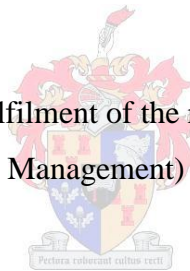# The leadership role of Principals in managing HIV in Primary Schools in the Grahamstown District Area, Eastern Cape Province.

by

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Assignment presented in partial fulfilment of the requirements for the degree Master of Philosophy (HIV/AIDS Management) at Stellenbosch University

Africa Centre for HIV/AIDS Management

Faculty of Economic and Management Sciences

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Cr thr 2014

DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extend explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Arthur James David Isaacs

January 2014

ABSTRACT

Education in Sub-Saharan Africa is overshadowed with challenges of HIV which affects the learner and educator populations negatively. The HIV epidemic is considered the single largest threat to global education, especially in Sub-Saharan Africa. The Eastern Cape has the third largest HIV infected population in our country with almost 223 new infections per day. The new challenges of HIV cause education institutions to cease achieving their goals because it creates an impact on the demand and supply of education. With the escalating infection rate, School Principals are summoned with a mandate to be ambassadors for transformational change in the struggle against the epidemic.

School Principals need transformational leadership and an effective management approach to impact HIV in their schools. It is of importance for School Principals to be trained to explore the executing of their role in managing, implementing, monitoring and integrating the process of HIV education in Primary Schools

OPSOMMING

Opvoeding in Sub-Sahara Afrika word oorskadu deur die MIV epidemie wat die leerder en onderwyser populasie negatief beinvloed. Die MIV epidemie word beskou as die grootste enkele bedreiging vir globale opvoeding veral in Sub-Sahara Afrika. Die Oos-Kaap het die derde grootste getal MIV positiewe mense in Suid Afrika met amper 223 nuwe infeksies per dag. Die nuwe uitdagings van MIV veroorsaak dat opvoedkundige instellings nie hul doelstelings bereik nie vanwëe die impak op die aanvraag en voorsiening van opvoeding. Met die toenemende vlak van infeksies word skoolhoofdes belas met 'n mandaat om ambasadeurs te wees vir transformele verandering in die stryd teen die epidemie.

Skoolhoofdes benodig transformasionele leierskap en 'n effektiewe bestuursbenadering om 'n impak te maak op MIV/Vigs in hul skole. Dus is dit belangrik dat skoolhoofde opgelei moet word om die uitvoering van hul rol te uit te leef in die bestuur, toepassing en integrering van. die MIV/Vigs opvoedingsproses in Primêre Skole.

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I thank my supervisor Professor Johan Augustyn for his diligence, patience and guidance to successfully complete this task. Many thanks to the participating School Principals as well as the Department of Education, Eastern Cape for granting me the opportunity to undertake this research and making it a success.

May the good Lord bless and keep you.

ACRONYMS

AIDS   Acquired Immune Deficiency Syndrome

DoE   Department of Education

ELRC   Education Labour Relations Council

HIV   Human Immunodeficiency Virus

HSRC   Human Sciences Research Council

NGO   Non-governmental organization

SAPA   South African Principals Association

SASSA   South African Society Security Agency

SGB   School Governing Body

SMT   School Management Team

UNAIDS   United Nations AIDS

UNESCO   United Nations Educational, Scientific and Cultural Organisation

WHO   World Health Organisation

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CHAPTER ONE: ORIENTATION TO THE STUDY

1.1 Background:

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are reversing decades of developmental improvements in all sectors of society, and education is no exception (Bundy, Gotur, Drake & Maier, 2002; Kelly, 2002, p. 28). The survival and development of African societies are endangered by this epidemic which makes HIV a huge challenge for our continent (Niang, Shisana, Andrews, Kaseje, Simbayi, Peltzer & Toefy, 2006, p. 424). The early detection of HIV disease dates back to 1981 in the United States of America (Lecatsas, 2004, p. 1; Van Dyk, 2001, p. 5).

The 2005 report from the World Health Organisation (WHO) and United Nations AIDS (UNAIDS) (Table 1.1) indicates that Sub-Saharan Africa is the worst affected region globally. The total number of the population in Sub-Saharan Africa takes up at least 10% of the world's population and almost 60 % of HIV infected people globally resides in this area (Fredriksson and Kanabus, 2006, p. 1). In 2005, newly infected adults and children numbered 3.2 million, while the number of deaths related to AIDS was estimated at 2.4 million (Fredriksson and Kanabus, 2006, p. 8; UNAIDS/WHO, 2005, p. 17).

TABLE 1.1: Sub-Saharan Africa: 2005 HIV statistics and features.

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

According to United Nations AIDS (UNAIDS, 2005), the HIV epidemic is posing the single greatest threat to South Africa's future. The Human Sciences Research Council (HSRC)

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researched the prevalence of the epidemic and the health status of school based employees which concluded that the epidemic is reason for serious concern (HSRC, 2005). School Principals have an obligation to accept the challenges of HIV and manage it with the same responsibility and devotion as they manage other areas of school life (Calitz, Fugelstad & Lillejord, 2002, p. 147).

Education can be seen as a "social vaccine" against HIV (Vandemoortele and Delamonica, 2002, p. 6). My main focus in this research study is the leadership role of Principals in managing HIV in Primary Schools. School Principals occupy strong influential positions as change agents in school communities to make significant contributions in the fight against HIV. Principals need to recognize their own unique leadership situations and must be able to make right choices, effective skills, qualities and abilities at their disposal (Jones, 2005, p. 189; Stirling and Davidoff, 2000, p. 137). It is widely recognized and agreed upon that one of the factors influencing school effectiveness is the nature and the quality of leadership and management provided by each Principal (Bush and Middlewood, 2005, p. 176; Early and Weindling, 2004, p. 87; Jones, 2005, p. 56).

The Education Department is of the understanding that education can be regarded as a vehicle to forward the national response to the HIV epidemic. It is important that Principals should know that the outcomes of the school must be informed by the vision of the Education Department (Van Deventer, Kruger, Van der Merwe, Prinsloo and Steinman, (2003, p. 74). According to Du Preez, Campher, Grobler & Shaba (2003, p. 9) School Principals must be able to manage schools in an effective way. In order to produce quality education, the leadership and management should be of high quality as well.

The Global Education Forum of April 2000 remarked that a key objective must be to recognise the potential that the education system offers as a vehicle to help reduce the incidence of HIV and to alleviate its impacts on society' (UNESCO, 2000a, p. 23). Education is a powerful tool that can be used to reduce and the knowledge contained in education is a huge threat to HIV (Coombe, 2000a; Kelly, 2000a).

Johnson (2000) comments the education sector must be aware that HIV education is far more than life skills, awareness and prevention programmes. HIV will expose existing health and

social challenges that are evident within the education sector. According to Kelly (2000a), Akoulouze, Rugalema & Khanye (2001) HIV will cause a decrease in the demand for education due to drop-outs, health related problems or to care for loved ones and it will pose a challenge to the education departments in that they will be unable to predict the future of their workforce.

1.2 Rationale:

According to the Western Cape Education Department (2000, p. 3), all schools were summonsed to develop policies on HIV management. Ogina (2003, p. 3) argued that the reason for the lack of implementation of HIV policies is due to the fact that many Principals are not committed to the process which is fully supported by Visser (2005).

Qotoyi, (2003, p. 2) is of the opinion that Principals fulfil a critical role in decision making and transformational change in the workplace and communities. School Principals must be well knowledgeable about the:

1. Impact of the epidemic on staff, learners, school environment and community.
2. HIV policies and Human Rights
3. Special learning needs of vulnerable children at school

Principals can therefore utilize this knowledge to strategize on how to manage HIV and to fight HIV stigma and discrimination (Ogina, 2003, p. 62-63; Qotoyi, 2003, p. 2).

1.3 Clarification of Key Concepts:

1.3.1 Human Immunodeficiency Virus

The abbreviation HIV stands for Human Immunodeficiency Virus. Reference is made to "Human", due to the fact that the virus inhibits human bodies only because, and multiplies in human cells only (Van Dyk, 2001, p. 7); "Immunodeficiency", refers to the ability to fight foreign bodies by means of the immune system which is weakened and therefore deficient; and "Virus", since the Human Immunodeficiency Virus leads to the Acquired Immunodeficiency Syndrome. The Human Immunodeficiency Virus is a retrovirus, meaning it replicates itself. Transmission of the HIV virus cannot be transmitted through coughing, sneezing or touching,

but through blood, sperm and vaginal fluid, saliva, and mother-to-child transmission (Granich and Mermin, 2001, p. 6; Van Dyk, 2001, p. 32).

