HOW SCHOOL MANAGEMENT UNDERSTANDS AND RESPONDS TO THE IMPACT OF HIV AND AIDS ON EDUCATORS AT BOTSHABELO PRIMARY SCHOOLS

By

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DEDICATION

This work is humbly dedicated to my husband, Sello Peter Ntoatsabone, for his love and support during my studies. He has been praying for me throughout the duration of my studies and encouraging me every step of the way, and I am indeed blessed to have someone like him on my side.

I could also never forget my parents - Mr. Pule Machema and my late mother, Lucy (Khulu) Machema - for all the joy they have brought into my life.

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DECLARATION

I, Jeanette M. Ntoatsabone, declare that the dissertation entitled:

> *"How School Management Understands and Responds to the impact of HIV and AIDS on Educators at Botshabelo Primary Schools"*

was completed by the researcher at the Central University of Technology, Free State. It is an original work, except where due reference is made.

.....
Jeanette M. Ntoatsabone

.....
Date

ABSTRACT

The purpose of this study was to:

- Investigate how school management understands and responds to the impact of HIV and AIDS on educators at Botshabelo primary schools.

- Formulate recommendations, based on the findings of the study, for the design of programmes to develop school principals and heads of department so that they can proactively deal with HIV and AIDS.

The method of research consists of an investigation in which a sample of thirty (30) primary schools at Botshabelo in the Free State Province was used. Questionnaires were distributed among the principals and heads of department. Descriptive statistics were used to describe the experiences and perceptions of the principals and heads of department towards understanding and responding to the impact of HIV and AIDS on educators.

The empirical research was undertaken so as to gather information that could provide answers to the following research questions:

- What is the impact and effect of HIV and AIDS on educators?
- How can educators be assisted to cope with the impact that HIV and AIDS may have on their lives?
- What impact do HIV and AIDS infected educators have on school management?

The literature study showed that HIV and AIDS impact on education in various ways. It also indicated that the pandemic has a psychological-social impact on educators. Questionnaires revealed that most educators lose interest in their career. The study

also revealed that HIV and AIDS education has not been extensively covered and standardised at the primary schools in Botshabelo.

The findings derived from questionnaires provided several implications for planning, teaching and implementation of HIV and AIDS awareness programmes. Although the majority of the principals and heads of department believed that it is necessary to implement the HIV and AIDS policies in their schools, the results revealed that some are neglecting the implementation of HIV and AIDS policies.

Lastly, the specific HIV and AIDS programmes should be co-ordinated by the Free State Department of Education in order to ensure that the support programmes achieve what they are intended to achieve. Principals and heads of department should be encouraged to take the lead in the fight against the impact of HIV and AIDS on education.

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LIST OF ABBREVIATIONS

AIDS	=	Acquired Immune Deficiency Syndrome
HIV	=	Human Immunodeficiency Virus
H.S.R.C	=	Human Sciences Research Council
SADTU	=	South African Democratic Teacher's Union
SSA	=	Statistics South Africa
HOD	=	Heads of Department
SA	=	Strongly Agree
AG	=	Agree
DA	=	Disagree
SD	=	Strongly Disagree
SPSS	=	Statistical Package for the Social Science
GLM	=	Generalised Linear Interactive Modelling

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CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

The impact of HIV and AIDS on educators and school management at Botshabelo primary schools is devastating. The focus of this thesis is to investigate how school management understands and responds to the impact of HIV and AIDS on educators. The researcher will endeavour draw a conclusion by analysing and evaluating the effects of the individual cases of death, the desire to leave the profession, the decline of morale and the increased workload of other educators.

A scientific study will be undertaken to measure the prevalence of HIV and AIDS amongst educators. This sample includes only primary school educators in the Botshabelo region. In addition to measuring HIV and AIDS prevalence, the study will determine the driving factors of the pandemic regarding educators, the geographical trends of the pandemic and the causes as well as the impact of AIDS on educator supply and demand. The study will also attempt to create a model predicting future educator demand and supply.

The study will be conducted in phases. The first phase is a quick overview of current initiatives in schools - such as absenteeism policies to accommodate those infected with HIV and AIDS – as well as a survey showcasing the views of the affected educators. The data generated will be disaggregated according to age and gender. The study will be conducted within Botshabelo primary schools, based on a sample selected from 30 schools. The report will include the findings of the study as well as the proposed recommendations.

This chapter provides the background, purpose and significance of the study, as well as the statement of the problem, research aim, objective of the study, research questions, hypothesis and definition of terms. The literature review, methodology and delimitation of the study will be discussed briefly. Finally, the chapter provides a summary and division of the study into the respective chapters.

1.2 BACKGROUND OF THE STUDY

The death of an HIV/AIDS infected educator may have a psychological impact on uninfected educators. In addition to educator deaths, staff absenteeism is rising - in part due to staff members being infected with HIV and AIDS, caring for family members with the disease, and attending funerals. Infected educators often have increased periods of absenteeism that continue until they can no longer work.

According to the Department of Education (2003:5), "Increasing illness among educators will lead to an increase in absenteeism. This, in turn, will affect the quality of teaching and learning in the school".

According to Pia Malaney (2000:330), "Many schools cope with the shortage of teachers due to HIV and AIDS by hiring substitute teachers, combining classes, or by closing schools altogether, which in turn may impact the quality of education."

According to Coombe (2000:16-17), "30-40 percent of educators who are HIV and AIDS-positive will have full-blown AIDS at one time. Their work as educators will be seriously compromised by prolonged periods of illness. HIV-positive educators will most probably lose interest in their work and professional development. Yet others will have to take on additional duties at the school in order to cover for sick colleagues. They will have to cope with illness and death among friends, relatives and colleagues".

Paul Bennell (2005:440-466) stated that the infected teachers will eventually become chronically ill, resulting in marked increases in absenteeism, and generally lower morale and productivity.

According to Anthony Kinghorn and M.J. Kelly (2005:489-499), a relatively high proportion of staff are affected by the demands and stresses of death and illness in their family and community, as well as by the fear or knowledge of personally becoming infected with HIV. In other words, teacher performance and absenteeism have to be seen in the context of the community and teachers' lives, and not simply in terms of teacher morbidity and mortality data.

1.3 PURPOSE OF THE STUDY

The purpose of this research is:

1) To investigate the impact of HIV and AIDS on educators and school management at Botshabelo Primary Schools. This will be done by exploring in depth the perceptions of the principals and heads of department affected by HIV and AIDS, their attitudes, knowledge, skills and values with regard to the pandemic, as well as any steps they may have taken to address HIV and AIDS issues within their schools.

2) To formulate recommendations based on the findings of the study, for the design of programmes to develop school principals to proactively deal with HIV and AIDS issues.

1.4 SIGNIFICANCE OF THE STUDY

The research will assist in establishing control measures for maintaining the quality of teaching and learning in Botshabelo Primary schools by supporting the HIV and AIDS-infected educators. Their morale and love for their careers should be promoted, and they should be encouraged to continue with their teaching. Preparing them for life and the challenges posed by the pandemic is also of vital importance.

1.5 STATEMENT OF THE PROBLEM

The problem that this study wishes to resolve is to establish the impact of HIV and AIDS on educators and school management at Bothsabelo Primary Schools. The literature study revealed that HIV and AIDS impact on education across a wide spectrum. Coombe (2000:16-17) indicated that, in future, qualified educators, teacher educators and officials will be lost to education through death, illness or departure from their professions. This implies that HIV and AIDS impact negatively on the education system.

Despite the fact that government provides education regarding HIV and AIDS, it is important to note that HIV and AIDS education is not standardised at the primary schools in Botshabelo. In light of this, Levine and Curton (1998:234) asserted that the lack of a standardised AIDS education curriculum may result in education of an unstable quality and quantity. In the case of UB, Chilisa *et al.* (2007:24) observed that the institution seemed to have missed the opportunity to address HIV/AIDS in schools. In conclusion, it would appear as though HIV/AIDS education has not been fully covered in the Botshabelo primary schools' curriculum. Therefore not all school management and educators have been granted an equal opportunity to learn about HIV/AIDS.

1.6 RESEARCH AIM

The aim of this study is to investigate the understanding and the response of school management regarding the impact of HIV and AIDS on educators operating within the Botshabelo Primary Schools.

1.7 OBJECTIVES OF THE STUDY

The objective that will guide this research is the following:

- To identify the impact of HIV and AIDS on educators and school management at Botshabelo Primary Schools.

1.8 RESEARCH QUESTIONS

This research is expected to provide information pertaining to specific schools and supply appropriate responses to the various HIV and AIDS-related challenges that educators face.

The study will answer the following questions:

a) What is the impact and effect of HIV and AIDS on educators?

b) How can educators be assisted to cope with the impact that HIV and AIDS may have on their lives?

c) What impact do HIV and AIDS-infected educators have on school management?

1.9 HYPOTHESIS

The research addressed the following hypothesis:

1.9.1 Increasing illness among educators leads to an increase in educator absenteeism and, in turn, affects the quality of education and learning.

1.9.2 Failure to reject the null assumptions - by being unable to reach statistical significance - that HIV and AIDS has an impact on educators at Botshabelo primary schools with respect to age, gender, level of education, and years of teaching experience.

1.10 DEFINITION OF TERMS

It is important that a number of terms used in this study be defined.

1.10.1 Impact

According to the Dictionary of Contemporary English (1993:523), “Impact” is the force of one object letting another especially strong or powerful influence or effect caused or produced by an idea, invention and event.

1.10.2 HIV – (Human Immunodeficiency Virus)

HIV is defined as a virus that reduces the power of the body to defend itself against different forms of infection (immune system), (Paulins, 2002:24).

Van der Westhuizen (2002:96) defined HIV as one of a family of retroviruses that enters the blood stream and attacks the body’s immune system, compromising its ability to fight infection.

1.10.3 AIDS – (Acquired Immune Deficiency Syndrome)

According to Paulins (2001:34), AIDS is defined as a disease caused by HIV (one of the family of retrovirus). AIDS is also defined as a syndrome of opportunistic disease infections in a compromised system, or a curse and punishment to homosexuals and sexual deviants, visited by a just vengeful God for their deviance (Crowther, 1999:9).

1.10.3.1 Acquired = when a person gains a virus, which enters the blood stream.
1.10.3.2 Immune = to secure or to be free.
1.10.3.3 Deficiency = the weakening of the body's defence system.
1.10.3.4 Syndrome = the symptoms that indicate abnormal conditions in the body or mind
(Paulins, 2001:3).

1.10.4 Educators

In terms of South African Schools Act (84 of 1996), educator means any person, excluding a person who is appointed to exclusively perform extra-curricular duties, who teaches, educates or trains other persons or who provides professional educational services, including professional therapy and psychological education services at school.

1.10.5 School

According to the South African School Act (84 of 1996), "Schools cf. a public school or an independent school which enrols learners in one or more grades between grade zero and grade 12".

1.10.6 Management

Van der Westhuizen (1997:694) defined management as the specific type of work in education which comprises those regulative tasks or actions executed by people or body in a position of authority in a specific field or area of regulations, so as to allow formative education to take place.

1.10.7 Education

According to National Education Policy Act (27 of 1996), “Education means any education and training provided by an education institution, other than training as defined in section 1 of the Manpower Training Act (56 of 1981).

1.10.8 Botshabelo

According to Raputsoane (2000:5), Botshabelo is a Township. It is situated in the Free State Province, between Bloemfontein and Thaba-Nchu, the latter being a former Bophuthatswana town.

1.11 RESEARCH METHODOLOGY

1.11.1 Research Approaches

Both qualitative and quantitative approaches to research will be used to determine how school management understands and responds to the impact of HIV and AIDS on educators at Botshabelo primary schools. The quantitative approach is concerned with statistics and results presented in numbers, tables and graphs. The purpose of this approach is to measure data actions, tendencies and levels of knowledge. With the quantitative approach, the researcher can determine answers to questions such as: *How many?, How much?* or *How often?* The items will be addressed by means of a four-point Likert scale, whereby the options include *strongly agree, agree, do not agree* and *strongly disagree*. These options will be converted to numbers.

With the qualitative approach, the researcher deals with facts in the form of narration. The qualitative approach will be used to obtain information about the attitudes, perceptions and motivations of the principals and heads of department in this research. This type of data can be used to obtain an answer to the question *Why*?

1.11.2 Research Method

The researcher will use a survey to collect information from a large sample of people relatively quickly and inexpensively. Instruments such as questionnaires will be used to collect data pertaining to the impact of the pandemic.

This will enable the researcher to construct a summary of the characteristics of different groups or to measure their attitude and opinions concerning some of the relevant issues. In line with the descriptive methods to be used in the study, the researcher will identify the population and the sample, as well as the instruments to collect the data.

1.11.3 Population and Sample

1.11.3.1 Target Population

The target population refers to the group of people participating in the study. In this study, the target population consisted of primary school principals and heads of department who formed part of the research sample. Imenda and Muyangwa (2000:118-121) define target population, the accessible population and the research sample as follows:

The target population may be defined as the group of subjects to whom the findings of a given study will be generalised. In this study, it would be thirty primary school principals as well as the heads of department at a number of Botshabelo primary schools.

Accessible population refers to a sub-population of the target population, which is in close proximity to the researcher and possesses the same major and critical characteristics as the target population. In this study, this group includes the principals and heads of department at selected primary schools in Botshabelo.

Research Sample refers to a small group of subjects that possess the main characteristics of the accessible population. In this study, this includes the primary

school principals and heads of department in the Botshabelo district who actually took part in the study and about whom information is to be collected. These people are often referred to as the subjects, the sample, or the participants.

1.11.3.2 Research Sample

In this study, the research sample refers to primary school principals and heads of department at Botshabelo primary schools who actually took part in answering the questionnaires. Sample selection is the primary technique used to collect data and the manner in which cases rich in information present themselves. The reasoning behind sampling is associated with the purpose of the study and the research problem of concern (Smith, 1998:97).

1.11.4 Instrumentation

A research instrument is a measuring devise used in order to evaluate more precisely the behaviour that is studied (Litheko, 2002a:11). Ary, Jacobs and Razavieh (2002:561) define an instrument as a devise for operationally defining a variable. The measuring instrument in this study will be questionnaires.

1.11.4.1 Questionnaires

The questionnaires will be developed to measure the educator's management skills, attitudes of educators towards work, the support of principals to educators as perceived by educators themselves, as well as educators' attendance of workshops (Radebe, 1999:50). In this case, the natural setting is primary schools in which principals and Heads of Department's behavioural, attitudinal and perceptual tendencies may be analysed. A questionnaire was administered to participating principals and heads of department at primary schools in Botshabelo. Questionnaires offer considerable advantages and provide the investigator with an easy accumulation of data (Walker, 1993:91).

Imenda and Muyangwa (2000:152) indicate that, in the closed-ended questionnaires, the respondents' ticks or circles are the given options. The responses of the principals and heads of department will be shown in the response schedule representing codes indicated in the Likert Scale:

1 = Strongly Disagree
2 = Disagree
3 = Agree
4 = Strongly Agree

(Cohen, Marion and Morrison, 2002:253).

1.12 DELIMITATIONS OF THE STUDY

The focus is on the effects of increasing illness among educators at schools, and how the quality of teaching and learning in the schools is affected. This research will cover 1/5 of 53 schools in the Botshabelo Township.

The geographical representation of Botshabelo is as follows:
The Township is divided into eighteen sections, with an average of three schools per section. The reason for choosing the demarcated area is that the researcher is an educator in the vicinity. This promotes feasibility and cost-effectiveness.

1.13 DIVISION OF CHAPTERS

The study is organised in five chapters, namely:

Chapter One:	Introduction
Chapter Two:	Literature Review
Chapter Three:	Methodology
Chapter Four:	Result of the Study
Chapter Five :	Summary, Conclusion, Deductions, Findings and Recommendations

1.14 CONCLUSION

This chapter included an overview of the study. Its significance, a statement of the problem and research questions were explained. The hypothesis, aim and objectives, definition of terms, and a brief indication of the methodology used were discussed. The next chapter will be a review of the literature consulted during the course of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The impact of HIV and AIDS on educators and school management at Botshabelo primary schools forms the focus of this literature review. The review contains information on the impact of the pandemic on the morbidity and mortality of educators. Information on the prevalence of HIV and AIDS among educators, along with factors such as morbidity and absenteeism, is provided. The review will also include information on the impact of the pandemic on the morale, workload, job satisfaction and functioning of teaching staff. The position of educators who are infected with HIV and AIDS will be explained. Factors leading to the pandemic and risks faced by educators will also be mentioned. Finally, the financial costs of HIV and AIDS for the education sector as well as the role of schools and educators in limiting the impact of the pandemic will be defined.

