THE LEADERSHIP ROLE OF PRINCIPALS IN MANAGING HIV AND AIDS AT SCHOOLS OF THE WESTERN CAPE EDUCATION DEPARTMENT

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DECLARATION

I, Sharlene Rayners, declare that **The Leadership Role of Principals in Managing HIV and AIDS at Schools of the Western Cape Education Department** is my own work, that it has not been submitted before for any other degree or examination in any other university and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

Signed: ....

Sharlene Rayners

Date: ....

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While many contributed towards the production of this report, the contents are exclusively my own and I bear sole responsibility for any errors of fact and interpretation.

ACRONYMS AND ABBREVIATIONS

AIDS – acquired immunodeficiency syndrome

B Ed - Hons. Bachelor of Education Degree Honours

ELRC – Education Labour Relations Council

EMDC – Educational Management and Development Centres

FRESH – Focusing resources on effective school health

HIV – human immuno-deficiency virus

HOD- Head of Department

IIEP - International Institute for Educational Planning

EMIS – Education Management Information System

HEARD – Health Economic and HIV/AIDS Research Division

HDE - Higher Diploma in Education

HSRC- Human Sciences Research Council

LO – Life Orientation

NGO – Non governmental organisation

PLQ- Principal Leadership Questionnaire

PPASA- Planned Parenthood Association of South Africa

RNCS- Revised National Curriculum Statement

SADTU - South African Democratic Teachers Union

SGB- School Governing Body

STD – Sexually Transmitted Disease

TAC – Treatment Action Campaign

TB- Tuberculosis

TST – Teacher Support Team

UCT – University of Cape Town

UNICEF – United Nations Children's Fund

UNAID- Joint United Nations Programme on HIV/aids

USAID – United States Agency for International Development

UWC – University of the Western Cape

WCED – Western Cape Education Department

ABSTRACT

**THE LEADERSHIP ROLE OF PRINCIPALS IN MANAGING
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AT SCHOOLS OF THE WESTERN CAPE EDUCATION DEPARTMENT
(WCED)**

Key words: HIV, AIDS, principals, leadership, management, schools, educators, parents, learners, WCED, legislation, policies, practices.

The HIV and AIDS epidemic is deemed the single greatest threat to South Africa's future and its growth is one of the most rapid in the world. The South African government has marked 2006 as the year of accelerated HIV and AIDS prevention.

It is against this background that I articulate the leadership role of principals as the focus of this research. It has become imperative that school leaders empower themselves in order to meaningfully deal with HIV and AIDS issues within the realities of the South African context. School principals are strategically situated to play a significant role in the struggle against HIV and AIDS in large school communities.

I gathered my data in six schools in the Western Cape. The Western Cape Education Department (WCED) is a significant regional organization, with unequalled reach and capacity in the Western Cape.

This study aimed at (a) gaining an understanding of the challenges facing school principals and (b) of the unique role they could play in addressing the HIV and AIDS epidemic. This study therefore explored, with a view to understanding, the perceptions of principals, parents, learners and HIV

and AIDS school and Education Management Development Centre (EMDC) co-ordinators in respect of the role of the school principal.

The above-mentioned endeavours are summarized in the main research question of this project, which is formulated as follows:

How do principals comprehend and respond to their leadership role in the management of the variety of issues arising from HIV and AIDS in schools under the jurisdiction of the WCED while dealing with the complexity, pace and magnitude of changes such as democratic and participatory school leadership?

A number of sub research questions emanated from the main research question, and informed my research instruments as well as my data collection procedures.

This research subsequently developed a comprehensive and multifaceted view of the principal's role in managing HIV and AIDS in the WCED. This was accomplished through qualitative data collection, exploring the leadership, decision-making, institutional involvement, power and influence of the school principal. An analysis was conducted of 'real' HIV and AIDS perceptions, experiences and practices.

This study enabled me to formulate a model for school principals faced with addressing the HIV and AIDS epidemic. I entitle this model the HIV AND AIDS SCHOOL LEADERSHIP MODEL. This model requires that the school principal, who might most effectively address the issue of HIV and AIDS within the school community, be quipped with the following qualities and characteristics. The principal should be:

- An <u>advocate</u> for addressing the HIV and AIDS epidemic, who is capable of gaining comprehensive knowledge, insight and understanding of the social, cultural, political and economic contexts of his or her school community;

- A <u>visionary</u> with a clear mission rooted in knowledgeable foresight, and who is capable of assimilating in his or her person knowledge and understanding of the academic requirements of school life, knowledge and understanding of the cultural and physical contexts of the school environment, as well as a profound understanding of his or her pastoral role within the school community;

- A <u>promoter</u> of healthy living who stimulates and motivates key persons to incorporate into the school agenda an holistic approach to health care;

- A <u>strategist</u> who integrates HIV and AIDS education into the school programme and curriculum;

- A role <u>model</u> with regard to school leadership, who sets and maintains goals by cooperating with and fostering the necessary leadership competencies in Heads of Departments, educators, learners and parents; and

- An <u>ally</u> of the school community who not simply initiates, but, most importantly, sustains programmes of prevention, care and support.

It is envisaged that this generic leadership model developed in this study will influence, energize, and inform education management regarding HIV and AIDS pertaining to the leadership role of principals in schools.

CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

The HIV and AIDS epidemic is posing the single greatest threat to South Africa's future. The epidemic in South Africa is perceived as the worst in the world and shows no sign of relenting. In South Africa it is now taking a devastating toll in human lives (UNAIDS, 2005). Although AIDS responses have grown and improved considerably over the past decade, they still do not match the scale or the pace of a steadily worsening epidemic (UNAIDS, 2005).

HIV and AIDS are causing dramatic changes to education systems. There is considerable denial and lack of thorough integration of HIV and AIDS planning into development plans, and a more flexible school system needs to be developed (Sergeant, 2003). The education system is vulnerable as key personnel are at risk. Responding to the need for empirical evidence, the Education Labour Relations Council (ELRC) commissioned the Human Sciences Research Council (HSRC) to conduct a nation-wide research project to assess the prevalence of HIV and AIDS, as well as to investigate the health status of and attrition rate amongst educators. The results of the research suggest that the large number of educators living with AIDS is cause for serious concern (HSRC, 2005).

Intense focus on the issue of HIV and AIDS, particularly with regard to state responses, is a relatively new trend. The national Department of Education (DoE) is confident that "education can play a leading role in the national response to the HIV and AIDS epidemic" (DoE, 2003:iv).

School principals should recognize that "schools should in the first instance realize their outcomes by bearing in mind the vision of the national as well as provincial departments of education for schools in South Africa" (Van Deventer et al, 2003:74). The need to accentuate managing HIV and AIDS within the management structures of education becomes important as the epidemic affects the education system as a whole. My main concern in this research study is the leadership role of school principals. School principals have the potential to make a significant contribution in the battle against HIV and AIDS since they are strategically situated in large school communities. The Western Cape Education Department (WCED) has recognized that HIV and AIDS interventions must "go beyond awareness-raising to managing it as this epidemic has devastating effects on the education system as a whole" (WCED, 2003a:3).

It is widely recognized and agreed upon that one of the key factors influencing school effectiveness is the nature and quality of leadership and management provided by each principal (Bush and Middlewood, 2005, Early and Weindling, 2004 and Jones, 2005). It is therefore imperative that school principals have to understand their influential roles in leading school organizations functioning within the South African context. The role of the principal is in the process of evolving because new legislation has, in fundamental ways, transformed the relationship between schools and their local education authorities. A particularly important feature of this altered relationship is the need to lead and manage educational provision at school level. Principals are required to move away from autocratic implementation of official policies handed down by the pre-994 Education Department. Nowhere is this more apparent than in South African schools where the predominant culture of school communities reflects the wider social structure of the post-apartheid era (Bush and Middlewood, 2005:52).

Principals are strategically placed to make a substantial contribution in so far as they lead and manage school communities at grassroots level. The increased complexity and distinctive dynamics of the educational environment necessitate unique functional leadership on the part of principals. Du Preez et al confirm this:

> Education managers must realize that schools must be managed effectively and all matters relating to education must be organized efficiently. The need for creative management in education has become a vital issue. Every education manager must be capable of adapting to changing circumstances and keeping abreast with new demands in a transformational South Africa (2003:9).

It therefore becomes crucial for principals to understand what their levels of competence are and to realize what development is necessary to become efficient school leaders. Principals need to recognize their own unique leadership situations and must be able to make the right choices, drawing on a wide repertoire of skills, qualities and abilities at their disposal (Jones, 2005 and Sterling and Davidoff, 2000).

1.2 RATIONALE

It is clear that HIV and AIDS threaten sector strategies such as "Education for All". Therefore, a study of the impact of HIV and AIDS is essential in order to develop prevention strategies and measures to care for those infected or affected by the epidemic (Allemano, 2005).

To effectively manage HIV and AIDS requires a collective effort on the part of the school community, but that effort has little chance of success without effective leadership on the part of the principal.

Having completed a master's mini-thesis on the topic of professional

development for the contemporary roles of principals, I am convinced that school principals carry prime responsibility for creating a caring educational environment. Many principals who lack the necessary skills are overwhelmed by their multifaceted task. There is convincing evidence that successful school leaders focus more strongly on motivating and developing people rather than on establishing and maintaining systems and structures (Bush and Middlewood, 2005). This developmental and motivational task of principals, together with the rapidly increasing numbers of persons affected by HIV and AIDS and infected with the HI virus, makes the task of taking the lead and managing HIV and AIDS an additional responsibility. This would predominantly be a human resource (HR) responsibility for the principal as it would include generic human resource management (HRM) functions – promoting sound employer/employee relations, human resource development (HRD), performance appraisal, handling matters pertaining to conditions of service and employee practices (dealing with grievances, disputes, discrimination, giving advice, care, support, assistance and referral), capacity building (training, information, communication), HIV and AIDS workplace audits/surveys, monitoring and evaluation of HIV and AIDS workplace programmes, and dealing with non-compliance with HIV and AIDS policy (WCED, 2004).

This additional managerial responsibility could be construed negatively as placing another burden on the shoulders of the school leader who now operates in a reformed and restructured but more vulnerable education system. However, this additional responsibility could also be viewed positively, as opening up opportunities for principals already situated in unique and strategic positions with the potential to make significant contributions in managing HIV and AIDS in the education system.

In education, as in many other settings, people are most likely to show commitment if those who have responsibility for them value them (Calitz et al, 2002 and Lingard et al, 2003).

I endorse the establishment, in 1996, of the long awaited Human Resource Directorate in the WCED. This directorate is able to assume a vital role in human resource development, especially for principals requiring development for competence to execute their multifaceted and challenging contemporary roles. When I consulted with senior HR officials of the Human Resource Management Directorate concerning the major challenges and concerns facing school leadership, they indicated that principals are being given leadership training. However, they expressed concerns about many who were not able to implement and apply new legislation and policies successfully, while others flourish within similar contexts. The officials made it clear that the priority of the directorate is to manage HIV and AIDS efficiently and effectively in the WCED.

