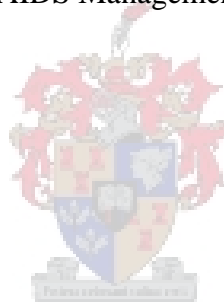


**AN INVESTIGATION ON THE IMPACT OF HIV/AIDS ON THE
EDUCATORS AT KING WILLIAMS TOWN SCHOOLS – EASTERN CAPE,
SOUTH AFRICA**

NOSIPHIWO ZISONGILE-DEKEDA

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



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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 owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Date: 30th January 2009

ABSTRACT

The purpose of this study was to examine and describe the impact of HIV/AIDS on school based educators in the King Williams Town Education District in order to recommend intervention strategies to be implemented by the Education District department on HIV/AIDS management among educators at schools.

It aimed at drawing the attention of the district management of the added responsibility they have- that of taking into consideration sick teachers and make interventions to assist the schools.

The non-experimental quantitative research design i.e survey was used. Questionnaires and interviews were used to gather data to make conclusions.

The results showed that intervention by the top management, their involvement in HIV/AIDS reduction programs and support are minimal and contribute to the poor performance by teachers and learners and need to be improved.

Recommendations on how the impact on educators can be reduced were made. It was recommended that the senior management should play a leading role in the intervention programs and activities.

This research is relevant to King William's Town because policies and resources need to be reviewed, renewed and redirected to increase opportunities for teachers to contribute their expertise, understanding and activity to sustain the country's economy through education.

OPSOMMING

Die doel van hierdie studie is om te ondersoek en beskryf die trefpunt van VIGS op skoolonderwysers in die King William's Town Onderwys gebied om bemiddelling van aanbevelende strategies uit te voer deur die Onderwys Gebied departement aangaande VIGS bestuur onder onderwysers op skool.

Die doelwit is om aandag te rig op distrik bestuur om in ag te neem die bygevoegte verantwoordelikheid wat hulle dra om die saak van siek onderwysers en om bemiddelling uit te voer om skole te steun.

Nie-eksperimentiewe navorsing is verkies, nl. opname. 'n Vraelys en onderhoud is gebruik om gegewens te versamel en tot die slotsom te kom.

Die gevolge het bewys dat bemiddelling deur topbestuur hulle betrokkenheid met VIGS beperking programme en ondersteuning is minimaal en dra daartoe by dat die swakke prestasie van onderwysers en leerlinge verbeter moet word.

Aanbevelings om hoe om die aanslag op opvoedkundiges te verminder, word gemaak. Dit is voorgestel dat senior bestuur 'n aanvoerende rol in bemiddelling van programme en aktiewiteite moet bydra.

Toepassing van die studie is tot die King William's Town onderwys gebied beperk.

Hierdie navorsing het betrekking tot King William's Town omdat beliedopstelling en hulpbronne behoort om veroorsig, verniewing en hervestiging van aandag op die geleenthed van opvoedkundiges om hulle vernuf, verstand and werksaamheid by te voeg om tot die land se ekonomie by te dra.

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LIST OF ACCRONYMS IN THE STUDY

HIV	-	Human Immunodeficiency Virus
AIDS	-	Acquired Immune Deficiency Syndrome
ARV's	-	Antiretroviral drugs
ART	-	Antiretroviral Therapy
TB	-	Tuberculosis
UNAIDS	-	United Nations Programs on HIV/AIDS
SADTU	-	South African Teachers' Union
HSRC	-	Human Science Research Council.
ERNWACA Africa	-	Education Research Network for West and Central
EI	-	Educational Innovations
MTT	-	Mobile Task Team
BOMAIDS	-	Botswana Medical Aid Scheme

DEFINITION OF TERMS

Study: refers to the research topic the researcher is working on.

Impact: refers to the negative effects on something or somebody.

Epidemic: is a disease that spreads quickly among many people in the same place.

Attrition: is a process of gradually weakening some body's strength and confidence by continuous sickness.

Mortality: refers to a large number of deaths caused by a disease.

Contributing factors: are factors that are contributing to the spread of the pandemic.

Pandemic: is a disease occurring over the whole country or world.

HIV/AIDS policy: refers to a written rule or a guiding principle adopted and agreed on by all stakeholders in an organization for people to live by.

Research Ethics: refers to a set of guidelines to assist the experimenter in conducting ethical research. (Larry B.Christensen:2007)

Informed Consent: refers to informing the research participant of all aspects of the study that may influence his or her willingness to volunteer to participate (Larry B.Christensen:2007)

Privacy: This refers to controlling other people's access to information about a person. (Larry B.Christensen:2007)

Anonymity: It refers to keeping the identity of the research participants unknown. (Larry B.Christensen:2007)

Confidentiality: about what may be done with the information in the context of research study, it refers to an agreement with research investigators obtained about a research participant. (Larry B.Christensen:2007)

Vos, Strydom, Fouche, Delport (2002:67) emphasized confidentiality as an indicative of handling of information and refers to an agreement between two people that limit other's access to private information. It is an individual's right to decide, when, where, to whom and to what extent his/her attitudes, beliefs and behavior will be revealed.

MTT-Mobile Task Team: This is a network of South Africa Professionals in complementary disciplines, currently working in 12 African countries to assist Ministers of Education to manage and mitigate the impact of HIV/AIDS through strategic planning and implementation of sustainable and systemic interventions.

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CHAPTER 1: ORIENTATION AND STATEMENT OF THE PROBLEM

1.1 Introduction

As we proceed through our daily routine we meet many questions that need answers and problems that need solutions. Christensen, L.B:1985)

The world today, especially the African continent is faced with HIV/AIDS – catastrophe that has given us an assignment which is not easy to complete and questions that are not easy to answer. This epidemic is maturing making South Africa to be leading country in having the fastest growing HIV/AIDS epidemic in the world. (UNAIDS: 2004)

It was revealed by the Mandela HRSC study in 2002 that South Africa has the largest number of people living with HIV/AIDS in the universe.

HIV/AIDS is one of the most serious challenges currently facing the education systems of poorer countries. Teachers and learners are seriously affected by this epidemic. The impact of HIV/AIDS on education is particularly alarming as the pandemic has impacted this sector more than any other sector.

According to the statistics given by the Mandela HRSC study (2002) it is reflected that AIDS deaths occur predominantly among workers in their most productive years, meaning that AIDS deaths lead directly to a reduction in the number of available workers which is the case in the Education sector.

Education is important in a country's economy as it forms the backbone of the country's economy.

How? Education describes the total process of human learning by which knowledge is imparted, faculties trained and skills developed.

F & J.S. Farrant in their book "Principles and Practice of Education defines education as a universal practice engaged in all societies at all stages of development. They further state that for a majority of people it is one of the great sources of hope for economic development. In the form of teaching education has to do with equipping young people for life and influencing change in the society.

In the Education system the schools are the centers where the production process of the human resources needed by the nation for development purposes takes place when the educators impart knowledge and skills to learners.

HIV/AIDS is having a devastating impact on South African education.

Educators specifically are not performing according their capability since the outbreak of HIV/AIDS disease started.

Concentration on producing skilled and literate citizens through teachers has shifted to concentration on fighting against AIDS. There are many possible reasons why the South African Education sector has been so badly affected by this epidemic.

1.2 Background of the problem

The labor force in schools is highly negatively affected by the HIV/AIDS epidemic. Schools that are located in rural areas are experiencing a high HIV/AIDS prevalence and are characterized by high absenteeism rate of learners and educators, high turnover and loss of institutional memory.

In the Eastern Cape, King Williams Town Education District in particular the mortality and absenteeism rates of teachers from schools is high. While the mortality rate of educators in schools increases, the number of learner's declines owing to the declining birth rates and increased child mortality rate.

The education sector is faced with training of new teachers to replace the AIDS victims and that training alone involves huge monies that have to be spent by the provinces. Large amounts of money that could be spent to do something else to develop and improve the performance of educators are lost in the establishment of AIDS Awareness Campaign and Wellness Programs that have to operate within the district education sector.

The education district is facing a problem of replacing the personnel that have died of HIV/AIDS thus hindering the performance of the whole district.

As in many other districts, provinces and countries, teachers are in short supply. In the rural areas of the district in particular, schools often depend upon a small number

of teachers. If one is ill or taking time off to care for family members or attend to funerals as a result of Aids that can seriously disrupt classes.

In the early ages of the African epidemic it was reported that teachers were at a higher risk of becoming infected with HIV than the general population, because of their relatively high socio-economic status and a lack of understanding about how the virus is transmitted. It is also stated that this trend appears to have changed as evidence increasingly shows that the more educated an individual is, the more likely he/she is to change his/her behaviour. A study in South Africa has found that 21% of the teachers aged 25-34 are living with HIV. (File: //E:\The impact of HIV&AIDS on AFRICA.htm:2004)

1.3 Problem statement

In spite of all the intervention strategies implemented by the National Education Department of South Africa teacher supply and teacher performance is reducing because of the prevalence of HIV/AIDS.

Studies carried out in other countries on the impact of HIV/AIDS on Education Sector disclose how HIV/AIDS impacts the lives of teachers at different arenas. In a study for instance done by M.J. Kelly on the impact of HIV/AIDS on Zambian schooling, it is stated that there are four dimensions to the impact which HIV/AIDS is having on teachers and their performance. They are teacher mortality, teacher productivity, teacher costs and teacher stress. All the four are the effects of HIV/AIDS that impact negatively on work performance of educators.