1.3.2 Acquired Immunodeficiency Syndrome

This syndrome is caused by HIV infection which is caused by the HI virus. Van Dyk, (2001, p.4) explains the acronym as follows:

TABLE 1.2 - Acquired Immune Deficiency Syndrome

A	I	D	S
Acquired	"I' and "D" = Immunodeficiency		Syndrome
AIDS is caused by a virus, which enters the body externally. Some activity took place that caused the human body to be exposed to the virus.	This makes reference to the weakening of the human immune system, to such an extent that it is incapable of fighting off illnesses, ultimately resulting in the death of the person.		Syndrome means that people with AIDS show signs and symptoms of a collection of illnesses, at the same time.

1.3.3 School Principals

According to Allen (1984, p. 585) a School Principal refers to the chief person in charge, the leader, and the accounting officer, the head of a school or learning institution. The management of the school rests upon such person's shoulders and is accountable for whatever activity takes place in that institution. The effectiveness of the school or learning institution is determined by how the School Principal manage the school and the leadership style that he/she applies in performing his/her duties. School Principals must facilitate the effective implementation of the HIV policy.

1.4 Research Problem:

The concern of this research is the leadership role of Principals in managing HIV in order to improve the management of HIV interventions in Primary Schools. The Principal is regarded as

the accounting officer for managing the school. According to Ogina, (2003, p. 4) the School Principal is overall responsible for the operational function of the school. Research proved that apart from the AIDS related deaths, teachers are exiting the education system due to retirement and resignations. School Management Teams are not spared from this impact as it also impacts on the planning and management strategies that must be channelled to caring and supporting for the infected and affected. According to Calitz et al. (2002, p. 149); Theron (2005, p. 5 and Buchel (2006, p. 59) the Department of Education is totally lost without the expertise and experience of suitable educators.

1.5 Research question:

The research question set for this project was to investigate the leadership role of Principals in managing HIV in Primary Schools in the Grahamstown District Area, Eastern Cape Province.

1.6 Significance of study:

This study will be important to the education department in their endeavour to empower School Principals to be empowered in their leadership role for managing HIV in their schools. This study would be useful to all the participating schools as beneficiaries in the study as they will receive findings from the researcher. This research will contribute to sensitizing Principals, school management and the community at large about managing HIV in their schools. This research study will assist the Department of Education in making them aware of HIV challenges faced by those participating schools and to develop measures that will curb or completely eradicate issues leading to further HIV infections. Conclusions and recommendations were able to be drawn on how Principals should address HIV and utilizing guidelines that will assist with formation of HIV policies and action plans.

1.7 Aim and Objectives:

1.7.1 Aim:

The aim of the study was to explore the perceptions that Principals have in the leadership role of the Principal in managing HIV in order to improve the management HIV interventions in

Primary Schools.

1.7.2 Objectives:

The objectives of the study can be summarised as follows:

1. The current role of the School Principal in managing HIV.
2. The ideal role of the School Principal in managing HIV.
3. The gaps in the leadership role of the School Principal in managing HIV.
4. Provision of guidelines for the strategies to assist the school in addressing challenges caused by HIV.

1.8 The structure of the research

The research is outlined as follows:

Chapter One gives an orientation to the research. It covers the background, rationale, clarification of key concepts, research problem and question, significance of study and the aim and objectives of the research.

Chapter Two focusses on the literature review which includes HIV in the context of South Africa, factors that impacts HIV in South Africa, the agenda of the National Department of Education, role of the School Principal and impact of HIV on education.

Chapter Three deals with the research methodology with specific reference to the research paradigm, research design, research population, sampling criteria, ethical consideration, ethical approval, data collection and data analysis.

Chapter Four provides an analysis of results regarding to the presentation of data, demographic data and synopsis of interviewed schools, prevalence, policies and government legislation, presentation of findings of the research and the role and responsibilities of the School Principal.

Chapter Five gives an overview of the conclusion to the research study. It discusses the challenges, recommendations, and limitations and draws conclusions to the study.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction:

Research done by UNESCO (2004) and Pharoah (2004) indicated that HIV became the most destructive tsunami humankind ever faced and the leading killer disease in Sub-Saharan Africa. About 40 million people suffer from this epidemic and it poses serious humanitarian challenges everyone.

Crewe (2002) argues that this epidemic will bring uncontrollable and unrecognisable in South Africa and that there is no indication what triggers this behavioural change and how to approach complex issues of care and support. It also impacts on Latin America, Central and South America, Europe, Middle East and Asia. According to Crewe (2002), one has to start disassociating HIV from sexual intercourse and rather to focus on humanity.

According to the SAPA (2002) report a curriculum need to be developed for equipping School Principals before occupying a management position. During the post-apartheid era, School Principals were challenged by leading educational institutions vulnerable to HIV. According to Coleman (2003) a climate of change in the education system of South Africa is possible if the vision for transformational change and daily realities of those actively involved in the education system can be synchronise.

2.2 HIV in the context of South Africa

Kalichman (2005) is of the opinion that the HIV epidemic puts South Africa are a devastating and uncompromising condition. According to Coombe, (2002, p. 103), an estimated 11% of the population of South Africa is infected with HIV which causes a ripple effect in the family structure and in the community. According to Maclennan, (2000, p. 3), this epidemic remains contested in the political and medical arena as it raises negative consequences in understanding the complexity of the epidemic in educational institutions. HIV in disadvantaged communities increases the challenges to make the education system more dysfunctional. Crouch and Perry (2003:496) points out in a study that HIV as the leading cause for shortage of educators in the education sector and their findings are well supported by the ELRC (2005) that the teaching profession might be worse off than other professions.

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According to Coombe (2004, p. 8) the impact of HIV can be felt on a material and a non-material level.

TABLE 2.1 – Issues on material and non-material level

Issues on a material level			Issues on a non-material level
Education	Health	Livelihoods	
Exit from school due to cost savings, providing care for the sick, drop-outs, chronic absenteeism, low educational performance	Nutritional status, increased vulnerability to disease, higher child mortality	Increased poverty, food security, shelter	Protection Welfare Emotional health

2.3 Factors which impacts HIV in South Africa

2.3.1 Socio-economic factors

According to the HSRC (2005), 75% of child headed families are under the care of girls. Family structures became dysfunctional due to the invasion of HIV in the community. It is almost acceptable to certain communities to see children taking on adulthood in labouring for their siblings and relatives whilst they were supposed to be in school. HIV risk and infection transmission among children can be subscribed to substance abuse, no discipline and control, risky environment and no or little supervision. Tadhuvana (2005) points out that the media portrays women as objects of pleasure which also results in high risk lifestyles among young people that can make them susceptible to HIV. The migration of labourers in seeking employment is a potential risk factor for infection and transmission of the epidemic (HSRC, 2005). HIV prevalence levels are constantly on the increase in urban areas and informal settlements as migration makes way to such direction. Other high risk groups for HIV

transmission and infection have been identified namely the long distance truck drivers and commercial sex workers.

2.3.2 Poverty

According to Coombe (2004) poverty is the greatest form of injustice which robs orphaned children from accessing the basic human rights like clothing, feeding and the right to basic education. Niang, Shisana, Andrews, Kaseje, Simbayi, Peltzer & Toefy, (2006) is of the opinion that poverty and inequalities of the past caused vulnerability to HIV and AIDS in South Africa especially in rural areas and informal settlements where there is a high rate of poverty and illiteracy. Sachs (2002) indicated that vulnerable groups are often not reached due to poor infrastructure and financial constraints. One of the causes for malnution and high infection levels are inaccessibility to quality healthcare. Households who are burdened with HIV often have to compromise their basic necessities by subsidising expenses associated with proper health care, funeral costs and travelling. Such spending commitments results in sacrificing the children's education which further results in high drop-out rates (Fredriksson and Kanabus, 2006).

2.4 Agenda of the National Department of Education:

According to Van Vollenhoven (2003, p. 242) school management does not fully comply with the legal requirements concerning HIV and remain ignorant when it comes to the reality and existence of HIV. Research by Ogina (2003, p. i) discovered that some School Principals consider their schools "safe" from HIV, and results that HIV policies and strategies are non-existent for managing HIV in schools. Managing HIV at any educational institution is vitally important, because it is the change agency for a lot of change agents. It is where departmental policies are activated which require transformational leadership skills.

The National Department of Education in consultation with the Council of Education Ministers, published the "*National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions*" in terms of section 3(4) of the National Education Policy Act, 1996 (Act No. 27 of 1996). Section 14 outlines describe the implementation process of this national policy, as well as the role of the School Principal.

2.5 Role of the School Principal:

Coombe (2002) is of the opinion that before educators are equipped with knowledge on HIV in managing HIV infected learners; one must focus firstly on the attitudes displayed towards those who are HIV infected at school. It is therefore important to note that according to the Employment of Teachers Act, No. 76 of 1998, the School Principal is accountable for providing professional leadership in the school.