2.2 DEFINING HIV AND AIDS

HIV and AIDS have been defined by many authors worldwide. However, a number of definitions are given in the following paragraphs.

2.2.1 What are HIV and AIDS?

Hope (1999:1) defines AIDS as a disease caused by a latent, slow-acting virus known as the Human Immunodeficiency Virus (HIV). The virus destroys part of the body's immune system, leaving the victim without defences against certain infections and cancers. Van Dyk (2001:4) defines AIDS as an acronym for Acquired Immune Deficiency Syndrome. The word "acquired" is used due to the fact that it is not a disease that is inherited. It is caused by the Human Immunodeficiency Virus (HIV) which enters the human body from outside.

Whiteside and Sunter (2001:1) define Acquired Immunodeficiency Syndrome as follows:

- The “A” stands for acquired. This means that the virus is not spread through casual contact like flue or chicken pox.

- The “I” and the “D” stand for immunodeficiency. The virus attacks a person’s immune system and makes it less capable of fighting infections.

- The “S” is for syndrome. AIDS is not just one disease but presents itself as a number of diseases that come about as the immune system of a human being fails.

According to Tonks (1996:36-37), Acquired Immune Deficiency Syndrome refers to a group of symptoms that people get from somewhere outside themselves that weaken the body’s ability to defend itself against diseases.

2.3 HIV/AIDS IN THE GLOBAL CONTEXT

Globally, AIDS fatalities in 2001 reached three million (UNAIDS, 2002:8). The statistics on HIV infection clearly indicate that the pandemic is still spreading rapidly. More people are becoming infected from the disease than they are dying from it, which means that more are living with the disease everyday (Kirby, 1995:403).

UNAIDS (2000:102) found that, in 2001, about 14 000 new HIV infections occurred worldwide per day. Almost fifty percent of those were women while about fifty percent are in the 15-25 years age group. This age factor makes AIDS uniquely threatening to children. By the end of 2001, the pandemic had left over 11 million AIDS orphans - defined as those having lost their mothers and fathers before reaching the age of fifteen (UNAIDS, 2000:102).

"Twenty years after clinical evidence of acquired immunodeficiency syndrome was reported, AIDS has become the most devastating disease human kind has ever faced."

This is the sobering statement made by the World Health Organization in the AIDS Pandemic Update (2001:20). Statistics provide by UNAIDS support the statement. It is against this background that several countries across the globe have responded differently to HIV and AIDS. The following table illustrates the estimated global summary of the pandemic in December 2000.

Table 1: Global Summary of the HIV/AIDS Pandemic, December 2000

People newly infected with HIV in 2000	Total Adults Women Children < 15 years	5.3 million 4.7 million 2.27 million 600 000
Number of people living with HIV/AIDS	Total Adults Women Children < 15 years	36.1 million 34.7 million 16.7 million 1.4 million
AIDS deaths in 2000	Total Adults Women Children < 15 years	3 million 2.5 million 1.3 million 500 000
Total Number of AIDS deaths since the beginning of the pandemic	Total Adults Women Children < 15 years	21.8 million 17.5 million 9 million 4.3 million

Source: UNAIDS Files, 2000.

Table 1 focuses on the global summary of the HIV/AIDS pandemic in December 2000. In 2000, the total number of people who were newly infected with HIV/AIDS was 5.3 million - 4.7 million were adults, 2.27 million were women and 600,000 were children who were below 15 years of age. The total number of people living with HIV/AIDS in 2000 was 36.1 million, with 34.7 million as adults and 16.7 million women, while children who are below 15 years of age, were 1.4 million. Out of a total of 3 million people who died as a result of HIV/AIDS, 2.5 million were adults and 1.3 million were women, while 500,000 were children below the age of 15. Globally, the total number of AIDS deaths since the beginning of the pandemic is 21.8 million - 17.5 million were adults, 9 million were women and 4.3 million were children below the age of 15. The HIV/AIDS pandemic is quite stressful and can create long-term disruptions for both educators and learners you are faced with the realities on a daily basis.

2.4 HIV AND AIDS IN SOUTH AFRICA

The ASSA model estimated that, on 1 July 2006, there were 5.4 million people in South Africa living with HIV/AIDS. Of these, over 4.9 million (90.8%) were in the 20-64 years age group. This is also the age group which is most likely to form part of the labour force. An estimated 2.8 million women of child-bearing age (15-49 years) were living with HIV/AIDS. In all adult age groups shown in the table, there were more women than men living with HIV/AIDS. The gender imbalance is most stark among the youth, aged 15-24 years, where there were more than four infected young women for every infected young man.

Figure 1 Estimated prevalence of HIV by sex and age, 2005

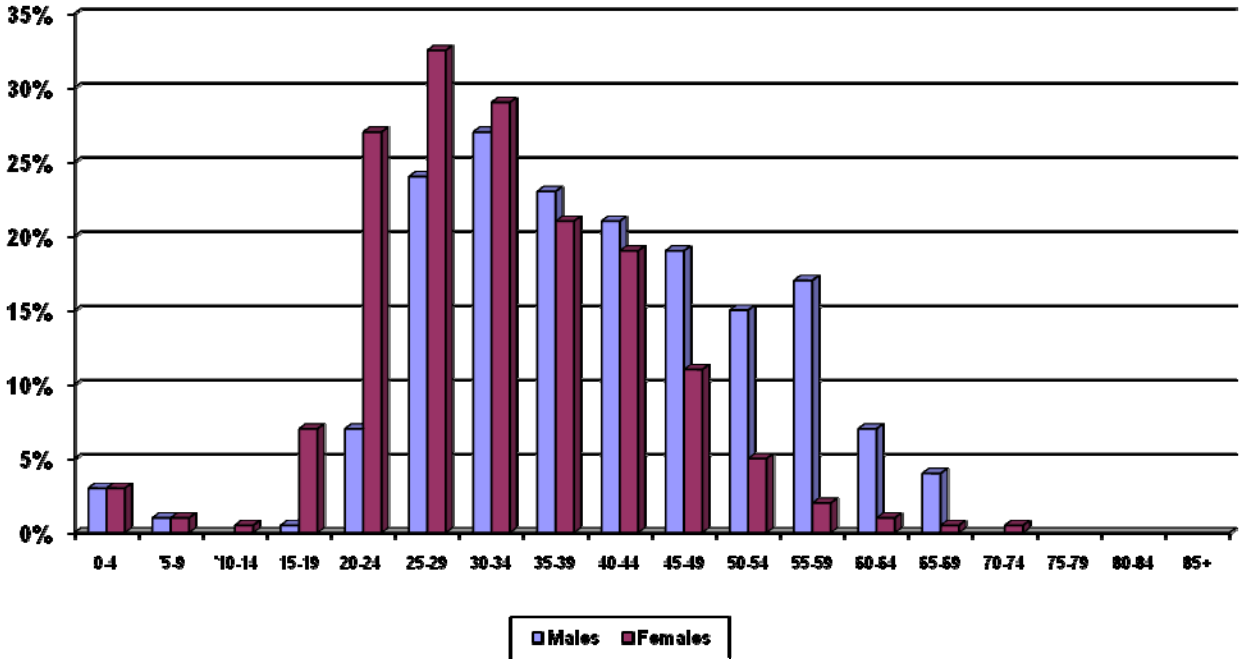


Figure 1 shows HIV prevalence levels by sex and age group in 2005. Prevalence is higher for women than for men in the 15 to 34 age group, while it is higher for men in the older ages. Among women, the rate is highest (32.5%) for the 25-29 years age group. Among men, the rate peaks at slightly older ages, with 26.5% of those aged 30-34 years being estimated to be infected. A comparison of the results from the model for 2005 with those from the HSRC household prevalence survey for that year suggests that the modelled prevalence may be slightly overestimated in the 25-29 age group for males and too low for women 55 and older. However, overall, there is a close correspondence between the modelled and empirical result.

2.4.1 The Impact of HIV/AIDS on Educators in South Africa

There is evidence that productivity is declining in all primary schools due to experiencing the symptoms of illness whilst on the job, absenteeism due to personal or family illness, and funeral attendance (Business Report, 2000:25). Old Mutual Actuaries and Consultants forecast that the annual death rate in the workforce will rise from 5 to 30 per 1,000 workers. Educators constitute the largest occupational group in

South Africa: at least twelve percent are reported to be HIV positive (Abt Associates, 2000:31-40).

According to Govender (2001:1), “The death of educators due to HIV and AIDS has increased by more than forty percent in the past years.” Hassen Lorgat, media officer of the South African Democratic Teachers Union, emphasises the importance of educators speaking freely about their HIV status. This is due to the fact that the teaching profession is in crisis, with South African educators dying at an average age of 34 years.

According to Kinghorn and Kelly (2005:489-499), “A relatively high proportion of staff are affected by the demands and stresses of death and illness in their family and community, as well as by the fear or knowledge of personal HIV infection”. In other words, educators’ performance and absenteeism has to be seen in the context of the community and educators’ lives, and not only in terms of educator morbidity and mortality data.

Teaching system services will be affected by the doubling or even tripling of medical benefit costs. Economic growth will slow down due to the fact that the economically active population and skilled educators will be reduced, and fewer young educators with new skills will be available to fill the vacant positions. The representation of female educators and their mobility will decline as they, more than male educators, are diverted to care for the sick.

2.4.2 The Impact of HIV and AIDS in the Regional Context

Angola, arguably the *worst-off* of the African countries, spent 10% of its budget on education in 1977 because of the death-rate caused by HIV/AIDS. Over the past decade, enrolments have fallen sharply. In 1996, the school enrolment figures were estimated to be about 53% of children in the age group of 5-14, with average dropout and failure rates estimated at 50% (Van der Westhuizen, 2002:7).

Tanzania has the lowest rate of primary school enrolments in Eastern and Southern Africa – only 5% of the relevant age group. HIV/AIDS has been a significant factor in

primary and secondary enrolment patterns, as well as in the dwindling pool of qualified teachers. In Botswana, considered one of the most prosperous and stable countries in Africa, 90% of primary school-aged children were enrolled at primary schools in 1997 and in 1998; there was an 80% progression from primary to junior second schools (Robins, 1996:7).

2.4.2.1 The HIV/AIDS Situation in Namibia

The first cases of HIV infection in Namibia were recorded in 1986. Ever since, the numbers of HIV/AIDS cases and related deaths have increased at an alarming rate. By 31 December 1997, a cumulative number of 40 629 HIV-confirmed cases and 2 926 AIDS-related deaths were recorded. In 1997, a total of 3 645 patients were hospitalised due to AIDS-related illnesses. More reliable information on the magnitude of HIV infection among the general population is obtained through regular surveys among pregnant woman. In 1996, the HIV prevalence among pregnant woman was 15.4% (Gwai, 2005: 121).

In response to the increasing number of HIV/AIDS cases, the newly independent Namibia established the National AIDS Control Programme (NACP) within the Ministry of Health and Social Services. The NACP, as reflected by the External Review, was largely unsuccessful in reducing the spread of HIV infection owing to deficiencies within the management structure and its relatively low placement in the structure of the Ministry of Health and Social Services (Gwai, 2005: 121).

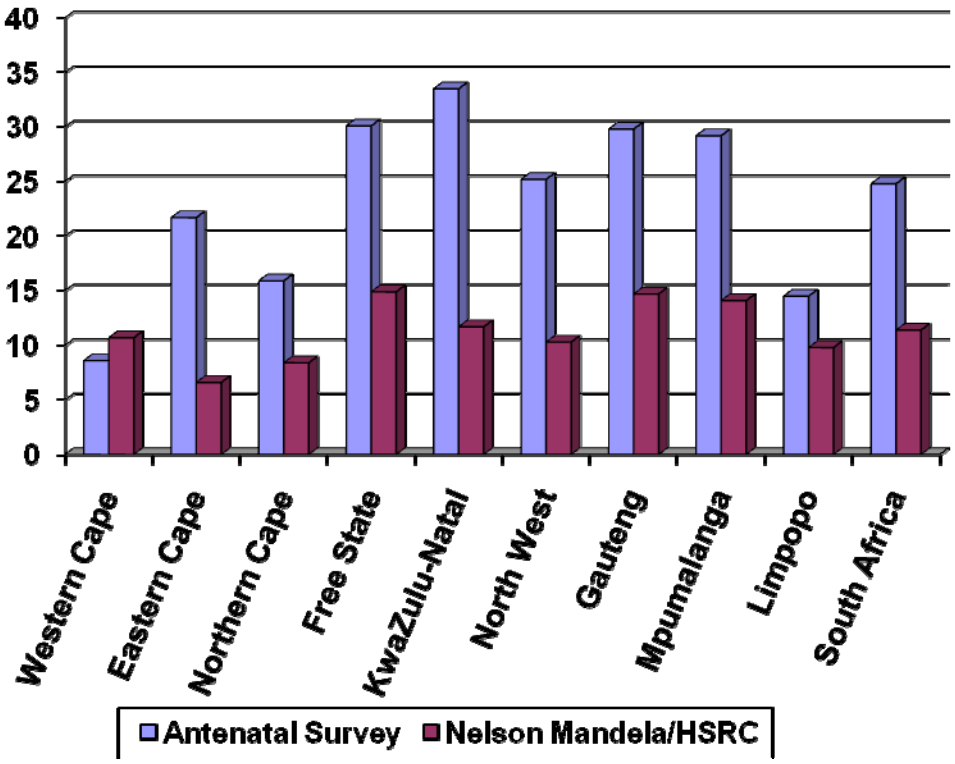
The National AIDS Committee, which was meant to provide support to the NACP, did not function at all. The Ministry of Health and Social Services also took cognisance of the fact that the major determinants of HIV transmission lie outside of the health sector. It was therefore decided to formulate a national response to the HIV pandemic based on South Africa's tactics. The establishment of the new National AIDS Co-Ordination Programme (NACOP) was a concrete expression of this national response. The goal of this programme is to reduce the levels of HIV infection (Gwai, 2005: 127).

2.4.3 The Impact of HIV/AIDS in the Provincial Context

Data of HIV prevalence are drawn from two sources: a survey of a sample of women visiting antenatal clinics at public health institutions and the Nelson Mandela / HSRC survey.

According to the antenatal survey, the Free State had the second-highest prevalence rate after KwaZulu-Natal. The lowest prevalence rate was recorded in the Western Cape. The highest prevalence rate, according to the Nelson Mandela/HSRC survey, was in the Free State (14,9%), followed by Gauteng (14,7%) and Mpumalanga (14,1%). The lowest prevalence rate was recorded in the Eastern Cape (6,6%). These prevalence rates were recorded in 2001.

Figure 2 HIV and AIDS prevalence per province, South Africa 2001



2.4.4 HIV Prevalence within Public Health Institution Clinics in District Council, Free State, 2002

Table 2 below shows the result of HIV tests conducted in various clinics within the Motheo District Council in 2002. This table points to a high prevalence of HIV in the Free State.

