

Problems in Managing Educators with HIV/AIDS in South African Schools

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ABSTRACT Principals play a key role in managing educators with HIV/AIDS since this poses a serious threat to the quality of schooling. The aim of this study was to identify the problems facing schools in managing educators with HIV/AIDS. Its broad research aim was to identify needs and challenges facing school principals in managing educators with HIV/AIDS and to provide school principals with in-depth information on how to manage educators with HIV/AIDS. This article is limited to the findings since it only focuses on needs and challenges facing school principals in managing educators with HIV/AIDS. In order to obtain a better understanding of the problem, a qualitative study was done. Data collection was done through individual interviews with school principals and focus group interviews with educators. Data analysis was done using Colaizzi's phenomenological approach. The findings of the research confirmed that HIV/AIDS has a disruptive effect on education provision.

INTRODUCTION

Studies by Rayners (2007: 1) and Firnhaber and Michelow (2009: 23) show that HIV/AIDS is a global issue and one of the biggest killers in the world today. Other diseases that kill people in large numbers do exist, but none of them has spread as quickly as AIDS (McLean and Hiles 2005: 18; Sawers and Stillwaggon 2010: 197). Educators have not been exempted from this HIV/AIDS epidemic (Delport et al. 2011: 121). Their study shows that HIV/AIDS has 'had a devastating effect' on educators 'not only at a professional level, but also at all the personal levels of educators' well-being, namely, at an emotional, spiritual, physical and social level' (Delport et al. 2011: 121).

South Africa has more HIV positive individuals than any other country in the world (Chao et al. 2010: 561; Delport, et al. 2011: 121; Hofmeyr et al. 2009: 3). An estimated 5.6 million people were living with HIV and AIDS in South Africa in 2009, the highest number of people in any country (HIV and AIDS in South Africa 2009) and about 250 000 people die annually from AIDS related diseases (*The Mercury* 1 April 2009: 4; Aniebue and Aniebue 2009: 54).

KwaZulu-Natal has been hit especially hard by the epidemic and the education sector in the

province has been greatly affected (Leach-Lemmens 2009: 517). The province of KwaZulu-Natal has a prevalence rate of 21% of all HIV infections which is the highest prevalence rate amongst the South African provinces (*The Teacher* 31 October 2005: 1). Furthermore, the infection rate is increasing more rapidly there than anywhere else in the country (Rayners 2007: 31). Aggleton et al. (2011: 495) believe that education can play a major role in 'tackling the epidemic'.

HIV/AIDS presents a unique challenge to school principals who find themselves confronted with increasing numbers of HIV-positive educators on a daily basis (Rajagopaul 2008: 1). As principals they have an obligation to accept the challenge of HIV/AIDS and manage it with the same responsibility and devotion as they manage other areas of school life (Calitz et al. 2002: 147; Rayners 2007: 13). According to Calitz et al. (2002: 146), school principals need to understand the HIV/AIDS pandemic and its influence on various aspects of education, such as teaching, classrooms, teachers, the quality of education and the management of schools. They must try to pro-actively meet the challenges of the pandemic with effective management.

Although much has been done in the past three decades on the phenomenon of HIV/AIDS, more still needs to be explored (Aggleton et al. 2011: 504; Rayners 2007: 13). As such this study investigated the following research question:

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What problems were experienced in managing educators with HIV/AIDS?

Literature Review

Schools are greatly affected as educators who are considered to be the pillars of the education sector, are often at high risk of HIV infection (Department of Education 2003: 3). Many people are concerned as to why the education sector is hit particularly hard by the HIV/AIDS pandemic. A study in three African countries (Ghana, Malawi and Zimbabwe) by Leach (2002: 99), suggests that schools are major sites of HIV transmission. It documents cases of rape, assault and sexual harassment which are usually committed by male teachers. It has been argued that educators are more vulnerable to the disease due to their status in the communities (Rajagopaul 2008: 116). Lawrence (2002: 6) and Govender (2003: 36) argue that teachers have more money, are socially visible and are also more likely to be infected than anybody else since these educators are often "relatively young, comparatively well-paid, mobile and socially active" (Department of Education 2003: 5), all of which put them at greater risk of getting infected by the HIV virus (Kelly 2008: 8). It is astonishing and also shocking that educated people are more vulnerable to the disease, as these people should be educating the community in order to reduce the spread of the virus (Calitz et al. 2002: 149-150; Kelly 2008: 9).