Swart and Pettipher (2001) argue that the School Principal fulfils the role in creating a shared vision for establishing a school culture with an inclusive approach. The School Principal must encourage transformative leadership through participative initiatives whereby the school community were actively involved. According to Capper, Frattura & Keyes (2000) staff development must be a priority for the professional development of educators and the School Principal must be responsible for the orchestrating such opportunities. Swart and Pettipher (2007) notes that part of the responsibilities of the Principal is to raise the knowledge and commitment levels of educators in order to contribute to a school culture of inclusivity.

The South African Schools Act, No. 84 of 1996 cites that the School Principal has to serve on the school governing body and fulfil a supporting role as a representative of the department of education. In alignment with Capper et al. (2000), the School Principal must act as distributing agent of information, resources and to should encourage the distribution of data and resources to all stakeholders and to ensure the establishment of a positive relationship with all the stakeholders.

2.6 Impact of HIV on education:

2.6.1 Decrease in the supply of education

With the introduction of no fee schools and free education in neighbouring countries, a shortage of educators was experienced due to the influx of learners to those schools. Quality education are being compromised especially in African countries where under- and unqualified educators are appointed. The quality of education in our country are affected in that HIV are constantly raising the educator-pupil ratio. HIV positive educators from rural areas tend to migrate to urban areas for the sake of accessibility to quality healthcare. This results in a challenge for the

education department as the supply of education does not only refer to the appointment of educators, but also to the budgetary costs as well for learning and teaching material. The epidemic places high demands on the education sector in especially where schools are closed down due to a declining pattern of enrolments. Learners are therefore moved away from the nearest school to home to other schools.

2.6.2 Decrease in the demand for education
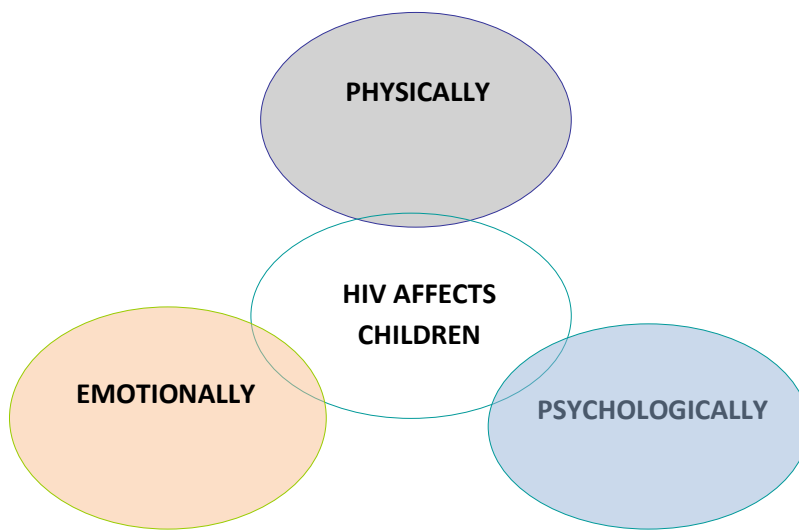
FIGURE 2.1 Impact of HIV on children

Children are faced with adult responsibilities and economic hardships in caring and supporting HIV positive relatives at home, heading child headed families with impacts negative on their schooling career. They have to labour to sustain their family and often fall victim for sexual exploitation. The school is responsible to support the children and to be more sensitive and empathetic towards children whose background is invested by HIV.

Coombe (2004) contend that HIV and AIDS are impacting psycho-socially on children who were faced losing their parents at the hand of the epidemic. Proper and decent grievance counselling are not offered to orphaned children who may be removed from home and fostered by relatives.

Further pain and suffering are at times inflected by peers as well as educators which expand the breeding ground for stigma and discrimination. Learners often lose their appetite for school and results in displaying a low morale and a deteriorating academic performance at school.

2.6.3 Increase in educator absenteeism

Educator absenteeism has a negative effect on the education system as it is always stigmatised with HIV. It is further increased by educators taking leave to assist with funeral arrangements, care and support for loved ones or seeking medical treatment for them. Increased and chronic absenteeism impact the process of teaching and learning negatively especially when it is also observed by the learners. Educators from rural areas are highly positioned in the school community due to their level of education and income and are often seen as role models to the learners and the community at large. Desmond and Gow (2002) is of the opinion that learners might view the absence of the educators as a relational message to what is going to happen if they continue with their schooling career. According to Cohen (2002), the result of poor quality of education can be linked to high levels of educator absenteeism. It has the potential to impacts on the morale of the teaching staff and the daily school activities in general.

2.6.4 Impact of HIV on teaching and learning:

Theron (2005) is of the opinion that the teaching profession in Sub-Saharan Africa is badly impaired by HIV as it claims the life's of many teachers and erodes the quality of teaching and learning. This situation causes HIV education to differ according to where the schooling community is situated.

Ainsworth, Beegle & Koda, (2000) argues that AIDS causes a delay in the education of children as they become drop-outs in order to care for sick relatives. The World Bank (1999) reports that children become drop-out in order to enter the labour market to help the family financially. What makes this a bigger crises is the fact that not all regions in Sub-Saharan Africa promotes free education as others have to pay school fees and a further financial demand is placed upon them to buy essentials goods needed for schooling.

Research by Leach (2002, p. 99) discovered that schools are identified as places where HIV transmission takes place on a large scale which includes rape, sexual harassment and assault. Educators endanger themselves to the risk of infection by virtue of their social status that they

occupy in the community and as Lawrence (2002:6) puts it that they are financially well off. Calitz et al. (2002: 149-150) align an argument that it is unexplainable how educated "role models" become so vulnerable to HIV as they should rather be the people to create awareness educating the community about reducing the spread and transmission of the virus.

An HIV positive educator equals absence from school for long periods. On the other hand attendance to funerals also interfere with working hours which impacts on the other educators who has to share the workload of the absentee. Educators unable to attend school due to their illness impact negatively on teaching and learning and which results in other educators sharing the burden of taking on more work. Educators immigrating to other countries serve as a contributing factor to the shortage of teachers in our country (The Mercury 21 December 2006, p. 4; Xaba 2003, p. 287). According to Xaba (2003, p. 287) HIV impacts negatively on the enrolment of schools in that it declines slowly and uncontrollably. Buchel (2006, p. 331) noted that this epidemic cite challenges for the school management teams as the infected or affected educators causes planning strategies to change to make room for focusing on the impact of HIV.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

Chapter one provided an orientation to the study which included the background and rationale, clarification of key concepts, research problem, research question, significance of the study and the aim and objectives. Chapter two presented a theoretical perspective on HIV in a South African context, the agenda of the National Department of Education as well as the role of the School Principal in fighting the pandemic.

Creswell (2005:51), explains that the research design accounts for the collection, analysis and reporting procedures of the research. The following research question gave guidance to the research study: What is the leadership role of the School Principals in managing HIV in Primary Schools in the Grahamstown District Area, Eastern Cape Province?

3.2 Research paradigm:

For the purpose of this research, an interpretive paradigm was adopted meaning that according to Babbie (1998, p. 281) it is aimed at exploring how the participants experience and understand their lives (the participants not only answer questions, but also interpret and express the meaning of their world). According to Babbie and Mouton (2001) a frame of reference in a research study used to organise and reason is regarded as a paradigm.

Merriam (1998) argue that within the interpretative paradigm, education can be regarded as a natural process of learning and the school an environment where one can experience the process of education .It is therefore necessary to investigate and explore the perceptions that Principals have in the leadership role of the Principal in managing HIV in order to improve the management of the school.

3.3 Research design:

According to Babbie and Mouton, (2001, p. 74) research design is a "… plan or blue print …" and in order to obtain a better understanding of the problems Principals experience in managing HIV, a qualitative research strategy was deemed most suitable for the study (Mouton 2001, p.

55). The research design was qualitative because it is naturalistic and it is found in an everyday setting. Cohen, Manion, and Morrison (2006, p. 80), contend that qualitative methodologies are methodologies dealing with data that is principally verbal.   The researcher will investigate and assess the Principals' perceptions regarding leadership roles in managing HIV in their schools.

3.4 Research population:

The target population is School Principals from six Primary Schools in the Grahamstown district. Permission to interview the participants was granted in writing by the Eastern Cape Education Department. The interviews were conducted and each interviewee was given a letter of introduction (Addendum A), consent forms (Addendum B) as well as an interview questionnaire (Addendum C).

3.5 Sampling criteria

The researcher gave clear and specific guidance about criteria to identify and explain who is to be part of those participating in the study. The criterion for selection was aimed at six School Principals of Primary Schools. The schools had to be Eastern Cape government schools in the Grahamstown district.

3.6 Ethical Considerations:

Permission were requested and granted by different School Principals as the gatekeepers in their different schools. The participants were fully informed about the aims of the research study and also of the reason for conducting the interviews.