Table 2: HIV Prevalence within Public Health Institution Clinics in District Council, Free State, 2002

Clinic	Positive	Negative	Total Test Done	% Positive
Motheo				
B - clinic (Botshabelo)	5	10	15	33
Batho Clinic	19	31	50	38
C - clinic (Botshabelo)	2	7	9	22
Chris de Wet Clinic (Bloemfontein)	6	14	20	30
D - clinic (Botshabelo)	5	11	16	31
Dinaane (Thaba Nchu)	4	5	9	44
E - clinic (Botshabelo)	4	11	15	27
F - clinic (Botshabelo)	3	5	8	38
Gaongalelwe	7	12	19	37
H - clinic (Botshabelo)	2	3	5	40
Heidedal (Bfn)	17	53	70	24
Industrial(GB) – Clinic (Botshabelo)	3	7	10	30
J - clinic (Botshabelo)	11	24	35	31
L - clinic (Botshabelo)	5	5	10	50
Ladybrand Clinic	2	14	16	13
M - clinic (Botshabelo)	3	7	10	30
M.U.C.PP (Bloemfontein)	25	45	70	36
Matane Clinic (Thaba Nchu)	1	9	10	10
Thaba Nchu Clinic	3	7	10	30
U - clinic (Botshabelo)	10	25	35	28
Total	**137**	**305**	**442**	**31**

According to table above, the statistical South African Provincial Profile 2002 points to a high prevalence of HIV in the Free State.

2.5 ORIGIN OF THE AIDS VIRUS

"There are two main strains of the HIV virus known as HIV 1 and HIV 2. HIV 1 is the more virulent strain, which has spread throughout the world. It is also called the western strain of HIV. HIV 2 is a less virulent strain found in West Africa. It was previously called the African strain of HIV" (Jackson, 2002:16).

Jackson goes on to say that it had been suspected for years that both these strains of the virus might have an animal, specifically a simian or "primate species", origin. Very often the "Green Monkey" was blamed. Since the beginning of 1999, scientists have provided sound evidence to show that HIV 1 – the virulent and widely-spread strain of the virus – originated in the chimpanzee subspecies, while HIV 2 – the less virulent and more contained strain of the virus – originated from the "Sooty Mangaby" monkey. A particular kind of chimpanzee is known to carry a virus quite similar in structure to the human AIDS virus. Strangely, some human populations consider this chimpanzee to be a luxury food.

According to Jackson (2002:16), It is therefore possible that the first human was infected by eating uncooked organs, or through an accidental cut while preparing a carcass. The disease may have begun in a simple, quiet manner, spreading to others from this point through sexual intercourse and, later, through shared needle use.

Signs of the disease first appeared in the United States of America in the autumn of 1979. Young homosexual men with a history of promiscuity began visiting clinics in New York and San Francisco with peculiar and strange infections, while others had rare cancers that were found amongst elderly men of Mediterranean extraction or young men from Africa (World Bank, 2002:452).

"By appointing a homosexual physician to lead up our nation's AIDS policy efforts, the Bush Administration has sent the wrong message to his supporters and to those who

are truly concerned about the spread of AIDS in our culture" (Traditional Values Coalition, 2003:4). The statement by Traditional Values Coalition indicates clearly how other organisations understand the issues surrounding the pandemic and its relation to homosexual people.

"Homosexual sex is the primary transmission route of the AIDS in our society. There are an estimated 40,000 new HIV-infections each year in the United States; 70% are men and 30% are women. Of those men who are infected, 60% of them are infected through homosexual sex; 25% through intravenous drug use; and 15% through heterosexual sex. Researchers are alarmed at signs of a new pandemic sweeping through homosexual communities as younger homosexuals engage in high risk of unprotected intercourse" (Traditional Values Coalition, 2003:5).

It is for this reason that, during the time of its emergence, AIDS was named the Gay-Related Immune Deficiency Syndrome (GRIDS). It was only in 1982 that the United States Centre for Disease Control coined the name Acquired Immune Deficiency Syndrome, commonly known as AIDS (World Bank, 2002:452).

Heterosexuals in the West associated HIV with sexual contact between men and the lifestyles of urban gay males. A lethal combination of denial, racism and homophobia ensured that the misunderstanding became widespread and long-lived, even though it was very soon clear that, in most countries around the world, heterosexual encounters were overwhelmingly the most common means of transmission. As a result, during the early days of the pandemic, the so-called "first world war" was characterised by administrative and political inaction rooted in homophobia. The hegemony of heterosexuals was so complete that the deaths of the first AIDS victims were ignored precisely because they were gay men (UNESCO, 2001:8).

2.6 EDUCATORS, REDUCED SUPPLY AND QUALITY OF EDUCATION

HIV and AIDS represent a crucial challenge for education systems all over the world, in particular countries with a high prevalence where more preventive and educational work is needed to combat the pandemic effectively. The integration of HIV/AIDS education in the curriculum as well as the teaching of effective programmes are crucial

in order to help students to protect themselves from HIV/AIDS and to be supportive of people affected by the pandemic. Teachers need to be empowered, trained and supported. They need adopted curricula and relevant didactic material so as to be able to fully play their role of educators with regard of HIV/AIDS education.

"In the SADC regions, skilled workers (teachers, health workers and government employees) seem particularly vulnerable to the disease. There is evidence that government ministries and private sectors are losing key workers to HIV/AIDS at increasing rates. Teachers in particular are educated, mobile, relatively affluent, and thus fall into a population category which has been shown to be especially at risk. The incidence of HIV infection among educators is likely to be above that for the population as a whole. Rates as high as 40% have been reported from parts of Malawi and Uganda" (UNDP, 1998:10).

"If the teachers do not join in the fight against the spread of the HIV/AIDS pandemic, all efforts to instil positive preventive measures in school children will be wasted. The teachers have a lot of influence over their students. Some take what comes out of their teachers as gospel truths. Therefore, the teachers have a key role in implanting and shaping values in young Cameroonians as they grow and develop. The teacher is generally looked upon by his students as well as the community as a role model, thus making him influential" (Simon, 2004:6).

According to UNESCO (2001:40), often the graduation rate from teacher training colleges barely replaces the sick and dying workforce. Teacher deaths due to AIDS in Zambia in 1998 were the equivalent of two-thirds of the number of newly qualified teachers. In addition, those who die are often the most skilled and experienced. Consequently, teacher morale is often low - though the teachers themselves may not be infected, colleagues or family members might be. Education officials and planners who keep the system running are also liable to be affected by the disease. Associates estimate that, for every teacher leaving education (due to mortality, better job opportunities elsewhere), 2.6% more teachers would have to be trained to keep up with the demand. Even then, teacher-pupil ratios were expected to decline to 1:50 by 2006 (Kingdom of Swaziland, 1999:6). This would reverse all gains made in terms of teacher-pupil ratios since independence, with implications for education quality.

"However, the supply-demand equation is complicated. Teacher recruitment targets may be lower than at present if enrolments decline or do not grow as expected. Given uncertainty about likely levels of chronic morbidity, mortality and other types of 'wastage', it is very difficult to make teacher requirement projections with any degree of confidence. In any case, new recruits cannot make up for the loss of the education service, the most experienced senior teachers, managers as well as science and mathematics specialists. Recruitment of trainees to replace teachers lost to the service will be inhibited by fewer (and possibly less-qualified) secondary school leavers available for teacher training" (Coombe, 2000:14).

The Cameroon Teachers' Trade Union (2004:3) believes that: "No nation rises above the level of her teachers. If the teachers are ignorant on the basic preventive measures on the spread of the HIV/AIDS, the learners and perhaps the society will surely be ignorant. Teachers constitute a powerful group, with the necessary potential to make a significant contribution in the fight against, and prevention of, the spread of the pandemic. Teachers have a serious influence over the learners. An ignorant teacher is as dangerous as HIV/AIDS. Therefore, the teacher must be the first target. The curriculum should be designed to influence 'thought and behaviour' in school communities about the HIV/AIDS on purely preventive lines" (Simon, 2004:6).

2.7 MORBIDITY AND ABSENTEEISM

The researcher is of the opinion that HIV and AIDS have a serious impact on the lives of educators at Botshabelo primary schools. Sickness lowers teaching quality and results in higher rates of educator absenteeism. Long-term, persistent absenteeism is particularly disruptive. However, even at this late stage in the pandemic, there is a lack of high-quality data pertaining to the extent and causes of educator absenteeism over time in Botshabelo primary schools.

According to Coombe (2000:14), "thirty to forty percent of educators who are HIV-positive will have full-blown AIDS at any one time. Their work as educators will be seriously compromised by prolonged periods of illness." Hala Elhoweris (2004:329-337) notes that "Infected educators often have increased periods of absenteeism that continue until they can no longer go to work".

According to Coombe (2000: 16-17), “In addition to teacher’s deaths, staff absenteeism is rising in part due to being sick with AIDS, caring for family members with the disease, and attending funerals”. The Department of Education (2003:45) notes that “Increasing illness among educators will lead to an increase in absenteeism. This, in turn, will affect the quality of teaching and learning in the school.”

Paul Bennell (2005:440-446), stated that “The infected teachers will eventually become chronically ill, resulting in marked increases in absenteeism, and generally lower morale and productivity”.

2.8 THE IMPACT OF HIV AND AIDS ON THE MORALE AND OPERATIONS OF TEACHING STAFF

The impact of HIV and AIDS on morale will extend to both the infected and affected educators at Botshabelo primary schools. HIV positive educators are likely to lose interest in furthering professional development (Coombe, 2000:14). Issues of declining health and an increased rate of absenteeism will impact on the ability to teach (Badcock-Walters; Desmond; Wilson and Heard, 2003:151). The pandemic is causing anxiety and stress among infected and affected staff.

Educators who are HIV-positive but have not developed full-blown AIDS will not always work to their full potential (Kelly, 2002:15). In fact, it is estimated that repeated sickness could lead to such educators losing the equivalent of approximately six months of teaching time during the infection period before terminal illness (Kelly, 2002:16). However, this estimate does not consider the availability and provision of the appropriate medication. On average, an HIV-positive person who has no access to antiretroviral medication could die within seven years of infection (Coombe, 2000:16-17). Coombe (2000:16-17) states, “The morale of educators who are not infected is also likely to fall as they deal with sickness, and the mortality of colleagues, relatives and friends. Educators will have to take on additional work to assist colleagues who are not well” (Coombe, 2000:18).

The effect of HIV and AIDS on educators will weaken the already fragile school management, administration and financial control of the Education System (Coombe, 2000:19). Rising HIV and AIDS mortality rates will increase attrition in the ranks of the education system's planners and administrators (CAER 11, 2000:3). Replacement of these personnel is going to be costly and the loss of their experience could affect the functioning of the education system (CAER 11, 2000:3). An increased mortality and morbidity rate could impact on the running of the education system.

2.9 THE POSITION OF EDUCATORS WHO ARE HIV AND AIDS-POSITIVE

Educators diagnosed with HIV and AIDS face a number of obstacles, including discriminations, stigmatisation, stress and decline in school attendance due to various reasons. The general consensus is that teachers living with AIDS in Africa are seriously discriminated against by school managers, colleagues and students (Kelly, 2000a:24). The findings of the school surveys do show high levels of secrecy and denial among teaching staff concerning the likely extent of HIV-infection and clinical AIDS.

Given the level of stigma that is attached to HIV and AIDS, educators here at Botshabelo are not usually prepared to reveal their HIV status for fear of the adverse reaction among colleagues and the community as a whole. In the researchers opinion, the other consequence of being infected with, or affected by, HIV and AIDS includes decline in work productivity and job satisfaction among Botshabelo Primary Schools educators. The educators who are affected by HIV will be seriously compromised by prolonged periods of illness (Coombe, 2000:14).

2.10 FACTORS THAT LED TO THE PANDEMIC AND THE RISKS FACED

According to Pia Malaney (2000:330), many factors have been attributed to the AIDS pandemic. Firstly, educators within the Botshabelo township are often placed in primary schools away from their home and are underpaid, and, as a result, started to have sexual relations with several partners. Secondly, the Botshabelo Township is a highly impoverished region. Poverty also forces many men to become migrant workers

in urban areas, where they have multiple sex partners. Migrant workers may also carry the infection back to their wives when they return home.

Thirdly, educators are believed to have high risk of carrying the virus because they have a relatively high social status and income, are geographically mobile, and are frequently separated from their spouses or partners. Fourthly, educators are regarded in the same way as other economic migrants as they are often separated from their spouses and families due to a lack of suitable housing.

2.11 THE FINANCIAL IMPACT OF HIV AND AIDS ON THE EDUCATION SECTOR

According to the World Bank report (2002:45) on the impact of HIV and AIDS on the education sector's financial situation, HIV/AIDS is costing the education sector a great deal. This is due to the fact that education budgets have to accommodate higher education recruitment and training costs so as to replace the growing numbers of educators passing away. Other costs include salary payments to absent educators, and salary and training costs for substitute teachers (World Bank, 2002:45).

In South Africa, an analysis of the financial impact of HIV/AIDS on the education sector will also have to measure other costs in addition to the substitute educator system. For instance, the financial implications of large class sizes within the education sector needs to be analysed.

2.12 THE ROLE OF EDUCATORS AND SCHOOL MANAGEMENT IN LIMITING THE IMPACT OF THE HIV/AIDS PANDEMIC

Educators and school management have a very important role to play in limiting the impact of the pandemic either at school level or within the communities that their schools service. They will have to become more than places of learning, but places that offer other services, including counselling and support to affected or infected educators. More community involvement by schools is probably another role that schools will be required to fulfil. In responding to the impact of the pandemic from a school's perspective, a number of authors have identified various roles that schools can play.

The Director-General of Education and the Heads of Provincial Departments of Education are responsible for the implementation of national policy on HIV/AIDS, in accordance with their responsibilities in terms of the Constitution of Republic of South Africa (1996) and any applicable law. Every education department must designate a HIV/AIDS Programme Manager and a working group to communicate the policy to all staff, to implement, monitor and evaluate the Department's HIV/AIDS programme, to advice management regarding programme implementation and progress, and to create a supportive and non-discriminatory environment.

According to Kelly (2002:16), HIV/AIDS education at schools should disseminate the right information on, for instance, the transmission of HIV, treatment, myths, and protection against infection. However, the role of educators in HIV care is important.

According to Chris Brunton and Associates (2000:30), the principal is responsible for the practical implementation of the policy within schools. The Botshabelo educators can limit the impact of the pandemic by having one mutual partner, trying to look for a teaching position in close proximity to their place of residence, practicing safe sex by using condoms and being willing to reveal their HIV/AIDS status.

It is also important that every educator has access to some form of professional help from either a doctor, psychologist, spiritual leader or counsellor.

The Minister of Education has declared the response to the HIV pandemic a national priority. The National Department of Education has issued a national policy on HIV and AIDS, as well as guidelines for educators, urging schools to help prevent the spread of HIV. More recently, the Department also developed a national strategic framework to effectively respond to the problems created by the condition.

2.13 STRENGTHENING EDUCATION'S CAPACITY IN THE STRUGGLE AGAINST HIV/AIDS

Education, especially school education, can play an even more crucial role in combating HIV/AIDS. Although many are of the opinion that it is already doing well, it is

a general perception that they can do even more. Enhancing the contribution that education can make in reducing the likelihood of HIV-transmission and managing the impact of the disease requires attention to the following issues:

2.13.1 Expanding access and improving the quality of provisions

Education in the sense of schooling can do nothing to reduce the transmission and impact of HIV/AIDS for children who, for whatever reason, cannot enrol in school. Neither can it promote the knowledge, understanding and attitudes that are fundamental to the reduction of HIV-transmission if the quality is so poor that real or meaningful learning does not occur. It is also important to take steps that will enable children, especially young females, to continue to the secondary schooling level. What is gained at this level appears to make a crucial difference to the protection of oneself and one's potential partner against HIV infection. Expanded access to secondary education is also more likely to enable students to lift themselves out of poverty, at both individual and national levels. In itself, this mechanism also provides a more comprehensive defence against HIV-transmission.

2.13.2 Mainstreaming HIV/AIDS into every aspect of education

HIV/AIDS is devastating the lives of individuals, the economies of countries, and education systems. The consequences are great, and one can therefore not merely bolt the topic on as some additional consideration within the programmes of already overworked education ministries, department and institutions. This is the most devastating disease that humanity has ever experienced. Responding to it is not an optional extra – it must be an integral and accountable part of concerns and programmes at all levels, from the office of the minister down to the local rural school.

According to UNESCO (2001:3), accentuating the importance of this mainstreaming is the fact that HIV/AIDS places the entire education system and all its institutions under profound threat. An education system that does not mainstream HIV/AIDS into every one of its operations runs the risk of being overwhelmed by the pandemic and the variety of its impacts. It can be so weakened by the pandemic (through the loss of educators, impairment of quality, numerous negative effects on learners, educators,

and managers, and constraints on resources) that its ability to provide both general and HIV/AIDS education could be greatly reduced.