HIV/AIDS disrupts education in the sense that the number of educators who are infected with HIV and dying from AIDS is on the increase (O' Connor et al. 2001: 27; Rayners 2007: 6). When HIV-positive educators become ill, they apply for long leave of absence. Increased absenteeism of educators is also attributed to deaths in the family, deaths of friends and of colleagues: attending the funerals of the deceased often interferes with educators' work hours (Calitz et al. 2002: 151). Calitz et al. (2002: 151) further emphasise the problem of prolonged absenteeism by stating that even a single teacher being absent impacts on large numbers of learners (Rajagopaul 2008: 116). The inability of the Department of Education to provide schools with substitute educators makes the situation even worse (Buchel 2006: 64).

When educators are infected with HIV/AIDS they are often too sick to attend school, which

means that learning is affected (Rajagopaul 2008: 116). As a result of this problematic situation, classes are frequently suspended. Colleagues have to fill in for the absent educators and are forced to take on double classes (Van Wyk and Lemmer 2007: 303). Sometimes colleagues may be required to teach in areas where they do not feel competent because the teacher who knows the subject is sick or has died (Kelly 2008: 8). These educators are subsequently overloaded with work, experience higher stress levels and can become discouraged (Department of Education 2002: 81; Van Wyk and Lemmer 2007: 303). Many South African educators considering quitting the teaching profession cite the challenges of teaching in an HIV altered reality as one of the factors motivating their choice (Hall in Theron et al. 2008: 78).

The problem of educators infected with HIV/AIDS is aggravated by the fact that more teachers are leaving the system than entering (Hall 2003: 36). Educators are also lost to other sectors in the workplace due to the need for educated personnel to replace those lost to AIDS (Calitz et al. 2002: 151). The exodus of educators to foreign countries makes the current shortage of educators in South Africa due to HIV/AIDS even worse (*The Mercury* 21 December 2006: 4; Xaba 2003: 287).

Once teachers learn that they are HIV positive, their morale suffers significantly (Republic of South Africa 2007: 40). Thus, even before the onset of AIDS, when HIV positive educators can still attend classes, the emotional distress caused by knowing their status already hampers their productivity (Buchel 2006: 64; Theron et al. 2008: 78). Lesson preparation, homework correction and classroom interaction are greatly affected (Hepburn 2002: 91; Van Wyk and Lemmer 2007: 303). The situation becomes worse when, apart from their own illness, they have to cope both emotionally and financially with sickness and death amongst relatives, friends and colleagues (Van Wyk and Lemmer 2007: 303).

HIV/AIDS has widespread negative effects on school enrolment. Enrolments in schools have declined drastically because of the impact of HIV/AIDS (Xaba 2003: 287). HIV/AIDS also impacts on the time available to school management team (SMTs') for normal planning and management strategies of the school since this time must now be spent on preventing the spread of

the virus and caring for HIV/AIDS affected members of the school community (Buchel 2006: 63). The large numbers of teachers infected with or affected by HIV/AIDS creates serious managerial problems for SMTs who will have to adjust their planning strategies to accommodate the impact of HIV/AIDS (Buchel 2006: 331). Without the expertise and experience of appropriate teachers, very little can be achieved by the Department of Education (Calitzet et al. 2002: 149; Theron 2005: 56; Buchel 2006: 59).

RESEARCH METHODOLOGY

In order to obtain a better understanding of the problems principals experience in managing educators with HIV/AIDS, a qualitative research strategy was deemed most suitable for the study (McMillan and Schumacher 2006: 319; Creswell 2008: 213; Mouton 2009: 55). In particular, an interpretative approach which gives a human perception of a particular social phenomenon (Nieuwenhuis 2010: 60), was used to describe and interpret the experiences of participants (school principals) on the problems they are facing in managing educators with HIV/AIDS.

A purposeful sampling technique was employed in which information-rich participants were selected. Four secondary and six primary school principals were interviewed using individual interviews (See Table 1 for more details). These principals were experienced principals in the Circuit and they all had between 15 and 30 years of teaching experience and 10 and 25 years of management experience. The participants were also currently involved in the issues around the study. The interviews with principals were conducted at their schools (principals' offices) as this was their natural setting (Neutens and

Rubinson 2010: 153; Babbie and Mouton 2005: 270; Leedy and Ormrod 2005: 134). This setting provided for privacy and the participants (school principals) were able to express their ideas on the issue freely.