According to Struwig and Stead (2001, p. 66-67), researchers are provided with guidelines on conducting research ethically. Adherence to ethical measures during this research included:

- Ensuring dignity, integrity and ethical behaviour;
- No fabrication or falsifying of data;
- Ethical publishing practices;
- Guarding against plagiarism;
- Transparency in conducting the research;

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Additional ethical issues in this research also include:

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

Anonymity was guaranteed and no personal details were recorded. Schools were informed that data were safely locked away with no access to the public and that it would be destroyed after the research.

3.7 Ethical Approval:

Permission to undertake this research was obtained from University of Stellenbosch, Ethical committee. The Eastern Cape Education Department granted permission to conduct this research at the six Primary Schools. Permission to conduct the research at school level was approved by the Principals of the participating schools. School Principals were informed that their participation was voluntary and that they were free to withdraw from the exercise at any point without any consequence.

3.8 Data Collection:

In this study, in-depth individual unstructured interviews were used. Qualitative researchers depend on interviews as a method of obtaining rich, in-depth and experiential information about the lives of participants (Denzin and Lincoln, 2005, p. 698). Struwig and Stead (2001, p. 59) define unstructured interviews as not having scheduled questions, thereby allowing flexibility with communication. Interviews are a "meaning-making process", in terms of which the participants describe and attach meaning to their experiences (Denzin and Lincoln, 2005, p. 706).

Open-ended questions were used in order to elicit more specific, spontaneous and rich information. These questions were non-leading and non-judgmental (Kvale, 1996, p. 133-159). "Follow-up", "probing" and "interpreting" questions were used to clarify and interpret meanings during the interview process (Kvale, 1996, p. 133) to encourage participants to respond and share their own personal experiences. Open- ended questions afford the researcher the opportunity to

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gain unexpected information (Kvale, 1996, p. 133).

3.9 Data analysis:

Data was collected, analysed and coded and thereafter it was put in catagories and grouped in themes. Descriptive statistics was used for the analysis because it describes, summarize and explain the collected data (Christensen, Johnson & Turner, 2011).

CHAPTER FOUR

RESULTS

4.1 Introduction

This study is built upon the research question: The leadership role of Principals in managing HIV in Primary Schools in the Grahamstown District Area, Eastern Cape Province. It was encouraging to experience the cooperation of the respondents and their expressions on the leadership role of Principals.

4.2 Presentation of data:

This chapter summarizes the data collected of the interviewed Principals on the leadership role of School Principals in managing HIV in Primary Schools. A synopsis was presented of the participating schools. The leadership role was addressed by what Principals believed what their role entails.

4.3 Demographic Data:

Table 4.3 outlines the identity of each school where interviews was conducted. It focusses on the locality, staff and learner compliment. The codes used for data analysis are as follows:

TABLE 4.1 - A to F indicates the school where interviews took place.

School	Quintile	Staff Compliment	Learner Compliment
A	4	5	124
B	3	14	588
C	3	32	1199
D	3	27	879
E	3	22	627
F	3	21	820

4.4 Synopsis of interviewed schools:

Six School Principals were interviewed from the Grahamstown education district. The six schools were mostly graded as schools in disadvantaged communities according to the quintile grading except for school A. Schools were classified as schools A to F to protect their identity. From the six schools there was only one female School Principal and the rest were male dominated School Principals. All six schools had female HIV Coordinators who are currently educators teaching Life Orientation except for school F has whose teacher is teaching life skills.

TABLE 4.2 – Information on quintile ranking, the Principal and HIV Coordinator

School	Quintile	School Principal	HIV Coordinator	
		Gender	Gender	Learning Area
A	4	Male	Female	Life Orientation
B	3	Male	Female	Life Orientation
C	3	Male	Female	Life Orientation
D	3	Male	Female	Life Orientation
E	3	Male	Female	Life Orientation
F	3	Female	Female	Life Skills

4.5 Prevalence:

All the respondents were quite knowledgeable about the prevalence levels on HIV in their school communities. Principals from schools A and E indicated that the actual incidence rate could be higher from what they suspect at school level. Schools B, C, D and F reported that HIV discrimination and stigma creates an impression of a low incidence rate.

The general comment from the respondents was that despite of the low prevalence rates, the response should be directed to HIV in a holistic manner which would include the school

community and not only focus on the school. Principals from school A, B and D indicated that in the absence of reported incidences at school level, it has become public knowledge that the level of infection rate is on the increasing in the school communities. Their perception of a change agent is to respond to HIV with knowledge as a weapon.

The Principal of school E were very critical stating that the statistics surrounding the prevalence rates was not that important to him to debate, but as a School Principal what is important for him is to be proactive to fight the epidemic that inhabited his school. All the respondents were in agreement that they should focus on awareness and prevention.

4.6 Policies and government legislation:

In the past, School Principals were inexperienced in dealing with HIV issues at school level. The need exist on how School Principals should rightfully manage the epidemic at their schools. Basically all the Principals responded that they became knowledgeable due to their experiences and observations.

The National Policy on HIV makes clear reference on the responsibility of School Principals regarding to HIV. There is also an expectation from the Department of Education that Principals should have knowledge on preventing and awareness, providing quality care and support, quality education and how to manage critical issues regarding the epidemic. All the participating Principals agreed that policy implementation is a process and that it involves every one.

4.7 Presentation of findings of the research

THEMES

CATEGORIES

1.
Acknowledgement that HIV is a huge challenge in the school community.

1.1
HIV was a threat and a damaging problem in schools.

2
Positive response to HIV challenges

2.1
Prevention and awareness in school
2.2
In service training

3
Effective strategies for managing HIV in school.

3.1
Collaborative approach. Getting all stakeholders involved.

4
Transformational leadership skills

4.1
Implementation and monitoring of HIV policy.
4.2
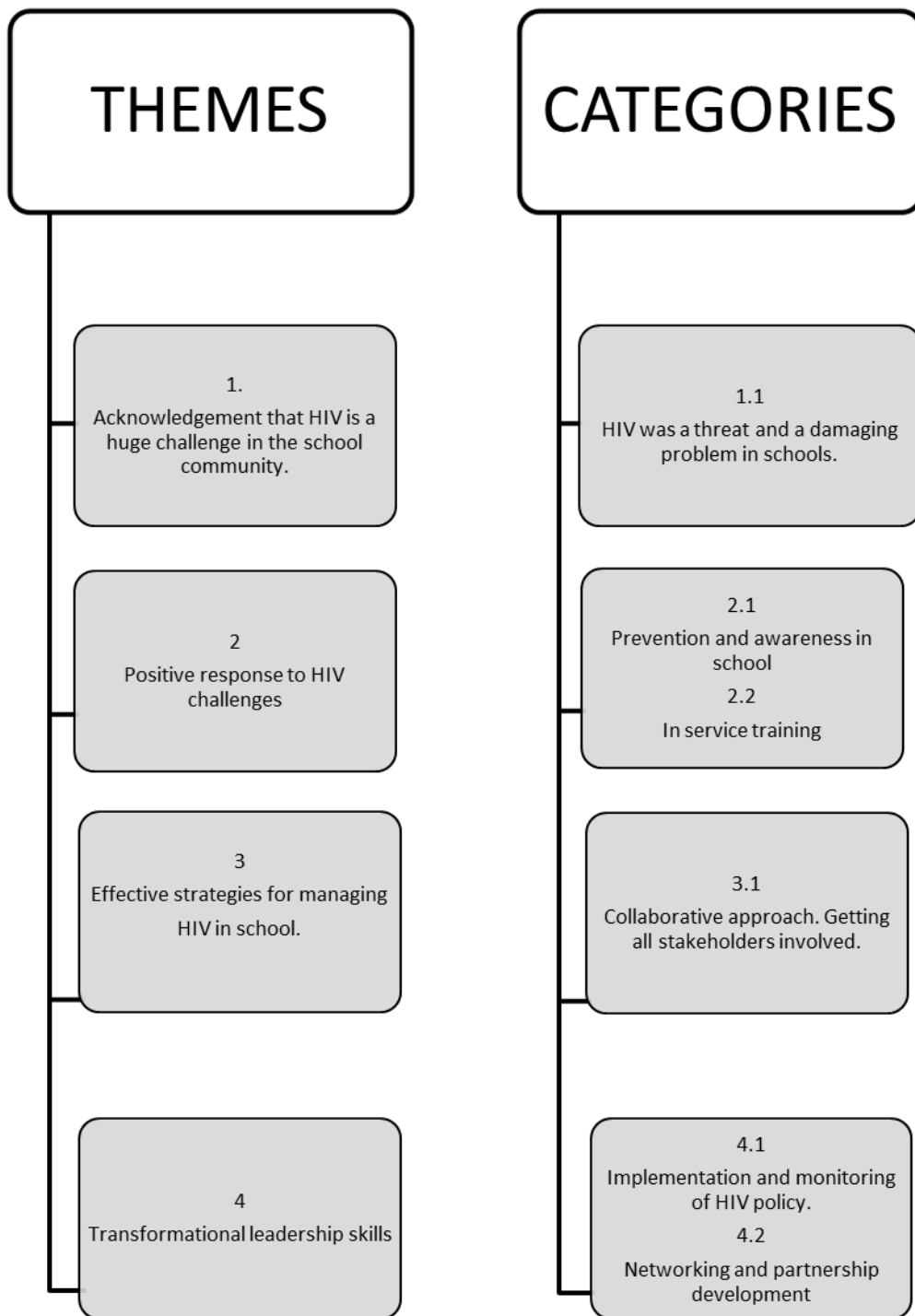Networking and partnership development

FIGURE 4.1: Themes and Categories

Theme 1:

Acknowledgement that HIV is a huge challenge in the school community.