“In the absence of mainstreaming, the one system that has the potential to provide crucial HIV protection to society could find that it was unable to do so because it was itself besieged by a network of interrelated, debilitating, and complex AIDS-related problems” (UNESCO, 2001:3).

A political aspect of this mainstreaming is to ensure that education policies, procedures and regulations are reformulated to take HIV/AIDS into account. It will also be necessary to incorporate HIV/AIDS issues into every aspect of an education ministry’s strategic planning process. In severely affected countries, mainstreaming HIV/AIDS will also necessitate a dedicated structural arrangement involving full-time staff possessing considerable authority, and backed up with adequate human, financial and material resources, who will maintain the momentum for progress in everything that relates to the interaction between the disease and the education sector (UNESCO, 2001:3).

2.14 CONCLUSION

This chapter was comprised of a literature review regarding HIV and AIDS in different contexts (i.e. country, provincial and districts in South Africa). The impact of HIV and AIDS affects the infected as well as affected educators, principals and the educational sector as a whole. The researcher touched on the impact of HIV and AIDS on educators and school management at Botshabelo’s primary schools.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. INTRODUCTION

This chapter describes the methodology used in this study. The quantitative and qualitative approaches used in this study are explained. In the research study, the researcher used both approaches to effectively conduct research, with each approach using several specific techniques. For example, surveys, interviews and historical analysis were used with much overlap between the type of data and the style of the research (Neuman, 1994:14).

The population, sample and research design are described, followed by data collection procedures. Data processing analysis and limitations of the study have also been included. The instrumentation is used to collect data that determines how school management understands and responds to the impact of HIV and AIDS on educators at Botshabelo primary schools.

3.2. RESEARCH METHODOLOGY

Both qualitative and quantitative approaches are used to determine how school management understands and responds to the impact of HIV and AIDS on educators at Botshabelo primary schools. The difference between these two approaches is the way in which the results are presented.

Quantitative research offers statistical results, presented in number, tables and graphs, while qualitative research provides narrative facts. According to Moduka (2001:38), each type of research makes different assumptions about the world:-

- Purpose of research;
- Research method;
- Differences in the researcher's role; and
- Differences in the importance of the context.

3.2.1 Research Approaches

3.2.1.1 Quantitative Study

The quantitative approach requires relatively large sample sizes. It can also be used to generalise findings to the larger focus population (when probability sampling is used). This, however, requires some knowledge of statistics. The purpose of the quantitative approach is to measure data actions, tendencies and levels of knowledge. With this type of data, the researcher can determine answers to questions such as *How many? How much?* and *How often?*. The quantitative approach is concerned with quantities and relationships between attributes. It involves choosing participants and data-collection techniques such as survey questionnaires. It aims to document prevalence or test hypothesis.

Data can be analysed in terms of numbers. With this approach, according to Rosnow and Rosenthal (1996:74), raw data exist in the form of the observer's ratings. The item responses were constructed by means of a five-point Likert Scale, where the options were *always, often, not sure, seldom* and *never*. These options were converted into numbers when analysing the data using a computer programme called SPSS (Wellington, 2000:106). Data can also be analysed by programme records, service statistics, surveys at the programme level (with providers, clients, etc.), and surveys at the population level (local, regional or national).

This approach begins with a theory of the phenomenon to be investigated. The flexibility of the quantitative approach allowed the researcher to examine how management understands and responds to the impact of HIV and AIDS on educators and, in turn, how it affects the quality of teaching and learning. The researcher has been able to discover ideas, obtain insights and, finally, formulate a problem for further investigation (Monsen, 1992:7).

Moduka (2001:38) explains that most quantitative data techniques are data condensers; that is, they condense data in order to obtain a global picture. On the other hand, quantitative methods are best understood as data enhancers. When data

are enhanced, it is possible to see key aspects of the study more clearly. Furthermore, the way in which the research process is carried out also becomes more apparent.

3.2.1.2 Qualitative Study

With the qualitative approach, structured and unstructured observation as well as communication are used as a means of gathering data. Data include the shared interpretation of the researcher of the subjects. Data may be in the form of words analysed in terms of individual responses, descriptive summaries, or both (Burns and Grove, 1997:28).

The qualitative approach does not require large sample sizes. It cannot be used to generalise findings to the larger focus population. It does not require expertise in statistics (but should employ a systematic analysis). Qualitative data provide information about attitudes, perceptions and motivations. This type of data can be used to answer the question *Why?* It is therefore usually structured in an open-ended fashion, so that information arises spontaneously.

Although a questionnaire was used as the primary instrument for data collection, interviews were also conducted to validate data from the questionnaire (Moeketsi, 2004:117). Radebe (1999:208) explains that qualitative research reveals everything that participants feel about the situation in which they find themselves. Therefore, qualitative research is used to collect data directly and verbally, and it is also used to supplement and strengthen data collected quantitatively.

According to Bell (1999:7), researchers adopting a qualitative perspective are concerned with understanding individuals' perception of the world. They seek insight rather than statistical analysis. The qualitative approach represents facts in narrative form (Bowling, 1997:173).

It was not difficult for the researcher to use the qualitative approach. That is, it was not a major task to prepare and administer the questionnaire to the respondents. It was also not too demanding for the researcher to follow up on the results after the questionnaires had been completed.

The main aim is to investigate how management understands and responds to the impact of HIV and AIDS on educators. Therefore educators' perception on how management understands and responds to the impact of HIV and AIDS is of great importance. It will assist in achieving the aims and objectives of the study.

3.2.2 Research Method

The researcher used the descriptive method in this study, because it permits the researcher to collect information from a large sample of people relatively quickly and inexpensively. Instruments such as questionnaires and interviews are used to collect data. This enables the researcher to construct a summary of the characteristics of different groups or to measure their attitude and opinions regarding some of the issues (Litheko, 2002:10; Ary, Jacob and Razavieh, 1997:22).

In a descriptive method, the researcher asks questions in a well-prepared questionnaire or an interview situation, and then records the answers. The researcher does not manipulate any situation or condition - participants simply answer the questions. Descriptive statistics is the first step in the analysis of data. Describing data usually means computing a set of descriptive statistics, known so that the general characteristics of a set or distribution of scores is achieved (Salkind, 2003:154). Inferential statistics can also be used in this study. It is described as a statistical method that can be utilised to gain universal deductions from the results of a specific population and/or sample (Viljoen and van der Merwe, 1999:25). The purpose of inferential statistics is to view the nature of the population and the real values of variables.

The descriptive method is the most widely used technique, because it can "describe the nature of current conditions, identify problems in existing situations, assess the needs or goals in order to analyse and generally to describe what exists in context" (Litheko, 2002:102).

3.3 RESEARCH DESIGN

Cohen *et al.* (2002:75) refer to research design as the establishment of the practicalities of the research, which addresses issues such as;

- Specific purposes of the research;
- General research purpose and aims;
- Specific research questions;
- Research focus;
- Main methodology of the research (e.g. a quantitative research, ethnographic study and experiment, a case study, etc.);
- Validity and reliability;
- Kinds of data collected;
- Sampling;
- Documentary sources (where else will data be available);
- Instrumentation; and
- Person/group undertaking the research.

The study was conducted at randomly selected primary schools in the township of Botshabelo. The reasons for choosing schools in Botshabelo were ease of accessibility and transport.

The researcher requested permission from the Department of Education to approach and use the selected schools in this research. Once permission was granted, the researcher approached the principals of the selected schools and requested that the selected principals and heads of department be permitted to participate in the study.

The researcher requested the assistance of the principal in convening a meeting between the researcher and the interviewees. In the meeting, the researcher explained the purpose of the study. The researcher made it clear to management personnel that their participation would be voluntary and that they could complete the questionnaire during their lunch or break times.

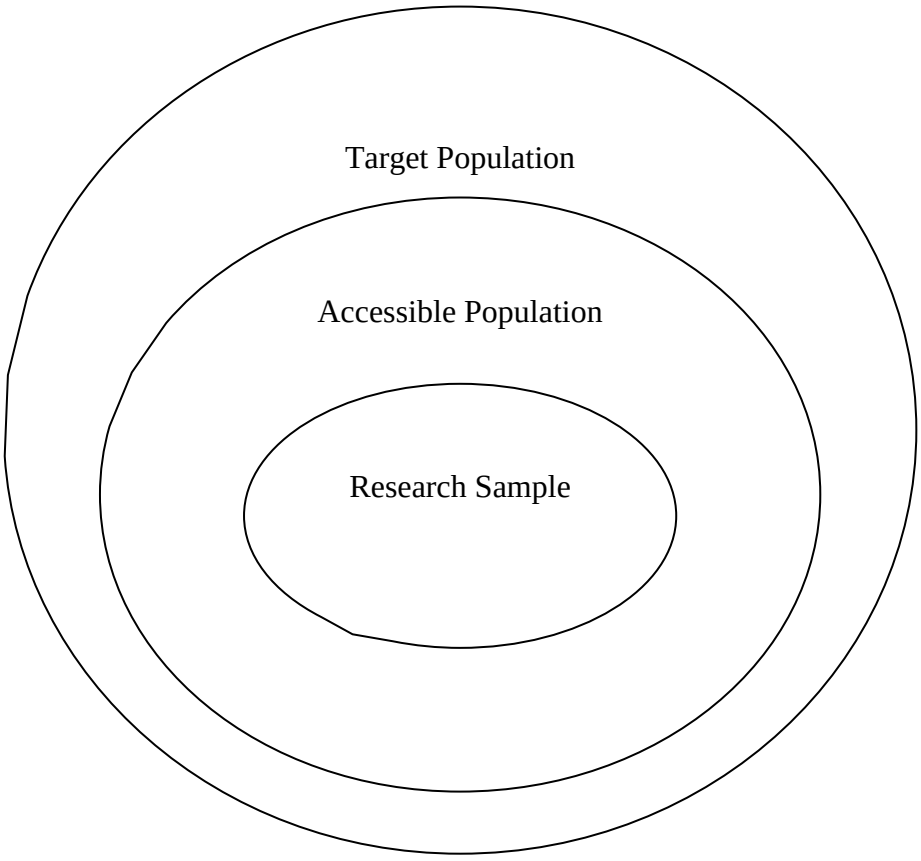
All the management personnel who wanted to participate were asked to draw four tickets from the box. Only those whose names were drawn participated. The researcher and the school management team agreed on a date for the completion of the questionnaires.

3.4 POPULATION AND SAMPLE

3.4.1. Population

As a condition of the Free State Department of Education, participation would be voluntary. Target population refers to the selection of persons to participate in the study. In this study, the target population consists of primary principals who formed part of the research sample. Imenda and Muyangwa (2000:118-121) define the target population, accessible population and the research sample as follows:

Figure 3.1 Illustration of the relationship amongst the three levels of Population.



The target population may be defined as the group of subjects to whom the findings of a given study will be generalised. In this study, the target population was all primary school principals at Botshabelo district.

Accessible population refers to a sub-population of the target population, which is in close proximity to the researcher, and possesses the same major and critical characteristics of the target population. In this study, the population included principals at selected schools in the Botshabelo district.

3.4.2 Research Sample

Research sample is a small group of subjects that possess the main characteristics of the accessible population. In this study, this population includes the primary school principals in the Botshabelo district who took part in the study. A research sample is therefore a group of people taking part in a given study and about whom information is collected. These people are often referred to as subjects, the sample, or the participants. According to (Ary, Jacobs and Razavieh, 2002:162-163), a sample is a small group that is observed in order to make a generalisation about a large group. In this study, the research sample refers to the primary school principals in the Botshabelo district who took part in answering the questionnaire. Sample selection is the primary technique used to collect data, and the manner in which cases rich in information present themselves. Thirty primary schools in the Botshabelo Township were selected. The researcher divided the sample into two groups: the first consisted of fifteen primary schools that fall under Section 21, meaning that they use their own income to buy supplies such as books. The second group consists of fifteen schools that are non-Section 21, meaning that they depend upon the government for their supplies and maintenance. Questionnaires were to be written in English.

3.4.2.1 Random Sampling

In random sampling, the researcher identified a group of schools in Botshabelo from which to select a sample. This method was to provide a sample that would satisfy the specific needs of the research. Bowling (1997:163) states that it also gives each of the units in the population targeted a calculable probability of being selected. Bless and

Higson-Smith (1995:89) state that random sampling is a procedure that provides an equal opportunity of selection for each element in the population. According to Somekh and Dewin (2005:217), random sampling is the simplest strategy in which population members have an equal chance of selection through pulling names from a container, or assigning a unique number to each member and using these for random selection.

There are various techniques that one can use for making a random selection. The most common are the lottery techniques, where a symbol for each unit of the population is placed in a container, mixed well and numbers are drawn to constitute the sample. The symbol of each unit of the population can be the names of participants written on identical pieces of paper, or a number assigned to each participant.

Ritchie and Lewis (2005:77) show that there are two important strategies for social research sampling, namely probability and non-probability samples. Probability sampling applies to statistical research, while non-probability sampling is used in qualitative research. In this study, both strategies were used.

3.4.2.2 Weighting of Samples

Prior to data analysis, the following weighting procedures will be used to take into account the realised sample and non-response. The steps required to weight the data are presented below:

Step 1 **Calculating the Sampling Weights**

The South African Statistics procedure survey selection was used to draw the sample of schools in Botshabelo. The schools were drawn using probability proportional to size sampling and the estimated number of schools used as the measure of size. Therefore, the data file of drawn schools contains the selection probabilities, as well as the sampling weights of these schools. The first step was to calculate the sampling weight of the schools in the Botshabelo Township.

Step 2 **Provision of Information regarding Realised Sample**

In respect to all the schools selected, or the final samples that was used in this study, the following information was required:

- The total number of educators in the school;
- The number of educators in the schools that participated in the study.

Step 3 **Calculating the Educator Sample Weight**

The educator sampling weight is the number of educators in each school divided by the number of educators participating in the survey.

Step 4 **Calculation of Final Record Weight**

In this step, all the above information was integrated and the final sampling weight for each data record was calculated. This weight is equal to the final school sampling weights (as given in step 2) multiplied by the educator sampling weight.

3.5 THE PILOT STUDY

A pilot study is a small-scale study conducted prior to the research. It must be conducted with a group of people who are part of the intended test population, but who will not be part of the sample. The purpose of conducting a pilot study is to test whether there are any items where the respondents may have difficulty understanding or comprehending exactly what the writer of the questionnaire is seeking to determine (Leedy, 1993:15-18).

In this research, the pilot study test was conducted with fifteen principals (n-15) from primary schools and also fifteen heads of department (N-15) from primary schools. Questions that were not clearly understood were reformulated and amended in order to help the population understand each question as intended by the researcher. This established construct and face validity.

Ideas and topics should be tested on colleagues and then pre-piloted with a small number of in-depth interviews with the population of interest. In order to ensure the availability on the coverage, the investigator should hold meetings with 'experts' in the field and group discussions with members of the target group. Respondents should be informed that they are being interviewed for a pilot study. The pilot study acts as a check on potential interviewer errors (Bowling, 1997:247).

In a pilot study, the entire research procedure is carried out, including analysis of the data collected by following the procedures planned for the main study. A pilot study improves data collecting routines and scoring techniques, and checks the appropriateness of standard measures. It also provides additional knowledge that helps to determine the feasibility of the investigation. This implies that the validity and feasibility of the investigation are dependent on the pilot study. A pilot study also reduces the amount of data-gathering difficulties resulting from unforeseen problems (H.S.R.C, 1997:39). According to Allison (1996:51), it is imperative for a pilot study to precede the main investigation for the purpose of providing information to assess the effectiveness of the research instruments.

Data for the pilot study and the final sample were collected through a four-page questionnaire. The aim for designing this questionnaire was to investigate how school management understands and responds to the impact of HIV and AIDS on educators. Each questionnaire contained a cover letter in order to explain the purpose of the study, who should respond and when to return the questionnaire as well as the contact details of the researcher.