To this end the WCED has established two major components: one to manage HIV and AIDS in the education curriculum, the other to manage HR responsibilities in dealing with employee HIV and AIDS issues in the workplace. The Aids Workplace Co-ordinator in the Human Resource Management Directorate indicated that the directorate is developing and implementing intervention strategies that are dependent on a well functioning administrative support system. A holistic approach to managing HIV and AIDS in educational organisations is envisaged. The WCED is committed to ensuring that principals "recognize different human resource management (HRM) responsibilities related to HIV and AIDS, and to identify how specific issues in employee practices concerning HIV and AIDS should be dealt with in the workplace" (WCED, 2004:1).

All these HRM officials indicated that they would appreciate comprehensive insight into how exactly principals are meaningfully able to lead and influence people in such a way that they eagerly work and strive towards achieving common quality goals, in order to enhance and enrich lives at school.

1.3 BACKGROUND AND SIGNIFICANCE OF THE STUDY

Sub-Saharan Africa houses slightly more than 10% of the world's population, but is home to more than 60% of all people living with HIV (25.8 million), and Southern Africa remains the epicentre of the global AIDS epidemic (UNAIDS, 2005). In 2005, an estimated 3.2 million people in the region became newly infected, while 2.4 million adults and children died of AIDS, with the majority of young people affected aged between 15 and 24 years (UNAIDS, 2005).

The HSRC household survey estimates that the "HIV prevalence in the population of South Africa is 11,4%" (HSRC, 2002:5). The 2002 HIV antenatal survey indicates that HIV prevalence in the Western Cape has increased from 8,6% in 2001 to 12,4% in 2002 (Caelers, 2003).

From a review of available literature, it is clear that very little research has been done in South Africa on HIV and AIDS in education.

The WCED has "1 467 principals leading and managing 29 488 educators, 922 396 learners and 8 883 public service staff in 1 467 ordinary public schools" (WCED, 2003c:10). Research conducted by O'Connor (2003), at the request of the WCED, has found evidence of widespread recognition that HIV and AIDS have become prevalent in and affect all aspects of school life.

O'Connor and Grimwood (WCED, 2003f) conducted another research study with five teachers living with HIV and AIDS, two Principals and two Circuit Managers. They recommend that the WCED needs to develop clear policies on matters regarding the effectiveness of antiretroviral therapy. Also, they noted the need for such policies to be circulated and advertised widely as part of a charter on the rights of the staff and learners. Subsequently, the Human Resource Development Directorate finalized an HIV and AIDS workplace policy which aims to facilitate the development and implementation of strategies to control and reduce the impact of the HIV and AIDS epidemic on employees of the WCED (WCED, 2003c).

Fundamental to the approach of this study is the notion that the WCED is a significant regional institution, with incomparable reach and capacity in the Western Cape. The WCED is labour intensive, and its large personnel means that HIV and AIDS are profoundly affecting the WCED. Principals in the WCED can significantly access many people, but very little change can be accomplished without people changing attitudes and behaviours.

This study could be useful to all principals who, in order to succeed in their developmental role, could select ideas and practices of others and compare them with their own experiences. In addition, I anticipate that school leadership will be stimulated to interrogate values, attitudes and practices regarding HIV and AIDS when they examine these values, attitudes and practices amongst members of the school community. I also envisage that this study will assist officials in the Human Resource Directorate to gain insight into what actually makes principals successful in various contexts, and utilize that knowledge when they offer their professional services to those who are struggling.

1.4   STATEMENT OF THE PROBLEM

The origin, causes and consequences of HIV and AIDS in South Africa remain contested amongst medical and political elites (Mc Lennan, 2000). According to Van Vollenhoven (2003:242) this "double mindedness has raised serious questions about the understanding of the epidemic in vulnerable institutions like schools". It also raises questions about the possible actions that might follow such a skewed conception of what causes AIDS and how it could be treated since it cannot be cured. The DoE confirms that "HIV and AIDS have widespread negative effects and present one of the greatest challenges for education planners and managers" (DoE, 2003:iv). It is in this complex and challenging context that school principals need to perform a leadership role in the management of HIV and AIDS in South African schools.

In this study I explore the leadership role of principals managing HIV and AIDS amid the complexity, speed and magnitude of changes within WCED schools. The leadership role is conceptualized from a transformational leadership perspective that suggests that leaders are able to exert an influence on and alter their environmental constraints in order to achieve their performance goals, and that school communities can be elevated above what is normally considered to be acceptable. I undertook a thorough and complex study by means of qualitative data collection as well as an analysis of currently existing HIV and AIDS school leadership perceptions, experiences and practices.

1.5   AIMS OF THE STUDY

I undertook to develop a comprehensive and multifaceted study of the leadership role of principals managing HIV and AIDS in schools in the WCED as I endeavoured to:

- ascertain which legislation and policies are applicable to managing HIV and AIDS in the WCED;

- determine what knowledge principals, educators, parents and learners in their schools possess regarding the prevalence of HIV and AIDS;

- determine the social and political context within which HIV and AIDS are encountered;

- explore the perceptions principals, educators, parents and learners have of the leadership role of principals in managing HIV and AIDS;

- unveil the challenges raised by the management of HIV and AIDS;

- investigate how specific issues concerning HIV and AIDS in education management could be efficiently and effectively dealt with in the realities of making change happen in practical terms; and

- develop a generic leadership model for school principals who have to manage HIV and AIDS awareness, prevention, incidence, and support in their schools.
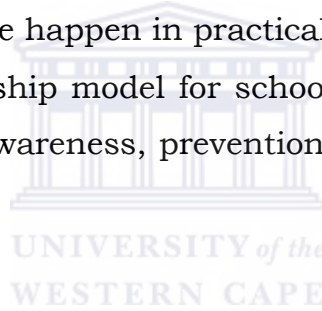
1.6   METHODOLOGY

Initially, I performed a documentary analysis of the statistics on the prevalence of HIV and AIDS. I then undertook a rigorous evaluation of HIV and AIDS studies that have been conducted, and studied legislation and policies pertaining to the leadership and management roles of principals with regard to HIV and AIDS in the WCED.

This study is located within a predominantly qualitative approach as I aimed to study the perceptions of principals, educators, learners and parents regarding principals' practices from an 'insider's perspective' (Babbie and Mouton, 2001:53 and Tuckman, 1994:381). I investigated principals' perceptions regarding their leadership roles in managing HIV

and AIDS. In addition, I examined the effects of the principals' leadership styles in managing HIV and AIDS against the background of their school communities' perceptions thereof.

1.7   CONCLUSION

In this study I focus on meanings, perceptions and the research process, and not merely on outcomes or products, since complex layers of meanings, interpretations, values, attitudes, histories, cultures and ethos characterize educational contexts (Chetty et al, 2003). A firm understanding of these variables and the ways in which they interact to create the politics and dynamics of HIV and AIDS management in school leadership is essential and therefore necessitate a qualitative study of these factors.

CHAPTER TWO

LITERATURE REVIEW

2.1   INTRODUCTION

In this chapter I aim to clarify and make explicit central issues regarding a comprehensive and multifaceted view of the leadership role of the principal when dealing with HIV and AIDS in the school community. I will initially focus on the national and WCED driven agenda, concentrating on current practices and plans with regard to the responsibilities and training of school principals managing HIV and AIDS in schools. Furthermore, I review other innovative initiatives regarding the management of HIV and AIDS in schools. I conclude the chapter with a theoretical framework of transformational school leadership to emphasize its benefits for implementation amongst HIV and AIDS leadership in school communities.

2.2   THE SOUTH AFRICAN CONTEXT

HIV and AIDS are devastating South Africa (Kalichman, 2005). Intense focus on the issue of HIV and AIDS, particularly with regard to state responses, is a relatively new trend. The origin, causes and consequences of HIV and AIDS in South Africa remain contested amongst political and medical elites (Maclennan, 2000:3). Therefore, efficacious interventions are needed by community–based organizations (Gordon, Forsyth, Stall and Cheever, 2005). Accordingly, the situation has raised serious consequences for the understanding of the epidemic in vulnerable institutions like schools, and of the possible actions that follow such a complex conception of what causes AIDS and how it could be treated. In

disadvantaged areas HIV and AIDS exacerbate the challenges of the already struggling education systems. Crouch and Perry (2003:496), in a study on educator supply and demand, recognise the impact of HIV and AIDS as a major factor, and identify a looming shortage in the teaching profession in South Africa. South African educators are viewed as a high-risk group in respect of HIV and AIDS (Vass, 2003). The occupation might be more affected by HIV and AIDS than other occupations (ELRC, 2005). It is within these challenging contexts that principals need to manage HIV and AIDS, and the impact thereof, in South African schools.

The need to accentuate managing HIV and AIDS within education management becomes important as this epidemic has tremendous effects on the education system as a whole The education system in South Africa is vulnerable as key personnel are at risk. It is estimated that one in every seven teachers and one in eleven principals have, by the end of 2000, been infected with the HI virus, and some provinces have even higher infection levels (DoE, 2000). Statistics indicate an alarming rate of HIV infection amongst the 14 to 24 year age group nationally (UNAIDS, 2005, HSRC, 2005 and Mannah, 2000).

Increasingly, school principals will come under pressure to implement HIV and AIDS education programmes. When principals deal with issues around HIV and AIDS, they often find themselves plunged in controversy. Discussions and debates about HIV and AIDS cannot avoid discussions and debates about community values, religious beliefs, and customs. The subject of HIV and AIDS is therefore a complex and sensitive subject. It involves talking about sex and also about death and dying, topics that make many people feel uncomfortable. In addition, although a growing body of research confirms how HIV is and is not transmitted, there is still

a great deal of fear based on misinformation and mistrust (Bogart and Thorburn, 2005).

The who, what, when, and how of HIV and AIDS education are all issues that need to be thoroughly explored and discussed before implementing any HIV and AIDS education programme.

Research conducted by Van Vollenhoven (2003:242) indicates that school management is not *au fait* with the legal requirements for dealing with HIV and AIDS and in many cases are still ignoring the existence of HIV and AIDS. Ogina (2003:i) found that some principals regard their schools as safe from HIV infection, and he discovered that many schools did not have policies and strategies in place for managing HIV and AIDS. Van Vollenhoven (2003:242) argues that knowledge of the causes and consequences of HIV and AIDS and a positive management of pupils with HIV and AIDS would help prevent the spread of the disease.

The main concern of this chapter is the leadership role of principals because they have the potential to make a significant contribution to the battle against HIV and AIDS, since they are strategically situated in large school communities.