Participants responded by acknowledging that this epidemic is a problematic issue at school level. The level of knowledge varied amongst the participants on HIV, but all of them had a general knowledge and understanding on the epidemic.

Category 1.1:

HIV was a threat and a damaging problem in schools.

The participants cited examples and shared their experiences on how the epidemic corroded the school community leaving behind single parents, child-headed families and grandparents caring for their grandchildren. Stigmatisation and discrimination can be seen amongst children where the infected child becomes an outcast despite all the life skills they are taught at school level. The participants also mentioned that due to the high demand of their own administrative and teaching responsibilities, it become impossible to do debriefing and counselling with those in need. School based employees need training and guidance to deal with the vulnerable and infected ones. School Principals indicated that children tend to develop coping mechanisms on their own which often results in them leaving school for various reasons. Some will exit schools only to be admitted at other schools where no one knows them or the HIV status. This impacts school negatively in terms of learner totals, redeployment of educators and a drop in their allocated budgets.

Theme 2.

Positive response to HIV challenges

Managing HIV at school level is one of the biggest challenges for School Principals and it is an area they were never prepared for.

Category: 2.1

Prevention and awareness in school

The South African Society Security Agency (SASSA) and other NGO's provides vulnerable school children with school uniform and food parcels as part of their poverty alleviation

programme. Apart from this programme, it is also customary for them to promote HIV awareness programmes amongst schools. Participants noted that they occasionally invite the Health Department to help evangelising the message of prevention and care.

Category: 2.2

In service training

School Principals indicated that they are in need of in service training as the life orientation educators and peer educators are usually invited to training sessions regarding to HIV. Report back sessions will take place, but all the Principal felt that such training sessions is applicable for classroom and curriculum management but not on their level when dealing with hard core challenges within the school community.

Theme 3:

Effective strategies for managing HIV in school.

School Principals agreed that effective strategies must be enforced to respond to the challenges caused by HIV.

Category: 3.1

Collaborative approaches. Getting all stakeholders involved.

Participants agreed that fighting HIV is every one's business and that it can only be done with a collaborative approach that with involve all the intersectoral government departments. Poverty and unemployment are contributing factors to the spread of HIV as it can easily lead to prostitution for economic gain.

Theme 4:

Transformational leadership skills

In order to transform, one must transform. This applies to School Principals who must be mandated to change their mind-set when facing HIV challenges, but from a different angle.

Category 4.1

Implementation and monitoring of HIV policy.

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Principals confirmed the existence of HIV policies at their schools, but need assistance on the implementation and monitoring process. The shortage of manpower remains a critical area that could challenge the effective implementation of such policies.

Category 4.2

Networking and partnership development

Networking and partnership development can be regarded as focus areas in establishing a "healthy" school. Non- Governmental Organisations (NGOs) are fulfilling the exact needs identified by the school community because their purpose is to serve and educate which means that they have the skill and knowledge. School Principals must be able to connect with the outside world, harvest resources and create opportunities for expert agencies to proactively deal with HIV challenges.

4.8 Role and responsibilities: School Principal

It is generally accepted that the School Principal must exhibit a leadership position and role in addressing HIV in their school communities. All the interviewed Principals agreed that the epidemic is erosive on all levels of society, especially education. To them the school as educational institution and workplace has to adapt to changes due to HIV in order to keep abreast to the epidemic whilst exploring avenues to fight it.

The respondents of school A, E, F indicated that there is a clear need for visible leadership in the school communities, networking and benchmarking with other educational institutions as there is still a need for HIV leadership and managing training.

The following concepts in the Figure below came from different Principals on their understanding of the identity of a School Principal that ought to manage HIV at school level.
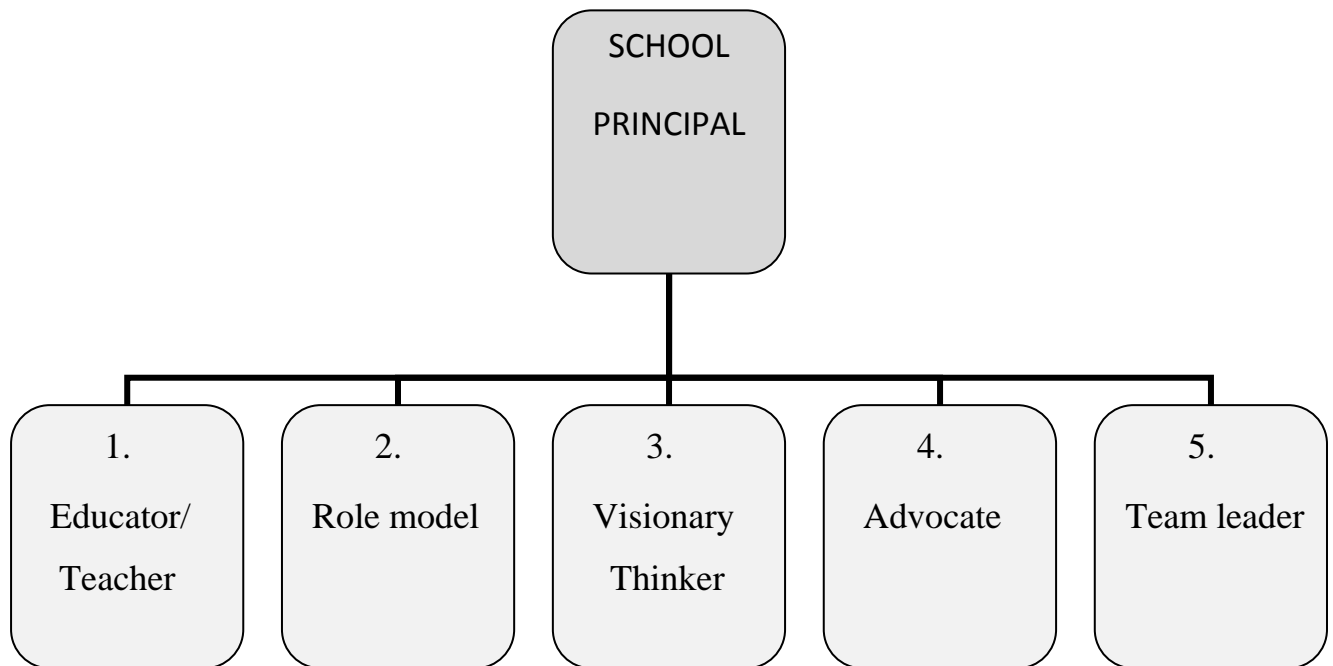
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FIGURE 4.2 – Perceived identities of the School Principal

4.8.1 Educator/ Teacher

Principals agreed that they should be knowledgeable about HIV as education is a tool to educate, transfer knowledge and also eradicate ignorance regarding transmission and infection of the epidemic. Such level of knowledge and understanding is vitally important to respond to HIV issues and challenges facing the school community. School Principals must be in a position to influence mind-sets and to point out the devastating impact the epidemic could have on the school and their communities. The compositions of school communities are different due to their geographic locality, level of education and income and the level of ownership on community issues. In the light of all these factors it is also important to note that diverse communities will differ in perception, response and approach when it comes to HIV.

Irrespective of the composition of the school communities, Principals are regarded an educator who would provide training to the community so that they can even become knowledgeable and educate others. Some Principals indicated that HIV are still a sensitive issue to parents and that he often has to deal with it in open forums especially when a parent asks a question in public.

One Principal commented that staff members highlighted the need for life coaching as they felt that HIV is every one's business. It was their opinion that the epidemic is currently compromising the quality of teaching and learning, therefore they might just as well integrate it in all learning areas across the board to avoid stigmatization and discrimination.