3.6 INSTRUMENTATION

A research instrument is a measuring device used to evaluate more precisely the behaviour that is being studied (Litheko, 2002a:11). Ary, Jacobs and Razavieh (2002:561) define an instrument as a devise for operationally defining a variable. The measuring instruments in this study were questionnaires. The reason for using only instruments (questionnaire) is that interviews are more time-consuming and expensive than questionnaires. Therefore, the advantage over questionnaires is that they provide the researcher with the opportunity for face-to-face interaction with the respondent.

Morse (1994:300) argues that interviews are the most used method for qualitative research, where both the researcher and respondent influence each other. In this case, the questionnaires involve a process of unveiling personal feelings, beliefs, wishes, problems, experiences and behaviours. Additionally, Cohen *et al.* (2002:267) identify three important conceptions of interviews, namely a pure information transfer, a transaction, and an encounter that shares many of the features of everyday life. However, in this study, only questionnaires were to be used.

3.6.1 Questionnaire

According to Ary, Jacobs and Razavie (2002:566), "A questionnaire is defined as an instrument in which respondents provide written responses to questions or mark items that indicate their response". Walker (1993:91) refers to a questionnaire as a formalised and stylised interviewed by proxy, which is normally applicable to a large sample. Questionnaires consist of a variety of instruments, in which the subject responds to written questions so as to elicit reactions, beliefs and attitudes (McMillan and Schumacher, 1996:46).

The questionnaire was developed to measure the educators' management skills, attitudes of educators towards work, the principals' level of support regarding educators (as perceived by educators themselves), as well as educators' attendance of workshops.

(a) Construction of the questionnaire

Questionnaires were constructed by using a Likert Scale questionnaire for the principals and heads of department. A Likert Scale was constructed by assembling a number of statements about an object (Moduka, 2001:40).

In this study, principals' and heads of departments' perception of how they understand and respond to the impact of HIV and AIDS on educators was measured by using the Likert Scale. *True/False* statements as well as *strongly disagree, disagree, agree* and *strongly agree* options were selected for this purpose. Questionnaires have many

advantages and disadvantages in the research process. Walker (1993:48-49) lists the advantages of using questionnaires as follows:

- questionnaires are easy to administer;
- quick to fill in;
- retain relevance of questions;
- are easy to follow up; and
- provide direct comparisons of groups and individuals.

Mouton (2001:103) indicates that questionnaires have disadvantages which researchers need to take into consideration when constructing questionnaires. The following might be included in this regard:

- no piloting or pre-testing is done;
- words are vague or ambiguous to the respondents;
- there are double-barrelled questions. These are questions that combine two or more questions;
- there are term order effects: the order or sequence of questions may affect response accuracy and response rates;
- questions measure constructs or attitudes that do not exist, and
- there may be leading questions.

(b) Structure of the Questionnaire

The questionnaire must be brief, including only those questions that are absolutely necessary for collecting all the relevant information. De Vos, Strydom, Fouché, and Delport (2002:175) state that, before the researcher can decide on the nature of the questionnaire, there must be clarity on precisely what information is to be obtained. In the case of mailed questionnaires, clear instructions must be given to the respondent regarding the method according to which the questionnaires are to be completed (De Vos, *et al.,* 2002:176). In this study, the questionnaires were delivered to schools by the researcher and collected again within a week.

The researcher telephoned the principals of participating schools in order to make an appointment for the delivery of the questionnaires. Upon the researcher's arrival of the,

official documents attained from the Free State Department of Education, which authorised the researcher to conduct the study, were to be produced.

Part one of the questionnaires consisted of personal data and called for general information about the respondents, including their gender, age and school qualifications. In this section, *True/False* questions were asked. With this type of question, information obtained can be logically divided and categorised in a simple format (Greeff, 2005:180).

Part two investigated how management understands and responds to the impact of HIV and AIDS on educators. It formed the main part of the study. It investigates the principals' and heads of departments' perception regarding the impact of HIV and AIDS on educators. Due to the type of questions asked, two Likert Scales were used.

(c) Administration of the Questionnaire

A member of the SMT (School Management Team) who did not form part of the interview supervised the completion, handling and collecting of completed questionnaires by respondents. The researcher ensured that there was constant communication between herself and those administering the questionnaires. Therefore, the smooth completion of the questionnaires was ensured. After the questionnaires were inspected by the researcher and a thorough area number was identified, the questionnaires were sent to the statistician, who advised on capturing the raw data.

3.7 DATA COLLECTION AND RECORDING

Whether the study is an analytic or descriptive survey, the method of collecting data needs to be addressed. For the purpose of this study, data was collected through the use of questionnaires. The procedures used for this technique are as follows:

3.7.1. The Questionnaire

A questionnaire is a pre-formulated, written set of items to which respondents record their responses, usually within rather closely defined alternatives (Litheko, 2002a:200).

It is relatively economical, has standardised items, can ensure anonymity, and can be written for specific purposes (McMillan and Schumaker, 1997:228).

The researcher obtained permission to distribute questionnaires among the population of interest from the Department of Education in the Free State. Letters requesting permission to distribute questionnaires among the principals and heads of department at the schools for research purposes were subsequently dispatched to the principals at the selected schools. Heads of the Free State Education Department expressed a positive and enthusiastic response to the research being conducted in their schools.

The researcher distributed questionnaires personally with the assistance of the Life Orientation Educator from each school. She collected them immediately after their completion by the principals. One questionnaire per school was distributed to each of the thirty schools. The main focus of the questionnaires was the understanding and responding of the principals and the heads of department on the impact of HIV and AIDS on educators at Botshabelo primary schools. A total of thirty questionnaires were distributed. Before completing the questionnaires, the researcher went to the sampled schools to explain the questions which were not understood. The Life Orientation educators were requested to distribute the questionnaire to the principles in their respective offices. The questionnaires were then collected from the sample schools immediately. The researcher took two days to collect data.

After two days a total of thirty (30) questionnaires were completed, depicting a 100% response rate. The respondents were informed that this was part of a master's degree research project at the Central University of Technology, Free State in Bloemfontein. The researcher thanked the respondents to their co-operation, participation and assistance in this study.

3.7.2. The Use of Documentation

Documentation such as magazine articles, newspaper and media reports as well as information from the internet was collected and integrated with the data obtained in an attempt to add further nuances to the research findings. The documentary sources were compared with data already gathered and then added as new information to the

present study. The data from all the available sources that were utilised during the research process were integrated and collated to conclude the data collection stage.

3.8. DISTRIBUTION OF QUESTIONNAIRE

Questionnaires were distributed randomly at the selected schools. Thirty primary schools were expected to participate, whereby thirty heads of department and thirty principals were interviewed.

Weiers (1988:18-20) indicates the following specific benefits of using questionnaires:

- The cost per questionnaire is relatively low.
- Analysing a questionnaire is relatively straightforward because of the structured information and the fact that open questions can be limited.
- Questionnaires give respondents extended time to formulate accurate responses.

Letters requesting permission to distribute questionnaires among heads of department and principals at selected schools were sent. Letters were divided by Appendix. Appendix A includes letters of request to the heads of department of the sampled primary schools. Appendix B includes letters of request to the principals. Appendix C includes letters to request to the school governing body. The main focus of the questionnaire was how management understands and responds to the impact of HIV and AIDS on educators at Botshabelo primary schools.

The Life Orientation Educator who was not taking part was requested to distribute the questionnaires to heads of department and principals. They were also requested to collect the completed questionnaires after two days.

3.9 DATA PROCESSING AND ANALYSIS

The data will be analysed using the approach of Robin and Robin (1995:225-227). They describe it as follows: “Data analysis begins while the interviews is still underway. This preliminary analysis tells the interviewer how to redesign the questions to focus in on central themes as the interviewer continues interviewing.”

After the interviewing is complete, the interviewer begins a more detailed and fine-grained analysis of what the conversational partner has related. In this formal analysis, the interviewer discovers additional themes and concepts, and builds toward an overall explanation. To begin the final data analysis, the interviewer enters into one category all the material from all interviews that relates to one theme or concept. Materials within the categories are then compared to look for variations and nuances in the meanings. Comparisons across the categories will reveal connections between themes.

The goal is to integrate the themes and concepts into a theory that offers an accurate and detailed, yet subtle interpretation of the research tool.

Kwale (2001:50) writes about strategies or methods of analysing the interviews. The aim of analysis is to:

- Organise the interview text;
- Condense the meaning; and
- Highlight what is imminent/inherent (implicit) in what is said.

Kwale (2001:50) describes five methods of analysis:

- Condensation of opinion;
- categorisation of opinion;
- narrative structuring;
- interpretation of opinion; and
- opinion generation.

3.9.1 Procedures for Analysing Questionnaire Data

Quantitative data in professional research can be analysed manually or by computer (de Vos *et al.,* 2002:222-223). Interpreting data is a skill. While the ability to interpret data is essential in learning generally, it is of vital importance in any research. Data are constantly interpreted during everyday actions such as watching the news, observing the weather, listening to the radio or a lecturer, looking at photographs or magazines, and so on (Imenda and Muyangwa, 2002:166). Accordingly, once research has been carried out, the next step for the researcher is to determine whether or not the data collected support or contradict the hypothesis or research questions. This section

attempts to highlight statistical techniques that were used to analyse questionnaire data.

3.9.2 Collection and Storage of Data

Smith (1998:101) indicates that, after administering research instruments, the collected data are scored and processed to facilitate analysis. The data collected should be scored accurately and consistently to avoid inaccurate or misleading conclusions.

Data may take certain forms (Wiersma, 2000:323). One example of this is numerical forms such as scores or frequencies, in which case the usual course of action is to perform an appropriate type of statistical analysis. When data are presented as numbers, the usual procedure is to determine some form of statistical or quantitative meaning. That is why statistical analysis is commonly associated with quantitative research. Statistics refer to pieces of information and may also mean the theory, procedures and methodology by which data are summarised (Wiersma, 2000:325).

Wiersma (2000:336-337) considers processing data analysis with the assistance of computers. Unless the quantity of the research data is very limited, most statistical analysis is done via specialised computer programmes. Computers are extremely useful for data analysis because of their functionality, speed, accuracy, consistency and accessibility.

In data analysis, computers are functional, fast, accurate and accessible. In this study, Microsoft Excel was used to capture and store data derived from questionnaires, while SPSS (Statistical Package for the Social Sciences) was used to interpret quantitative data. Most of the procedures in this paragraph reflect data analysis with the quantitative method. Data analysis in the quantitative approach will be discussed in the following paragraphs.

Gilbert (1993:5) notes that there are two commonly used computers programmes for data analysis. These are the Generalised Linear Interactive Modelling (GLM) and the Statistical Package for the Social Science (SPSS). According to Fraenkel and Wallen (1993:159), a common way to list quantitative data is to prepare a frequency

distribution, which is done in rank order from high to low - all scores are to be summarised.

3.9.2.1 Descriptive Statistics

Descriptive statistics is the first step in data analysis. Describing data usually means computing a set of descriptive statistics, known so that the general characteristics of a set or distribution of scores is achieved (Salkind, 2003:154). According to Leedy and Ormrod (2005:179), descriptive statistics means to identify the characteristics of an observed phenomenon, or exploring possible correlations among two or more phenomena. Descriptive statistics were used in this study to observe and compare the number or percentage of values as outlined in the four Likert Scale.

3.9.2.2 Inferential Statistics

Inferential statistics can be described as a statistical method that can be utilised to gain universal deductions from the results of a specific population and/or sample (Viljoen & van der Merwe, 1999:15-25).

McMillan and Schumancher (2001:150) point out that statistics for the purpose of drawing conclusions about populations are known as inferential statistics. The purpose of inferential statistics, null hypotheses and levels of significance is to view the nature of the population and the real values of variables. A researcher can turn to techniques that allow him/her to draw inferences about the population from a representative sample.

The inferential statistics for this study involved the use of the Pearson product-moment correlation, multiple regression analysis and multiple analyses of variance.

3.10 MEASURES TO ENSURE TRUSTWORTHINESS

In qualitative research, trustworthiness refers to the truth and accuracy of the findings and interpretations (Creswell, 2005:252; Kvale, 1996:236), and there are certain measures employed to attain this (Creswell, 2005:254; Struwig & Stead, 2001:18). In

this study, we employed Guba's model (Krefting, 1991:215) based on the identification of the four aspects of trustworthiness, namely truth value, applicability, consistency, and neutrality.

Truth value, or enhancing the credibility of the research, was attained by the triangulation of researchers (two researchers and two observers were included); triangulation of data through an independent re-coder; debriefing between researcher and observer after each interview, in order to reach consensus on field notes, which were then used to supplement the transcribed interviews; and checking the findings against literature (Leedy & Ormrod, 2001:105).

Applicability refers to how transferable the findings are to other contexts or settings, (Krefting, 1991:216). For this study, purposive and availability sampling was used to achieve applicability; that is, participants were carefully selected to reflect the diversity of the population in order to achieve a representative sample from which to draw conclusions. Transferability was further ensured by providing comprehensive, detailed and accurate data that are rich and thick in description, so that comparisons to other relevant research and literature can be made (Krefting, 1991:220).

Consistency refers to the question of to what extent the findings can be replicated if the study were to be repeated in the same context with the same participants (Lincoln & Guba, 1985:218-290). Dependability is the criterion for consistency, and was achieved by providing a detailed description of the research situation, preserving all data to create an audit trail, and triangulation of data, researcher and coders (Struwig & Stead, 2001:172; Krefting, 1991:221).

Neutrality refers to the extent to which the research findings and the perspectives of the researcher are free from bias. This is determined by the criterion of conformability (Krefting, 1991:216). Steps to increase conformability include re-coding of data, comparing findings to other research by means of a literature control, and post-interview discussions between researcher and observer to check for consensus on perceptions (Groenewald, 2004:21).

3.11 LIMITATION OF THE STUDY

The study holds the following limitations:

This study took the form of questionnaires and was conducted using thirty different primary schools within the Botshabelo region. There were some major restrictions which may regularly affect the outcomes of this study. The attitudes and suspicions of a number of principals and heads of department towards the researcher's intentions may have posed a problem and therefore limited the scope of the research process. Another restriction was the principals and heads of department who appeared to hide information due to a deep-seated fear regarding the discussing of HIV and AIDS issues. The last limitation was the various levels of schools. Various groups of participants from different schools posed a problem to the research study in terms of perception, interpretation and knowledge about HIV and AIDS.

3.12. CONCLUSION

This chapter includes the methodologies and research approaches used. Data collection and analysis were explained. The measuring instruments included questionnaires and interviews, and the possible restatement of the conceptual hypotheses has been discussed. In chapter four, the researcher addresses the results of the study.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS OF THE STUDY

4.1 INTRODUCTION

The research methodology used in this study was described in the previous chapter. In this chapter, data is analysed and the findings are reported. The data from questionnaires are analysed and reported. The analysis highlights the understanding and response of school management regarding the impact of HIV and AIDS on educators at Botshabelo primary schools.

This chapter further provides an overview of the biographical characteristics of principals and heads of department. The statements will be discussed individually, with reference to relevant literature and quotes from the participants in order to support the findings.

4.2 DATA ANALYSIS

Data is analysed and findings presented in charts, tables and graphs. Thirty schools in the Botshabelo district were selected, whereby one principal or one head of department from each school was selected to complete the questionnaire. Therefore, a total of thirty people took part in the study. In this study, qualitative data analysis was employed. Qualitative data analysis has sometimes been portrayed as a somewhat mysterious process, in which the findings gradually “emerge” from data through some type of mystical relationship between the researcher and the sources of data (Mertens, 1998:348).

4.2.1 Biographical information of respondents and statements presented by principals and heads of department

4.2.1.1 Responses according to gender

The research statement reads as follows: “How the school management understands and responds to the impact of HIV and AIDS on Educators at Botshabelo primary schools”. It consists of several headings. The principals and heads of department who participated were, according to gender, 15 (50%) males and 15 (50%) females.