In a paper prepared by Markus Hacker in February 2002 it is stated that with the increased mortality of teachers on one hand ,but declining numbers of learners on the other hand will make it impossible to maintain the quality of education. One useful indicator for the quality of education is the pupil-teacher ratios.

1.4. Assumptions

The researcher assumes that:

- ❖ the socio-economic conditions contribute to the impact of HIV/AIDS on educators

- ❖ HIV/AIDS impacts educators on various levels namely: individual level, workplace level, government level. And society level.
- ❖ HIV/AIDS workplace policy is not implemented practically but just there as a for the intervention strategies departmental requirement
- ❖ those who are in the top management of education care less about the impact of HIV/AIDS on the education sector especially on educators and as a result there is less provision for that.

1.5 Significance of the study

The study signifies that education should continue as ‘business as usual’ even in the existence of HIV/AIDS and no shifting of focus from education to HIV/AIDS should occur within the department.

By this study the researcher hoped to make a significant contribution to policy makers to consider educator mortality and attrition in South Africa. The study would help to change the behaviour of educators and attitudes and thinking of the policy makers and top officials in the education department towards education, educators and HIV/AIDS. The study would also regenerate good morals and values among educators in schools and within the society at large.

This study would also help to regenerate value for life for all employees and ensure human life sustainability as a responsibility for all economic sectors.

It is expected to result in the improvement and consideration of the wellness of the educators so as to sustain the good work they are doing.

1.6 Scope of the study.

The researcher focused on the investigation of the impact of HIV/AIDS on school-based educators in the King William’s Town Education district with special interest on schools that have experienced loss of a teacher in the past two years and also schools that, according to leave records, show a considerably high educator absenteeism rate. It involved both rural and urban schools, school managers, educators and education departmental officials. The HIV status of the participants had not been taken into account.

1.7 Purpose of the study

The purpose of this study was to examine and describe the impact of HIV/AIDS on school based educators in the King Williams Town Education District in order to recommend principles and policies to be implemented by the Education District on HIV/AIDS management among educators at schools.

-It sought to understand the impact the epidemic has on teaching and learning whenever a teacher is infected or affected by HIV/AIDS.

-It also sought to draw attention of the district management of the added responsibility they have that of taking into consideration sick teachers and make interventions to assist the schools.

1.8 Research questions

To understand the impact of HIV/AIDS on educators and the factors contributing on its spread, the questions to be addressed were the following:-

1.8.1 .Main research question

Is the prevalence of HIV/AIDS in King William's Town education district having any impact on school-based educators?

1.8.2. Research sub-questions

To understand the impact of HIV/AIDS on educators and the factors affect it, the questions to be addressed will be the following:

- How does the HIV/AIDS epidemic impact on the teachers' performance at work?
- If the educator is infected or affected by the HIV/AIDS which levels of performance of an educator are impacted by this epidemic?
- What are the contributing factors to the spread of this epidemic among school based educators?
- How is the economy affected by the impact of HIV/AIDS on school based educators?
- How does the impact of HIV/AIDS on school based educators affect the learners' performance at schools?

- Is there a policy in the district which deals with HIV management among school based educators?
- What is the extent of the implementation of the policy on educators?
- To what extent is the concern of the King Williams Town education district top management about educators affected by HIV/AIDS?
- How does the school intervene when the educator shows to have been victimized by HIV/AIDS?
- Are there district any interventions on HIV/AIDS infected and affected educators?
- What recommendations can be made to improve the quality of teaching in spite of the existence of HIV/AIDS among school based educators in the King William's Town education district?

1.9. Aim of the study

This study aimed at understanding the impact of HIV/AIDS on school-based educators in the King Williams' Town Education district, awareness of the contributing factors on the impact and improvement of the intervention strategies to reduce the impact.

1.10. Research objectives

The study sought to:

- Describe the manifestation of the impact of HIV/AIDS on infected school based educators.
- -describe the manifestation of HIV/AIDS impact on other educators working with the infected educator.
- describe how HIV/AIDS impacts on the workload of school based educators.-
- Describe how HIV/AIDS impacts on educators at individual level, workplace level, government level and community level.
- Identify educational implications of the HIV/AIDS impact on educators.
- To identify positive aspects related to the implementation of the HIV/AIDS district policy.

1.11. Research design

The study decided to use the non experimental quantitative research design. Survey as the research method were used. The researcher was to triangulate findings from different data sources in order to provide an integrated study of the assessment of the implementation of HIV/AIDS impact reduction on educator's intervention strategies. The study used questionnaires and interviews to gather data, According to Neumann (1997:227) every method of data collection including the survey is only an approximation to knowledge; each provides a different glimpse of reality; and all have limitations when used alone. By using the mixed method the researcher wanted to use a variety of methods to collect data so that the biases of one method could neutralize the biases of the other.

1.12. Population and sampling

A population of 14 people was used. The population consisted of heads of the four schools and educators from two primary schools and two secondary schools. Of the four schools two schools i.e. one primary and one secondary school were rural schools and it were the same with urban schools. Purposeful sampling was done due to numbers of participants that were limiting in the study.

Two (2) educators (a male and a female from each school) from each school, 4 school heads. The target sample comprised of four schools that have experienced death of an educator within the staff and high educator absenteeism.

The data collected was to give the researcher a clear picture of the impact of HIV/AIDS on school based educators in the King William's Town district. The researcher would be guided by the leave forms submitted by schools to registry in the district office.

1.13 Data collection

To collect used to collect the data the following methods were employed:-

❖ Questionnaires

Open questions, closed questions dichotomous questions and multiple choice questions and rating scales were used.

❖ Interviews.

The study also conducted follow-up interviews to collect in-depth data from educators, school heads, and the departmental officials.

1.14. Pilot study

Before the actual study was conducted the questionnaire was administered to some pilot participants with the intention of assessing and evaluating the clarity and specificity of the questions.

1.15. Data analysis.

Qualitative data analysis involves organizing ,accounting for and explaining the data ,in short making sense of the data in terms of the participants' definitions of the situation ,noting the patterns ,themes, categories and regularities.(Louse Cohen, Lawrence Manion & Keith Morrison :2007:22)

The approach used was chosen with the intention of following the principle of fitness for purpose. The following data analysis approaches were used to analyze data:

- description
- Summarization
- Interpretation
- Discovery of patterns
- Understanding of individuals
- explanation discovering of commonalities
- differences and
- Similarities.

Rating scores were used for the data collected from questionnaires. Findings and conclusions were made basing them on the answers given by the participants in the questionnaires and interviewees.

Conclusions were also made based on the information received from the recorded leave periods by teachers from the targeted schools.

This chapter presented the background and providing an understanding of the aim of the study as well as an outline of the research areas.

1.18 Outlining the report

CHAPTER ONE

Chapter one is an introduction which presents the background and providing an understanding of the aim of the study as well as an outline of the research areas.

CHAPTER TWO

In this chapter review of the previous literature has been done examining the impact of the epidemic on educators in other countries and getting informed on the intervention strategies that they have engaged in reducing the impact.

The factors contributing to the spread of the disease have been dealt with by the researcher referring to the literature he/she reviewed.

CHAPTER THREE

This is the chapter in which the researcher has indicated the research method he /she has used in conducting the study. The necessary steps and procedures to be followed when conducting a research study and considerations to be made before and when the study is undertaken are reflected in this chapter. Data collection methods used has been dealt with.

CHAPTER FOUR

In this chapter data collected on the investigation on the impact of HIV/AIDS on educators in the King William's Town district is presented in the form of responses from the questionnaire administered to the research participants .Data was analyzed on the basis of the responses given by the respondents from questionnaires and from interview questions.

CHAPTER FIVE

The research results are presented and discussed. The results were considered in the light of the impact in the personal, work and education departmental context.

CHAPTER SIX

The chapter brought to light the limitations during the study, relevancy of the topic to the study, rationale behind the study, the significance of the study, recommendations to reduce the impact on educators made by the researcher after the study.

Validity and reliability of the study have been shown.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

The aim of literature review is to show that the researcher has read and that s/he has a good grasp of the main published work concerning a particular topic or question in his/her field (UCE:Birmingham)

It's also stated that according to Caulley (1992) of La Trobe University the literature review should compare and contrast different author's views on the issue. Literature review enables the researcher to:

- ❖ Highlight exemplary studies
- ❖ Show how your study relates to previous studies.
- ❖ show how the study relates to literature on general

It is further stated that the purpose of the review is to avoid unnecessary duplication. It is also to relate your findings to previous knowledge and suggest further research.

Specifically a review of literature will tell you whether the problem you have identified has already been researched. (Larry B. Christensen: 2007)

From the literature reviewed by the researcher it has been learnt that HIV/AIDS has impact on educators and the education system as whole universally. It is also reflected that studies on the impact have been undertaken in various countries.

Although all sectors of society have been affected by HIV/AIDS, one sector in particular has been the focus for attention and controversy: teachers. (UK Working Group on Education and HIV/AIDS) 2003.

According to (MTF : 2005) the number of educators is decreasing and the pool of temporary, relief and replacement educators may be shrinking as evidenced already in some provincial education system in South Africa. The reason is that a growing proportion of educators are dead and some are leaving the profession due to registration due to incapacity. This is fuelled by AIDS impact.