The School Principals generally felt that they should be actively part of assisting the school to create a needs analysis, indicating how HIV can be dealt with in a more effective and diplomatic manner. This would include channels of communication, dissemination of information and ways of responding to the epidemic. Some Principals indicated that the School's HIV policy is on display in visible places and that parents are constantly updated on any HIV related activities at school. One Principal even indicated that the school management (SMT) together with the school governing body (SGB) are making plans to display their HIV policy on their web page.

4.8.2 Role model

The interviewed Principals indicated that it is common practice to have an open door policy that would allow staff, learners and community to utilise the pastoral care offered by them. To them, Principals should be exemplarily as the community regard them as human resource centres. Some Principals shared their experiences from the past that they are even perceived as "messiahs" amongst the elderly in the community. School Principals are strategically placed in the community system, making them senior in terms of their education level. One Principal commented them they are able to army against HIV by virtue of their rank, order and position in the community.

4.8.3 Visionary thinker

According to four respondents, a characteristic of a good School Principal is someone who must be able to think beyond the present and the possible. They must be able to be futuristic about developing the school to accomplish the vision and mission of the school. Principals can achieve this by rendering visible support and do strategic planning with the SGB, SMT and staff. Some Principals commented that the key to collaborative planning is working together as a team. In seeking for solutions, Principals generally agreed that HIV non-governmental organisations (NGO's) could be incorporated into in process of collaborative planning to lessen the burden of

dealing with the epidemic on their own.

4.8.4 Advocate

Most of the Principals regarded their role as that of an advocate planning to achieve a specific outcome at the end of the day. In this case their focus would be the school's response to the epidemic, but such approach cannot be generic as all schools are not the same. In order to be a change agent, it is important for Principals to carry the voice, identify HIV structures and act as an activist by serving on such structures. Two Principals indicated that they have develop a closer relationship with their staff in order to improve work relations in dealing with HIV related matters on how they can advocate for learners.

Most of the Principals found that school leadership extended its boundaries when HIV came into play. To their understanding the concept advocating meant focussing on morals and integrity, yet others believed that compassion is the driving force that is needed to live out advocacy especially when dealing with HIV.

4.8.5 Team leader

The majority of the Principals felt that it is upon their shoulders to craft the way forward to provide leadership and direction to the staff on how to accomplish the execution of HIV goals and programs of the school. They also indicated that they are focussing on teamwork to ensure a harmonious working environment. As team leaders, Principals have to execute his leadership role in such a way that he monitor progress, getting input from the staff, reflect and implement action plans.

CHAPTER FIVE: CONCLUSIONS

5.1   Challenges:

All the Principals agreed that their leadership role contains much more than people could ever imagine because of the undiscovered challenges HIV have. They feel that they are sailing in uncharted waters not knowing what to expect. Most of them saw their confrontation with HIV as a learning curve, other regard it as living out the Ubuntu spirit and others seem to accept it as their fate being Principal of a school. Some Principals shared their frustrations and how the epidemic can create victims and at the same time enemies amongst the very same people who are supposed to give care and support.

5.1.1 Stigma and discrimination

Most of the Principals are of the understanding that the virus was transmitted due to sexual promiscuity. It became evident from them sharing their experiences of mother to child transmissions and the high risk sexual lifestyles of the present generation. Basically all the Principals made reference to the fact that media was a great influence in the promiscuous behaviour and attitude of the school communities.

One Principal mentioned that an appeal as made by an NGO in his community to spiritual leaders to address HIV related issues in church, but because of stigma and discrimination, church leaders avoid HIV subject matters. He felt that as much as the school can engage into fighting HIV, everyone is tasked to do their bit within their leadership domain. The cause of frustration is also subscribed to the fact that there are people living a Nicodemus lifestyle, who declare in secret that they need help but do not want to be associated with HIV in public.

5.1.2   Conduct and Attitude:

The conduct and attitude of Principals determines the community's response to HIV. Learners and educators are entrusted to Principals and if a School Principals display a negative attitude towards HIV, then it will elicit a relational message of no concern or denial. Some Principals declared and confessed their fears towards the epidemic mainly because of her immediate family

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were never exposed to the harshness of the decease. Fear could be interpreted as a negative attitude especially when it is associated with stigma.

Some of the Principals courageously declared that the school communities expect School Principals to speak, to teach and to educate without fear in order to connect with the vulnerable ones who are either infected or affected. The school community were encouraged if the School Principal become bold in his/her stands against HIV and that will motivate others to do the same.

5.1.3 Leadership and Skills training:

Certain Principals confessed that they are not clued up with HIV and its concepts which can be seen as a challenge especially when the school community discovers that the Principal is not knowledgeable in that area. Integrating HIV in school will cause the school to revisit the vision and mission statement to see whether it speak to fighting the epidemic holistically. All the Principals were in agreement that members of staff, learners and the school community should be trained to develop the skill in addressing the epidemic adequately.

5.2 Recommendations:

Given the results reported in the previous chapter, the following recommendations can be made:

1. There is a need for cooperative relationships and partnerships to create effective response and an impact that can adequately address HIV issues at school level. School Principals must articulate a strong voice in support of HIV initiatives in the fight against the transmission and spread of the virus.

2. School Principals are in need of training to be more knowledgeable on HIV management. Such training will assist in dealing with whole school development and to follow a holistic approach. From the training the Principals were educated on HIV issues like confidentially, trust, stigmatization and discrimination.

3. School Principals need to be equipped with managerial skills to manage their schools effectively and to craft strategic plans to systematically deal with the epidemic. The

strategic plans must include the reduction of stigma and discrimination, debriefing and counselling skills. The focus must be care and support for the vulnerable child.

4. The Principal, staff and community should be trained and guided on how to draft, implement and monitor a HIV policy and the integration thereof in the curriculum across all grades.

5. HIV calls for transformation and a change of mind-set in order to deal with challenges. It is therefore important for Principals to exchange a stereotype of mind-set with a transformational approach. They need to be trained on how to network and benchmark with governmental and non-governmental agencies.

6. In-service training programmes must be optimally used in training School Principals to prevent the loss of skills and experience, high morbidity and attrition rates among School Principals. Tertiary educational institutions can assist in providing management courses through distance education which were advantageous to School Principals in remote rural areas.

7. The establishment of a Principal's forum will a great structure for support, debriefing, ventilation, advice and assistance. Such a structure will direct Principals in managing HIV more constructively.

8. School Principals should be able to discern, understand and show a sense of interest of developments in the outside world and how it could impact the management of the school in the near future.

5.2 Limitations of research study.

Given the results reported in the previous chapter, the following limitations can be highlighted in this research study.

1. There is limited literature on the knowledge and perceptions of School Principals regarding the epidemic. According to Hartell and Maile (2004, p. 184) there is not a lot of research that has been conducted on HIV education. It was impossible to compare the findings with previous research.

2. It is evident from the results that the principle of generalization cannot be applied because the information gathered was from six Primary Schools in the Grahamstown district area. The researcher was further limited by the choice of qualitative research design, timeframes and financial constraints.

5.4 Conclusion:

Most of the School Principals indicated that HIV affected the school community in such a way that their leadership role became not only transformational but also pastoral. HIV thrives on families with dysfunctional structures where there is no end to social problems. It is important for schools to be proactive by initiating prevention efforts at a very early stage. This is to ensure that the vulnerable must be a priority. HIV at school level requires innovative leadership skills to meet its demands and challenges. The culture of the epidemic became part of the school culture which makes it inevitable.

REFERENCES:

Akoulouze, R, Rugalema, G & Khanye, V. (2001). Taking stock of the promising approaches in HIV/AIDS and Education in Sub-Saharan Africa: What works, why and how – a synthesis of country case studies. Paper presented at the Biennial Meeting of the African Ministers of Education held at the Arusha International Conference Centre, Tanzania.

Ainsworth, M. Beegle, K. and Koda, G. (2000). *The impact of adult mortality on primary school enrolment in North-western Tanzania.* Manuscript prepared for UNAIDS.

Allen, R.E. (Ed). (1984). *The Pocket Oxford Dictionary of Current English.*

Babbie, E. & Mouton, J. (2001). *The practice of social research.* Cape Town: Oxford University Press.

Buchel, A.J. (2006).The leadership role of the principal in dealing with the impact of HIV/AIDS in South African schools. *Unpublished thesis*. University of South Africa, 59,331.

Bundy, D. Gotur, M. Drake, L. and Maier, C. (2002). *EDUCATION and HIV/AIDS: A Window of Hope – Executive Summary.* Washington, DC: The World Bank.

Bush, T. & Middlewood, D. (2005). *Leading and Managing People in Education.* London: Sage Publications.

Calitz, L. Fuglestad, O. L. and Lillejord, S. (2002*). Leadership in Education – Productive Learning Cultures.* South Africa: Heinemann.

Capper, C.A. Frattura, E. & Keyes, M.W. (2000). *Meeting the Needs of Students of All Abilities: How leaders go beyond inclusion:* Corwin Press. California.