The majority of participants at the International Institute for Educational Planning (IIEP) indicated that in countries in Africa and Asia that are heavily affected by HIV and AIDS, HIV and AIDS seem to have the greatest impact on the following four main areas of the education sector:

1   It affects education from a demand point of view – less demand is made on the current formal system because there are fewer children seeking to enter or stay in the education system.

2   The capacity of the education system to supply schooling services also decreases.

3   The quality of education is also affected negatively by this phenomenon.

4   Equality of opportunities will most likely be affected negatively (IIEP, 2000:4).

Everyone at the workshop agreed that successful measures to combat and cope with the impact of HIV and AIDS on an education system need a nationally driven agenda.

2.3   EDUCATION NATIONAL AGENDA

School principals need to utilise the national agenda as a foundation underpinning the devising of designs to formulate their own unique and comprehensive HIV and AIDS school policies. Even though awareness of the HIV and AIDS epidemic emerged during the 1980s, an accurate understanding of how HIV and AIDS are affecting educational provision in South Africa is generally lacking. However, despite the lack of an adequate, accurate knowledge base, the DoE has recognised not only the serious nature of HIV and AIDS, but is also aware of the potential of the education system to help prevent HIV infection and support students and staff directly. To date, the DoE has responded comprehensively and has developed strategic responses to the epidemic. This could make a real difference in schools and other educational institutions.

The main purpose of the DoE is to lead the Education Sector's strategic response to HIV and AIDS and continually refine the response on the basis of emerging evidence (DoE, 2003). In essence the national response is to assist line managers in planning, developing, implementing, monitoring and evaluating policies and programmes within the education

system. The following legislation and policies provide an indication of the leadership role of school principals in managing HIV and AIDS at school level. In 1999, Kader Asmal, the then Minister of Education, after consultation with the Council of Education Ministers, published the "*National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions*" in terms of section 3(4) of the National Education Policy Act, 1996 (Act No. 27 of 1996). Section 14 describes the details of the implementation of this national policy, including the role of the school principal:

> The principal or head of a hostel is responsible for the practical implementation of this policy at school or hostel level, and for maintaining an adequate standard of safety according to this policy (National Education Policy Act, 1996 [Act No. 27 of 1996], 14.2).

It is clear that school principals play a vital leadership role in implementing and managing HIV and AIDS policies at school level.

In 2000, the DoE disseminated "*Guidelines for Educators – The HIV and AIDS Emergency*" (DoE, 2000b). These guidelines are based on the national policy on HIV and AIDS for learners and educators in public schools and for students and educators in Further Education and Training Institutions of the Department of Education. The guidelines are intended to inform, equip and encourage educators to utilise their unique positions, and play a significant part in the struggle against HIV and AIDS in their personal and professional lives. School principals should be able to draw on the professional competencies of educators, build a sense of unity of purpose and reinforce their belief that they can make an impact in turning the tide of the epidemic.

The Information Systems Directorate of the DoE (DoE, 2000:8) maintains that formulating a sector-specific response to HIV and AIDS will include data collection and developing projections, using the following steps:

Step 1:   Understanding the impact of HIV and AIDS on society and human resource development in South Africa.

Step 2:   Identification of internal impacts on employees (education supply).

Step 3:   Identification of external impacts of the epidemic on education focusing on learners and the population (learning demand).

Step 4:   Identifying planning implications of the epidemic.

Step 5:   Assessing the social impact of the epidemic and evaluating the effectiveness of social intervention in arresting the progress of the epidemic.

Step 6:   Recommendations and development of the appropriate policy, planning, and social interventions.

The DoE, confident that it is uniquely placed to confront the threat of the epidemic, indicated that an appropriate sector specific response involves:

1) being aware,
2) having sufficient knowledge and
3) developing a vision that is realistic and aims to pre-empt and even reverse the damage of this epidemic (DoE, 2003:1).

Acting on agreements made at a conference convened on HIV and AIDS and the education sector in 2002, the DoE made a sector specific response by putting together three management tools which serve as guides for various stakeholders in the DoE to enable them to respond effectively to the epidemic. The leadership role of the principal is to determine strategies to incorporate these three tools for management,

staff and parental responsibilities at school level. The duties and responsibilities of principals are unique, depending on the approaches and needs of a particular school.

When and where appropriate, school principals need to allocate authority and responsibility that will ensure compliance with these three guidelines.

In the first place, the DoE developed *"Plan a Comprehensive Response to HIV and AIDS – A Guide for Provincial and District Education Planners and Managers"* (2003). The guide aims to open up the complex reality of HIV and AIDS within the context of education and tries to guide managers to look carefully, soberly and fearlessly at the landscape of the epidemic. This manual responds to four vital questions in order to prepare managers to respond effectively to the challenges presented by HIV and AIDS.
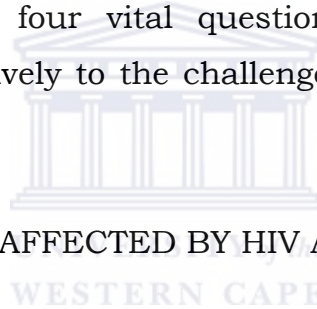
1)   HOW IS EDUCATION AFFECTED BY HIV AND AIDS?

Managers are provided opportunities to critically investigate their own assumptions, their own contexts, and the challenges the epidemic brings to their work. They are guided to carefully consider how to plan strategically, using planning tools or templates, and to respond effectively to their various challenges.

2)   WHAT DO WE NEED TO KNOW IN ORDER TO SET PRIORITIES?

School management is expected to adhere to the following four critical priorities:

(i)   Preventing the spread of HIV

- Define the role of schools in preventing the spread of HIV.
- Establish what are practical ways to prevent HIV infection.
- Understand what makes learners vulnerable at school.
- Find examples of creative and effective responses.
- Find unique solutions that will work.
- Look at ways to take action.

(ii)   Providing care and support for learners and educators
- Find out more about how learners and educators can be affected by HIV and AIDS.
- Understand the needs, rights and responsibilities of learners and educators affected by HIV and AIDS and infected with HIV.
- Respond to needs of learners and educators.
- Create a caring and supportive environment at school.

(iii) Providing quality education
- Find out how the HIV epidemic affects the quality of education.
- Understand what threatens quality education at school.
- Find ways to protect the quality of education.
- Manage absenteeism by partnerships with districts.

(iv)   Managing a coherent response
- Develop a vision of a school that is strong enough to survive.
- Understand what it takes to make the policy work.
- Find examples of successful policy implementation.
- Work out how to link the HIV and AIDS policy to the school development plan.

3) HOW DO WE PREPARE OURSELVES TO RESPOND EFFECTIVELY?

The manual advocates a planning process that will help managers to think, plan, and act strategically in their own province or district by following these steps:

Step 1: Analyse your specific context.

Step 2: Understand the financial cost of the epidemic to the education sector.

Step 3: Consider the human resource cost of the epidemic.

Step 4: Assess whether you have a strong foundation for action.

Step 5: Ensure that you have the information you need to respond effectively.

Step 6: Think of ways to mobilize resources across sectors.

2) WHAT ACTION DO WE TAKE TO IMPLEMENT POLICY?

This final chapter will help managers to:

a) Think about where to start.

b) Develop human resources to defeat HIV and AIDS.

c) Understand how strategic principles can focus their response.

d) Develop a plan of action that can be adapted for use in different contexts, with mainstreaming.

e) Look at how information can improve performance in the response to HIV and AIDS.

f) Consider some important questions about the monitoring and evaluation of their plans.

The guide is intended to help school principals make significant and strategic links between the national priorities around HIV and AIDS and the everyday work at provincial, district and institutional levels.

In the second place, the DoE published "*Develop an HIV and AIDS Plan for Your School*" (2004) in order to help schools and their communities to proceed in a step-by-step manner to look at the challenges that HIV and AIDS pose, and to take strategic action in their communities.

The four priorities mentioned above form the basis for this guide. SMTs, SGBs, educators and parents are encouraged to work together to plan and act to strengthen schools against HIV and AIDS. This manual guides them towards vision and commitment by urging them to:

- Take responsibility for the problems that directly affect you.
- Focus on those issues in your school that you can actually do something about.
- Understand the impact of the epidemic on South Africa as a whole.
- Use your knowledge of the epidemic to draw up effective action plans.

In the third place, the DoE developed a booklet, *HIV and AIDS in Your School: What parents need to know* (2004a) in order to inform parents of the new programme on the prevention of HIV and AIDS currently being implemented in their schools. This guide offers information pertaining to why there is a need to talk about HIV and AIDS and provides information for responding to pertinent questions. The DoE is confident that the new programme will be more effective if parents are aware of its content and support it. The booklet aims to encourage and assist parents to become partners in a response to HIV and AIDS in schools and communities.

To be effective, the commitment and political will of the national response to arrest the spread of the HIV and AIDS epidemic must be translated into provincial and local commitment.

2.4 WESTERN CAPE EDUCATION DEPARTMENT AGENDA

It becomes clear that the WCED has recognized that HIV and AIDS intervention goes beyond awareness raising to managing it in so far as the epidemic has devastating effects on the education system as a whole.

One of the five strategic objectives of the WCED's *"Medium Term Strategic Plan 2003/4 to 2005/6"* (WCED, 2003a) is to promote accountability on all levels, in line with the legislative framework – one being to play an active role in meeting the broader needs of the country, especially in dealing urgently and purposefully with the issue of HIV and AIDS.

The WCED aims at protecting and promoting the right to employment and in general the human rights of everyone within the WCED. The WCED has therefore developed a document, *"Know Your Rights and Responsibilities"* (WCED, 1999) that focuses on the management of crucial issues concerning HIV and AIDS in schools. In addition, the WCED also circulated a document, *"Universal Precautions for Preventing Disease Transmission in Schools"* (WCED, 2000) which gives a brief outline of the procedures for safely managing accidents and injuries at schools and at other educational institutions.

The role of Head Office at the WCED is primarily that of macro planning, research, policy development, capacity development and resourcing, quality assurance, programmatic and financial oversight and support, and programme monitoring and evaluation. Education Management and Development Centres (EMDCs) will be directly responsible and accountable for programme implementation. School principals are then responsible and accountable to make significant and strategic links

between the EMDC's priorities around HIV and AIDS and the everyday work priorities and issues at school level.

The HIV and AIDS co-ordinators of the WCED are responsible for co-ordinating the HIV and AIDS programme of the WCED on an ongoing basis. Their specific responsibilities include:

- communicating policy and essential information (e.g. implementation guidelines) to all stakeholders and employees;
- ensuring that management takes ownership of the HIV and AIDS Policy and Plan;
- establishing links with existing programmes and structures such as Employee Assistance Programmes (EAPs), and ensuring its implementation in an integrated manner;
- administrating and advising management on the implementation, monitoring and evaluation of the HIV and AIDS Policy and related programmes;
- liaising with local AIDS service providers and organizations concerning employee education and training, as well as counselling and treating persons living with HIV; and
- establishing partnerships with other stakeholders in order to combine efforts and resources to address HIV and AIDS challenges in the WCED.

