	Definitely true	Usually true	Sometimes true	Not true

7.	Indicate the extent do educators experience each of the following feelings for having to carry a heavy workload:				
7.1	Frustrated	Always	Often	Sometimes	Never
7.2	Motivated	Always	Often	Sometimes	Never
7.3	Decreased interest	Always	Often	Sometimes	Never
7.4	Coping	Always	Often	Sometimes	Never
7.5	Not coping	Always	Often	Sometimes	Never
7.6	Comfortable	Always	Often	Sometimes	Never
7.7	Negative	Always	Often	Sometimes	Never
7.8	Low morale	Always	Often	Sometimes	Never
7.9	Feel like resigning	Always	Often	Sometimes	Never

SECTION D: THE EFFECT OF HIV/AIDS ON LEARNERS

1.	Indicate the estimated percentage (%) of learners affected by interrupted schooling the past three years.						
	10 – 20%	20 – 30%	30 – 40%	40 – 50%	50 – 60%	60 – 70%	70 – 80%

2.	Indicate the estimated percentage (%) of learners who have dropped out of school the past three years due to incomplete families.						
	10 – 20%	20 – 30%	30 – 40%	40 – 50%	50 – 60%	60 – 70%	70 – 80%

3.	Indicate the estimated percentage (%) of learners who are exposed to the following type of home conditions:

3.1	Both parents alive	10-20%	20 – 30%	30 – 40%	40 – 50%	50 – 60%	60 – 70%	+70%

3.2	No father	10-20%	20 – 30%	30 – 40%	40 – 50%	50 – 60%	60 – 70%	+70%

3.3	No mother	10-20%	20 – 30%	30 – 40%	40 – 50%	50 – 60%	60 – 70%	+70%

3.4	Double orphan	10-20%	20 – 30%	30 – 40%	40 – 50%	50 – 60%	60 – 70%	+70%

3.5	Live with guardian(s)	10-20%	20 – 30%	30 – 40%	40 – 50%	50 – 60%	60 – 70%	+70%

3.6	Learner is HIV positive	10-20%	20 – 30%	30 – 40%	40 – 50%	50 – 60%	60 – 70%	+70%

3.7	Family member is HIV positive	10-20%	20 – 30%	30 – 40%	40 – 50%	50 – 60%	60 – 70%	+70%

3.8	Parent(s)/guardian(s) died of HIV/AIDS	10-20%	20 – 30%	30 – 40%	40 – 50%	50 – 60%	60 – 70%	+70%

SECTION E: INVOLVEMENT OF THE GAUTENG DEPARTMENT OF EDUCATION

Indicate to what extent you agree/disagree with each of the following statements		Strongl	Agree	Disagre	Strongl
1.	High-level GDE support exists for implementing effective HIV/AIDS programmes.	1	2	3	4

2.	There is awareness at GDE that our school needs guidance to deal with HIV/AIDS teaching.	1	2	3	4

3.	GDE has made a significant contribution to train us as educators to deal with HIV/AIDS teaching.	1	2	3	4

4.	GDE has supported the School Government Body in developing an HIV/AIDS policy.	1	2	3	4
5.	GDE has developed an appropriate HIV/AIDS education programme for the educators.	1	2	3	4
6.	GDE makes concerted efforts to ensure learner participation in the HIV/AIDS education programmes at our school.	1	2	3	4
7.	GDE makes adequate funds available for educators' in-service training regarding HIV/AIDS- related skills.	1	2	3	4
8.	GDE has a plan of action in place for handling the loss of educators at school.	1	2	3	4
9.	GDE plays a significant role in funding our school's HIV/AIDS prevention and care programme.	1	2	3	4
10.	There is good co-ordination between GDE and our school concerning HIV/AIDS.	1	2	3	4
11.	GDE does enough to protect educators and learners who are HIV/AIDS positive.	1	2	3	4

SECTION F: EDUCATOR PERCEPTIONS

1	I think that the HIV/AIDS pandemic has a detrimental effect on the teaching and learning at our school.	Yes	No
2.	Learners are frequently absent.	Yes	No
3.	HIV/AIDS status is treated confidentially at our school.	Yes	No
4.	Learners who are HIV-positive are admitted to our school.	Yes	No

5	Learners of different grades are combined into one classroom.	Yes	No

Indicate to what extent you agree/disagree with each of the following statements		Strongly Agree	Agree	Disagre	Strongly
6.	Staff development programmes are in place for educators who have to cope with low morale.				
7.	The curriculum teaches learners how to handle emotional changes.				
8.	Topics on HIV/AIDS are infused into carrier subjects: Biology, Life Orientation and Health Education.				
9.	Topics of HIV/AIDS are well taught.				
10.	Extra-curricular activities are planned to address HIV/AIDS.				
11.	Intensive in-service training programmes for HIV/AIDS are implemented.				
12.	School-based activities such as school health programmes, guidance and counselling are arranged to address HIV/AIDS.				
13.	Classes are left untaught/unsupervised at our school.				
14.	The school curriculum is flexible: it deals with learners whose schooling is interrupted.				
15.	There is an in-depth coverage of HIV/AIDS topics at school.				

Thank you for your co-operation.