From the literature reviewed it is clear that there are no short term effective intervention strategies that can be employed to reduce the impact of HIV/AIDS on educators. No strong recommendations have been made concerning this issue. Factors contributing to the impact of HIV/AIDS on educators, generally, have been discussed.

2.2 The general impact of HIV/AIDS on educators-an overview

In many developing countries HIV/AIDS is one of the major hindrances to the educational access and economic development and productivity.

Because of HIV/AIDS the gains of Education for all are being undone. Our education systems are vulnerable to AIDS because of political, economic and social instability. They are characterized by high attrition, repetition and drop-out rates and over age enrolments which are related to viral transmission, that rising infections among scholars and teachers make them more vulnerable to HIV, while old killers like TB, malaria and cholera take advantage of depleted immune systems.

A large number of teachers are likely to die of Aids. There are going to be many schools that face illness and death among their staff due to AIDS.

Present systems to provide substitute teachers and for replacing staff are cumbersome.

Studies undertaken reflect that AIDS deaths occur predominantly among workers in their most productive years, meaning that AIDS deaths lead directly to a reduction in the number of available workers which is the case in the Education sector.

The educators as the agents of education in the education sector are adversely infected by the HIV/AIDS epidemic and thus weakens their performance which results in the weakening of the system. The weakening of the education system weakens the country's economy. Infection among teachers results in higher mortality rates, increase in early retirements and lower productivity. All these factors compromise the effective delivery of education by accentuating problems of access equity, efficiency and management. (Tamulong, J: 2004)

Peter Piot in his report on the impact of HIV/AIDS in Africa in 2004 states that in the early stages of the African epidemic it was reported that teachers were at a high risk of becoming infected with HIV/AIDS than the general population because of their

relevantly high socio-economic status and a lack of understanding of how the virus is transmitted.

According to Carroll Coombe in "The AIDS crisis in Africa", Vol ix, Issue 2 (spring, 2002) 12% of all educators were reported to be HIV positive. In Southern Africa an HIV positive person without access to drugs die within seven years of infection. That means that over 53 000 educators will die by 2010, or between 88 000 and 133 000 educators if prevalence reaches 20 to 30%.

The HIV/AIDS pandemic will have a traumatic impact on all educators. The work of HIV positive educators will be compromised by periods of illness. Even among educators who believe they are not infected or do not want to be tested, morale is likely to fall significantly as they cope emotionally and financially with sickness and death among relatives and colleagues. (Carroll Coombe, The AIDS Crisis in Africa. Vol ix Issue (2002) The situation is a desperate one and is getting worse and there seems to be no contingency.

In a survey made in a school in Botswana, Paul Bennel et.al (2001) states that Botswana was expected to have a highly adverse impact on the overall staffing situation throughout the Department of Education. All categories of the teaching personnel would be affected. It is further stated that, unless appropriate measures are taken, the morale, motivation, and overall performance of all teachers and support personnel could be seriously undermined. (Paul Bennel et al:2001)

In another study conducted in 2000 it was stated that there were going to be many schools that face illness and death among their staff due to AIDS. It was further stated that despite the decline in learner numbers the requirement for teachers would grow due to the high AIDS death rate among teachers predicted over the next 10 years. (Abt Associates, South Africa Inc, 2000)

2.3. The impact of HIV/ AIDS on educators in different countries.

In a research article on Teacher Mortality in Sub-Saharan Africa by the UK Working Group an insight into the teacher mortality due to AIDS in Sub-Saharan Africa has been provided. (Boler Tania:2003)

The group comments on the fact that “the teacher deaths account for less than 20% of the total teacher attrition in most countries with South Africa included something which shows the importance of proper contextualization of the impact of the epidemic. According to this research teacher mortality rates are either stable or in decline in some few countries due to behavioral change and access to ARV treatment (E I Newsletter on EFA and HIV/AIDS Prevention in Schools: Feb 2006)

Literature on how HIV/AIDS has infected teachers and other education personnel in other African states has been examined. The findings have shown that the HIV/AIDS situation is serious in all the countries studied. In Senegal the prevalence rates range from 0.5 and 5.8%. (UNAIDS, 2003)

In Zambia, the number of teachers dying from AIDS is greater than the output from all teacher training colleges. The Ministry of Education reported that 680 teachers died in 1996. The number was expected to rise by approximately 2000 a year by 2005. This was 5-6 teachers dying per day. (Debbie Cachucha :1999)

In Namibia, the incidence of HIV infection among teachers is likely to be well above that of the population as a whole, which was then between 20 and 25 percent, as reported by Debbi Gracchi in 1999. It was also reported that by 2010 at least 3500 serving teachers may have died in Namibia.

In Zimbabwe a study that found that 19 percent of male teachers and close to 29 percent of female teachers were HIV positive and as a result teachers are in short supply in Zimbabwe. (AVERT:)

In Nigeria, school suffers due to deaths of teachers and other personnel. Teacher absenteeism increases along with the discrimination and isolation of teachers suffering from HIV/AIDS. The quality of education suffers as a less qualified teaching force replaces more experienced teachers who die or unable to teach due to illness. <http://www.nigeria-aids.org/Reports/Education RFP final %5B1%5D.doc>

In a study done by Bagela Chilisa in Botswana in 2001, he states that in Botswana illness-related mortality rates are only higher among expatriate academic staff. The rates are three times higher than among the national academics. The records shown by BOMAID show that only 17 out of 864 members at University of Botswana staff are HIV positive –which is a low prevalence rate of course.

In a study conducted by the Verde Azul Consul in 2001 it is stated that studies in West Africa have demonstrated that an HIV positive teacher generally loses six months of teaching time prior to the onset of AIDS following-which is generally absent from the classroom until death. <http://www.unicef.org/evaldatabase/files/MOZ00-80/PART PDF>

South Africa, according to studies undertaken, has been found as the worst country affected by HIV/AIDS and is experiencing a devastating impact of AIDS on schooling provision. According to reports, school authorities and from education authorities speak of loss of teaching time due to the prolonged illness of teachers or to their erratic attendance.

Until very recently hardly good quality data has been and available on key parameters, including HIV infection levels and mortality and morbidity rates among educators.

According to Paul Bennel in his study on the impact of the AIDS epidemic on teachers in South Africa, a Health and Population Consultancy forum commissioned by the Minister of Education in 2000 to undertake assessment of HIV/AIDS impacts on the ability to deliver education presented a report whose main findings were kept under wraps. The reason was that it appeared that the Ministry Officials had concerns about the robustness of the reports' high estimates of projected levels of teacher HIV infection and mortality.

Because of the unavailability of information on teacher HIV infection and mortality during the study it was assumed that HIV prevalence among teachers was the same as the adult population as whole pregnant women was used to make projections of current and future prevalence and mortality among teachers up to 2015.

Teacher HIV prevalence was projected to increase from 12.5 in 2000 to 30% by 2015 and annual mortality rates were projected to increase eight fold from 0.5% to 4.0% during the same period.

Cumulative teacher deaths between 2000 and 2015 were estimated to be around 120 000 which was the total number of teachers employed in 2000. Nothing was reported on the possible use of anti-retroviral therapies (Arts) to reduce morbidity and mortality among teachers. Paul Bennel (2003) stated that AbT and the Renle and

Shisana projected that AIDS related mortality among teachers in 2004 were 1.4% and 1.1% respectively, which gave the assumption that (2/3) two thirds of teachers deaths are AIDS related.

In a SADTU document (Sept, 2006) it is stated that this Teacher Union acknowledges the seriousness of the HIV/AIDS pandemic. The pandemic impacts negatively on the socio-economic aspect of the country. It further states that the educators and staff members are not immune from the atrocities such as ignorance, prejudice and stigmatization that go with the virus.

From the study conducted in KwaZulu Natal, Provincial Education Department on educator mortality in 1999 – 2000 it is evident that female educators die more than male educators. Female educators who are aged between 30-39 have died of HIV/AIDS related illnesses.

In an investigation study conducted on the perceived HIV/AIDS impact among staff in the tertiary institutions in the Eastern Cape, South Africa, a sizeable percentage of workers indicated that the prevalence of HIV/AIDS had an effect on the duties at work, quality of service provided and ability to work. (N.Phaswana – Mefuya and K Peltzer: 2005). It is indicated that prevalence of HIV/AIDS among their colleagues has impacted negatively on their duties at work in that it led to increase in the workload, poor quality service, low morale, high absenteeism, frustration due to sick or absent staff members thus resulting in declined productivity.

In this study educators also indicated that because of HIV/AIDS prevalence the morale drops. Low morale affects job performance. Phaswana -Mefuya and Coombe (2000) found that HIV positive teachers were likely to lose interest in furthering their professional development.

In the Eastern Cape an educator from Lutshikimi J.S.S.; Mount Frere, was diagnosed with HIV/AIDS in 2002 (Educators Voice, SADTU)

Literature review that describes the nature and extent of the impact of HIV/AIDS on educators exists but there is no information concerning the number of teachers affected and infected by HIV/AIDS in the King Williams Town district. It is only the information on educator mortality that is available.

The lack of the statistics for educator HIV infection and AIDS deaths is assumed to be fear to disclose one's HIV status as this status results in stigmatization and discrimination.