Following the national agenda, the provincial agenda of the WCED is driven by two major approaches for their implementation strategies viz.:

1) The *HIV and AIDS Workplace Programme* (WCED, 2003c) is managed by the Human Resource Directorate, directed at developing 30 000 educators and 8 500 public servants.

2) The *HIV/AIDS Life Skills Programme* ((WCED, 2003b) is managed by

the Specialized Education Support Services including the Curriculum Development, Institutional Management and Governance Directorates, focusing on 30 000 educators and 1000 000 learners.

The diagrams on the following two pages depict the following:

- Fig. 1 - WCED TRAINING OUTPUTS which relates to 1) above, and

- Fig.2 - WCED HIV/AIDS LIFESKILLS PLAN 2004-2006 which relates to 2) above.

PROVINCIAL OFFICE

Training Outputs via relevant directorates   →   ABET

→ FET colleges

→ ECD institutions

→ Special schools

Master training: Generic HIV/AIDS and sexuality issues

Master training: Specialization/s

↓

SKILLS DEVELOPMENT → **PLAN**

DISTRICTS (EMDCs X 7) HIV/AIDS MFTs

Workplace Pro= gramme

Peer education via relevant Directorate/s Programme

CURRICULUM SLES

IMG

7 Educators. 3-day training. 80% to be trained by Sept 2004. (55% already trained).

Gr 10-12 educators. Basic/generic training 3 days by April 2005 plus subject specialties ($^1/_2$ day ongoing).

SGB training. 3-5 SMT reps & 3-5 parent SGB reps per school. $1^1/_2$ - 2-day training. Clusters of 5-10 schools per session. All schools by March 2006.

Care & Support training. $1^1/_2$ - 2-day training. Whole school or cluster/ community of schools. Should follow SMT/SGB. All schools by March 2006.

Gr 8-9 educators. 3-day training. 2-5 per school by Dec 2004.

Training in Basic Counselling & Referral Skills. 1-4 educators per school. Nodal areas and township schools prioritized. All schools, from Sept 2004, by March 2006.

Top-up or supplementary training, as required

↓

Ongoing support, via clusters

Fig. 1 - WCED TRAINING OUTPUTS

Provincial Employee

Provincial Inter - Departmental AIDS Committee

WCED TOP/BROAD MANAGEMENT

HIV/AIDS WORKPLACE PROGRAMME

HIV/AIDS LIFESKILLS PROGRAMME

PROVINCIAL HIV/AIDS UNIT

DIRECTORATE HRD

DIRECTORATE IMG

DIRECTORATE CURRICULUM

DIRECTORATE SPECIAL L/ED. SUPPORT

DISTRICT HIV/AIDS MANAGEMENT TEAMS

PROJECTS/SUB COMMITTEES
Peer education/learning support material/policy/training(school/parents)/
Campaigns/conferences/website

Fig. 2 - WCED HIV/AIDS LIFESKILLS PLAN 2004-2006

The expected outcomes of the WCED training outputs illustrated in figure 1 are that all the above institutions be compliant with HIV and AIDS policy and strategic plans, that educators are competent and effective with classroom-based teaching, and that all these institutions should be capable of managing HIV and AIDS at the local level by July 2006.

The WCED has launched the *HIV and AIDS Life Skills and Sexuality Programme* (2003b) that includes the following components for HIV and AIDS and sexuality education in 2003:

- Teaching HIV/AIDS in the classroom & Mandatory Requirements of the National Curriculum;
- Learning Support Materials (LSM);
- Teacher Training;
- School AIDS Policy;
- Health-Promoting Schools & Whole School Environment;
- Sexual Abuse & Educators;
- Parent Education Programmes;
- World AIDS Day & School AIDS Week;
- WCED HIV/AIDS Website;
- First Aid Kits; and
- Education support centres.

In addition, the multipronged WCED Peer Education approach is to intensify behaviour-change interactions with teenagers in schools. This is done by supplementing the classroom-based life skills programmes with extra-mural, curriculum extension and community based activities implemented by educators, loveLife groundbreakers, in school, youth and selected service providers, in order to facilitate personal, social, and institutional and community transformation.

In line with departmental policy, every school is required to have an HIV/AIDS co-ordinator/facilitator. However, the school principal has the ultimate leadership responsibility at school level to ensure that all the above mentioned programmes are implemented and managed meaningfully.

The Human Resource Development Directorate (HRDD) has finalized an HIV and AIDS workplace policy which aims to pave the way for the development and implementation of strategies to control and reduce the impact of the HIV and AIDS epidemic on employees of the WCED (WCED, 2003d). This provincial education policy for HIV and AIDS, based on the national policy, serves as a guideline for school managers and SGBs when compiling an implementation plan, as HIV and AIDS policies need to be drawn up for all educational institutions. For this reason, the HRDD has compiled an HIV AND AIDS Workplace Programme (2003) with the aim to address the unique needs of all the employees of the WCED, thereby reducing and managing the impact of HIV and AIDS on employees as individuals, as well as on their families and the community.

The HRDD has recognized that the ultimate success of this HIV and AIDS Workplace Policy (2003c) depends on effective implementation. Consequently, an official document, "*Guidelines for the Implementation of the Policy on HIV and AIDS in the Workplace"* (WCED, 2003d), was produced to serve as directive for action at practical level. The guidelines assist critical role players such as the HIV/AIDS co-ordinators to organize the HIV and AIDS programmes of the WCED on an ongoing basis, which includes specifying the roles of critical role players. Guidelines are given regarding the roles of the following critical role players:

- the role of the EMDC representative who acts as link between the HIV/AIDS co-ordinator and the relevant subdivision (specific role);

- the role of an HIV and AIDS forum consisting of elected employees; and

- the role of managers as leaders in the programme.

An implementation plan with related priorities is briefly outlined. The document concludes with a checklist of criteria to assess effective implementation of the workplace HIV and AIDS policy.

In addition, another document, "*Administrative Systems Required to Implement and Operationalise the Policy on HIV and AIDS*" (2003e) was produced. According to the HRDD the required administrative support includes administrative staff that takes responsibility for executing specific operational tasks, appropriate administrative processes and procedures that can be executed easily, and a system of recording/gathering, organizing and disseminating information related to managing HIV and AIDS in the workplace. This document indicates the general approach of the administrative support. The system components include: enablers (inputs), which in systems thinking are system components required to 'make the plan and process work'; measurable outputs; and review and modification.

Furthermore, the HRDD has outlined *Training of Line Managers on Human Resource Responsibilities in Dealing with HIV and AIDS in the Workplace* (2004). The workshop includes working through a conceptual questionnaire individually and in groups. Upon completion of the workshop the participants should be able to demonstrate the following:

- Explain their leadership role in managing HIV and AIDS issues in the workplace.
- State the reason for a holistic approach in managing HIV and AIDS.
- Apply different laws when dealing with employees living with HIV and AIDS.
- State different human resource management responsibilities related to HIV and AIDS in the workplace.
- Explain how specific issues in employee practices concerning HIV and AIDS in the workplace should be dealt with.

It becomes clear that the leadership of the *HIV and AIDS Life Skills Programme* and *Workplace Skills Programme* has become quite significant in the role of the principal. The provincial HIV and AIDS unit meets bi-weekly and bi-monthly with EMDCs. At EMDC level a co-ordinator and facilitator/fieldworker are appointed to oversee the programme with the following aims and objectives:

- To ensure access to an appropriate and effective integrated system of prevention, care and support for children infected with and affected by HIV and AIDS, and
- To deliver Life Skills and HIV and AIDS education in primary and secondary schools
  (WCED, 2003:3).

Although these co-ordinators work closely with the co-ordinators at school level, they also have to work with the leadership of the school. In November 2003 Link Community Development conducted a HIV and AIDS workshop with 27 School Management Team members and 27 School Governing Body members from nine schools of an EMDC in the

Western Cape. The workshop was based on the national DoE's crucial priorities for management outlined above. The expected outcomes of the workshop were that participants would:

- have been introduced to the crucial priorities for school HIV and AIDS policy-making and action-planning;
- have completed a comprehensive draft school policy on HIV and AIDS, for further discussion and ratification by the school community;
- have begun developing an action plan for the implementation of the school policy on HIV and AIDS, based on the template provided in the manual;
- have agreed on steps to be followed in order to finalize the HIV and AIDS policies and action plans at each school; and
- have understood the expectations and roles of the EMDC office and service providers in this process.

An associate of Link Community Development indicated that the participants found the pilot workshops beneficial for initiating HIV and AIDS management at school level. Monitoring and evaluation are being conducted in order to assess successful implementation.

School management, as reported by the principals in the WCED, seem to be at a high level of efficiency as 84% of the schools revealed that they have effective procedures in place for dealing with HIV and AIDS (WCED, 2003a:viii). Consequently, principals have the potential to lead a substantial force in stemming the tide of HIV and AIDS.

2.5 FURTHER INITIATIVES

2.5.1 Strengthening schools as nodes of care and support

Initiatives in the Western Cape also allude to the leadership role of school principals when advocating schools as crucial sites to be utilized when dealing with HIV and AIDS issues. In 2003 an education policy round table, *Strengthening schools as nodes of care and support*, was facilitated by the Children's Institute of the University of Cape Town (UCT), in collaboration with the Child, Youth and Family Development Programme of the HSRC. The aim of the round table was to consider the extended role of schools as nodes of care and support to vulnerable children in the context of HIV and AIDS in South Africa. The key outcomes were that, in principle, participants supported the idea of an expanded role for schools as nodes of care and support for vulnerable children.

It was recognized that the education system has several comparative advantages over other services when it comes to the care and support of children. It was agreed that an expanded role for schools cannot and should not exacerbate the burdens that educators already carry.

Participants felt that the emphasis should be placed on better utilizing schools as vehicles through which services can reach children and children can access support, and on viewing schools as one important link in a service chain.

2.5.2 Managing HIV/AIDS in KwaZulu-Natal

The province of KwaZulu-Natal has the unfortunate distinction of being the South African province with the highest infection rate. Furthermore, the infection rate is increasing more rapidly there than anywhere else in the country. *Managing the Impact of HIV /AIDS in Education in KwaZulu -*

Natal, a presentation to the NATU Advocacy Conference on HIV and AIDS, endorsed the following *Management Responses:*

1. Recognise the Problem
2. Review Policy and Regulation
3. Issues of Concern
4. Empowerment
5. Data Capture
6. Multi-Sectoral Partnerships
7. Resource Centres
8. School Governing Bodies
9. Orphans
10. Educator Training
11. Counselling
12. Curriculum Change
13. Marginalisation
14. Information
15. Strategic Planning
(Badcock-Walters, 2000).