Ten educators were also chosen from each of the ten schools for focus group interviews. These educators had between 05 and 15 years of teaching experience and were engaged in teaching Life Orientation and HIV/AIDS awareness programmes. This ensured that they were knowledgeable about the research topic.

An interview schedule was prepared which served as a guide to encourage participants to reveal as much information as possible on the research problem. Interviews were conducted in English since all participants understood it (McMillan and Schumacher 2010: 331) and these interviews were tape-recorded with the permission of the participants. Field notes were also made regarding the participants' body language and the researcher's immediate impression of the data. Ethical measures such as informed consent (McMillan and Schumacher 2010: 119), guarding against manipulating participants (Bogdan and Biklen 2007: 50), confidentiality and anonymity were adhered to (Cohen et al. 2007: 57; Johnson and Christensen 2008: 118; Neutens and Robinson 2010: 58; McMillan and Schumacher 2010: 119). The following main question was posed to participants: What are the problems in managing educators with HIV/AIDS? After the interviews, important official documents such as the time register, the leave register, memos and minutes of meetings were requested to verify information on persistent absenteeism by educators with HIV/AIDS related illnesses, which served as a way to triangulate the data collected.

Table 1: Profile of participants

<i>School Type</i>	<i>Number of learners</i>	<i>Number of educators</i>	<i>Medium of instruction</i>	<i>Age</i>	<i>Years of teaching experience</i>	<i>Experience as principal</i>
A Secondary	345	16	English	46	23	12
B Primary	352	09	Isizulu/English	47	21	10
C Primary	664	19	Isizulu/ English	45	20	10
D Secondary	460	13	English	57	30	20
E Primary	261	08	Isizulu/English	43	17	10
F Primary	770	24	Isizulu/English	55	33	23
G Secondary	285	15	English	52	26	11
H Primary/farm school	160	06	Isizulu /English	40	18	12
I Secondary	1010	33	English	41	16	11
J Primary	722	21	Isizulu/English	50	29	13

The data analysis was done using Colaizzi's phenomenological approach (Creswell 2007: 202) which implied that transcripts, field notes and other documents were systematically searched and arranged according to the problems principals experience in managing educators with HIV/AIDS (Creswell 2007: 202). The intent was to enter the inner world of participants to understand their perspectives and experiences (Johnson and Christensen 2008: 48). In this study Lincoln's and Guba's model for trustworthiness was used to ward off biases in the results of qualitative analysis. Within this model, four strategies were employed to ensure trustworthiness, namely credibility, transferability, dependability and confirmability (Creswell 2007: 202) which included member checking and thick descriptions of the data collected (McMillan and Schumacher 2010: 331-332).

RESEARCH FINDINGS

In terms of the infrastructure, the majority of schools involved in the research did not have the basic facilities such as telephones, fax machines, classrooms, library, laboratory, hall and sports fields. All schools had electricity and photocopiers although they had limited facilities and resources. Only three schools indicated that they did not have running water.

A literature control served as a benchmark to compare the findings of this study with similar studies. The following two main categories emerged:

problems relating to teaching and learning and problems relating to prejudiced perceptions about HIV/AIDS.

Each of these categories was sub-divided into further categories.

Problems Relating to Teaching and Learning

All the participants in this study reported feelings of dissatisfaction, confusion and disillusionment about the problems presented to schools by HIV/AIDS. They admitted that schools are drastically affected by HIV/AIDS pandemic. The following sub-categories of problems emerged from the data collected during the interviews concerning teaching and learning: persistent absenteeism, shortage of substitute educators, management problems and disruption of the curriculum.

Persistent Absenteeism

The participants were in agreement that persistent absenteeism by HIV/AIDS affected educators was a serious problem in schools. They felt that this disease led to a high level of absenteeism by educators and to poor service delivery that affected teaching. Learners were often left alone in classrooms without effective teaching taking place. One principal described the situation in her school as "a disturbing situation" and expressed her frustration as follows:

We are a multi-grading school. We teach more than one grade in one class. When one educator is absent due to illness, it is really frustrating. The kind of teaching that takes place under these circumstances cannot be guaranteed.

Educators shared the same sentiment as the principals. They reported that when colleagues were sick, they were 'forced' to take on double classes. One educator remarked, "Sometimes we are instructed to teach subjects about which we do not feel competent". Researchers found that sometimes educators were overloaded with work of sick educators, experienced higher stress levels and became demoralised (Van Wyk and Lemmer 2007: 303; Kelly 2008: 8).