Figure 4.1 Responses according to gender

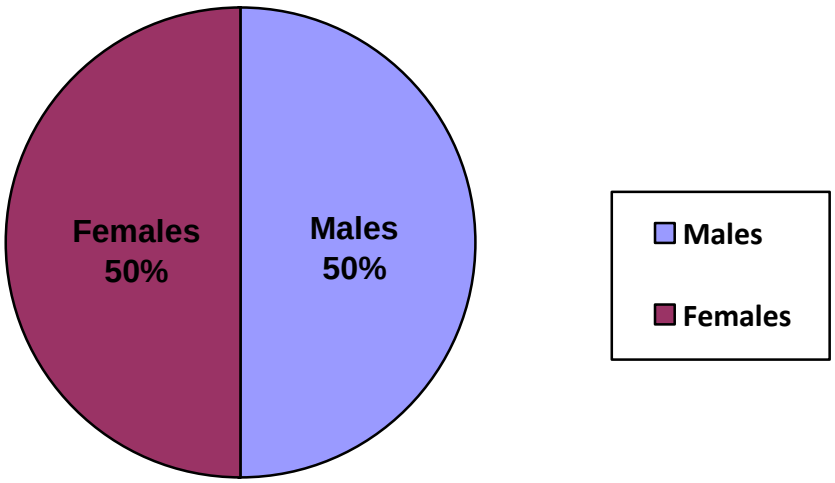


Figure 4.1 shows that there were 30 respondents who completed the questionnaires. Results from the questionnaires revealed that 15 (50%) were female principals and heads of department while the other 15 (50%) were males. This means that females also occupy leadership positions within the schools and that they also know more about HIV and AIDS in their schools.

4.2.1.2 Responses according to age

The biographical information below indicates that the participants who responded to the questionnaire were over the age of 30 years, as presented in Table 4.1. This could imply that high positions are occupied by persons older than 30 years of age. It means

that participants who are between 40-49 years all agreed that HIV and AIDS affected the quality of learning and teaching in their schools.

Table 4.1 Responses according to age

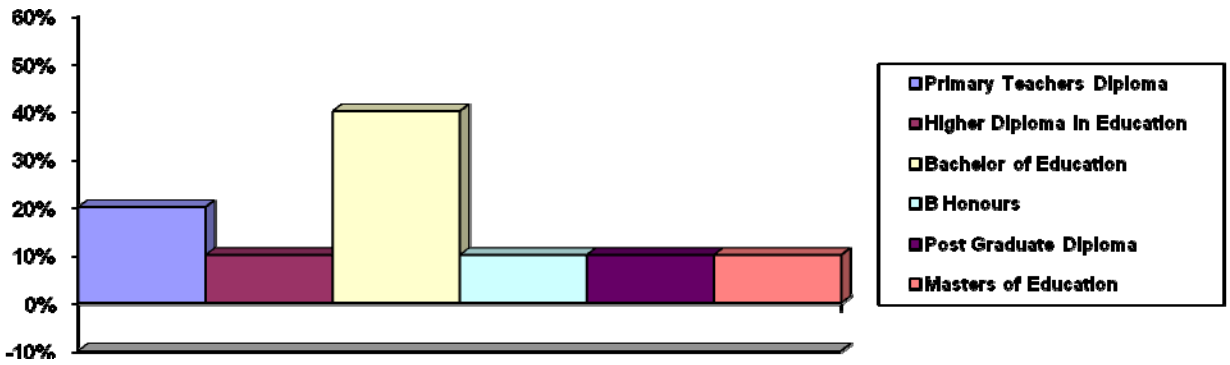
Age of Responses	No. of Responses	Percentage (%)
Under 30 Years	0	0%
30-39 Years	9	30%
40-49 Years	18	60%
50 + Years	3	10%
TOTAL	**30**	**100%**

Out of a total of 30 (100%) participants in Table 4.1, the majority fall in the 40-49 age category. This situation indicates that the level of maturity in age at management level in these primary schools is high. It could also imply that participants who are between 40-49 years are more aware of the disease than the other categories.

4.2.1.3 Responses according to Level of Education

Figure 4.2 shows the level of education of the management personnel in this study. This could imply that participants who are most aware fall under the category of those with primary teachers' diplomas, but that they still need more information about HIV and AIDS in the workplace.

Figure 4.2 Responses according to level of education



Qualifications of the Respondents

Out of a total of 30 respondents, only 3 (10%) had a master's or equivalent degree, 12 (40%) had a Bachelor of Education degree, 3 (10%) had a B. Honours, 3 (10%) had a Postgraduate Diploma, 3 (10%) had a Higher Diploma in Education, and 6 (20%) had a Primary Teacher's Diploma. Not one of the respondents had a doctoral degree. Most of the respondents of those questionnaires have a Bachelor of Education degree. More numbers show that the principals and heads of department with a Primary Teachers' Diploma and Bachelor of Education degree are more aware of the disease and its impact on education than any other groups.

4.3 STATEMENTS CREATED FOR THE PRINCIPALS AND HEADS OF DEPARTMENT SELECTED TO PROVIDE DATA

The researcher constructed questionnaires for the principals and heads of department by using the Likert Scale. A Likert Scale is constructed by assembling a number of statements about an object (Moduka, 2001:40).

4.3.1 **Statement 1** determines whether the principals and heads of department are aware of the AIDS pandemic at their schools. Fifteen (50%) out of 30 respondents strongly agreed. Six (20%) of them also agreed that they are aware. The remaining 9 (30%) are those who disagreed strongly with the question, because they did not consider the disease to be a problem in their schools.

Table 4.2 Responses to the awareness of the principals and head of department

	Category of Agreement and Disagreement							
	SA	**%**	**AG**	**%**	**DA**	**%**	**SD**	**%**
Number of Respondents	15	50%	6	20%	0	0%	9	30%

According to Table 4.2, the Botshabelo primary schools have been impacted by HIV and AIDS. 50% of the principals and heads of department strongly agree with this statement and only a few were not aware of the effect of the AIDS pandemic on their schools. This could mean that HIV and AIDS have weakened the already fragile school management system, administration and financial control of the education system (Coombe, 2000:14-16).

4.3.2 <u>Statement 2</u> is concerned with the HIV and AIDS policies and laws in schools.

Statement 2 was posed to determine if management needed more information on the policies and laws that govern the victims of HIV/AIDS. This could imply that the principals and heads of department need to learn more about HIV and AIDS teaching, learning and counselling in life skills programmes offered at their schools.

Table 4.3 HIV/AIDS policies and laws at my school

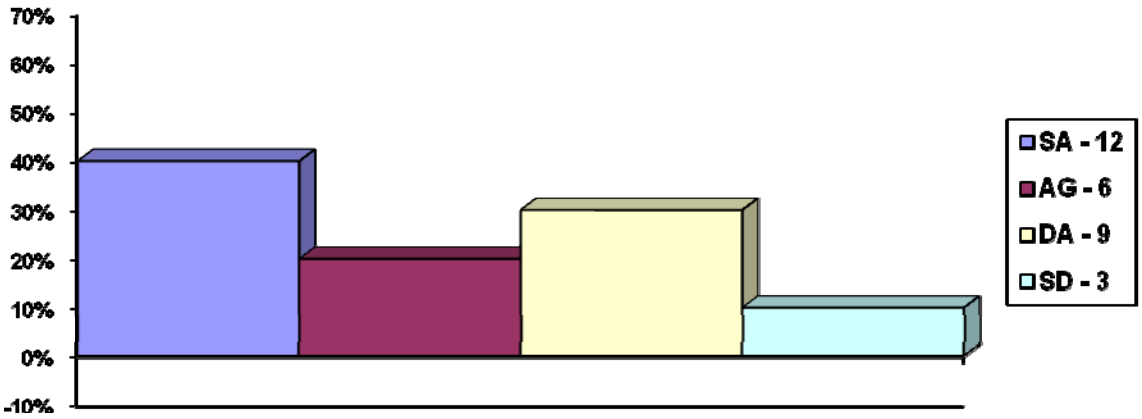
Nature of Responses	**No**	**%**
(a) Principal and heads of department who strongly agree	15	50%
(b) Those who just agree	12	40%
(c) Those who do not agree	3	10%
(d) Those who strongly disagree	0	0%
TOTAL	**30**	**100%**

Table 4.3 shows that the majority of the respondents (50%) are strongly implementing the HIV/AIDS policies and laws in their schools. 40% of them are implementing it. Only 10 % are not aware of such policies and laws. The devastating impact of HIV and AIDS necessitates education in schools to pursue methods of implementing the policies and laws.

4.3.3 **Statement 3:** I am responsible for implementing the policy

Statement 3 was constructed to investigate if management would allow or implement HIV/AIDS teaching, learning and counselling in life skills programmes that are offered at their schools. This could imply that management should be responsible to oversee the implementation of these policies.

Figure 4.4 Responses according to agreement and disagreement regarding policy implementation



Respondents were asked whether they are responsible for the implementation of the HIV/AIDS policies and laws at their schools. 40% strongly agreed, 20% agreed, 30% disagreed with this statement, and 10% strongly disagreed. This means that many respondents are implementing the policies and laws in their schools, and only a few are not aware. Figure 4.4 confirms that most of the principals and heads of department provide support to the affected and infected educators by implementing policies regarding HIV and AIDS.

4.3.4 **Statement 4**: It is true that most victims are female

Statement 4 was posed to determine whether the female educators are believed to be at greater risk of contracting HIV/AIDS. The majority of respondents (40%) either agreed or strongly agreed to the statement. This could imply that more female educators are more affected by HIV and AIDS.

Table 4.4: Responses regarding gender in terms of HIV/AIDS

	Category of Agreement and Disagreement							
	SA	**%**	**AG**	**%**	**DA**	**%**	**SD**	**%**
Number of Respondents	12	40%	3	10%	12	40%	3	10%

Of the 30 responses, 12 (40%) strongly agreed that most victims are female. The reason for this is that there are more females in primary schools than males, as they generally are more interested in primary school education as a profession. 3 participants (10%) agreed with the statement. 12 (40%) did not agree with the statement, while 3 (10%) strongly disagreed.

4.3.5 <u>Statement 5</u> concerns the disclosure of HIV/AIDS status

Statement 5 was made so as to investigate whether educators would easily disclose their status. 50% of the principals and heads of department strongly disagreed. It is though that many infected educators avoid discrimination both at home and at their place of work, and are therefore hesitatant to disclose their status. This could imply that educators need education about HIV/AIDS and the importance of disclosure.

Table 4.4 Response to the disclosure of HIV/AIDS status

Category of Agreement and Disagreement	Number of Responses	Percentage (%)
SA	0	0%
AG	6	20%
DA	9	30%
SD	15	50%

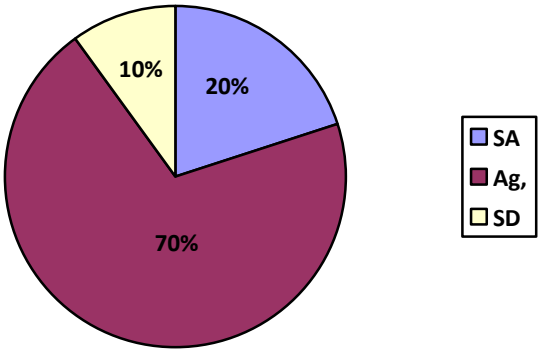
Of the 30 respondents, none agreed strongly with the statement. 6 (20%) indicated that they would disclose their status very easily. 9 (30%) do not agree with the statement,

while most respondents (50%) strongly disagreed – this is due to the tendency to avoid discrimination. According to the findings, educators living with HIV and AIDS tend to not be treated with indignity. Their human rights may be violated. They are afraid to be open about their status, forcing the disease underground. This often prevents them from seeking the help they need and also makes it very difficult to control the further spread of HIV (Kelly, 2000a:24).

4.3.6 **Statement 6:** The impact of HIV/AIDS on colleagues

Statement 6 was drawn up to establish if colleagues should take responsibility to help those who are infected. 20% of respondents either agreed or strongly agreed with the statement. This could imply that educators must commit themselves to additional teaching and other work-related duties in order to cover for sick colleagues.

Figure 4.5 Responses to the impact of HIV/AIDS on colleagues



21 (70%) out of 30 respondents agreed that colleagues are affected by the morbidity and mortality of their colleagues. 20% of the respondents strongly agreed, while 3 (10%) strongly disagreed. This indicates the serious impact of the pandemic on the quality of education, as well as on the school management itself.

4.3.7 **Statement 7**: Affected educators experience a large amount of stress and depression

Statement 7 demonstrates that 70% of participants agreed that affected educators go through large amounts stress and depression. This could imply that the relatively high proportion of staff is affected by the demands and stresses of death and illness in their

family and community, as well as by the fear or knowledge of personally becoming infected by HIV.

Table 4.5 Responses to the levels of stress and depression for affection educators

Responses according to agree and disagree	Number of responses	Percentages
SA	6	20%
AG	21	70%
DA	3	10%
SD	0	0%

According to the principals and heads of department, affected educators experience a large amount of stress and depression. 6 (20%) strongly agreed with the statement. Only 3 (10%) did not agree and 21 (70%) agreed with the statement. According to the findings, principals and heads of department believe that there is a significant effect on the average number of learners in educators' classes as well as the total number of hours they spend on teaching per week. This creates a fair deal of stress for educators.

4.3.8 <u>Statement 8</u>: The AIDS pandemic promotes absenteeism

Statement 8 was posed to determine if the AIDS pandemic promotes absenteeism. The majority of respondents (80%) either agreed or strongly agreed with the statement. This could imply that long-term, persistent absenteeism is particularly disruptive.

Table 4.6 Responses regarding absenteeism

	Category of Agreement and Disagreement							
	SA	**%**	**AG**	**%**	**DA**	**%**	**SD**	**%**
Number of Respondents	24	80%	3	10%	3	10%	0	0%

Out of 30 respondents, 24 (80%) strongly agreed that absenteeism is very high because of HIV and AIDS at their schools. 3 (10%) agreed that the pandemic promotes absenteeism. Only 3 (10%) of the principals disagreed with the statement. Table 4.6 indicates that absenteeism in education may relate to difficult conditions at work. A relationship was found between the level of morale and longer periods of absence from work.

4.3.9 Statement 9: The AIDS pandemic affects school management

Statement 9 was posed to determine if principals and heads of department need to understand how HIV/AIDS is likely to affect school management. This could imply that management needs to understand how HIV/AIDS is likely to affect the school management.

Table 4.7 Responses according to the effect on school management

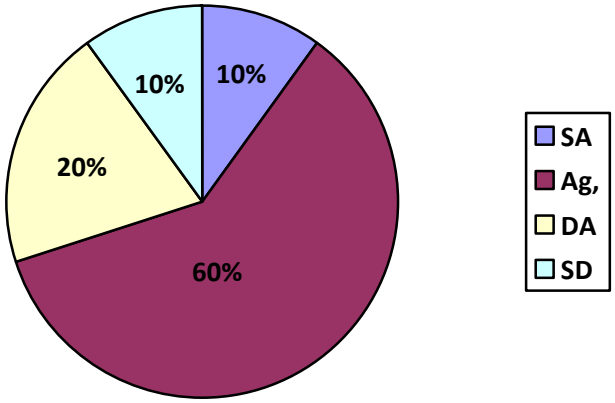
	Category of Agreement and Disagreement							
	SA	**%**	**AG**	**%**	**DA**	**%**	**SD**	**%**
Number of Respondents	21	70 %	6	20%	3	10%	0	0%

Respondents were asked how the pandemic affects school management. Of the 30 respondents, 21 (70%) agreed strongly that HIV and AIDS affect management. Only 6 (20%) agreed with the statement. However, 3 (10%) of the respondents did not agree. It would appear as though most of the principals and heads of department know a significant amount about the disease, whereas only a few are ignorant. During the discussion of questionnaires, the majority indicated that rising HIV and AIDS mortality rates increase attrition in the ranks of the education system's planners and administrators.

4.3.10 Statement 10: The school management team supports the teachers who are affected and infected by HIV/AIDS

Statement 10 was constructed to establish whether the school management team needs to increase its support systems in order to accommodate educators who are affected and/or infected by HIV/AIDS. This could imply that the school management team needs much more information pertaining to the support of educators.