The study seeks to also explore and describe factors contributing to the impact on educators.

The lack of the statistics for educator HIV infection and AIDS deaths is assumed to be fear to disclose one's HIV status as this status results in stigmatization and discrimination.

The study seeks to also explore and describe factors contributing to the impact on educators. In a message from the Minister of Education, Kader Asmal, in 2002 on HIV in schools, it is stated that many schools are already experiencing the effects of the epidemic, as teachers fell ill. Before the epidemic is brought under control such effects will become harsher and more widespread. It is stated that almost every educator will eventually be teaching some learners who are HIV positive. In most staff-rooms, one or more teachers will be infected.

It has also been stated in the document that HIV/AIDS disrupts learning and teaching which are the tools to measure the teacher performance of course. When teachers and learners die, schools suffer disruption, loss and sorrow. Educator morale will be crippled by this disease. (The HIV/AIDS Emergency: Guidelines for Educators Department of Education – Pretoria 2002)

2.4 .Contributory factors to the impact of HIV/AIDS on educators

A study on how and why teachers are infected with HIV/AIDS was conducted in 5 African countries and the following were found to be the factors attributing. (Tamukong Joseph ERNWACA: July 2004)

a) Temporary Separation from spouses: This was the case found in Burkina Faso (Tamukong, Joseph: 2004). This is very common in the education sector. Because of the large numbers of the educator component in the education department is not easy for one to get employment where his/her family is. Educators both males and females find themselves compelled to leave their spouses behind when they are sent to work in remote areas and young and unmarried teachers had to engage in multiple partners

and unsafe sex. Because the education sector is the most enormous sector among all the economic sectors, conditions like being separated from spouses or partners leads to educators' vulnerability to HIV/AIDS as they get involved with risky sexual behavior because of the employment status.

b) Issues of multiple sex partners: - Konga reported in Cillus (2002) that the young unmarried female teachers claim to be looking for "self discovery and claim that experiencing sexual intercourse with multiple partners is one way of discovering the self. (Tamukong Joseph ERWACA: July, 2004).

c) Resistance and Denial:-According to the same report as stated by Tamulong, J in ERWACA. (2002) there has been resistance and denial from teachers and school administrators who tended to see AIDS as a Ministry's of Health's concern. Some teachers prefer to remain ignorant about HIV/AIDS and those who have knowledge of it are unable to share with the colleagues..

d) Lack of entertainment and leisure activities:-Because of the lack of entertainment in the rural areas educators who stay at their work places in the rural areas entertain themselves with sex and as a result involve themselves in sex with multiple partners and then they become victims.

e) Sexual Harassment from pupils:-Since most teachers enter the service in their tender age they are exposed to sexual harassment from learners because learners see them as their equals. As a result of that they are tempted to involve themselves with unplanned and unsafe relationships with them.

f) Exchanging services for grades:-

Because educators are the ones in power at schools and those students are in their mercies in order to progress to the next grades, some educators take advantage of that power.

They lead learners who have failed in their grades to exchanging sex for a pass.

Because of that some teachers find themselves being victims of HIV/AIDS as sometimes they don't use condoms and also sleep with a number of students.

- g) Parental responsibility involving offering sexual favours to “warm the strangers’ bed.
- h) Immoral behaviour: According to Tamulong Joseph (2004) in Lihone (Africa 2000) teachers involve themselves in immoral behaviour which Tamulong assumes as the practice of having unsafe sex with multiple partners. .
- i) High disposable income: - The predictions made by this UK Group in 2003 are that qualified teachers will be lost to education. Their vulnerability to infection is particularly due to their comparatively high income, remote postings and social morbidity. Some teachers are lost.
- j) Inadequacy of teacher knowledge about HIV/AIDS: - Teachers and many of whom are part of the older generation never received AIDS education during their youth days and as a result are highly susceptible to HIV infection .This can be attributed to shallow knowledge teachers have on HIV/AIDS.

2.5. How HIV/AIDS impact manifests on school based educators

HIV/AIDS impact on educators manifests in various types namely:

1. Mortality: - More than 1% of the children in 19% have experienced a teacher who has died from AIDS (Anita Alban and Lorna Guinness, UNAIDS 2000). The overwhelming cause of death amongst educators of both sexes under 45 is illness, and is exceptionally high in the age bands 25 to 40 illustrating a typical pattern of AIDS impact. (Peter Badcock – Walters, Christopher Desmond, Wendy Heard, Daniel Wilson, Educator Mortality in KwaZulu Natal, Feb. 2003, and this situation witnesses the vulnerability of the educators. Morbidity and mortality rates among teachers are rising inexorably. (UK Working Group on Education and HIV: 2003)
- 2 Mobility:-Juma,M.N. (2001)states that teachers tend to move from rural areas to urban areas .This is because they want to be close to health facilities .Frequent transfers from school to school are also are contributing factor to the spread of the disease.

3 Low productivity and poor performance: - Just like any other sick person, the infected teachers become weak and become unable to give full concentration on their work and therefore become unproductive and perform their work poorly.

4 Long and frequent absences: - This is because the individual is ill or at times he/she has taken a sick family member to hospital or attended to a funeral.

5 Ill-health: - For a HIV positive person it is easy to be attacked by the opportunistic diseases like TB and others, therefore that results in prolonged sickness of an infected educator. In a study by Peter Badcock et 2003, it is reflected that a 1999 educator demand and supply made suggested that AIDS will add to existing high levels of educator attrition (7% in 1999) and require the replacement of over 60 000 out of 75 000 publicly and privately paid educators by 2010.

6. Increased load of work: -When a teacher falls ill, the class may be taken on by another teacher or may be combined with another class and taught by one teacher: [file:///E:/The impact of HIV&AIDS on Africa.htm](file:///E:/The%20impact%20of%20HIV&AIDS%20on%20Africa.htm). This statement reflects that those who are not sick have their work load increased because they have to share the work of the sick teacher among themselves. This increase in workload reduces effectiveness in the classroom.

7. Stress -Teachers are deeply affected personally by the incidence of HIV/AIDS among their relatives and colleague's. This is an area in which they receive little support. (Kelly, M.J:2000)

8. Low morale and motivation: - Once educators know that they are HIV positive, many are likely to lose interest in continuing with professional development. Even among educators who believe they are not infected (or do not want to be tested), morale is likely to fall significantly as they cope emotionally and financially with sickness and death and wrestle with uncertainty about their own future and that of their dependants. (Coombe, C: 2000)

9. Suffering from Stigmatization and Discrimination:-According to Kelly (2000) it is generally agreed that educators living with HIV/AIDS in Africa are seriously discriminated against by the school managers, colleagues and students.

Because of the common way in which people get infected with HIV/AIDS i.e. sexually, these educators are stigmatized because of the disease. Once a person is tested HIV positive the person stigmatizes and discriminates himself before other people do. It becomes worse once other people get to know that one is infected. Relations with colleagues, students, and parents become strained making it difficult for the infected educator to come to school thus affecting teaching and learning and the production of the school.

10. Non-Completion of Curricula: - Infected and affected teachers often do not complete their work programmes as they have no time to concentrate on their work.

11. Permanent Financial Crisis:- HIV infected teachers spend lots of money on buying medication and those who have AIDS drain their purses on buying medication making the situation very difficult for them to function properly as teachers since they face financial crisis.

2.6. How the impact of HIV/AIDS on school-based educators is perceived in South Africa.

Although AIDS is making the future of teachers gloomy, the high government officials seem to be looking AIDS with a blind eye and AIDS seem to be falling on deaf ears of the government officials. This is revealed by the article from HIV Learning Center (Sept 1. 2006) where Moshoeshe Morare Group Deputy Political Editor states that the SADTU has blasted President Thabo Mbeki for claiming not to know of any civil servants dying of AIDS, while teachers are facing the harsh realities of the pandemic .

2.7 How South Africa struggles to mitigate the impact of HIV/AIDS on educators.

“With AIDS out of control education will be out of reach”, Peter Piot (AVERT: Sept 2008)

Prior to the election of the democratic government in South Africa there were riots and at face going to be many schools that unrests responding to the then Apartheid policies. In 1985 the government set up the country’s first AIDS Advisory Group in response to the increasingly apparent presence of HIV amongst the South Africans.

For twenty years the HIV virus has spread unstoppably through Southern Africa. Attempts have been made to fight its spread and all failed and South Africa now has the largest HIV – positive population in the world. In education, demand for education is dropping and changing. Many teachers are ill and dying, and trauma of loss associated with HIV/AIDS is entrenched in South African classrooms and lecture theatres. In South Africa as well as in Africa as a whole, education is no longer “business as usual for education.”

The Department of Education has a responsibility to try and prevent new infections among teachers and by this teachers will require to understand their vulnerability (Dr Saul Johnson, Bat Associates: Sept. 2000). The focus is on the struggle against HIV/AIDS. South Africa’s national and provincial education departments and their partners struggle to maintain their balance within this context of catastrophe, challenge and loss.

Despite the decline in learner numbers the requirement for teachers will grow. This is due to AIDS death rate among teachers predicted over the next 10 years. The implication is that government planners need to consider attrition due to AIDS carefully when assessing training requirements for teachers in the country. Until recently the South African government was considering a reduction in teacher training capacity, as an excess number of teachers were being trained for a “NO AIDS” scenario. This will need to be reviewed in the light of the AIDS epidemic.