Participants believed that increased absenteeism in schools cannot be blamed on infected educators only. Many educators were also affected by HIV/AIDS in their families. Often educators had to cope both emotionally and financially with HIV/AIDS and death amongst relatives, friends and colleagues. This view is widely supported by Van Wyk and Lemmer (2007: 303).

The findings were in line with the literature study on the impact of the HIV/AIDS pandemic on the education sector that confirms that prolonged absenteeism is a serious problem in schools and that it is also attributed to deaths in the family, deaths of friends and of colleagues (Calitz et al. 2002: 151; Kelly 2008: 8; Rajagopaul 2008: 116; Van Wyk and Lemmer 2007: 303). Apart from persistent absenteeism of sick educators, participants also expressed their views on a shortage of substitute educators as a result of this issue.

Shortage of Substitute Educators

All participants were concerned about the fact that there were often no substitute educa-

tors to replace absent educators. One principal argued as follows: "When an educator is sick, principals are always reminded of the post provisioning norm (PPN) and surplus educators". The majority of principals reported that even if the school was given a substitute educator, "there are no professionally qualified educators these days and the schools resort to employing unqualified temporary educators who are not even conversant with the new curriculum".

The participants also agreed that the appointment of substitute educators was a cumbersome process. The infected educators required a medical certificate from their doctors confirming that they were unfit to be at work and doctors needed to monitor their patients before they could issue the required certificates. The treatment of sick educators occurred in hospitals and clinics situated long distances from their homes and they had to wait long hours due to a lack of trained personnel and resources (Calitz et al. 2002: 151). The participants argued that during the time when educators were waiting for a doctor's certificate, learners became the victims of poor quality education.

The literature study confirms the shortage of substitute educators in schools due to the impact of HIV/AIDS and maintains that the inability of the Department of Education to provide schools with substitute educators makes the situation even worse (Buchel 2006: 64; Rayners 2007: 6; O'Connor et al. 2001: 27). The shortage of professionally qualified educators was more critical especially in the teaching of subjects such as mathematics and physical science (Xaba 2003: 287; Buchel 2006: 92). Implied in concerns regarding the shortage or substitute teachers, is the disruption of the curriculum in schools which participants considered as a main concern in classrooms.

Disruption of the Curriculum

The participants indicated that the curriculum was greatly affected in schools due to the HIV/AIDS pandemic. One principal remarked: "When educators are sick or die, schools suffer disruption which hampers the provision of quality education". The principals complained that instead of monitoring the curriculum in their schools, they found themselves compelled to take double classes. Moreover, the majority of principals felt that secondary schools were great-

ly affected as principals from these schools had a duty to account to the Department of Education for the performance of Grade 12 learners.

The literature confirms that educators affected by or infected with HIV/AIDS are not able to provide quality education to the learners because of their inability to cope with their daily duties which impacts the performance of their institutions (Buchel 2006: 343; Rajagopaul 2008: 116). Studies also confirm that lesson preparation and classroom interaction are greatly affected by HIV/AIDS pandemic which validate these findings (Hepburn 2002: 91; Van Wyk and Lemmer 2007: 303).

Apart from the influence of HIV/AIDS on education and its management, the participants concurred that schools were major sites of HIV transmission and problems relating to sexual abuse of learners.

Problems Relating to Sexual Abuse of Learners

Participants admitted that there were many cases of rape, assault and sexual harassment which were usually committed by male teachers. According to one principal, "educators sexually abuse female learners and sometimes make them pregnant". Principals pointed out that educators in schools attracted young girls with material things. According to the participants, young girls from poor backgrounds with unemployed parents often became easy targets. One principal complained that this problem was being exacerbated by "the abduction of young girls by the people who want to marry them without their consent". As such the principals cited poverty as a main reason for the spreading of HIV/AIDS which is also confirmed in the study of Sawers and Stillwaggon (2010: 2000). These authors believe that poverty 'may push some people into risky sexual behaviour or into contact with unsafe and inadequate medical practices, but it also forces people into other behaviours that pose risks for their health' (Sawers and Stillwaggon 2010: 2000).

There was agreement among principals that the problem of sexually abusive relationships was more prevalent in secondary schools than primary schools because learners there were more sexually active during adolescence, although the participants concurred that educators played a major role in the transmission of

HIV/AIDS. One educator argued that educators should not take the sole blame because “learners take educators as their targets as much as educators take learners as their targets”.