Figure 4.6 How school management teams support educators who are affected and infected by HIV/AIDS



Most of the principals and heads of department agree that they support educators who are affected and infected by HIV/AIDS. 18 (60%) supported the statement. 3 (10%) supported it strongly, and 20% of the respondents did not support it, while 10% completely disagreed. According to findings above, the school management teams makes a good attempt to ensure that the rights of educators who are affected by HIV and AIDS are upheld.

4.3.11 <u>Statement 11</u>: Staff members are encouraged to disclose their status in order to obtain help

Statement 11 was posed to determine whether management needs to engage certain measures so as to help their educators disclose their status more easily. This could imply that the educators need to know that it is important to disclose their status.

Table 4.8: Responses to the encouragement of disclosure

	Category of Agreement and Disagreement							
	SA	**%**	**AG**	**%**	**DA**	**%**	**SD**	**%**
Number of Respondents	3	10%	12	40%	9	30%	6	20%

Out of 30 respondents, 3 (10%) strongly agreed that educators are encouraged to disclose their status. 12 (40%) also agreed that they help educators in this regard. 9 (30%) say that staff members are not encouraged. 6 (20%) completely disagreed with the statement. Findings show that most of the principals and heads of department provide assistance by means of a designated HIV and AIDS programme manager and working group to communicate the policy to all staff. It is the responsibility of their manager to implement, monitor and evaluate the department's HIV/AIDS programme, to advise management regarding programme implementation and progress, and to create a supportive and non-discriminatory environment.

4.3.12 <u>Statement 12</u>: Staff members are often compelled to leave work due to illness

Statement 12 was posed to determine if management needs to know how HIV and AIDS are likely to influence educators who are compelled to leave work due to illness. This could imply that management lost educator-mentors to HIV and AIDS.

Table 4.9: Leaving work because of HIV/AIDS

	Category of Agreement and Disagreement							
	SA	**%**	**AG**	**%**	**DA**	**%**	**SD**	**%**
Number of Respondents	15	50%	12	40%	3	10%	0	0%

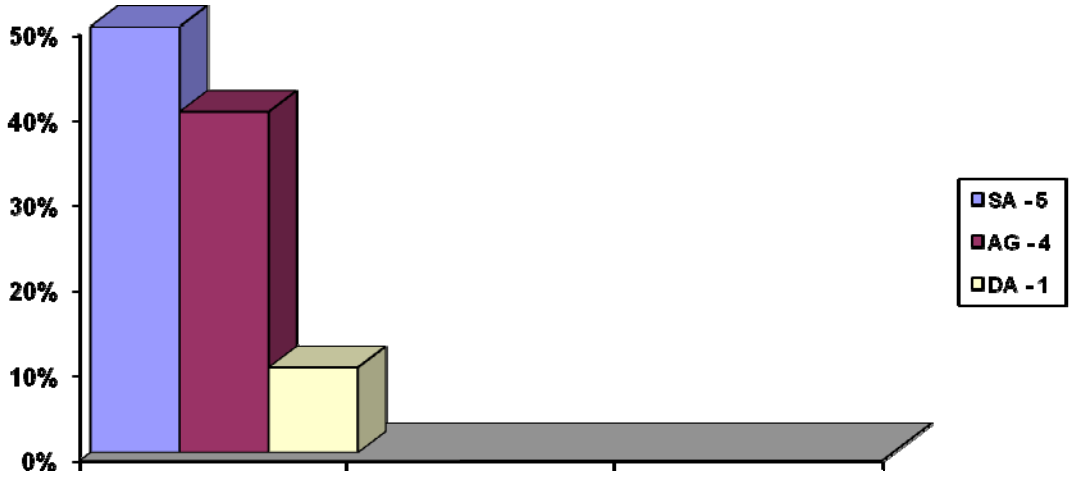
Of the 30 respondents, 15 (50%) strongly agreed that educators leave their work because of their illness. 12 (40%) also supported the statement. According to literature

review, infected educators often have increased periods of absenteeism that continue until they can no longer work (Coombe 2000:14).

4.3.13 <u>Statement 13</u>: Infected educators show signs of low self-esteem

Statement 13 was posed to investigate whether educators need to know how they show signs of low self-esteem. The majority of respondents (50%) either agreed or strongly agreed with the statement. This could imply that strategies are needed for increased self-esteem in educators.

Figure 4.7: Responses to the self-esteem statement



Of the thirty respondents, 15 (50%) strongly agreed that the educators show signs of low self-esteem when they are ill. 12 (40%) agreed with the statement and only 3 (10%) disagreed with the statement. Results from the questionnaire show that educators who are ill are often compelled to leave their profession. According to experts, issues of declining health and increased absenteeism will impact on the ability to teach. HIV-positive educators are likely to lose interest in furthering their professional development.

4.3.14 Statement 14: I regularly attend workshops regarding HIV/AIDS issues

Statement 14 was posed so as to investigate whether school management attends workshops pertaining to HIV/AIDS issues. This could imply that the principals and heads of department need to be supplied with more information regarding the pandemic.

Table 4.10: Responses to the attending of workshops

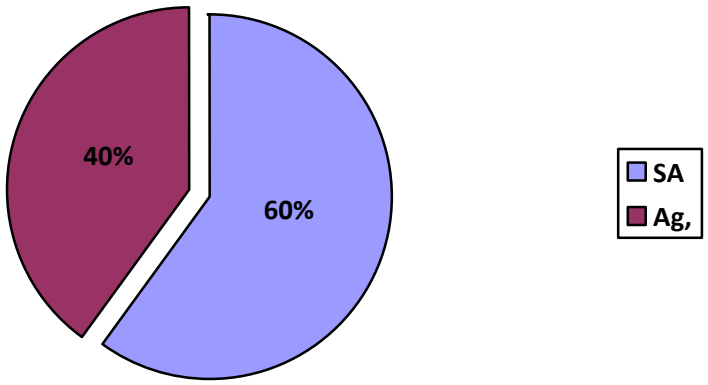
Responses according to agreement and disagreement	No. of Respondents	Percentages
SA	12	40%
AG	12	40%
DA	6	20%
SD	0	0%

The percentage of respondents who strongly agreed is 40%. Those who agreed with the statement also total 40%. Only 6 (20%) of the respondents did not agree with the statement. This is slightly higher than the percentage who said that they do not attend workshops. Table 4.10 confirms that most of the principals and heads of department consider workshops to play a crucial role in limiting the impact of the AIDS pandemic and see the benefit of implementing HIV/AIDS policies at their schools.

4.3.15 Statement 15: When educators become ill, their absence affects the quality of learning

Statement 15 was posed to analyse the impact of the HIV/AIDS on the quality of learning. This implies that educators' affected by HIV and AIDS being absent from school is rising and affects the quality of education for learners.

Figure 4.7: Responses to the effect of absenteeism on the quality of learning



The respondents who strongly agreed with the statement totalled 18 (60%). Those who agreed came to 12 (40%). No respondents disagreed with the statement. This means that, when the educators are ill, the quality of education and learning is considerably affected. Findings indicate that their absenteeism increases the failure rate of learners, with many learners dropping out as a result.

4.3.16 <u>Statement 16:</u> Educators who are infected and/or affected by HIV/AIDS are not able to do their jobs well

The statement was posed in order to investigate how school management understands and responds to the impact of HIV/AIDS when the educators cannot do their work due to illness. This could imply that educators who believe that such personnel are HIV-positive lose morale, as they cope emotionally and financially with illness and death among relatives, friends and colleagues.

Table 4.11: Responses to the effect of absenteeism on the quality of learning

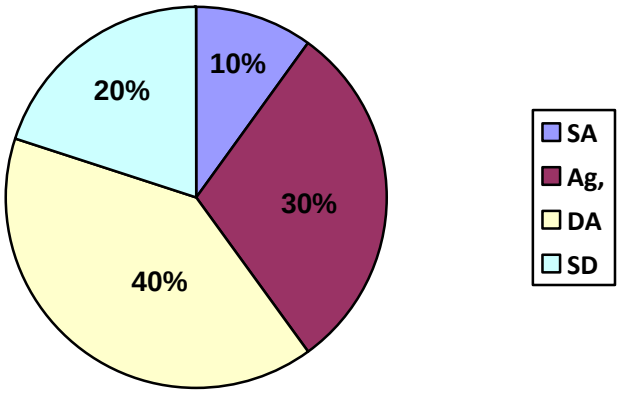
Responses according to agreement and disagreement	No. of Respondents	Percentages
SA	9	30%
AG	18	60%
DA	3	10%
SD	0	0%

Out of 30 respondents, 3 (30%) strongly agreed with the statement, 18 (60%) agreed with the statement and only 3 (10%) were not affected by it. This appears to indicate that many schools lost educator-mentors to HIV and AIDS. Due to the need to replace or substitute such workers, HIV/AIDS is costing the education sector greatly as a result of recruitment and training costs (CAER II, 2000:3).

4.3.17 <u>Statement 17:</u> The HIV/AIDS pandemic has impacted traumatically on educators

Statement 17 was constructed to establish whether HIV and AIDS have a traumatic (emotional shock) impact on education. The majority of respondents (40%) either agreed or strongly agreed with the statement. This implies that HIV and AIDS have a distressing impact on education.

Figure 4.8 Respond to the traumatic impact of HIV/AIDS on educators



Out of 30 respondents, 3 (10%) strongly agreed that HIV/AIDS has a traumatic impact on educators. 9 (30%) of respondents agreed with the statement while 12 (40%) disagreed. 6 (20%) completely disagreed. Figure 4.8 shows that principals and heads of department agreed that HIV/AIDS has a traumatic impact on education. Educators are often affected emotionally and become depressed, which can result in absenteeism.

4.3.18 Statement 18: The Free State Department of Education is losing key teachers due to HIV/AIDS

Statement 18 was posed to investigate the impact of HIV/AIDS on the Free State Department. This could imply that the Department of Education is losing key teachers, indicating the need to implement workshops at schools.

Table 4.12 Responses to the leaving work because of HIV/AIDS

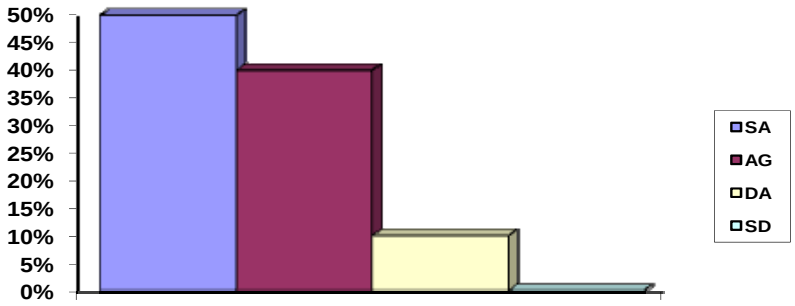
	Category of Agreement and Disagreement							
	SA	**%**	**AG**	**%**	**DA**	**%**	**SD**	**%**
Number of Respondents	15	50 %	12	40%	3	10%	0	0%

According to this statement, the Free State Department of Education is losing key teachers due to the AIDS pandemic. Principals and heads of department who strongly agreed totalled 15 (50%), which is the highest number in this table. Those who agreed came to 12 (40%), while 3 (10%) did not agree. Table 4.12 indicates that key educators will leave their jobs and that economic growth will slow down, because the economically active population and skilled educators will be reduced and fewer young educators with new skills will take their place (World Bank, 2002:45).

4.3.19 Statement 19: Job mobility among teachers is increasing as a result of AIDS pandemic.

Statement 19 was posed so as to investigate job mobility among teachers. This could imply that job mobility among educators is increasing as a result of the AIDS pandemic.

Figure 4.9 Responses to the job mobility among teachers increasing as a result of AIDS pandemic

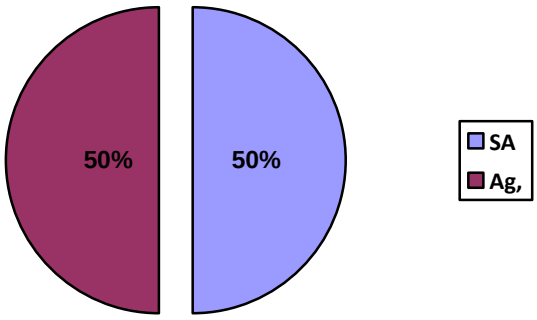


The figure indicates that respondents who strongly agreed totalled 15 (50%). Those who agreed came in at 12 (40%). Only 3 (10%) disagreed with this statement.

4.3.20 <u>Statement 20:</u> Our school has a HIV and AIDS prevention and control system.

Statement 20 was posed in order to investigate whether a system for the prevention and control of HIV and AIDS is in place at the schools selected. This could imply that if there is a lack of prevention and control in their schools, thereby impacting on the quality of education.

Figure 4.10 Responses of the HIV/AIDS prevention and control systems



Of the 30 respondents, 15 (50%) strongly agreed that HIV and AIDS prevention and control systems are in place at their schools. Another 15 (50%) respondents agreed that they had not yet started a system aimed at the controlling and preventing of HIV

and AIDS. Half of the respondents agreed with the statement which demonstrates that most of the schools have HIV and AIDS prevention and control systems in place.

4.4 THE STATISTICAL ANALYSIS

The purpose of the statistical analysis is to present the results of the analysis of variance used to test the hypotheses in the study (Litheko, 2009: 26).

The statistical analysis is conducted so as to determine whether the results of the study are consistent with the underlying null hypotheses. If the results do not demonstrate the presence of a difference or an effect, it is concluded that the data fail to refute the null hypothesis (Monses, 1992:337).

The hypotheses of this study state the following:

4.4.1 Hypotheses or Assumptions

The aim of this section is to analyse, interpret and report the data gathered by means of questionnaires. The focus is on the descriptive statistics and statistical analysis of the statements.

Assumption 1: According to principals and heads of department, HIV/AIDS largely affects the quality of education and learning. This is due to the fact that most of the educators affected by this pandemic will more than likely lose interest in their work and professional development. They become chronically ill, resulting in marked increases in absenteeism and generally lower morale and productivity. According to findings, 80% of principals and heads of department strongly agreed that the pandemic leads to increased absenteeism in their schools.

Assumption 2: Based on the failure to reject the null assumptions, by failing to reach statistical significance, HIV/AIDS has an impact on educators at Botshabelo primary schools with respect to age, gender, level of education and years of experience as a teacher.

4.4.2 Decisions regarding Research Questions

In this study, decisions were made according to the following research questions:

1. What is the impact and effect of HIV and AIDS on educators?
2. How can educators be assisted to cope with the impact that both HIV and AIDS have on their lives?
3. What impact do HIV and AIDS-positive educators have on school management?

Research Question 1 : What is the impact and effect of HIV and AIDS on educators?

Decision for Question 1 : According to the principals and Heads of Department, this pandemic promotes absenteeism. Educators probably lose interest in their work and their professional development. 50% of the principals and heads of department strongly agreed while another 40% agreed with this.

Research Question 2 : How can educators be assisted to cope with the impact that HIV/AIDS have on their lives?

Decision for Question 2 : According to the principals and heads of department, there are some policies and laws relating to HIV/AIDS which they are implementing in order to help educators. They are also attending workshops pertaining to HIV/AIDS. According to the findings, 40% of the principals and heads of department strongly agreed and another 20% agreed.

Research Question 3 : What impact do HIV and AIDS-positive educators have on school management?

Decision for Question 3: The Free State Department of Education, together with school management, is losing key educators because of the AIDS pandemic. These educators cannot do their job well due to illness. Findings in this research showed that 50% of respondents strongly agreed, while 40% supported the position that the Free State Department of Education, together with school management, are losing key educators due to the illness.

4.4.3 The Accomplishment of Research Aim and Objective

The research aims and objectives were accomplished as follows:

Research Aim:

To investigate the understanding and response of school management regarding the impact of HIV and AIDS on educators at Botshabelo primary school

Research Objective:

To identify the impact of HIV/AIDS on educators and school management at Botshabelo primary schools.

Research Aim: To investigate the understanding and the response of school management regarding the impact of HIV/AIDS on educators at Botshabelo primary school

Attainment on Research Aim: The understanding and response of school management to the impact of HIV/AIDS on educators have both been investigated. Most principals and heads of department (about 70%), responded that the impact of HIV/AIDS affects school management. Many educators are dying because of HIV/AIDS, and the quality of education is deteriorating.