School principals could bear in mind this comprehensive list when they respond to HIV and AIDS issues in their various WCED school contexts.

We need inter-related strategies to reduce the impact of HIV and AIDS on the education system, decrease the vulnerability of people and reduce the risk of infection. School-based responses to HIV and AIDS have evolved into a more complex and encompassing set of strategies.

As a UNESCO institute with a mandate in this area, the International Bureau of Education (IBE) launched, in 2002, a Cross-cutting HIV and AIDS Project aimed at supporting the scaled-up response to the epidemic on the part of the education sector.

A new departure was advocated during the World Education Forum (Dakar, Senegal, April 2000). UNESCO, UNICEF, WHO and the World Bank, launched a joint programme, 'Focusing Resources on Effective

School Health' (FRESH). It is aimed specifically at strengthening the link between health and education, and raising awareness amongst ministers and decision-makers in general, about the need to create a global and effective programme on school health as part of the strategies on Education for All. The FRESH programme requires that its founding organizations work in the field of sanitary health education in schools for the prevention of AIDS in order to assist countries to successfully implement such an education.

The school thus becomes one of the most important means to improve health as well as education while combating AIDS.

2.5.3 South African Principals Association

Since education is now located within a human rights framework and placed under the rule of law, school principals now find themselves in a changed situation where they may have to account for things they either do or fail to do. According to the report of the South African Principals Association (SAPA) (2002) a major challenge for principals is to overcome, or at least manage, the appalling consequences of AIDS, which are now starting to be felt in schools. There are confirmed reports of increased absenteeism of teachers and pupils, more deaths, and more orphans.

Crewe (2002), in her presentation *Aids: Rights, Risks and Responsibilities*, points out that AIDS will transform our country beyond recognition. She argues that we still have no real idea what promotes and secures behaviour change, how to turn a sceptical population into a believing one, how to address the many and complex issues of care and support and most of all how to address the needs of young people. Furthermore, Crewe (2002) claims that it seems increasingly clear that we need to disassociate AIDS from sex. She advocates that a new way to

look at what we should be doing is to find new entry points and these are about humanity. AIDS education can effectively start from discussions about care and compassion and practical training, as well as discussions about development and the impact of a disease of this nature on the prospects for sustainable development in South Africa. The SAPA (2002) report also indicates that the association is currently working with the ETDP SETA to develop a series of qualifications for school principals, with a view to ensuring that all school managers are appropriately qualified before taking up a management position.

2.6 TRANSFORMATIONAL LEADERSHIP

The transformational model is comprehensive in that it provides a normative approach to school leadership which focuses primarily on the process by which school leaders seek to influence school outcomes rather than on the nature or direction of those outcomes (Bush and Middlewood, 2005).

A review of the prevailing literature in the field of transformational leadership indicates that there is divergence about what transformational leadership essentially is and what it represents. This is a highly multifaceted and complex issue. This literature review draws on relevant international and local literature in an attempt to address a comprehensive and multifaceted view of transformational leadership on the part of school principals in schools as organizations.

This section will present most of the fundamental aspects of transformational leadership and set out a philosophy and practice crucial in education, especially within the new environment of imposed and/or inevitable change in managing HIV and AIDS in South Africa.

Uncertainties about the precise purposes and practices associated with many restructuring initiatives in education and the importance attached to fundamental organizational change call for commitment-building forms of school leadership with a systematic focus (Bennett et al, 2003).

One of the crucial performance areas of principals is to develop leadership skills in the management and supervision of HIV and AIDS in a school community, and in particular to develop transformational forms of behaviour.

In addition to modelling effective leadership behaviour for educators, principals are required to heighten follower effort and motivation in order to enable their school communities to stay abreast of contextual changes brought about by HIV and AIDS. Transformational leadership has been proposed as a more effective type of leadership in transforming and rapidly changing environments. Transformational school leadership clearly occurs within the framework of maximizing the potential of all those involved in a particular organisation.

Since 1994 school leadership in South Africa has become dynamic, and offers principals the challenge of leading schools in a reformed and restructured system, but a system which is also vulnerable to HIV and AIDS. Changing South Africa's education system is possible only if there is harmony between the vision of transformation and the day-to-day realities of those working in the system (Coleman, 2003)

This study is located within the following transformational school leadership theory, emanating from the main leadership dimensions of Leithwood (1994) and Leithwood et al (1996). These authors suggest the following invaluable and stimulating ways for principals in leadership

positions in schools to take up the challenge of developing their innate leadership abilities:

- charisma/inspiration/vision;
- developing goal consensus;
- providing intellectual stimulation;
- offering individualized support;
- symbolizing professional practices and values;
- demonstrating high performance expectations;
- culture building;
- structuring; and
- contingent reward.

I now describe specific leadership practices associated with each dimension, as well as the problem-solving processes used by transformational leaders.

The conceptualisation of transformational leadership was first proposed by Burns (1978) and has received increasing consideration in the educational context. Burns viewed transformational leadership as both a micro level influence process between individuals and as a macro level process of mobilizing power to change social systems and reform institutions. Burns also maintained that transformational leadership can operate amongst peers, superiors and subordinates, and argued that this would result in increased performance, together with higher levels of change and development (1978:3).

Burns defined transformational leadership as moral leadership. He says:

> Transformational leadership becomes moral in that it raises the level of human conduct and ethical aspirations of both the

leader and the led, and thus has a transforming effect on both (1978:20).

The potential value of the transformational leadership conception in managing HIV and AIDS arises from the premium that it places on empowering multiple stakeholders. Burns (1978:28) proposed that leaders seek to raise the consciousness of followers by appealing to higher ideals and values such as liberty, justice, peace and humanitarianism as opposed to dysfunctional emotions such as fear, greed, jealousy and hatred. The former type of leadership could be effective in situations where the HIV and AIDS epidemic is generating a strong context of despair and hopelessness. Kerry (2004) concurs that this context of despair and hopelessness drives certain forms of behaviour that promote the spread of the disease and increases the stigma for those directly affected, and argues that transformational leadership as an intervention is effective in such contexts.

Ngcobo (2003:233) insists that transformational leadership is needed for the management of multicultural contexts in South Africa. She also proposes that a context be managed in a manner that will enhance and maintain cultural esteem.

For principals who have considered themselves as managers or instructional leaders, the movement toward transformational leadership involves a very different way of considering the leadership role of the principal (Hallinger and Hausman, 1994:169).

Bass and Avolio (1994:3) maintain that transformational leaders go further with colleagues and followers than set up simple exchanges or agreements. They believe transformational leaders employ idealized

influence, inspirational motivation, intellectual stimulation and individualized consideration to achieve superior outcomes.

Kouzes and Posner (1989) reported ten behavioural characteristics of transformational leadership which they grouped into five broader categories: challenging the process, inspiring the vision, enabling others to act, modelling the way, and encouraging the heart.

Leithwood et al (1996:801) point out that if followers do not 'feel' leadership, there is no leadership.

2.6.1 Charisma/inspiration/vision

Charisma, inspiration and vision are referred to by Calitz et al (2002) as idealized influencing. Their starting point is to establish a leadership coalition involving all key stakeholders of a particular learning community.

Transformational leadership has frequently been equated with charismatic leadership. Considerable debate still exists as to whether there is an empirical and conceptual distinction between the two types of leadership. According to Murphy and Louis (1994:81) transformational leaders raise the commitment of their staff by 'recruiting' their self-concept through increasing the salience of certain identities and values. Transformational leaders are further committed to an organisational vision or mission that reflects those identities and values. The effects of such transformational leadership can be explained as a result of conditions that boost staff motivation and awareness of self-efficacy. Schutte and Mc Lennan (2001:92) agree that a transformational leader is charismatic and visionary and can inspire followers to transcend their own self-interest for the good of the organisation.

There is an extensively developed literature on charismatic leadership in its own right, which substantially overlaps the literature on transformational leadership. For the purposes of this study, transformational leadership is not considered to be synonymous with charisma but charisma is an important aspect of such leadership.

Furthermore, according to Leithwood et al (1996:801) efforts to enquire about charismatic leadership predate research about transformational leadership by many decades.

Conger and Kanungo (1987:637) perceive charisma as an attribution phenomenon. Followers attribute charismatic qualities to leaders based on the leader's behaviour and perceived results associated with it.

According to Bryman these attributions occur within the context of certain types of social relationships,

> ...which, by virtue of both the extraordinary qualities that followers attribute to the leader and the latter's mission, the charismatic leader is regarded by followers with a mixture of reverence, unflinching dedication and awe (1992:41).

Specific forms of behaviour proposed by Conger and Kanungo (1987:638) are: enthusiastically advocating an appealing vision that is acceptable to the followers; making self-sacrifices and risking personal loss of status, money or organizational membership in pursuit of the espoused vision; and acting in unconventional ways to achieve espoused vision.

Distinguishing characteristics of charismatic leaders include vision, emotional expressiveness, articulation skills, high activity levels, high self confidence and self determination and a high need for power.

Howell and Avolio (1992:49) distinguish between 'ethical' and 'unethical' charismatic leaders, the former achieving functional organizational outcomes such as turnarounds, launching new enterprises, engaging in organizational change or renewal and obtaining exceptional performance from followers. They propose that ethical charismatic leaders develop followers into leaders by making them feel independent, confident, powerful and capable.

Conversely, unethical charismatic leaders may be destructive to individuals, organizations and entire societies. Conger and Kanungo (1988:330) point out that this dichotomy may not withstand empirical validation, albeit providing conceptual clarity. They argue that ethical and unethical charismatic leadership is simply a product of the value system one holds.

Boal and Bryson (1988:11) also distinguish between two types of charismatic leaders, 'visionary' and 'crises-produced'. The power of visionary, charismatic leaders is to be found in the attractiveness of the endeavour that they espouse and the willingness of others to believe in those endeavours. Crises-produced charismatic leaders, on the other hand, are products of a set of circumstances which potential followers feel unable to cope with. Charisma is attributed to persons who are perceived to offer a way of dealing with crisis circumstances.   It would appear, however, that charisma on its own does not provide effective leadership in periods of crisis and uncertainty. Leaders may be able to transform followers if they can combine charisma with considerate forms of behaviour towards followers as well as intellectual stimulation of their followers. It becomes clear that charismatic attributions are consequences of how leaders behave as well as the situations in which

followers find themselves. Charisma may differ in intensity and may diffuse beyond individuals to groups and even to entire organizations.

A transformational leader inspires feelings of self-confidence, esteem and dedication in the followers. This charismatic leader creates an exceptional relationship with followers, articulating a vision with which the followers identify and for which they are eager to work.