Another area of concern raised by the majority of participants was the inability of the Department of Education to punish the offenders. According to these participants, sexual abuse cases are correctly reported to the Employee Relations (ER) section of the Department of Education, but investigations are delayed by certain problems. One principal expressed her anguish as follows: “Once the accused educator suspects that the school is taking his case seriously, he will advise the learner to go to another school which seriously cripples investigation”. The literature has established that perpetrators of this crime often go unpunished and continue with their deeds (Buchel 2006: 10; Leach 2002: 101). The literature also confirms that this tendency creates the impression that gender violence is legitimate (Leach 2002: 101).

The findings of this study coincide with the literature which states that poor socio-economic conditions are the main drivers of sexual abuse cases in schools (Redelinghuys 2006: 357) and even more concerning that sexual abuse cases are exploding in affluent schools in which educators are often the perpetrators (Redelinghuys 2006: 375)...

Closely related to sexual abuse cases is the problem of alcohol and drug abuse in relation to HIV/AIDS.

Problems Emanating from Alcohol and Drug Abuse

The majority of participants agreed that schools were ‘really threatened’ by alcohol and drug abuse and that they resulted in more teacher absenteeism. As such, principals were of the opinion that high-risk drinking also influenced the health status of educators, which impacted negatively on teaching and learning. According to these principals, there was a link between alcohol or drug abuse and HIV-positive educators. One principal remarked: “Educators intoxicated with alcohol and drugs may be tempted to sleep with any person who is exposed to HIV/AIDS and they fail to use preventive measures such as condoms”.

These findings are supported by the literature which confirms that high-risk drinkers are

absent from work more than non-drinkers or low-risk drinkers (Shisana et al. 2005: 94). Equally important are the responses of the participants regarding lack of HIV/AIDS knowledge and resources.

Problems Caused by Lack of Knowledge and Resources

The participants concurred that educators lacked sufficient and appropriate information about HIV/AIDS. One principal remarked, “HIV/AIDS has always been aggravated by lack of knowledge” while an educator stated: “Many HIV-positive educators die because they are not equipped with sufficient useable information which could assist them to disclose at an early stage”.

The majority of the participants raised the common concern that schools have limited resources to implement all the provisions necessary for reducing the impact of HIV/AIDS adequately. Some complained about the shortage of funds in their schools, some were concerned about the lack of support material, inadequate personnel, lack of time and the technical capacity to deal with some HIV/AIDS issues. The literature validates that resources are vital in the fight against HIV/AIDS (Essack et al. 2010: 32).

Some principals blamed the Department of Education for not doing enough to educate principals and educators about HIV/AIDS. One principal elaborated: “They [Educators] lack the basic HIV/AIDS training which will empower them to manage educators with HIV/AIDS”. This is in line with the literature which reveals that despite many years of public campaigns, inadequate or flawed knowledge is a major reason for the pandemic nature of HIV/AIDS in South Africa (Chao et al. 2010: 568).

Considering the issues described above it can be deduced that these problems could impact the management of schools.

Management Problems

According to the participants, management was also affected because HIV/AIDS impacted on the school management team’s (SMT) time available for normal planning, and so participants reported feelings of frustration and disillusionment about the impact of HIV/AIDS on school management. The principals pointed out that

sometimes they found themselves compelled to adjust their planning strategies to accommodate the impact of HIV/AIDS. This echoes the literature which confirms that principals often have to complete numerous leave forms for sick educators instead of monitoring the application of the curriculum (Buchel 2006: 331).

One principal expressed her frustration regarding management in her school as follows: "The large numbers of educators infected with or affected by HIV/AIDS create serious management problems for School Management Teams as sick educators do not always want to disclose their status for the intended support". Moreover, senior management teams were also not immune to the HIV/AIDS pandemic. The principals pointed out that it was becoming increasingly difficult to replace heads of departments, deputy principals and principals in management positions because of the shortage of experienced educators. This view is supported by the literature that maintains that well-trained and experienced managers are replaced by others who have not received sufficient preparation for their responsibilities due to HIV/AIDS (Calitz et al. 2002: 149; Theron 2005: 56; Buchel 2006: 59).

Closely linked to the problems described above are the problems of disclosing the status HIV/AIDS.

Problems Relating to the Disclosure of HIV/AIDS Status and Confidentiality

The majority of participants commented that most HIV-positive educators considered HIV/AIDS "as punishment from God". They revealed that some of these educators did not go to church anymore because they felt neglected and abandoned and concluded that God "does not exist anymore". One area of concern according to the participants was that many educators did not want to admit that they were sick and refused to take antiretroviral drugs. Instead they visited traditional doctors and claimed that "they had been bewitched by their colleagues". According to a principal, this was also "a major cause of conflict" in many of their schools. The sampled principals felt that under these circumstances, it was very difficult for them to take proactive steps to support HIV-positive educators.