One study has indicated that focus has been on the intervention strategies to be implemented by educators when teaching learners about HIV/AIDS and nothing is said on the strategies to be used on the mitigation of HIV/AIDS among teachers.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

In this chapter the following were identified:

- Research design
- Research method used
- Data collection instrumentation
- Research setting
- Population and Sampling
- Data analysis
- Ethical aspects
- Consent to participate
- Confidentiality and Privacy
- Conclusion

3.2. Research approach

The researcher selected a post-positivist paradigm for the purpose of the study. This paradigm would measure factors that contribute towards the implementation of school based educators intervention strategies. This paradigm uses mixed methods to gather data. According to Jick as cited by Creswell (2003:174), "A combined method is one in which the researcher draws on quantitative and qualitative data collection procedures (e.g. surveys and in-depth interviews) the use of questionnaires and interviews will enable the researcher to gather the required information.

The above implies that the situation would differ in meaning depending to persons' opinions. Post-positivism roles on multiple methods are a way of capturing as much reality as possible. Both quantitative and qualitative researchers are concerned with

the individual's point of view. Qualitative research is endlessly created and interpreting. The researcher does not just leave the field with mountains of imperial materials and then easily write his or her findings but will interpret the findings of the study (Denzin & Lincoln, 2003). The post positivist argues that reality can never be fully understood but is only approximated. This implies that post-positivism relies on multiple methods as a way of capturing as much reality as possible. Post-positivism accepts that we cannot observe the world we are part of as a totality. For this study both quantitative and qualitative approaches will be employed as they give room for pragmatism.

3.3. Research design

Welman and Kruger (1999:46) argued that a research design is the plan in which the researcher obtains and collects information from the participants. A positivist approach will be used in the form of both quantitative and qualitative research in schools.

Survey Design:-Surveys are appropriate for research questions about self-reported beliefs and behaviours. They are strongest when the answers people give to questions measure variables. (Neuman, 1997: 228). The survey has a second advantage that it is used to gather data from a large population in a large questionnaire. For the purpose of this study, which was to rely mainly on self reported responses from the respondents, the survey was to be ideal for the study.

3.4. Research setting

The study was done in King William Town Education District, Eastern Cape South Africa .The rural schools of Keiskamahoe and KingWilliam'sTown central were used for the study.

King William has an enrolment of 3156 female educators and 1156 male educators totaling up to 4312 educators teaching from Grade R to post -primary schools.2600 educators are teaching in the primary schools and 1712 are in the Senior Secondary Schools. (KWT in Annual Survey: 2008).

3.5 .Population and sampling approach

Larger samples enable researchers to draw more accurate conclusions and make more accurate predictions (Schaller as cited by Strydom & De Vos, 1998: 19). The findings of the study have not been generalized over the whole population of educators in King William's Town because the researcher was using a small sample.

As it is not possible to study the whole population the sample may provide more accurate information than might have been obtained if one had studied the entire population .(De Vos: 1998:191). The researcher to ensure that all educators were represented did the random selection of the participants.

A population of 14 people was used. The population consisted of heads of the four schools and educators from two primary schools and two secondary schools. Of the four schools two schools i.e. one primary and one secondary school were rural schools and it were the same with urban schools. Two educators from each school were used.

Purposeful sampling was done due to numbers of participants that were limiting in the study. Two (2) educators (a male and a female from each school) from each school, 4 school heads.

3. 6. Pilot study

A pilot study was conducted by administering the questionnaires to some district officials to check the validity and clarity of the questions so as to be able to make alterations where necessary.

3.7 Data collection methods

Data collection is the stage or the process whereby the researcher collects the required information to answer the research question in order to draw conclusions. Various methods of data collection are employed by the researcher to ensure reliability of the findings of the research project. The following were the data collection methods employed by the researcher.

3.7.1 Questionnaire

A questionnaire was designed to elicit information from school principals and educators. How they see the impact of the epidemic on school based educators was sought. De Vos (2005:166) argued that the basic objective of a questionnaire is to obtain facts and opinions about a phenomenon from people who are informed on the particular issue.

Questions were based on the research questions with sub- questions in order to get all the relevant information. The questions were short and clear to make sure that the respondents understand them clearly.

The questionnaire comprised of both open ended and closed ended questions. The researcher ensured the delivery and completion of the questionnaire and the respondents completed the questionnaires by themselves.

3.7.2. Interviews

The study will also conduct follow-up interviews to collect in-depth data from educators, school heads, and the departmental officials. The researcher will get an opportunity to interact with the respondent's face- to-face. This will allow the researcher to observe all the reactions of the respondents through verbal communication or any body language. According to Tucumán, as cited by Cohen and Manion(1981:243), an interview provides access to make it possible to measure how knowledgeable and informative a person (knowledge or information) is on the topic, what a person likes or dislikes (values and preferences) and what a s/he thinks (attitudes and beliefs).Participants will be interviewed after administering the questionnaire.

3.8. Data collection instrumentation

- Questionnaires
- A book to take notes during interview.
- Attendance registers for educators.
- Records of leave taken by educators at individual schools as reflected in a leave register.

- Completed and submitted leave forms by sick teachers as reflected in the leave files in the schools.

3.9 Data analysis

The response to each question between the samples was compared.

Data collected from interviews, questionnaires and leave management records were measured, summarized and conclusions drawn.

The following were measured:

- Transfers by educators to other sectors
- Attrition rate
- Mortality rate
- Transfers to other schools in the urban areas
- Absenteeism
- Number of HIV\AIDS affected educators in the school.
- Morale
- Performance
- Behaviour change
- Stigma and discrimination
- Government response
- District response to the impact
- School response

3.10 Maintenance of research ethics

The researcher was open and honest with the subjects. He/she made a full disclosure of the purpose of the research.

The researcher informed them that he /she was very much concerned about how school –based educators are impacted by HIV\AIDS.

The researcher secured informed consent from the participants before they participated in the research. The participants were provided with the explanation of the research's opportunity to terminate the participation at any time with no penalty and full disclosure and risks associated with the study if any.

The researcher made them sign a form that indicates understanding of the research and consent to participate. The researcher sought approval for conducting the research from the District Manager and the heads of the institutions where the research was to be done.

Confidentiality was ensured by making certain that the data was not be linked to any individual subject by the name

3.11 Conclusion.

In this chapter literature on the studies conducted on this topic have been reflected. From the literature reviewed it is clear that educators are greatly impacted by this epidemic. It gives us information on how much impact is experienced by educators in other countries. The intervention strategies to reduce the impact and the factors contributing to the spread of this disease among educators have been dealt with.

CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

4.1. Introduction

The approach used by the researcher was the qualitative one .It was chosen with the intention of following the principle of fitness for purpose. The following were used;

Description, summarization, interpretation, discovery of patterns, understanding of individuals, explanation, discovery of commonalities, differences and similarities.

4.2. Responses

Questionnaires were taken to eight schools in the King William's Town district . 3 questionnaires were given to the three respondents in each school as indicated earlier. The school principal did assist in identifying two respondents as she is the one who has information of educators whose absenteeism is continuous.

Table 4.1: Number of responses to the questionnaire.

QUESTI ONNAIR ES	School A	School B	School C	School D
No .sent out	3	3	3	3
No. complete d returned	3	3	3	3
% Complete d and returned	100	100	100	100

Overall responses received were 100%. This response gave an impression that educators are concerned about their wellness and is willing.

1. QUESTION 1: What is the educator enrolment in your school?

Are they permanent or temporary?

In this question the educator enrolment for information purposes and to discover the supply of teachers which is one of the areas impacted by HIV/AIDS.

Table 4.2 Number of Teachers

Schools	No. of Permanent educators	No. of Temporal Educators	Total No. of educators
A (Urban high school)	8	1	9
B(Urban primary school)	8	2	10
C(Rural primary)	3	-	3
D(Rural high school)	5	-	5

In cases where there is a temporal educator the researcher wants to know the reasons for the appointment of such an educator.

QUESTION 2.Are there any temporary appointed educators in the school?

If yes, what are the reasons for their temporary appointment?

Table 4.3 Reasons for appointment of Temporal Educators in the past two years [2007 & 2008].

Reasons for appointment	School A	School B	School C	School D
Maternity leave	x			
A teacher has resigned				
A teacher has transferred		x		X
A teacher has died	x	x	X	X
A teacher has retired				
A teacher was sick	x	x	X	X

Shortage of staff due to post provisioning			x	
Growth post received due to increase of learner numbers	x			

From the responses given, it is reflected that there is a problem in the supply of educators. Teachers are appointed temporarily mainly due to death and illness.

Question 3. How many teachers have taken leave in the past twelve months?

Table 4.4 2008 Leave taken

Leave	School A	School B	School C	School D
Number of teachers	9	10	3	5
Sick Leave	9	10	3	5
Family responsibility Leave	9	10	3	5
Other Leave	5	4	3	1

From the representation above, the researcher wanted to know the type of leave taken most by educators which leads to continuous absenteeism from work.

Question 4: Answer 1. Agree 2.Disagree 3.Not Sure

Question 4: 1 Teacher absenteeism is a problem at our school.