Due to the enormity and the seriousness of the HIV and AIDS epidemic and its destructive impact on the education system, creating a vision is necessary in order for it to be managed. The process of building a vision for a school, according to Sterling and Davidoff (2000:89), is the responsibility of the principal, entering a world of inspiration and power. Kouzes and Posner (1987:10) maintain that to enlist people in a vision, leaders need to know their constituents and speak their language. Therefore, the principal needs to be aware of the prevalence of HIV and AIDS in the workplace within the WCED. In addition, the principal needs to have a vision for HR responsibilities in managing HIV and AIDS (WCED: 2003b:1) in order to inspire a shared vision with others in the workplace within the WCED.

Framing, according to Schutte and Mc Lennan (2001:92), is the process whereby leaders define the purpose of their movement in highly meaningful terms. They argue that impression management is a leader's attempt to control the impressions that others have about them by practising forms of behaviour that make them more attractive and appealing to others.

Despite many studies utilizing charismatic leadership as conceptual frameworks, no universally accepted pattern of forms of leadership behaviour and characteristics has emerged.

2.6.2 Developing goal consensus

What is most salient for Bennett et al (2003) is the claim that transformational leadership leads to higher levels of personal commitment by everyone to organizational goals and greater capacities for accomplishing those goals. Burns views transformational leadership as necessarily elevating. One of the premises of his model is that leadership can occur only where a mutuality of interests between leader and followers exists (1978:2). This leadership dimension includes behaviour "aimed at promoting cooperation among employees and getting them to work together toward a common goal" Leithwood et al (1996:803).

It is crucial that school principals need an understanding of colleagues, the school and the changing context within which they have to operate. It is also imperative to ascertain how these demands create the requirements for practical approaches with particular respect to the leadership and management processes of HIV and AIDS policies at school level. Sterling and Davidoff (2000:vii) confirm that the main function of leadership is the way in which leaders understand people and situations, and respond appropriately and meaningfully. This understanding is largely dependent on the depth of understanding which leaders have of themselves.

2.6.3 Individualized support

This dimension of transformational leadership includes behaviour indicating that the school leader respects and is concerned about individual interests, value systems, roles, personal feelings and needs (Calitz et al, 2002 and Podsakoff et al, 1990). Implementing the process

of individual consideration requires a high level of sophistication on the part of the school leader in terms of empathy, social judgment, timing and situational analysis (Calitz et al, 2002).

It is a given that persons constitute the most important asset of any organisation and there is no doubt that successful HIV and AIDS management, with its emphasis on the well being of people, enhances the organisation (Grobler et al, 2002:vii). Swanepoel et al (2003:v) assert that it is well known that the way in which we manage the people within organizations - the employees, human resources - holds the key to managing forces of change and transformation in South Africa.

Riches and Morgan (1989:1) concur that, basic to all management strategies, are things organizations need to do with people. Therefore, principals should explore and adopt HIV and AIDS management strategies and practices that add value to individuals. Of all the resources at the disposal of a principal only persons can grow and develop and be motivated to achieve certain desired outcomes.

There has been a significant shift away from the idea of personnel management that has traditionally been seen as an administrative task undertaken by a specialist group of personnel functionaries. The shift has been towards the idea of human resource management, which has significant consequences for the notion of managerial autonomy for principals (HRM, 1997:1). The term 'human resource management' (HRM), according to Tyson and Kakabadse (1987:vii), is intended to convey the value of managing persons as one would manage a scarce resource, so that care and attention may be given to the acquisition, utilization, motivation and development of persons in the organisation.

According to Riches and Morgan "the world of education has been very

good at the rhetoric of human resource management but less effective in its actual practice" (1989:6). Loock et al suggest that a response could be to develop a human resource management plan for education that must be approached from two angles, namely:

1. Determine, through observation and study, the pertinent information relating to the nature of a specific job and, following that, the process of structuring work and designating specific work activities of an individual or group of individuals to achieve certain organizational objectives.
2. Analyze systematically the specific management development activities the institution requires to achieve these objectives through quality management and dynamic leadership (2003:58).

The increased complexity and particular dynamics of our educational environment necessitate good HIV and AIDS leadership on the part of school principals. Implementation is influenced by an array of policy initiatives and various contexts within which HIV and AIDS management occurs.
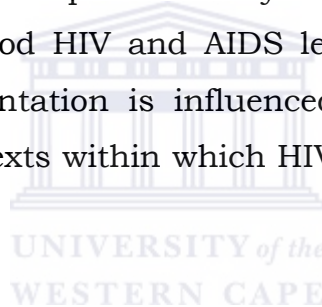
What is ignored in educational change is that changing policy intention does not immediately translate into changed practice.

Grobler et al (2002:vii) warn that line managers must be able to manage their human resources and every manager's HR actions in this regard can have major consequences for their organizations. Current emphasis on people in management has become important for many reasons. Increased legislation with respect to equity, health and safety at work has been the main impetus. Another has been the outcome of economic, technological and demographic pressures represented by the highly competitive global economy.

This has been reflected in South Africa in the ideology that has marked the new government's thinking in recent years, putting increasing emphasis on economy and value for money as a resource allocation benchmark. I agree with Ritches and Morgan (1989:2) that it is the effective and efficient use of human resources, which is the key to successful outcomes, that is, optimum performance. According to Beckmann et al (2000:189) the task of HRM in South Africa has become more complex as a result of statutory and legislative developments that impact on HRM.

Therefore principals have to be cognizant of HRM policies when managing HIV and AIDS policies in order to lead holistically, as their HR actions have major consequences for their school organizations (WCED, 2004).

2.6.4 Providing intellectual stimulation

The transformational leader stimulates followers intellectually, motivating them to develop innovative ways to view problems (Calitz et al, 2002). Followers are coached, advised, and delegated some authority. The leader commits people to action and converts followers into leaders.

The meaning of intellectual stimulation, according to Podsakoff et al (1990:112), is behaviour that "challenges followers to re-examine some of their work and to rethink how it can be performed".

According to Sterling and Davidoff (2000:24) leadership is a process of developing the school in an ongoing way. Rather than 'fixing' the school and making it 'perfect', leadership is about developing the capacities of the people within the school to manage times of challenge and change appropriately and flexibly.

Transformational leadership emphasizes the strong forces of leadership, those which motivate followers to perform to their full potential. Transformational leaders appeal to followers' ideals and moral values to motivate them to set about addressing problems in different ways (Rowling, 2003).

2.6.5 Symbolising professional practices and values

It is widely recognized and agreed upon that one of the key factors influencing school effectiveness is the nature and quality of leadership and management provided by each principal (Bush and Middlewood, 2005, Bush, 1998:1, Bush and Jackson, 2001:418, 1999:10, Girvin, 1995:5, Jirasinghe and Lyons, 1996:7 and Nathan, 2000:3). It is therefore imperative that effective and efficient principals have to understand their influential roles in leading school organizations functioning within the South African context.

The role of the principal is progressively evolving as new legislation has fundamentally transformed the relationship between schools and their local education authorities. A particularly important feature of this altered relationship is the need to lead and "manage educational provision at school level" (West and Ainscow, 1991:35). Principals are required to move away from autocratic implementation of official policies handed down by former Education Departments.

The dawn of the new century has ushered in another challenge for those managing persons in organizations. People in South Africa are experiencing an HIV and AIDS epidemic of shattering proportions. "The battle against HIV and AIDS will only be won by millions of initiatives at grassroots level" assert Whiteside and Sunter (2000:1). Their crucial

message is that, together with visible leadership from government and big business, the rest is up to each and every one of us to make a contribution, no matter how small.

However, principals are strategically placed to make a substantial contribution as they lead and manage immense school communities at grassroots level. It therefore becomes imperative for principals to understand their competence and what development is necessary to become efficient, effective and holistic leaders. Principals need to recognize their own unique leadership situations and be able to make the right choices, drawing on a wide repertoire of skills, qualities and abilities at their disposal (Sterling and Davidoff, 2000:25).

This dimension of transformational leadership encompasses behaviour on the part of the leader "that sets an example for employees to follow that is consistent with the values the leader espouses" (Podsakoff et al, 1990:112). In addition, according to Leithwood et al (1996:810) transformational leaders also engage in forms of behaviour that are intended to reinforce key values of others.

2.6.6 Demonstrating high performance expectations

The increased complexity and particular dynamics of our educational environment necessitate efficient and effective holistic leadership on the part of school principals who demonstrate high performance expectations. This is confirmed by Nathan's job description of the principal:

> You are responsible for the management and motivation of all members of the establishment – pupils, teaching staff, associate staff etc. You are responsible for the appointment, deployment and development of all members of the staff. You

liaise with parents, the Education Department and its associated agencies, the community and industry and you work in partnership with the school's governing body (2000:9).

This dimension of transformational school leadership comprises forms of behaviour that "demonstrates the leader's expectations for excellence, quality and/or high performance on the part of followers" (Podsakoff et al, 1990:112).

According to Leithwood et al (1996:805) these kinds of expectations that may be had of school principals will be motivational as they help teachers see the challenging nature of the goals being pursued in their school. Furthermore, such expectations may also sharpen teachers' perceptions of the gap between what the school aspires to and what is currently being accomplished.

2.6.7 Culture building

The foremost challenge for principals in South Africa, according to Sterling and Davidoff (2000:3) is reconstruction and change. They maintain that encouraging all members of the school community to take responsibility for making a difference within the school is a major challenge for principals.

Principals are responsible for facilitating strategic and cultural change and organisational development in the face of discontinuous environmental change.

Leithwood (1992:12) argues that new leadership skills are teachable and assist in the development of the collaborative school culture.

Culture building by transformational leaders includes forms of behaviour aimed at developing school norms, values and beliefs and assumptions shared by members of the school community. Leithwood et al assert that such behaviour encourages collaborative problem-solving when that is likely to be profitable:

▪ They have the potential to enhance teachers' motivation to change through their influence of context beliefs.
▪ They may be motivational, as well, through enhanced self-efficacy resulting from the professional growth fostered by close working relations with peers (1996:812).

These forms of behaviour are aimed at the transformation of the school's culture content, strength and form.

2.6.8 Structuring

In schools, where people rather than inanimate objects are being developed, structuring is of utmost importance. Schools, according to O'Connor (2003:11), are seen as beacons in our communities and the WCED should acknowledge that they are uniquely situated to make a valuable contribution in the fight against the HIV and AIDS epidemic. Therefore the efficient and effective structuring within these vital organizations becomes crucial in managing HIV and AIDS.

The contemporary role of the principal has become significantly more extensive.

It becomes clear that principals are now expected to be more efficient and effective holistic leaders in light of a variety of transformation and reconstruction in the South African education system. Principals are now required to be cognizant of the new contexts in which they have to

function and the leadership and management challenges they are faced with.