The following categories of problems concerning disclosure of HIV/AIDS status and confidentiality emerged from the data: HIV/AIDS stigma and discrimination, violation of confidentiality and dismissal of educators with HIV/AIDS in schools.

HIV/AIDS Stigma and Discrimination in Schools

It was evident from the responses that HIV/AIDS was stigmatised and that HIV-positive educators continued to be discriminated against. They also cited HIV/AIDS stigma and discrimination as the main reason for HIV-positive educators' reluctance to disclose their status. Participants were also in agreement that the stigma of HIV/AIDS was one of the worst aspects of the disease and that it stopped educators from coming forward for testing and treatment since it could put their jobs at risk. One principal expressed her frustration: "Our concern here is how to remove the stigma from a person who is HIV-positive." All the participants were in agreement that HIV/AIDS stigma and discrimination in schools are exacerbated by the violation of confidentiality.

In line with the findings, the literature has established that HIV/AIDS stigma and discrimination are major hurdles that school principals and the Department of Education have to address in schools as many HIV-positive educators are still treated as social outcasts (Rayners 2007: 146). In this regard Aggleton et al. (2011: 501) state: 'Education is bad when it spreads (or fails to challenge) myths and falsehoods about HIV'. The literature confirms that the HIV/AIDS stigma is a serious barrier to preventing the epidemic and that the HIV/AIDS status is vital for provision of quality care and treatment (Aggleton et al. 2011: 504; Chao et al. 2010: 560; Jaspan et al. 2009: 9). According to Chao et al. (2010: 568) stigma 'remains a major impediment to improving the situation that HIV-positive students and educators find themselves in the South African schools.' The discrimination in schools is exacerbated by the violation of confidentiality.

Violation of Confidentiality

The majority of the participants felt that educators were reluctant to reveal their HIV status within the school setting because they feared

that confidentiality would not be maintained. They also mentioned that in many cases educators resigned from their posts after a principal or colleague revealed the fact that they were HIV-positive. This is supported by the literature which states that HIV-positive educators are not afforded sufficient protection because they may sometimes be pressurised by their supervisors to reveal their status, for example when they have to explain their absence from school (Simbayi et al. 2005: 55). Apart from violation of confidentiality, participants also expressed their views on dismissals of educators with HIV/AIDS in schools.

Dismissals of Educators with HIV/AIDS in Schools

According to the majority of the participants, it was becoming increasingly difficult for infected educators to disclose their status because of a fear of dismissal. They further remarked that

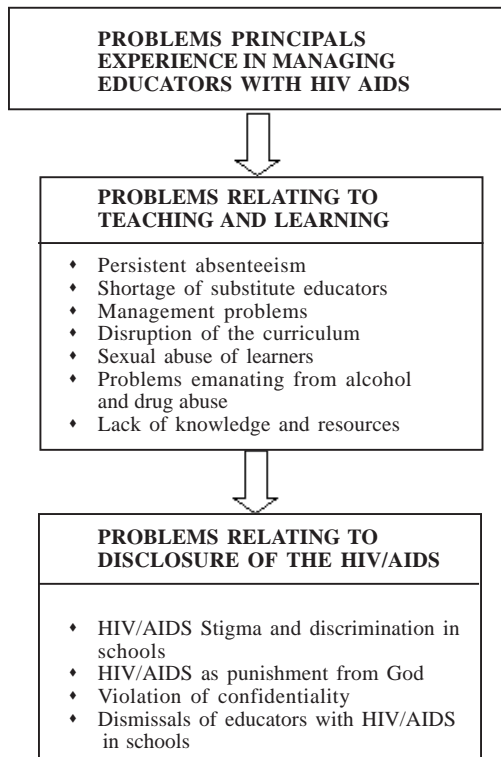


Fig. 1. Problems encountered by principals in managing educators with HIV/AIDS

very often, “once an educator’s HIV-positive status is known to the organisation, the educator suffers discrimination and is sometimes even dismissed from employment”. The literature condemns the dismissal of HIV-positive employees as illegal and unconstitutional (Simbayi et al. 2005: 18).