Question 4: 2 HIV/AIDS has a contribution in teacher absenteeism

Table 4.5 Teachers of absenteeism

Statement	Agree	Disagree	Not Sure
4.1.Teacher absenteeism is a problem at my school	8 respondents	1 respondent	3 respondents
% of response	66,6%	8,3%	25%
4.2. Teacher absenteeism is caused by HIV/AIDS	6respondent s	3 respondents	3 respondents

Response in%	50%	25%	25%
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66% of the respondents agreed that absenteeism is a problem at their schools while 25% was not sure whether absenteeism is a problem at their schools and 8, 3 % does not agree to that point. The response that HIV/AIDS

Is a causal factor of absenteeism was the greatest.

QUESTION 5: MORTALITY:

5.1. Has the school ever experienced death in the past 24 months?

5.2. When do educators die most? When they are still in the service or when they have left the service?

The researcher wanted to know whether the educators die most while in service or out of service.

Table: 4.6

Death experienced in the past 24months.

DEATHS	SCHL A	SCHL B	SCHL C	SCHL D
Death in the post	2	1		1
Death out of the post		1		
Death by other sicknesses	1			1
HIV/AIDS related death	1			
Accidental death		1		

From the information gained teachers die mostly while still in service.

INTERVIEW QUESTIONS – SECTION B

QUESTION 1:- Are the educators aware of the existence of HIV/AIDS?

Here the researcher wanted to know the educators' level of understanding of the existence of HIV/AIDS.

Table 4.7: AWRARENESS OF EDUCATORS ABOUT THE DISEASE

AWARENESS	School A	School B	School C	School D
Yes	X	x	x	X
No				

The response here was 100% yes. That means that this disease is known by educators. Nothing is done by educators out of ignorance.

Question 2

Question 2 .1: Has the school ever experienced an impact by HIV/AIDS on educators?

Table 4.8 Experience of the impact of HIV/AIDS by schools

No. of responses	School A N=3	School B n=3	School C n=3	School D n=3	TOTAL RESPONSES
Yes	3	2	3	2	10
No					
Not Sure		1		1	2

83, 3% of the responses were YES and 16.6% were NOT SURE.

In this question the researcher wanted to know from the respondents if the impact of HIV/AIDS has ever been felt at where they are working.

Question 2 .2 in which areas or levels was the impact felt or noticed? Explain how?

In this question the researcher wanted to identify the areas that the impact is felt in and a person's life.

Table 4.9.Areas in which impact is felt.

Experience of impact	No .of respondents N=12	YES	NO

On individual		12	
On job		12	
On colleagues and community		12	

QUESTION. 2(3): How great was the impact?

Rate the impact as:

1=No impact 2=little impact 3=Serious impact 4=Very serious

Table 4.10.Measurement of the impact on the different levels.

Impacted area	School A	School B	School C	School D
On the individual	4	4	4	4
On the job	4	4	4	4
On colleagues and the community.	2	3	2	2

Here the researcher wanted to find the most impacted area in the teachers' lives.

QUESTION 3. ATTEMPTS MADE BY THE SCHOOL TO REDUCE THE IMPACT.

3(1) has the school got a HIV/AIDS policy?

Table 4.11

Response	School A	School B	School C	School D
YES	X		X	x
NO		X		

Three of the schools above have HIV/AIDS policy in place. This question wanted to find out whether the educators are aware of the importance of having a HIV/AIDS policy at school so that when the management knows what to do when an HIV/AIDS

cases arises and also know the role to play by each member of the school community when such a case arises.

3 (2): Who drew the policy?

The focus was to find if the policy was drawn by the relevant people.

Table 4.12 Stakeholders to be involved in the drawing of the HIV/AIDS policy.

Stakeholders	School A	School B	School C	School D
Principal		X		
Parents				
Teachers				
SMT				
Students				
All stakeholders	X			
Copied from a somewhere.			X	

The response of those who have it was that of equal participation of all the stakeholders. Equal participation would lead to a sense of ownership and partnership in the policy and its implementation.

QUESTION 3(3) is the policy implemented?

The researcher wanted to know if the policy was drawn for the sake of just drawing it, with no intentions.

Table 4.13. Policy implementation

HIV/AIDS POLICY	School A	School B	School C	School D
Implemented	X			
Partially implemented				X
Not implemented		X		

Do not know how to implement it.			X	
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The researcher wanted to understand the reason for the individual schools to draw the HIV/AIDS policy.

QUESTION 4: What attempts have been made by the school to ensure effective school functionality in the presence of HIV/AIDS?

Here the researcher wanted to discover the various intervention strategies that are employed by the schools.

Table 4.14

Attempts	School A	School B	School C	School D
Appointment of a temporary educator	X	X		X
Teaching of the class without a teacher by all educators	X	X		X
Leaving the class until the teacher returns			X	
Wait for the DOE to intervene			X	
Seek for the unemployed educators to volunteer teaching				
	X			

Three of the schools seem to be busy with intervening when the problem comes. One school showed that they wait for the Department to intervene before they take an action. This shows that some schools take teaching and learning as a serious business while some

take it as business as usual.

QUESTION 5: How does the district intervene?

In this question the researcher wanted to know the role played by the district in mitigating the impact on educators.

Table 4.15 District intervention

District attempts	School A	School B	School C	School D
Approve the appointment of temporary educators	X	X	X	X
Approve adjustment of job for the sick	X	X		
Approve transfer to convenient place of work	X	X		
Organize wellness campaigns and workshops	X	X	X	
Avail health services for the affected and the infected				
Involvement of the district management in wellness programs and activities				

Encourage the utilization of Employee Assistance Programs	X	X	X	X
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QUESTION 6: How can you rate the effectiveness of the district intervention?

The researcher wanted to assess if the intervention makes any positive change on the welfare of the educators.

RATINGS

.1=Not effective, 2=partially effective 3=effective 4=very effective

Table 4.16

Rating the Effectiveness	SCHL A n=3	SCHL B n=3	SCHL C n=3	SCHL D n=3
Rating 1	2	2	1	2
Rating 2	1	1	1	
Rating 3			1	1
Rating 4				

QUESTION 7: What do you recommend for a more effective strategy by both the district and the province?

In this question the researcher wanted to know if the district and the province are giving satisfactory intervention and also to discover what other strategies can be employed in the mitigation of the impact.

Conclusion

The district does make its attempts to reduce the impact on educators but it is not enough. Something more needs to be done.

The next chapter will focus on the discussion of the findings.

CHAPTER 5: DISCUSSION OF THE FINDINGS

5.1 Introduction

In this chapter the researcher will focus on the discussion of the findings .The findings to be discussed here are the products of the responses derived from the respondents.

5.2. Discussion on the findings on educator supply

Urban schools have more teachers than rural schools. This is due to large pupil enrolment in the urban areas. The availability of facilities in urban schools is the attractive factor to the people in the rural areas.

Concerning the employment status of the educators it has been found that most educators are employed in permanent status, some are temporarily employed. In the temporary status category of educators there is a sub-category of teachers who are mainly paid by the district from its fund. They are given a stipend. They are educators who are appointed for a month up to 3 months.

There are three categories of employment status of educators namely; each category based on the person responsible for the payment of the educator. They are:

- A] Permanently employed educators paid by the province.
- B] Temporary educators paid by the province.
- C] Temporary educators who get a stipend as payment. They are paid by the district from its budget. Any funds available are used to appoint and pay such a category when emergency cases arise.

The reasons for employing temporary educators are generally the substitution of the dead and the sick.

5.3 Absenteeism

Out of the teachers in all the four schools educators have taken sick leave, family responsibility and sick leave has been taken by 100% of the respondents.

Of all the types of leave granted to educators the most commonly utilized types by the educators are normal sick leave and family responsibility leave.

Because of the improper management of leave by the Leave Section in the district the researcher could not get the correct and reliable information of leave taken in the past 24 months. The reason for this improper management of leave starts from school level where principals fail to submit leave forms promptly and some principals do not submit them at all.

From the information that could be collected almost all the educators have taken both the sick and the family responsibility leave. 66% of the respondents agreed that teacher absenteeism from work is a problem in almost all the school. 50% been agreed that HIV/AIDS is a contributory factor in educator absenteeism from work in almost all the schools.

The findings on absenteeism in the participated schools talk the same language as the literature reviewed.

5.4 Teacher mortality

On the experience of death in the past 24 months 75% of the participating schools agreed that they did experience death. 33.3% of the experienced deaths were death by other sickness while 33.3% was HIV/AIDS related death and 33.3% being accidental death.

INTERVIEW QUESTIONS

In question 1 the researcher wanted to know if the educators level of understanding of the existence of HIV/AIDS. The results showed that 100 of the participants are aware of the existence of HIV/AIDS. It showed that although teacher is a mobile sector, nothing is happening out of their knowledge. They are responsible for their actions and infection by the HIV/AIDS.

From the responses given by educators it was shown that even if educators are aware of the existence of HIV/AIDS and that AIDS kills, there are those who are resistant to change their sexual behaviors.

5.5 Impact experienced by educators.

83.3% of the schools responded that their schools did experience the impact of HIV/AIDS, while 16.6% was not sure of the impact felt by their school.

5.5.1. Areas impacted by HIV/AIDS in an educator's life.

100% of the respondents agreed that HIV/AIDS impacts on the educators at personal level. The individual health is negatively affected. The educator is impacted physically, emotionally, spiritually and socially.