Managing HIV and AIDS at school level is crucial as it is at the heart of change for numerous people. The school is the organisation where national, provincial and regional policies are put into practice. A school is a unique type of organisation, which requires a transformational type of leadership. Transformational leadership comprises forms of behaviour aimed at providing opportunities for members of the school community to participate in decision-making about matters which affect them and about which their knowledge is crucial. Also, this dimension of transformational leadership includes forms of behaviour which create discretion and autonomy for others, which enable them to utilize their expertise to greatest effect (Leithwood et al, 1996:811). Sergiovanni (1992) expanded this concept to encourage the transformation of schools from organizations to communities, in which all stakeholders had a duty to shape the school into a reflection of the community's ideals.

2.6.9 Contingent Reward

Leithwood et al (1996:810) maintain that the possibility of providing informative feedback about performance in order to enhance teachers' capacity beliefs as well as emotional arousal processes makes this form of behaviour potentially transformational. Avolio and Bass (1988:35) define contingent reward as occurring when the leader "is seen as frequently telling subordinates what to do to achieve a desired reward for their efforts".

Principals may use contingent reward effectively as praise and recognition in order to motivate individuals and teams. Positive reinforcement can be utilized to encourage the creation of relationships

between leaders and followers that are long-lasting, satisfying, and mutually beneficial (Bass and Aviolio, 1994:147).

2.7 CONCLUSION

Since there is no cure for HIV and AIDS, education for HIV and AIDS prevention covers a broad area. Since the earliest awareness of the existence of HIV and AIDS, education has been recognized as perhaps the most meaningful medium that can be employed to prevent the spread of the epidemic. Still being debated are, firstly, the educational content and methods for effectively training young people to protect themselves from being infected, and, secondly, the importance of caring for and respecting the infected and affected.

This review of the concept transformational leadership reveals the predisposition of the authors consulted to emphasise the benefits of implementing this dynamic and charismatic style of school leadership.

Upon scrutinising the operational elements of transformational leadership, authors characterise the transformational leader as someone who achieves results by exerting and accomplishing success.

It is also argued that the transformational school leader must possess a deep understanding of the school as an organisation and its place in the school community and the life of individuals.

Given the aforementioned transformational characteristics of the school leader, there is adequate evidence that they may be utilised as suitable fundamentals to form part of a strategy of school leaders responding to HIV and AIDS.

CHAPTER THREE

RESEARCH PARADIGM, DESIGN AND METHODOLOGY

3.1   INTRODUCTION

The principle objectives of this study are to provide insights necessary for the comprehension and analysis of the nature of principals' leadership role in managing HIV and AIDS in schools in the WCED.

It is evident from DoE policies and guidelines introduced and discussed in Chapter Two that school principals are increasingly under pressure to implement HIV and AIDS education programmes. When principals approach issues relating to HIV and AIDS they often find themselves plunged in controversy. Addressing HIV and AIDS involves addressing community values, religious beliefs, and customs, complex and sensitive issues (Van Vollenhoven, 2003:243). It entails talking about sex and also about death and dying, topics that make many people feel uncomfortable. There is still a great deal of fear based on misinformation and mistrust. The who, what, when, and how of HIV education in schools are all issues that need to be thoroughly explored before implementing HIV and AIDS education programmes. This study aimed at acquiring comprehensive, sound and reliable information about HIV and AIDS management practices and perspectives of principals.

3.2   RESEARCH QUESTIONS

In this chapter I present the methodological paradigm, research design, research methodology and associated techniques and tools I used in this
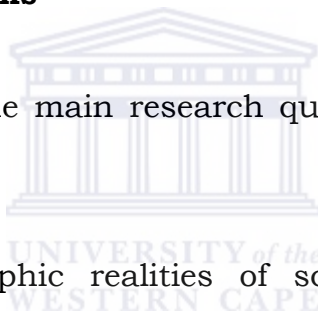
study and explain how I attempted to find answers to the research questions I had formulated.

3.2.1 Main research question

The main research question for this study is: How do principals comprehend and respond to their leadership role in the management of the variety of issues arising from HIV and AIDS in schools under the jurisdiction of the WCED while dealing with the complexity, pace and magnitude of changes such as democratic and participatory school leadership?

3.2.2 Sub research questions

In an attempt to answer the main research question the following sub questions are pertinent:

1. What are the demographic realities of school communities and biographic characteristics of principals?
2. How aware are principals, educators, parents and learners of the prevalence of HIV and AIDS in schools?
3. How much do principals, educators, parents and learners know about applying the appropriate legislation and policies when dealing with issues relating to HIV and AIDS?
4. What is the impact of career development on principals, as well as their personal and professional identities and leadership styles on their management of issues relating to HIV and AIDS in their schools?
5. What are the perceptions of the role of the principal providing leadership with regard to HIV and AIDS issues in schools on the part of principals themselves, educators, parents and learners?

6. How do principals perceive and manage actual challenges raised by the challenges of HIV and AIDS?

7. What are the perceptions of how principals' leadership can provide solutions to the difficulties encountered in managing HIV and AIDS and how are the principals facilitating the process?

8. What are possible strategies for practical and functional HIV and AIDS leadership with the realities of making change happen in practical terms in sites where it is most effective?

In order to answer these research questions, I had to find the best way to collect information and what to do once the information was collected. The links between theory and practice, and techniques in answering the research questions could provide some answers and give clarity in undertaking this research.

3.3   RESEARCH PARADIGM

A paradigm is defined by Winberg as:

> The collective set of attitudes, values, beliefs, procedures and techniques that create a framework of understanding through which theoretical explanations are formed (1997:14).

Firstly, this study is located within an 'interpretive' research paradigm, where I considered the meaning of principals' leadership roles as processes and lived experience to be understood. The accurate descriptions of the issues regarding the leadership role of principals managing HIV and AIDS issues in their schools constitute knowledge to be gained from an inductive mode. This is in line with Winberg's definition of interpretive research paradigm which seeks to understand the meanings which people give to their own social interactions (1997:16).

Secondly, this study is also located within a 'critical' research paradigm which focuses on a critical understanding of the situation and practice being researched in order to plan for transformative action (Winberg, 1997:16). I utilized a participatory and an action component, since "education is considered to be social institution designed for social and cultural reproduction and transformation" (Merriam, 1998:4). I investigated real challenges and explored recommendations from role players to generate an appropriate leadership model.

3.4 RESEARCH METHODOLOGY

This study is located predominantly within a qualitative methodology to elicit rich data pertaining to the leadership role of principals managing issues related to HIV and AIDS.

The key purpose of this study is to develop new knowledge about an educational phenomenon, in order to explore the leadership roles of principals managing HIV and AIDS. Myers (2001:2) maintains that the qualitative research approach is appropriate for the study of social and cultural phenomena.

It is vital that I am clear about the meaning of the term 'methodological paradigms' as it is used interchangeably with 'methodological approaches'. I therefore use the term 'methodological framework' to include both the actual methods and techniques that social researchers use, as well as the underlying principles and assumptions regarding their use.

The qualitative paradigm is used in this study to refer to that generic research approach in social research according to which this study takes its departure point as the 'insider perspective'. The 'insider perspective' of

this study is the leadership role of the principal managing HIV and AIDS, as maintained by school principals, educators, parents and learners. According to Tuckman (1994:381) and Babbie and Mouton (2001: 53), qualitative researchers attempt to study human action from the 'insider's perspective'. I obtained first-hand information from real life situations of HIV and AIDS management experienced by the school principals, educators, parents and learners.

3.5   RESEARCH DESIGN

The research design of this study concentrates on the overall qualitative design of the study's inquiry. The research design is a "… plan or blue print …" (Babbie and Mouton, 2001:74) of how I intended to conduct the study.

The appeal of a qualitative design in this study is that I explored methodological and interpretive ways in respect of how individual accounts of experience can be understood, and charted the major factors that underlie HIV and AIDS leadership on the part of principals with the intention of seeking interpretation, meaning and action.

I allowed principals to reflect on their own career development, on their personal and professional identities, and on the impact of these on their leadership concerning HIV and AIDS management practices.

I also captured what the school leaders, educators, parents and learners have to say in their own words in their natural environments about the leadership role of the principal managing HIV and AIDS.

3.5.1 Qualitative case study

A qualitative case study was conducted with school principals in the WCED urban region. Rural schools have not been included as they have unique issues of their own which are too broad for the scope of this study. I concur with Tyson and Kakabadse (1987:viii) that a case study is an ideal vehicle for extending our understanding of organisational behaviour, to expose the complexities of behaviour, and to provide a context for the study of social action. I undertook to develop a comprehensive and multifaceted view of HIV and AIDS practices of high school principals in the WCED. Yin indicates:

> A case study allows an investigator to retain the holistic and meaningful characteristics of real life events such as organisation and managerial processes (1994:3).

Thus, a case study is useful, given the aims of this study because it can generate, in a holistic way, meaningful characteristics of HIV and AIDS management practices and processes in certain schools in the WCED. The case study, like other research strategies is a way of exploring an `empirical' topic by following a set of precise procedures. I utilised the case study to deliberately cover contextual conditions, believing that they are highly pertinent to the principals managing HIV and AIDS in a particular region such as the WCED.

3.5.2 Sample

I purposefully selected a sample of six high schools in the Western Cape. There is no hard and fast rule for how many people one needs to interview, since it will partly depend on the resources and time available to collect, transcribe and analyse data (Travers, 2001:3). Therefore, I

deemed these schools as adequate for substantial data appropriate for the requirements of a doctoral thesis.

The reason for choosing high schools rather than primary schools is because statistics indicate an alarming rate of HIV infections amongst the 14 to 24 age group in South Africa, confirmed by a researcher for the South African Democratic Teachers Union and a joint United Nations Programme on HIV and AIDS (Mannah, 2000:16). The HSRC (2002:5) also declared a high estimated prevalence of HIV and AIDS amongst the 15 to 49 age groups in South Africa.

It is cause for concern that the Population Council (2000:20) reported that only 18% of the 277 South African high schools they researched admitted to having implemented the compulsory sexuality education curriculum.

Van Vollenhoven (2003:246) maintains that his study provides evidence from focus group interviews that there are substantial differences between how school governing bodies of former black and former white schools understand and respond to HIV and AIDS. Former black schools appeared to be more progressive in their approach to addressing HIV and AIDS issues; they indicated an open-minded, collectivist approach. Furthermore, a difference was sensed between English and Afrikaans schools. The English medium schools seem to approach the issue from a closed and individualistic way, while the Afrikaans medium schools show strong community awareness and are cautious and image conscious. Therefore, six high schools in this study were sampled from two former black as well as two former coloured and two former white schools both English and Afrikaans medium. Schools were sampled in various socio-economic regions in the Western Cape, in order to obtain a reasonably representative sample of WCED schools.

According to Leithwood et al (1996:801) "If followers do not 'feel' leadership, there isn't any". Therefore, the research participants at each school include the principal, an educator, parent and learner. These participants were sampled in order to acquire wide-ranging responses and triangulation regarding the leadership role of the principal managing HIV and AIDS.