Based on the experiences of the participants in the study, it was possible to depict the findings of the study (Fig. 1) to illustrate the problems principals experience in managing educators with HIV/AIDS. These problems predominantly relate to teaching and learning and those associated with disclosure of HIV/AIDS status and confidentiality.

CONCLUSION

Based on the research findings, it is evident that HIV/AIDS will continue disrupting the education sector and will present educators with serious challenges in managing infected educators if no proactive measures are taken. HIV/AIDS can lead to serious loss of productivity and to the country’s economic crisis through loss of experienced educators. It is therefore incumbent upon school principals to be supported by the Department of Education to reduce the rate of HIV transmission since they have the potential to make a significant contribution in the fight against HIV/AIDS. The Department of Education has an obligation to accept the challenge presented to schools by HIV/AIDS with the same responsibility and devotion as they manage other areas of the school. The study concludes that schools have considerable potential to prevent HIV infection among educators as well as to alleviate the impact of infected individuals in their communities.

REFERENCES

- Aggleton P, Yankah E, Crewe M 2011. Education and HIV/AIDS—30 years on. *AIDS. Education and Prevention*, 23(6): 495–507.
- Aniebue PN, Aniebue U 2009. *HIV / AIDS Related Knowledge, Sexual Practices and Predictors of Condom Use Among Long Distance Drivers in Nigeria*. University of Nigeria, Nigeria.
- Babbie E, Mouton J 2005. *The Practice of Social Research*. New York: Oxford University Press.
- Bogdan RC, Biklen SK 2007. *Qualitative Research for Education: An Introduction to Theories and Methods*. Boston: Pearson.
- Buchel AJ 2006. *The Leadership Role of the Principal in Dealing with the Impact of HIV/AIDS in South*