The respondents explained that the most commonly indication noticed after the person has found that he/she is infected is quietness down spiritedness, absent-mindedness and sensitivity to jokes.

One respondent remarked that he would stay ignorant about his HIV status. That showed that not all the educators are eager to know their HIV status. Knowing one's HIV status is not important to other people.

100% of the respondents agreed that HIV impacts an educator at job level. The impact on the individual in turn impacts the job. Low productivity on the job is an indication of the impact. This low productivity affects relations with the management and colleague. How? Being overloaded with work is not everybody's cup of tea, because of that the educators job dissatisfaction results because of the overloaded which has to be carried by those who are not infected and trying to reduce the load of the one who is infected with HIV/AIDS.

Work relations are affected negatively. One respondent remarked that one has to think twice on how to approach educators when thinking of dividing the infected educator's workload among those who are not affected.

One respondent revealed that the community loses confidence on the infected person and as a result the dignity, respect and value of the person is lowered. One respondent remarked that once one is infected and starts becoming sick the people around make an acceptance that the person is going to die. They treat the person as if already not existing. As far as these levels of impact on an educator are concerned, they are cyclic as shown below.

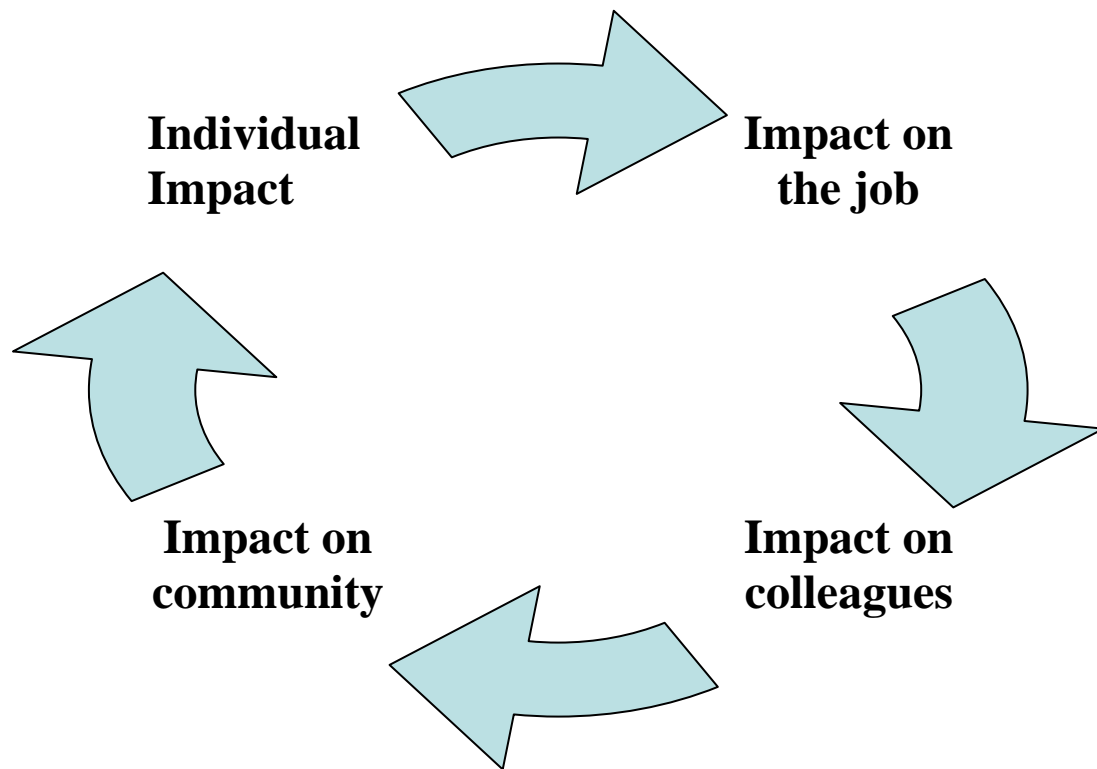


Figure 5.5.1.1 showing the cyclic manner in which the individual is impacted by HIV/AIDS.

One level results to another level. All these levels are driven by negative attitudes.

5.6 HIV/AIDS impact reduction strategies.

5.6.1 HIV/AIDS policy implementation

HIV/AIDS is not implemented on a small scale of the respondents one school 25% does implement the policy, 25% implements the policy partially and 25% does not see the importance of drawing a HIV/AIDS policy.

5.6.2. Attempts made by the school to ensure effective school functionality

The following interventions are employed by the schools:

- 75% of the schools apply for temporary educators from the district. The same 75% of the schools showed that all the educators who are not infected divide the work of the infected among themselves.
- 25% of the schools admitted that they leave the class until the teacher returns. The same school showed that some schools wait for the Department of Education instead of initiating a strategy.

- Volunteer teaching by the unemployed educators is also a strategy used by one of the schools

5.7 District intervention

The results showed that King Williams Town does make interventions to reduce the impact among educators. The following interventions were reflected by the schools:

- ❖ Approving of the appointment of temporary educators
- ❖ Approving of adjust of the job for the sick
- ❖ 50% of the schools showed that the district approves transfer of the sick educator to a convenient place
- ❖ 75% of the schools showed that the district organizes wellness campaigns and workshops for educators
- ❖ It was shown that health services for the affected and the infected are not available
- ❖ The results also showed that the involvement of the district management in HIV/AIDS reduction programs and activities is lacking
- ❖ The results also show that the district encourages the utilization of E.A.P (Employee Assistance Programs)

From what is shown by the results, very little is done by the district to mitigate HIV/AIDS impact on educators.

Rating the effectiveness of the interventions made by the district the study showed that the interventions made by the district are partially effective as is shown by 58.3% of the respondents. 25% of the respondents showed that the interventions are not effective while only 16.6% showed that the interventions are effective.

The reasons given for partial effectiveness were that the following:

- ❖ The approval of the appointment of a temporary educators takes a long time because of the long process of requesting the approval itself
- ❖ It also takes time to get a suitable person to occupy the post
- ❖ Some there are insufficient funds to appoint temporary educators
- ❖ There is no specific duration for the school to keep the temporary educator, schools have to rely on continuous renewals of the duration which is usually after every three months

- ❖ The district funds used to paying out stipend to another category of educators are also unreliable sources and insufficient to pay qualified educators as they are funds created by the district from its funds. Sometimes a vehement of funds has to be made in order to get a stipend fund.
- ❖ The Teacher Unions discourages payment of educators with a stipend. They see it as exploitations of teachers for cheap labor

Reasons given by those who saw the interventions ineffective include the following:

- ❖ Adjustment of job to suit the infected educator is not done by any of those in authority starting from school up to provincial level
- ❖ The school, district and provincial policy on HIV/AIDS and educator is not implemented
- ❖ There is no policy in the district catering for infected educators.
- ❖ The respondents showed no knowledge of any health services specifically meant for educators.
- ❖ Minimum involvement of District Management Team in educator wellness programs.
- ❖ Under utilization of the Employee Assistance Programmed
The respondents admitted that this program is in place but because of an educator to be assisted with the program an educator has to both be referred by the supervisor and also accept that he/she has a problem to be addressed. Because of the lack of acceptance on the part of the educator it is not easy for a supervisor to send the infected individual.
- ❖ Understaffing in the Education Support Programmers
- ❖ Section; This is the section responsible for executing support programs in schools, but, because the section has few staff this section tends to fail to make this service available to educators.
- ❖ It was lamented by the respondents in schools that there are no support centers where both infected and the affected educator go and get support.
- ❖ In school C the respondents brought to attention that only a little number of educators was taken to a counseling skills and AIDS management workshop and no cascading of the workshop was done for those who did not attend.

- ❖ It was also found that there is no special provision made by the district to cater for situations where an educator is sick with HIV/AIDS related sickness.
- ❖ A respondent in school C remarked that some educators do not disclose their HIV status.

5. 9. Conclusion

The next chapter will give us the researcher's recommendations thus giving opportunity for further studies.

Limitations of the study, relevance of the study to the Education Section and conclusion of the study have been outlined.

CHAPTER 6: LIMITATIONS, RELEVANCE, RATIONALE, SIGNIFICANCE, RECOMMENDATIONS, VALIDITY AND RELIABILITY AND CONCLUSION

6.1. Introduction

In this chapter the focus has been placed on the recommendations based on the findings made during data collections. Limitations on the study and conclusions on the whole study have been made accompanied by recommendations that can be used to reduce the impact.

6.2. Limitations on the study

- Getting a true record of HIV/AIDS related absenteeism for school-based educators.
- Getting a number of current HIV/AIDS affected school-based educators
- Getting a true record of educators' HIV/AIDS related deaths and attrition as this is still a hidden sickness among people because of its stigmatization effect.

6.3 Relevance of the study to King William's Town education district.

In this HIV/AIDS era, teachers are the ones used in the intervention strategies used to mitigate and reduce the spread of the epidemic. They are used as resource people. The strange and unfair part of the business is that little is done by the education department top management to sustain the wellness of the resource people for the benefit of the education . Educators are implementers of the newly introduced government policies and changes including the HIV/AIDS policy. They are used as change agents for the communities but little is provided to sustain them.