Research Objective: To identify the impact of HIV/AIDS on educators and school management at Botshabelo primary schools

Accomplishment of Objective: Co-ordination of HIV/AIDS prevention and control activities in education is highly recommended. Before the principals and heads of department can prevent and control the problem, they must identify the impact of HIV and AIDS on their educators. According to the findings in this research, most principals and heads of department identify absenteeism, lack of self-esteem, discrimination, declining performance and losing key educators as the most significant problems in their schools.

4.5 CONCLUSION

This chapter presented the results of the data analysis and assessed the understanding and response of school management regarding the impact of HIV/AIDS on educators at Botshabelo primary schools. The study also confirmed that the pandemic affects education throughout the education system, including educators and the environment within which teaching and learning take place. According to the literature review, the impact can be identified by educator absenteeism, illness and deaths, declining performance, stress, and so forth. By so doing, a description of data cleansing procedures and characteristics of sampling were provided. The results of the statistical analysis are based on age, gender and level of education. The percentages for each statement are presented by *Strongly Agree, Agree, Disagree* and *Strongly Disagree*. A discussion on the hypothesis under investigation was reported. Decisions regarding the research questions, aims and objectives were also reported.

Chapter 5 presents the summary, conclusion, deductions, findings and recommendations, and suggestions for further research.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, DISCUSSION, FINDINGS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter presents the summary, conclusions, findings, recommendations and guidelines for further study. The chapter also presents a brief overview of the study and reports on the literature study as well as the empirical survey, which included questionnaires.

5.2 SUMMARY OF THE STUDY

The purpose of this study was to investigate the impact of HIV and AIDS on educators and school management at Botshabelo primary schools by exploring in depth the perception of the principals and heads of department who are affected by HIV and AIDS in their schools. The researcher focused on their attitudes, knowledge, skills and values with regard to the AIDS pandemic as well as any steps they may have taken to address HIV and AIDS issues in their schools. It has been shown that, even though principals and heads of department have a basic working knowledge regarding HIV and AIDS, there is still a need for further education on various issues. It has been shown that many of the policies and laws surrounding HIV and AIDS were not correctly implemented at their schools.

The literature review indicates that there is evidence that productivity is declining in many primary schools due to illness on the job, absenteeism due to personal or family illness, and funeral attendance. Therefore HIV and AIDS are eradicating the active population of the country - owing, in part, to low morale and longer periods of absence from school. The Statics South Africa model estimated that there were 5.4 million people in South Africa living with HIV/AIDS on 1 July 2006.

The research methodology explains how the research design procedures were employed in the study, as well as the population and the sample. The instrumentation used demonstrates a rationale for, and a description of, the procedure employed to

determine how school management understands and responds to the impact of HIV/AIDS on educators at Botshabelo primary schools. The data analysed indicate that the principals and heads of department understand and respond to the impact of HIV/AIDS on their school's educators in various ways. The results of the statistical analysis also indicate the age, gender and level of qualifications. The percentage for each statement describes the category of agreement and disagreement. The Likert scale of *strongly agree, agree, disagree* and *strongly disagree* has also been presented.

Decisions made regarding the assumptions under investigation, as well as decisions regarding the research questions, and the accomplishment of research aim and objectives were indicated. Questionnaires were completed by principals and heads of department, and the summarised and analysed by the researcher. Most principals and heads of department agreed that educators are affected and/or infected by HIV/AIDS and, in turn, the quality of education suffers.

5.3 CONCLUSIONS

The research problem of this study was to establish the impact of HIV and AIDS on educators and school management at Botshabelo primary schools. To arrive at answers to the problem, an investigation was undertaken with the aim of obtaining the perceptions of principals and heads of department by exploring in depth how HIV and AIDS affect their schools. The purpose of this study was also to formulate recommendations based on the findings of the study for the design of programmes so as to develop school principals so that they could proactively deal with HIV and AIDS issues.

This study attempted to provide information for targeted schools and supply appropriate responses to the different challenges posed by HIV and AIDS on educators. In order to achieve this purpose, the following questions formed the basis for the study:

- What is the impact of HIV and AIDS and its effect on educators?
- How can educators be assisted to cope with the impact that HIV and AIDS may have on their lives?
- What impact do HIV and AIDS-positive educators have on school management?

The aim on the study was to investigate the impact of HIV and AIDS on educators and school management at Botshabelo Primary School. Therefore, the researcher hoped to achieve the following objective: to identify the impact of HIV and AIDS on educators and school management.

The findings are based on a review and evaluation of the literature study whereby the quantitative and qualitative study were used. The literature reviewed revealed that previous researchers observed that the impact of HIV and AIDS on educators is a worldwide problem that needs to be continuously researched. It is also indicated that there could be a huge impact of HIV and AIDS on the education system in South Africa. The impact includes morbidity and absenteeism, loss of educator productivity, morale and operations of teaching staff, workload and the finances on the educational sector. The implications of the relevant literature are that one can now clearly see the negative impact of HIV and AIDS. The largest group of HIV and AIDS-infected people is found in 25 – 29 age group. The rate of infection in this age group implies that, in years to come, young educators would be severely affected by the AIDS pandemic. This may also affect future educator supply.

Other findings were obtained from the empirical study, whereby the information was provided through questionnaires by using charts, tables and graphs. This section focused on empirical responses of the principals and heads of department who participated in the study, and presents how they understand and respond to the impact of HIV and AIDS on educators. The majority of the principals and heads of department have the perception that this pandemic promotes absenteeism in their schools. This could imply that HIV and AIDS promote poor academic performance among learners.

The principals and heads of department believe that educators are worried when their colleagues become ill as a result of HIV and AIDS. This could be interpreted as a psycho-social impact that could cause the decline of performance and potentiality. This could also imply that they lose self-esteem and begin to dislike their career, which often leads to the Department of Education having to hire another educator to replace the old one.

The recommendation, based on the assumptions of the study, is to design programmes to develop school principals and heads of department so that they, in turn, can proactively deal with HIV and AIDS issues. The significance of the study would assist in establishing control measures for keeping the quality of teaching and learning in Botshabelo primary school by supporting HIV and AIDS-positive educators. Their morale and their passion for teaching should be bolstered by continuing to engage them in an educational context. This will hopefully which would prepare them for all the challenges posed by the AIDS pandemic.

5.4 DISCUSSION

The impact of HIV and AIDS on educators and school management at Botshabelo primary schools is devastating. It is apparent that the AIDS pandemic has brought frustration to many professionals in the field of education. Some of the associated factors explored include workload, low levels of job satisfaction, stress, discrimination and morale, all of which contribute to educators' desire to leave the profession. The findings could imply that the infected educators have low self-esteem.

A relationship between morale and longer periods of absence from school was also found, which supports Hall's (1988:250) claim that the symptoms of poor morale impact on productivity and efficiency in organisations. The findings show that increasing illness among educators lead to increases in absenteeism, and this in turn affects the quality of teaching and learning.

According to the research and data collected, it is clear that school management faces many challenges and difficulties when key educators become ill. The findings therefore show that a large amount of money is used to hire new educators to replace the educators who are no longer able to work. It is deduced that the colleagues of sick educators suffer from the extra workload when helping their colleagues.

About 60% of the participants in this study have indicated that, when educators become ill, their absence affects the quality of learning. This could imply that many learners drop out while others continue to consistently receive poor grades.

5.5 RECOMMENDATIONS

This part of the chapter provides recommendations that need to be considered in order to mitigate the impact of HIV/AIDS on Botshabelo primary schools. In order to retain educators in the classrooms and secure educational services, HIV/AIDS in education should be addressed and the value of the profession in terms of shaping and developing future generations in South Africa should be re-asserted. To manage this process effectively, I recommend the development of a national plan on HIV and AIDS by the Department of Education, in partnership with principals and heads of department, as well as other stakeholders.

The impact of HIV/AIDS is likely to intensify in future and have additional impacts on attrition. Support mechanisms for affected and infected educators should be implemented in order to secure excellence and sustainability in service provision. For example, training and counselling services should be available to educators so as to empower them to support colleagues who are affected by HIV/AIDS.

The Minister of Education should declare the response to the HIV and AIDS pandemic a national priority. The National Department of Education should issue a national policy on HIV and AIDS, as well as guidelines for principals and heads of department, urging schools to help prevent the spread of HIV and AIDS. The Department should also develop a national strategic framework, thereby effectively responding to the problems created by the disease.

In all our policy documents, the Department of Education should encourage schools to become caring communities where educators and learners can:

- Speak openly about HIV and AIDS.
- Live with dignity and acceptance, especially if they have been infected with HIV and AIDS.
- Find care and support in times of need.
- Experience compassion in times of sorrow or when there is an urgent need.

Education should be at the centre of the national response to HIV and AIDS, because it is principally through education that we can hope to achieve an AIDS-free South Africa.

5.6 SUGGESTIONS FOR FURTHER RESEARCH

The following suggestions are made for further research on aspects of concern so as to accommodate the needs of educators who are infected with HIV and AIDS.

- Ways in which to assist educators to cope with the impact that HIV and AIDS may have on their lives.

- Investigate the impact of HIV and AIDS and its effects on educators.

- Determine the impact of HIV and AIDS-positive educators on school management, and try to control and prevent the illness.

5.7 CONTRIBUTION OF THE STUDY TO THE EXPANSION OF KNOWLEDGE

The results of the study reveal the following with regard to how school management understand and respond to the impact of HIV and AIDS on educators at Botshabelo Primary Schools.

* There are no extra-curriculum programmes, societies or guides within the normal framework of school programmes pertaining to HIV and AIDS.

* There are no programmes promoting respect and regard for HIV and AIDS-positive educators that extend to all areas of life.

* The principals and heads of department have mostly ignored the need to encourage educators to disclose their status.

* Principals and heads of department do not have sufficient competence to teach sensitive topics. This includes those requiring references to topics such as condoms because of the different cultures in their schools.

* There is a lack of an established, national strategic plan to fight against the AIDS pandemic.

* School management do not have sufficient relevant information to teach proactively about HIV and AIDS, and they lack the relevant resources.

* The results reveal that the education system should draw new strategic objectives that assist in raising awareness and the level of HIV and AIDS knowledge among all educators. The objectives should also promote values that inculcate respect for educators and recognise their right to freedom of choice when it comes to sexual relations.

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6.1 APPENDIX A

QUESTIONNAIRE FOR THE PRINCIPALS AND HEADS OF DEPARTMENT

6.1 APPENDIX A: QUESTIONNAIRE FOR THE PRINCIPALS AND HEADS OF DEPARTMENT

This questionnaire is designed to find out how you understand and respond to the impact of HIV and AIDS on educators at your school. Please answer all the questions as honestly and carefully as possible. Your responses will be treated with confidentiality and also be kept anonymous. Therefore, you do not have to write or sign your name on this questionnaire.

Please answer the following questions by putting a tick in the box that corresponds to your answer.

SECTION A: Biographical Information

1. Gender

Male	
Female	

2. Age (Years)

Under 30	
30 – 39	
40 – 49	
50 +	

3. Marital Status

Single	
Married	
Separated	
Divorced	
Widowed	

4. Professional Qualifications

Primary Teachers Certificate	
Primary Teachers Diploma	
Secondary School Teachers Diploma	
Higher Diploma in Education	
Bachelor of Education	
Master of Education	
Other (Specify _____)	

5. In which type of school are you teaching?

Public School	
State Aided / Government Subsidised	
Private School	
Other (Specify _____)	

6. Current Post Level?

Teacher	
Supper Teacher	
HOD	
Deputy Principal	
Principal	

SECTION B: Views regarding your understanding and response to the impact of HIV and AIDS on educators at your school

The following statements are designed to seek your understanding and response to the impact of HIV and AIDS on educators at your school. For each statement tick the category which best describes your agreement or disagreement according to the following Likert Scale:

SA – Strongly Agree; AG – Agree; DA – Disagree; SD – Strongly Disagree

ITEM DESCRIPTION	SA	AG	DA	SD
1. I am aware of the pandemic in my school.				
2. There are HIV/AIDS policies and laws in my school.				
3. I am responsible for implementing the policy.				
4. It is true that females are the ones most victimised.				
5. Educators disclose their status easily.				
6. HIV/AIDS impacts on myself and my colleagues.				
7. The affected educators suffer from stress and depression.				
8. This pandemic promotes absenteeism among the educators.				
9. This pandemic affects school management.				
10. The school management team supports the teachers who are affected and/or infected.				
11. Staff members are encouraged to disclose their status so that they can get help.				
12. Staff members are often compelled to leave work due to illness.				
13. Infected educators show signs of low self-esteem.				
14. I regularly attend workshops regarding HIV/AIDS issues.				
15. When educators become ill, their absence affects the quality of learning.				

16. Educators who are infected and/or affected by HIV/AIDS are not able to do their jobs well.				
17. The HIV/AIDS pandemic has impacted traumatically on educators.				
18. The Free State Department of Education is losing key teachers due to HIV/AIDS.				
19. Job mobility among teachers is increasing as a result of the AIDS pandemic.				
20. Our school has a HIV and AIDS Prevention and Control System.				

Thank you for your support - may God bless you.

6.2 APPENDIX B

LETTER TO THE SCHOOL PRINCIPAL AND HEADS OF DEPARTMENT REQUESTING PERMISSION TO UNDERTAKE RESEARCH

6.2 APPENDIX B: LETTER TO THE SCHOOL PRINCIPAL AND HEADS OF DEPARTMENT REQUESTING PERMISSION TO UNDERTAKE RESEARCH.

3462 Matsha Street
Rocklands
Bloemfontein
9323

04 November 2008

Dear Participant

RE: PERMISSION TO UNDERTAKE RESEARCH STUDY AT YOUR SCHOOL

I write this letter to ask your permission to conduct a study at your school. I am a Master's Research Student at the Central University of Technology, Free State. The title of my study is: "How school management understands and responds to the impact of HIV and AIDS on educators at Botshabelo primary schools".

This study is a requirement in order to be awarded a Master's in Education Degree.

I trust that my request will be granted and thank you in advance for your kind consideration.

Yours faithfully,

.....

Mrs. M.J. Ntoatsabone

6.3 APPENDIX C

LETTER TO SCHOOL GOVERNING BODY (SGB) REQUESTING PERMISSION TO CONDUCT RESEARCH

6.3 APPENDIX C: LETTER TO SCHOOL GOVERNING BODY (SGB) REQUESTING PERMISSION TO CONDUCT RESEARCH

3462 Matsha Street
Rocklands
Bloemfontein
9323

04 November 2008

The Chairperson
School Governing Body (SGB)

Dear Sir / Madam

RE: PERMISSION TO CONDUCT RESEARCH AT YOUR SCHOOL

I, the undersigned student at Central University of Technology, Free State (CUT, FS) Bloemfontein Campus, hereby request your permission to conduct research at your school.

I trust that my request will be granted and thank you in advance for your kind consideration.

Yours faithfully,

.....
Mrs. M.J. Ntoatsabone

6.4 APPENDIX D

LETTER OF REQUEST TO THE FREE STATE DEPARTMENT OF EDUCATION AND CULTURE

6.4 APPENDIX D: LETTER TO THE FREE STATE DEPARTMENT OF EDUCATION AND CULTURE

3462 Matsha Street
Rocklands
Bloemfontein
9323

04 November 2008

The Head: Free State Department of Education and Culture
P.O. Box 20565
Bloemfontein
9300

Attention: Chief Education Specialist – IRRISS

Dear Sir / Madam

RE: REQUEST FOR CONDUCTING RESEARCH WITHIN THE FREE STATE DEPARTMENT OF EDUCATION AND CULTURE

I, the undersigned and student of Central University of Technology, Free State (CUT, FS) Bloemfontein, hereby request permission to conduct research at Botshabelo primary schools in the education district of Motheo.

I also undertake to accept and abide by the conditions set according to your department's research guidelines and general rules. The title of my research reads: "How school management understands and responds to the impact of HIV and AIDS on educators at Botshabelo primary schools".

Yours faithfully,

.....

Mrs. M.J. Ntoatsabone