Christensen, L.B., Johnson, R.B. & Turner, L.A. (2011). *Research Methods, Design, and Analysis* (11th ed.). Boston: Pearson.

Cohen,L., Manion, L. & Morrison, K. 2006.*Research Methods in Education.* (pp. 80). (5th Edition).London: Routledge.

Coleman, M. (2003). *Managing Schools in South Africa Series: Leadership and Strategic*

Management in South African Schools. London: The Commonwealth Secretariat.

Coombe, C. (2000a). *Keeping the education system healthy: Managing the impact of HIV/AIDS on education in South Africa:* Current issues in comparative. Pretoria.

Coombe, C. (2002). *Managing the Impact of HIV/AIDS on Education Supply, Demand and Quality, in AIDS Public Policy and child wellbeing* (Ed).Giovanni Andrea Cornia, June 2002. Italy: University of Florence.

Coombe, C. (2004). *The HIV challenge to education: A collection of essay.* Paris: International Institute for Educational Planning, 8.

Creswell, J. W. (2005). *Educational Research: Planning Conducting and Evaluating Quantitative and Qualitative Research.* (2nd Edition). Upper Saddle River, New Jersey: Pearson Merritt Prentice Hall.

Crewe, M. (2002). Reflections on the South African HIV/AIDS Epidemic: *Society in Transition.* HIV/AIDS. Commentary.

Crouch, L and Perry, H. (2003). *Educators. In HSRC Human resources development review 2003: Education, employment and skills in South Africa.* Cape Town: HSRC Publishers.

Denzin, N.K. & Lincoln, Y.S. (2005). *The SAGE Handbook of Qualitative Research. 3rd Edition.* Thousand Oaks, CA: SAGE Publications.

Department of Education. (1998). Act No 76: Employment of teachers, Act of 1998.

Department of Education (DoE). (1999). National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions. Section 3(4) of the National Education Policy Act, 1996 (Act No. 27 of 1996). Government Gazette of 10 August 1999. Government Notice No 20372.

Department of Education (DoE). (2003). *Plan a Comprehensive Response to HIV/AIDS. A Guide for Provincial and District Education Planners and Managers. July.*

Du Preez, P.Campher, T. Grobler, B. and Shaba, S. (2003). *Effective Education Management Series: Module1-Principles of Effective Education Management.* South Africa: Heinemann.

Early, P. & Weindling, D. (2004).*Understanding School Leadership.* London: Paul Chapman Publishing.

ELRC (Education Labour Relations Council). (2005). *Media Statement, 31 March 2005: Results of a comprehensive survey of factors determining Educator Supply and Demand in South African Public Schools.*

Fredriksson, J. & Kanabus, A. (2006). *The Impact of HIV and AIDS on Africa.* ADVERT.ORG. 5 April 2006 <http://www.avert.org/aidsimpact.htm>

Granich, R. & Mermin, J. (2001). *HIV Health and your Community – A Guide for Action.* USA: The Hesperian Foundation.

Hartell, C.G. & Maile, S. (2004). HIV/AIDS and Education: a study on how a selection of school governing bodies in Mpumalanga understand, respond to and implement legislation and policies on HIV/AIDS. *International Journal of Educational Development.*

HSRC (Human Sciences Research Council). (2005). *South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey 2005.* Cape Town, SA: HSRC Press.

Jones, J. (2005). *Management Skills in Schools.* London. Paul Chapman Publishing.

Kalichman, S. (2005). The Other Side of the Healthy Relationships Intervention: Mental Health Outcomes and Correlates of Sexual Risk Behaviour Change. AIDS Education and Prevention. 17. Supplement A. The Guilford Press.

Kelly, M. (2000a). *The Encounter between HIV/AIDS and Education.* UNESCO, Harare.

Kelly, M.J. (2002). Standing Education on its Head: Aspects of Schooling in a World with HIV/AIDS. *Current Issues in Comparative Education, Teachers College, Columbia University,* Vol. 3.

Kvale, S. (1996). *Interviews. An Introduction to Qualitative Research Interviewing.* Thousand Oaks, CA: SAGE Publications.

Lawrence, J. (2002). The Internet and social development: African voices on HIV/AIDS and education: *Perspectives in Education.*

Leach, F. (2002). School-based gender violence in Africa: A Risk to Adolescent Sexual Health: *Perspectives in Education.*

Lecatsas, G. (2004). *Module 1: Lesson 1: Natural history and biology of HIV*. Medunsa.

Maclennan, B. (2000). Dissent over AIDS cause. *Sunday Tribune*.

Merriam, SB. (1998). Qualitative Research and Case Study Application in Education: *Revised and Expanded from Case Study Research in Education:* (2nd Eds.). San Francisco: Josey Bass.

Niang, C.I. Shisana, O. Andrews, G. Kaseje, D. Simbayi, L. Peltzer, K. & Toefy, Y. (2006). New approaches, new activities and new outcomes in international conferences on HIV/AIDS in Africa – Report of the 3rd African Conference on the Social Aspects of HIV/AIDS, Dakar, 10-14 October 2005. *Journal of Social Aspects of HIV/AIDS (SAHARA)*, Vol. 3.

Ogina, T.A. (2003). How School Principals understand and implement HIV/AIDS policy in schools. *Unpublished thesis*. Pretoria: University of Pretoria.

Pharoah, R. (2004). *A Generation At Risk? HIV/AIDS, Vulnerable Children and Security in Southern Africa.* Pretoria: Institute for Security Studies.

Qotoyi, T. (2003). *An Evaluation of School Principals' views in the Cofimvaba District regarding the Impact of HIV/AIDS on Education.Unpublished thesis.* Port Elizabeth: University of Port Elizabeth.

Sachs, J. (2002). South Africa as the Epicenter of HIV/AIDS: Vital Political Legacies and Current Debates. *Current Issues in Comparative Education*, Teachers College, Columbia University, Vol. 3.

Struwig, F.W. & Stead, GB. (2001). *Planning, designing and reporting research*. South Africa: Pearson Education.

Swart, E.and Pettipher, R. (2001). Changing Role of principals and teachers: In P, Engelbrecht. And L, Green. (Eds.). *Promoting learner development: Preventing and working with barriers to learning:* Pretoria. Van Schaik.

Swart, E. and Pettipher, R. (2007). Understanding and working with change: In P. Engelbrecht and L. Green. (Eds.). *Responding to the challenges of inclusive education in South Africa.* Pretoria.

Tadhuvana, G. (2005). A survey of teachers' knowledge and practice of HIV/AIDS education in secondary schools in Zimbabwe. *Unpublished thesis.* Port Elizabeth: Nelson Mandela Metropolitan University.

The Mercury (2006). Teachers Lured Away by Better Pay. December 21, 2006, 4.

Theron, LC. (2005). Teacher perception of teacher's and learner's HIV status with a view to wellness promotion South African: *South African Journal of Education.*

UNAIDS/WHO (United Nations AIDS/World Health Organisation). (2005). *AIDS epidemic update: December 2005: Sub-Saharan Africa.*

UNESCO. (2000a). One School for All Children: *EFA 2000 Bulletin*, 23.

UNESCO. (2004). *UNESCO's strategy for HIV/AIDS prevention Education*: 2004. IIEP Publications.

Van Deventer, I. Kruger, A. (Ed). Van der Merwe, H. ,Prinsloo, I. & Steinman, C. (2003). *An Educators' Guide to School Management Skills*. South Africa: Van Schaik Publishers.

Van Dyk, A. (2001). *HIV/AIDS: Care & Counselling: A multi disciplinary approach*. 2nd Edition. Cape Town, SA: Pearson Education.

Van Vollenhoven, W. (2003). How school governing bodies in South Africa understand and respond to HIV/AIDS. *South African Journal of Education*, Vol. 23.

Vandemoortele, J. & Delamonica, E. (2002). The "Education Vaccine" Against HIV. *Current Issues in Comparative Education, Teachers College, Columbia University, Vol.* 3.

Visser, M.J. (2005). Life skills training as HIV/AIDS preventive strategy in secondary schools: evaluation of a large-scale implementation process. *SAHARA J (Journal of Social Aspects of*

HIV/AIDS Research Alliance), Vol. 2(1).

Western Cape Education Department (Republic of South Africa). (2000). *Sexual Violence Against Girls in South African Schools: National and Provincial Government Response,* 3.

Xaba MI (2003). Managing teacher turnover. *South African Journal of Education*.

Addendum A

STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

The leadership role of Principals in managing HIV in Primary Schools in the Grahamstown District Area, Eastern Cape Province.