- African Schools*. D Ed Thesis, Unpublished. Pretoria: University of South Africa.
- Calitz L, Fluglestad O L, Lillejord S 2002. *Leadership in Education*. Sandton: Heinemann Publishers.
- Chao W-L, Gow J, Akintola G, Pauly M 2010. HIV/AIDS stigma attitudes among educators in KwaZulu-Natal, South Africa. *Journal of School Health*, November, 80(11): 561-561.
- Cohen L, Manion L, Morrison K 2007. *Research Methods in Education*. London: Routledge.
- Corbin J, Strauss A 2008. *Basics of Qualitative Research Techniques and Procedures for Developing Grounded Theory*. Los Angeles: Sage Publications, Inc.
- Creswell JW 2007. *Qualitative Inquiry of Research Design: Choosing among Five Approaches*. London: Sage Publications.
- Creswell JW. 2008. *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research*. Upper Saddle River: Sage Publications.
- Delpont R, Strydom H, Theron L, Geyer S 2011. Voices of HIV and AIDS-affected educators: How they are psychosocially affected and how REds enabled their resilience. *AIDS Care*, January, 23(1): 121-126.
- Department of Education 2002. *Develop an HIV/AIDS Plan for your School: A Guide for School Governing Bodies, Management Teams, Managers and Educators*. Pretoria: Government Printers.
- Department of Education 2003. *HIV and AIDS Life Skills Resource Guide for Educators*. Republic of South Africa: Government Printers.
- Essack Z, Slack C, Koen J, Gray G 2010. HIV prevention responsibilities in HIV vaccine trials: Complexities facing South African researchers. *South African Medical Journal*, 100(1): 44-57.
- Firnhaber CS, Michelow P 2009. Clinical cervical cancer and the human immunodeficiency virus: A review. *South African Journal of HIV Medicine*, 10(2): 23 – 27.
- Govender MS 2003. *The Efficacy of the Department of Education's Response to HIV/AIDS in Changing Educators' and Learners' Risk Behaviours*. Master of Education, Unpublished. Pretoria: University of South Africa.
- Hall G 2003. *The Impact of the AIDS Pandemic on Teacher Supply and Demand in South Africa*. Pinnegowrie. Education Africa Forum.
- Helleve A, Flisher AJ, Onya H, Mu'koma W, Klepp K-I 2011. Can any teacher teach sexuality and HIV/AIDS? Perspectives of South African Life Orientation teachers. *Sex Education*, February, 11(1): 13-26.
- Hepburn A 2002. Increasing primary education access for children in AIDS affected areas. *Perspectives on Education*, 30(2): 87-98.
- HIV and AIDS in South Africa 2009. From < <http://www.avert.org/aidssouthafrica.htm>> (Retrieved 13 September 2012)
- Jaspan HB, Li R, Johnson L, Bekker LG 2009. *The Emerging Need for Adolescent – Focused HIV Care in South Africa*. Cape Town: University of Cape Town.
- Johnson B, Christensen L 2008. *Educational Research: Quantitative, Qualitative and Mixed Approaches*. New York: Sage Publications.
- Kelly MJ 2008. *Gender, HIV/AIDS and the Status of Teachers*. Maputo: Commonwealth Teacher Research Symposium.
- Lawrence J 2002. The internet and social development. African voices on HIV/AIDS and education. *Perspectives in Education*, 20(2): 55-95.
- Leach F 2002. School-based gender violence in Africa: A risk to adolescent sexual health. *Perspectives in Education*, 20(2): 99-112.
- Leedy PD, Ormrod JE 2005. *Practical Research*. New Jersey: Pearson Education, Inc.
- McLean M, Hiles L 2005. Introducing HIV and AIDS education into the first year of a problem-based learning curriculum: A template for health science education. *Health SA/Gesondheid* 2005, 10(2): 17-23.
- McMillan JH, Schumacher S 2006. *Research in Education: Evidence-based Inquiry*. Boston: Pearson Education, Inc.
- McMillan JH, Schumacher S 2010. *Research in Education: Evidence – based Inquiry*. Boston: Pearson Education, Inc.
- Mfusi BJ 2011. *Needs and Challenges in Managing Educators with HIV/AIDS*. Unpublished. Pretoria: University of South Africa, Pretoria
- Mouton J 2009. *How to Succeed in Your Master's and Doctoral Studies: A South African Guide and Resource Book*. Pretoria: Van Schaikwyk Publishers.
- Neutens J, Robinson L 2010. *Research Techniques for the Health Sciences*. New York: Pearson Education, Inc.
- Nieuwenhuis J 2010. Introducing qualitative research. In: K Maree (Ed.): *First Steps in Research*. Pretoria: Van Schaik Publishers, pp. 46-68.
- O' Connor S, Richter M, Wozniak A, Kraukame R, Du Plessis L, Westcoot, M 2001. *Managing HIV/AIDS in the Workplace and Community. Positive People*. Cape Town: Kagiso Education.
- Rajagopaul V 2008. *The Leadership Role of Primary School Principals in Economically Disadvantaged Areas affected by HIV and AIDS*. Ph. D, Unpublished. Cape Town: University of the Western Cape.
- Rayners S 2007. The leadership role of principals in managing HIV and AIDS of schools of the Western Cape. PhD Thesis, Unpublished. Cape Town: University of the Western Cape.
- Redelinghuys N 2006. Social dynamics fueling the spread of HIV/AIDS in the Free State: Implications for prevention, care, treatment and support. *Acta Academica Supplementum*, 1: 362-385.
- Republic of South Africa 2007. *HIV/AIDS and STI Strategic Plan for South Africa 2007-2011*. Cape Town: Government Printers.
- Sawers L, Stillwaggon E. 2010. Understanding the Southern African 'anomaly': Poverty, endemic disease and HIV. *Development and Change*, 41(2): 195-224.
- Shisana O, Peltzer K, Zungu-Dirwayi N, Lours JS 2005. *The Health of our Educators: A focus on HIV/AIDS in South African public schools*. Cape Town: HSRC Press.

- Simbayi LC, Skinner D, Letlape L, Zuma K 2005. *Workplace Policies in Public Education: A Review Focusing on HIV/AIDS*. Cape Town: HSRC Press.
- The Mercury* 2006. Teachers Lured Away by Better Pay. December 21, 2006, P. 4.
- The Mercury* 2009. Errant Teachers to be Named and Shamed. April 1, 2009, P. 4.
- Theron LC 2005. Educator perception of educators and learners HIV status with a view to wellness promotion. *South African Journal of Education*, 25 (1): 56-60.
- Theron L, Geyer S, Strydom H, Delpont CSL 2008. The roots of reds: A rationale for the support of educators affected by the HIV/AIDS pandemic. *Health SA Gesondheid*, 13(4): 77-88.
- The Teacher* 2005. R28m Project to Fight HIV/AIDS. October 31, 2005, P.1.
- Van Wyk JN, Lemmer E 2007. Redefining home-school-community partnerships in South Africa in the context of the HIV/AIDS pandemic. *South African Journal of Education*, 27(2): 301-316.
- Xaba MI 2003. Managing teacher turnover. *South African Journal of Education*, 23(4): 287-291.