This research is relevant to King William's Town Eastern Cape and South Africa because policies and resources need to be reviewed, renewed and redirected to increase opportunities for teachers to contribute their expertise, understanding and activity to sustain the country's economy through education. The redirection of the policy and resources to teachers will help to equip educators in both the district the province and the country thus reducing its impact on them.

The redirection will also help to sustain the educators' and institutional performance even in the HIV/AIDS existence.

6.3 Rationale of the research

The researcher was moved to carry out this study by the alarming number of dying teachers that is increasing in the district despite the availability of medical aids, ARVs and Employee Assistance Programmes. Although the Department of Education has made strategies to give knowledge and awareness on HIV by written material including Life Orientation as a Learning Area in schools, there is still no reduction in educator deaths in schools.

Looking at the alarming rate of educator death and attrition in King William's Town it is clear that something needs to be done. Everyday a new face of a deceased educator is pasted on the notice board. Attending a memorial service on Wednesdays has become a component of the Departmental officials' weekly itinerary.

Teachers form a backbone in the existence of the education system. They are the ones that make education possible. Because of the importance of their work the government uses them as tools for the success of all the newly introduced programs in the district and province.

The researcher also wants to get answers as to how the school –based educators can perform well even in the prevalence of HIV/AIDS in the King William's Town education district. The researcher also seeks to explore the factors contributing to the impact of HIV/AIDS on school based educators in the KWT education district.

This study seeks to move the district management to devise means to intervene on the impact of HIV on educators.

A policy needs to be revised to increase opportunities for educators to contribute their understanding and activity to sustainable personal wellness and equip the infected educators with skills to manage HIV/AIDS and even apply prevention strategies on the spread of HIV/AIDS. This study therefore will explore the level of attention given by the government on the effects of the pandemic on educators. It will provide an opportunity to give educators a much needed attention and consideration.

The researcher decided to make a study on this topic specifically in the KWT district to examine and describe how HIV /AIDS impacts on educators in King William's Town district.

The researcher seeks to make recommendations on the practical implementation of the existing policy of the district on HIV/AIDS

After the study has been done the researcher will be able to make recommendations to the District Management Team as to how educator performance can be improved in this district after having been able to detect where the problem lies.

Despite the impact of HIV/AIDS felt by the whole education sector, this study will focus on the impact on teachers, thus so as to gain awareness of educator attrition which seems to be taken not seriously by the top management in the Education Department. The researcher aims to address the educational and economic implications of the impact of HIV/AIDS on school based education in the King Williams Town District Schools.

The intention is to make recommendations as to how the impact of the epidemic can be mitigated so as to promote teaching and learning.

6.6. Recommendations

If the following recommendations were made by the researcher hoping that the situation can improve if they can be considered:

- Educators' Medical Aid Scheme to be provided by the Department of Education specifically for the educators must be introduced in the Eastern -Cape. Private Doctors must be selected for the scheme to be consulted by the educators and their immediate families.

- These private doctors will also help in the supply of ARVT thus, preventing educator. This will encourage educators go for HIV/AIDS testing freely and privately from going to public clinics where their status would be suspected by those who see him/her in the clinic.

- A separate service centre specifically for government employees must be established where these employees including educators will get counseling services.

- To solve the problem of the separation between spouses and families the department must provide staff cottages for educators and their families.
- The involvement of the District Management Team in the HIV/ AIDS programs and activities can lead to the management putting HIV/AIDS spread as a priority in the district. From 30 days
- The district should be in possession of a database of unemployed educators with their areas of specialization for a quick replacement of the sick educators.
- Substitution of an n educator must not only be for absenteeism starting from 30 days upwards but from at least two weeks absenteeism.
- Yearly HIV/AIDS testing accompanied by an incentive for those who are HIV negative must be introduced and be a private matter between the employee and the employer .This will encourage educators to stay negative.
- The district must have a HIV/AIDS policy which is yearly reviewed, amended and redrawn. It must be practically implemented.

6.6. Validity and reliability

Validity and reliability of the study is possible as the same questionnaire was to be administered to all the four (4) schools. The interviews and the questionnaire were to be managed in the same manner to the same people.

6.7. Significance of the study to the education department

The Human Resource Section and Labor Relations Sections will be expected to revisit the policies and acts dealing with educators' employment conditions as far as HIV/AIDS infected and affected educators are concerned.

The top management in the education department will be encouraged not to focus on educators as implementers of departmental policies only but as human beings whose well being needs to considered and provided for.

Educators will implement the prescribed curriculum with all the confidence because the revised policies will eradicate stigmatization and discrimination thus promoting value for life for all.

Ensuring that learners get the quality education from educators at all times and ensuring that tuition is not interrupted by any means.

6.8. Conclusions:

1. Educators are greatly impacted by HIV/AIDS.

-HIV/AIDS is still going to impact a number of educators as long as the top departmental officials and government officials do treat this epidemic as a priority.

-Reduction strategies and intervention strategies given by the high levels of the government are minimal.

-There is enough room for further studies to be made on the topic.

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ANNEXURE A: QUESTIONNAIRE

This questionnaire should be completed by the appointed educators, principals and departmental official's .Thanks for your valuable participation and you time to be spent in filling the questionnaire and participation in the interview to follow. Please be assured that all information supplied in this questionnaire will be kept as confidential and anonymous as possible.

1. What is the educator enrolment in your school?

NUMBER EDUCATORS	OF PERMANENT	TEMPORAL

2. How many teachers are mostly on sick leave?

3. How many teachers have died in the school?

4 How many teachers have transferred to other schools in the last 24 months?

5. How many teachers have left for other jobs in the last 24 months?

6. How many educators in the school are staying with their families?

7. How many educators are married?

8. How many educators have applied for boarding because of ill-health?

9. How many educators have taken sick pension because of ill-health?

10. How many teachers scarcely take a sick leave?

Answer agree or disagree or not sure by ticking on the appropriate box

11. I am aware that HIV/AIDS exists and is killing.

12. Teachers in the school are affected by HIV/AIDS.

13. A /Some staff member(s) in the school/district is/are infected with HIV/AIDS.

14 A staff member died of HIV/AIDS-related sickness.

15. Some educators are involved in love affairs with school girls.

16. Some teachers are involved in love affairs with some members of the community where the school is.

17. Does the school have a HIV/AIDS policy?

18. If yes, is the policy implemented?

19. If the policy is in place, who drew it?

20. Has the school ever dealt with cases of stigma and discrimination of the HIV/AIDS infected individuals in the school?

INTERVIEW QUESTIONS

1. Is the school community aware of the existence of HIV/AIDS?
2. Has the school ever experienced an impact by HIV/AIDS on educators?
3. Tell how it started until you realized the existence of the impact, starting from how the teacher was impacted on (a) self, (b) job, (c) colleagues and community.
4. What attempts are made by your school to ensure that teaching continues normally and successfully even if one of the educators is either affected or infected?
- 4(1).How does the district intervene when such an impact is felt by the school?
- 4(2).Is the intervention effective? Why do you say so?
5. Do you feel the district is doing enough to intervene in such a situation?
6. What do you recommend for a more effective intervention strategy by the district and by the province?

Thank you for your time.

N-ZISONGILE-DEKEDA

ANNEXURE: B

Department of Education
KING WILLIAM'S TOWN
5600
30 September 2008

The Principal

IMPROVING THE IMPACT OF HIV/AIDS ON EDUCATORS

This is request you to take part in a research study I am doing by completing a questionnaire to be supplied and also take part in an interview session I am required to conduct with participants.

The following are the objectives of the study.

-This study seeks to identify the educational implementations the HIV/AIDS impact have on educators at different levels.

-To improve the impact of HIV/AIDS on educators by recommending more intervention strategies to reduce the impact

You are also requested not to write your name to ensure that the information will be kept as confidential and anonymous as possible.

In case of doubt contact me in the contact number provided below

Hoping that you will respond positively to the request.

Yours truly

N. Zisongile-Dekeda

Contact no.083 55 66 012/ 043 736 2147/043 605 2000

ANNEXURE: C

15 Went worth Road

Sunny ridge

EAST LONDON

5201

30 September 2008

The District Manager
Department of Education
KING WILLIAM'S TOWN
5600

Dear Sir

Permission to execute a study at schools

Title of the Research: **AN INVESTIGATION ON THE IMPACT OF HIV/AIDS ON SCHOOL - BASED EDUCATORS IN KING WILLIAMS TOWN SCHOOLS.**

This is to inform you that I am conducting a small scale piece of research on the Impact of HIV/AIDS on educators in King Williams Town. I am studying MPHIL in Stellenbosch University. The topic on the impact of HIV/AIDS on educators is very much under researched and as a result I have decided to undertake the study focusing on King William's Town schools.

I am therefore requesting for your permission and approval to do this study in 4 of your district schools. I also request you to be involved as you are the one in charge of the district and in a better position to know the problems faced by the district as a result of the HIV/AIDS.

The purpose of the research is that the district will benefit from the research in the following ways:

-Recommendations will be made to the district management team that considerations are made for the wellness of the educators.

-New interventions to reduce the impact of HIV/AIDS on educators will be introduced in the district.

I further ensure you that the information to be given will be kept confidentially and anonymously and non- traceably.

Unfortunately no incentives will be received by either participating schools or the district after the completion of the questionnaire.

Hoping for your positive response in this regard.

Yours truly

N.Zisongile-Dekeda