You are asked to participate in a research study conducted by **ARTHUR JD ISAACS,** from the **AFRICA CENTRE FOR HIV MANAGEMENT** at Stellenbosch University. Results will be contributed to the thesis. You were selected as a possible participant in this study because of your leadership role as School Principal who has to manage the HIV pandemic at school level.

1. PURPOSE OF THE STUDY

To determine the perceptions and responses of Primary Schools Principals in managing the HIV pandemic at school level and to assist School Principals in effectively managing HIV in their schools.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

You will be asked to participate in an individual interview with the researcher. This interview will take place at the school during a suitable time or at a venue and time which is convenient for the participants. The interview should not last more than 60 minutes and will also be tape recorded for the purpose of accurate data collection. Confidentiality, anonymity and privacy of data will be maintained at all times.

3. POTENTIAL RISKS AND DISCOMFORTS

Although there is no foreseeable risk, participants may experience some discomfort in expressing their opinions regarding HIV and sexuality, which is topics relevant to HIV education. No questions will be asked regarding participant's sexuality or HIV status. Participants will be assured of the confidentiality, anonymity, and privacy of the data and that answers to questions are voluntary.

In terms of inconvenience, the interviews will be conducted at the school at a suitable time that will be arranged with the participants. If interviews at the school are not possible, a convenient place and time will be arranged with the participants.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The study will be significant in that Principals will be empowered in leadership roles for managing HIV in their schools. This research will contribute to sensitizing Principals, school management and the community at large about managing HIV in their schools. I believe that this research study will assist the Department of Education in making them aware of HIV challenges faced by those participating schools and to develop measures that will curb or completely eradicate issues leading to further HIV infections. Conclusions and recommendations will be able to be drawn on how Principals should address HIV and utilizing guidelines that will assist with formation of HIV policies and action plans.

5. PAYMENT FOR PARTICIPATION

No remuneration will unfortunately be offered for your participation in this research study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of no names or personal identifiers will be recorded in any of the data collection tools. In reporting the results, care will be taken not to report results in a way that would enable any participants to be identified and/or stigmatized in their views. Data will be stored in a safe place at all times. The researcher and his supervisor will be the only persons having access to the data. All data collected will be destroyed after successful completion of the thesis, for the purpose of which it was collected. The anticipated period is after one (1) year. As mentioned previously, all interviews will be tape recorded and the interviews will be transcribed verbatim, without making any reference to your name or personal identifiers. Confidentiality and anonymity will be maintained throughout.

The purpose of the study is for the completion of an MPhil degree in HIV and AIDS Management and due to the requirement of the publishing of a thesis, the data collected, analysed and interpreted in this study will be reported on. In the writing of the thesis, confidentiality, anonymity, and privacy of participants will be maintained at all times.

The data collected will only be used for the aforementioned purpose and will not be used in any way to evaluate your skills or work performance, or the performance of the school in general.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact the researcher, Mr ARTHUR JD ISAACS, at 083 4540676 during office hours or 081 3963649 after hours. If you have any questions or concerns regarding the research, please feel free to contact the supervisor of my study, Prof J Augustyn at 028 3164667.

9.   RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me by Mr. Arthur JD Isaacs in English and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

_____

Name of Subject/Participant

_____

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

_____   _____

Signature of Investigator   **Date**

Addendum B

	INTERVIEW QUESTIONAIRE: SCHOOL PRINCIPALS
1	How prevalent and problematic is HIV and AIDS in your school community?
2	Are there any HIV and AIDS action plans and HIV and AIDS policy in schools and who is responsible for managing and monitoring, implementation of these action plans?
3	What is the impact of your own career development, personal and professional identities on your leadership role in HIV and AIDS management? How do you respond to this leadership role at your school?
4	What is your school community's approach and strategy for managing HIV and AIDS?
5	What are your perceptions of your leadership role in building school vision and goals regarding what they may be able to achieve in managing HIV and AIDS if they work together as a team?
6	How do you influence your followers to feel and act like leaders and give them a sense of overall purpose for their leadership role in managing HIV and AIDS, to be innovative and creative to question assumptions and come with new approaches to solve problems.
7	How do you pay special attention to individual needs and expertise, and provide the necessary resources to support individuals implementing the school's HIV and AIDS program?
8	Which structures did you develop to provide for and work toward consensus in establishing priorities for managing HIV and AIDS at school?
9	How do you challenge others to re-examine some basic assumptions they have about their work at school, make them to think about what they are doing for the school community and ways to implement the school's HIV and AIDS program.
10	What are possible strategies you can suggest for effective leadership of HIV and AIDS management with the realities of making change happen in practical terms? What kinds of transformations have you witnessed or enabled?

Addendum C

Province of the
EASTERN CAPE
EDUCATION

STRATEGIC PLANNING POLICY RESEARCH AND SECRETARIAT SERVICES
Steve Vukile Tshwete Complex – Zone 6 · Zwelitsha · Eastern Cape ·
Private Bag X0032 · Bhisho · 5605 · REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)44-604 45 37 · Fax: +27 (0)40 608 45 74 · Website www.ecdoe.gov.za

Enquiries: Dr Hobresson   Email: [illegible]@gmail.com

31 October 2013

Mr Arthur JD Isaacs
8 Freeman Crescent
Station Hill
PORT ALFRED
6170

Dear Mr Isaacs

PERMISSION GRANTED TO UNDERTAKE A MASTER THESIS IN EDUCATION:
INVESTIGATING THE LEADERSHIP ROLE OF PRINCIPALS IN MANAGING HIV/AIDS IN
PRIMARY SCHOOLS IN THE GRAHAMSTOWN DISTRICT AREA, EASTERN CAPE
PROVINCE

1. Thank you for your application to conduct research.

2. Your application to conduct the above mentioned research in the following six schools in the Grahamstown Education District is approved. The names of the schools are, Bathurst Primary, Samuel Ntsiko Primary, Qhayiya Primary, Dambuza Primary, Mtyobo Primary and Kupasa Comprehensive School. The Eastern Cape Department of Education (ECDoE) is stipulating the following conditions:

3.

   a   there will be no financial implications for the Department;

   b   institutions and respondents must not be identifiable in any way from the results of the investigation;

   c   you present a copy of the written approval letter of the Eastern Cape Department of Basic Education (ECDBE) to the Chief Directors and Directors before any research is undertaken at any institutions within that particular district;

   d   you will make all the arrangements concerning your research;

   e   the research may not be conducted during official contact time, as educator's programmes should not be interrupted;

Building blocks for growth

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i   should you wish to extend the period of research after approval has been granted, an application to do this must be directed to the Director: Strategic Planning Policy Research and Secretarial Services;

g   the research may not be conducted during the fourth school term, except in cases where a special well motivated request is received;

h   your research will be limited to those schools or institutions for which approval has been granted, should changes be effected written permission must be obtained from the Director – Strategic Planning Policy Research and Secretariat Services;

i   you present the Department with a copy of your final paper/report/dissertation/thesis free of charge in hard copy and electronic format. This must be accompanied by a separate synopsis (maximum 2 – 3 typed pages) of the most important findings and recommendations if it does not already contain a synopsis. This must also be in an electronic format.

j   you are requested to provide the above to the Director: The Strategic Planning Policy Research and Secretarial Services upon completion of your research.

k   you comply to all the requirements as completed in the Terms and Conditions to conduct Research in the ECDoE document duly completed by you.

l   you comply with your ethical undertaking (commitment form) and permission granted by your University.

m   You submit on a six monthly basis, from the date of permission of the research, concise reports to the Director: Strategic Planning Policy Research and Secretariat Services.

4   The Department reserves the right to withdraw the permission should there not be compliance to the approval letter and contract signed in the Terms and Conditions to conduct Research in the ECDoE.

5   The Department will publish the completed Research on its website.

6   You can contact the Director for Strategic Planning policy Research and Secretariat Services for clarity or information, Dr. Annetia Heckroodt on mobile number 083 275 0715 and email: annetia.heckroodt@edu.ecprov.gov.za or bernetia@iafrica.com

7   The Department wishes you well in your undertaking.

DR. AS HECKROODT
DIRECTOR: STRATEGIC PLANNING POLICY RESEARCH AND SECRETARIAT SERVICES

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Addendum D

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot · your knowledge partner

Approval Notice
Stipulated documents/requirements

08-Nov-2013
Isaacs, ARTHUR AJD

Proposal #: DESC_Isaacs2013
Title: **The leadership role of Principals in managing HIV/Aids in Primary Schools in the Grahamstown District Area, Eastern Cape Province.**

Dear Mr ARTHUR Isaacs,

Your Stipulated documents/requirements received on 08-Nov-2013, was reviewed by members of the Research Ethics Committee: Human Research (Humanities) via Expedited review procedures on 08-Nov-2013 and was approved.

Sincerely,

Susara Oberholzer
REC Coordinator
Research Ethics Committee: Human Research (Humanities)