This sampling strategy is deemed suitable by Mouly (1970:190), and according to Coleman and Biggs (2002:101) purposive sampling allows a researcher to apply her experience and judgment to select cases which are representative or typical. It was likely that this sample would generate significantly different HIV and AIDS management issues as viewed by principals' experience given their different circumstances.

I approached HIV and AIDS co-ordinators and field workers from the four urban EMDCs who work closely with schools for leads to assist in identifying high schools. Furthermore, I negotiated access to schools with principals.
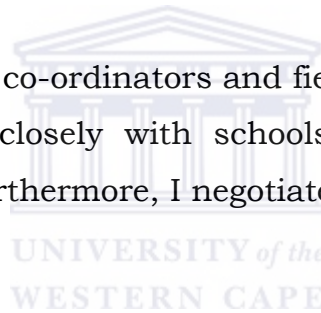
According to Skinner, Mfecane and Simbayi (2004:106) access negotiation is a core component of research, as it requires clear planning and communication between all parties. They maintain that access negotiation is not only an ethical requirement; if done properly the process can significantly improve cooperation and efficiency within the study, and facilitate better quality data being collected, especially on sensitive subjects such as HIV and AIDS.

3.6   METHODOLOGY

Methodology refers to the total set of means that I employed in answering the research questions of this study. According to Mouton (1996:35)

methodology is the "… knowledge of `how' or 'know-how' to do things". The methods I utilized are a documentary analysis and semi-structured interviews.

3.6.1 Documentary Analysis

Lingard, a policy sociologist, argues that education policies have become increasingly important as 'steering mechanisms' for education systems in western countries (1996:12). The South African Ministry of Education seems to adopt a rationalist approach to policy.

This approach views policy as being developed through a set of discrete and rational stages, able to meet the articulated goals, implementation, evaluation and modification to goals and implementation strategies (De Leon, 1999:24).

To begin with, I obtained available official legislation, policy documents and other relevant documents pertaining to HIV and AIDS issues pertinent to school leadership. These documents were studied carefully in preparation for this qualitative case study.

According to Bell (1993:106) and Coleman and Biggs (2000:106) the majority of educational research projects require the analysis of documentary evidence. Documentary analysis provides the researcher with a way to orientate herself to the situation to be studied (Tuckman, 1994:378). Documentary analysis is also aimed at inter-subjectivity and triangulation. I studied the following documents:

- Antiretroviral Therapy on Employees of the WCED. Research Report. [WCED, 2003f].
- Constitution of the Republic of South Africa - Section 195 [1996].

- Changing Management to Manage Change in Education. Report of Task Team on Education. [DoE, 1996].
- School Management Teams [DoE, 2000].
- Education Statistics in South Africa at a Glance in 2001 (DoE, 2001).
- Employment of Educators Act No. 76 of1998.
- HIV and AIDS Workplace Policy of Western Cape Education Department. Directorate: Human Resource Development. [WCED, 2003c].
- National Education Policy Act 27 of 1996.
- Strategic Plan of WCED 2003/4 to 2005/6 (WCED, 2003a).
- Managing HIV and AIDS in the workplace (Department of Public Service and Administration, 2002).
- Plan a Comprehensive Response to HIV and AIDS (DoE, 2003).
- Training of Line Managers on Human Resource Responsibilities in Dealing with HIV and AIDS in the Workplace. [(WCED, 2004].
- White Paper on Education and Training (DoE, 1994).
- Changing Management to Manage Change in Education (DoE, 1996).
- National Policy on HIV and AIDS for Learners and Educators In Public Schools and Students and Educators in Further Education and Training Institutions (DoE, 1999).
- School Management Teams (DoE, 2000).

In reading the documents, I paid particular attention to (1) managing HIV and AIDS in schools; (2) the principal's responsibilities; (3) the various challenges principals face managing HIV and AIDS issues; and (4) the recommendations for practical and functional HIV and AIDS leadership.

The most significant use of the documents was to reinforce and amplify evidence from other sources.

3.6.2 Interviews

Interviews were conducted to capture thinking processes of the participants' significant experiences of the past and plans for the future, and probe their reasons for feelings, attitudes, perceptions and opinions about the leadership role of the principal managing HIV and AIDS in their school.

An attempt was made to capture extensive details of the principals' HIV and AIDS management perceptions and experiences commencing with their initial discovery of their responsibilities.

3.6.2.1 Pilot Interviews
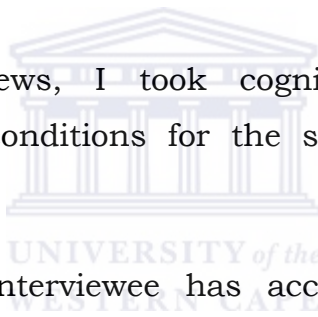
In order to become acquainted with the interview process, pilot interviews were initially conducted with principals, educators, parents and learners in the Western Cape. These were not included in the final sample of the study.

I have done what McHugh (1994:58) refers to as `proximate preparation' - conducting pilot interviews to rehearse the interviews, and `remote preparation' that included background information and interview questions. The pilot interviews were used to determine whether the interviews adequately elicited useful responses to answer the research questions. Interviews were therefore designed to meet the objectives of this study.

Pilot interviews revealed that the following changes be made. Firstly, more specific questions needed to be asked about the composition (demographic/biographic) of the school community and staff.

Secondly, more appropriate interview guides had to be developed. Initially, I had utilized a twenty-four-question interview guide that had its origins in the Principal Leadership Questionnaire (PLQ) (Janzi and Leithwood, 1996:533-534). The PLQ considers perceptions of school leadership focusing on the following transformational leadership factors: provides vision; models behaviour; fosters commitment; provides individual support; provides intellectual stimulation and holds high performance expectations. However, respondents in the pilot interviews indicated that the interviews were more complex and intricate than they and I had expected. They also indicated that they felt a bit concerned about responding adequately to the HIV and AIDS component of leadership and management. The interview guide was therefore redrafted, taking into account the respondents' comments and concerns.

Before conducting interviews, I took cognizance of May's three suggestions of necessary conditions for the successful completion of interviews, namely:

1. Accessibility – the interviewee has access to information the interviewer seeks;
2. Cognition - an understanding by interviewees of their role in the interview; and
3. Motivation - interviewees must feel their contribution is valued (2001:128).

After utilising the interview guide based on the PLQ principles in a pilot school it was found that the responses were more adequate for acquiring appropriate data regarding HIV and AIDS management and leadership.

It also seemed appropriate, given the expectations the respondents had about the contribution of the EMDC that I interview an EMDC HIV and AIDS co-ordinator and a field worker as the majority of the interviewees considered them to be significant role-players.

3.6.2.2 Semi-structured interviews

Once the necessary permission had been obtained from the WCED, principals were approached to voluntarily participate in the study. The interviews were scheduled at the participants' convenience to avoid disruptions of their daily duties. All participants were assured of complete confidentiality and encouraged to unreservedly disclose as much valuable information as they possibly could.

I conducted semi-structured interviews. These semi-structured interviews were located within the aims of the study in order to explore the principals' perceptions of their own professional leadership roles in managing HIV and AIDS issues.

Furthermore, I, as did Fitz and Halpin cited in Walford (1994:37), deemed it useful to provide interviewees with a copy of the interview schedule (see Appendix A and Appendix B), in order to indicate the areas to be explored during the course of the interview. The semi-structured interviews were aimed at eliciting information about:

- the demographic realities of principals and school communities, such as age, gender, educational background, knowledge and skills possessed, task responsibilities and areas of administration;
- knowledge on the part of principals, educators, parents and learners regarding the prevalence of HIV and AIDS in their schools;
- knowledge on the part of principals, educators, parents and learners regarding the application of appropriate legislation and policies when dealing with issues relating to HIV and AIDS;
- perceptions on the part of principals, educators, parents and learners regarding the leadership role of the principal in managing

HIV and AIDS issues in the workplace;

- how principals perceive and manage their actual challenges raised by HIV and AIDS in difficult circumstances;

- the dynamics of successful HIV and AIDS leadership, why and how school principals achieve, survive and even thrive while leading HIV and AIDS issues; and

- possible strategies for successful HIV and AIDS leadership with the sober realities of making change happen in practical terms in sites where it is most manifest and useful.

The semi-structured interview technique can elicit a significant amount of rich data and yield rich insights, and can be be particularly pertinent in obtaining knowledge of job facets (Jirasinghe and Lyons, 1996:15 and May, 2001:120).

A beneficial way to learn about any of these perspectives is to question interviewees about their day-to-day tasks (Travers, 1999:3). As with all other interviewing methods, the interviewer will be aware not only of the content of the interview, but also of the nature of the interview.

Interview guides were utilized for principals (see Appendix C), for educators, (see Appendix D), for parents and learners (see Appendix E), and for EMDC co-ordinators/fieldworkers (see Appendix F).

The interview guides served as a framework for the main body of a semi-structured interview, and is based on the key questions that the study is addressing. The interview guide is logical and proceeds in a sequence that I, as researcher, had ordered. I started with questions that put the interviewee at ease to alleviate tension. Then I progressed to the main research questions.

Even though an interview guide was used, the respondents were free to raise issues or questions they believed were pertinent to the research topic.

Questions in the semi-structured interviews were specified, but I was free to probe beyond the answers. I could seek clarification and elaboration on the answers given. May (2001:129) defines probing as "… encouraging the respondent to give an answer, or to clarify or amplify an answer …". Participants could respond to questions in terms of what they saw as significant; there was scope for them to decide what to say about the topic and how much (Arskey and Knight, 1999:7).

The open-ended questions allowed participants to raise issues pertinent to the leadership role of principals managing HIV and AIDS not raised by me.

All interviews were audio-recorded, with the permission of participants. The various advantages of recording interviews, according to Arskey and Knight, are:

> The interviewer can concentrate on what is said. There is a permanent record that captures the whole of the conversation verbatim, as well as tone of voice, emphases, pauses and the like (but note that when agreeing to the study taking place, ethics committees sometimes make it a condition that the tapes be destroyed afterwards).
>
> Using a tape recorder demonstrates to informants that their responses are being treated seriously (1999:105).

Verbatim transcriptions of the interviews were done. Arskey and Knight (1999:105) warn that "… transcribing the tapes can be a lengthy process; a one-hour tape can take up to ten hours to transcribe fully".

The initial draft of the data was sent to respondents for comments and responses in order to verify data and provide a form of triangulation.

3.7   DATA ANALYSIS

The complexity of the data collected was captured and made sense of by systematically and intensively analyzing transcripts of interviews. This was done sentence by sentence, and phrase by phrase.

The data was analyzed by initially indicating the question asked and below each question all or most of the responses were recorded and the patterns were noted. By doing this I identified with what Miles and Huberman (1994:69) refer to as "… repeatable regularities …" which, in relation to this study, required looking for commonalities with regard to the leadership roles of principals managing HIV and AIDS issues in the WCED region.

Initially, the most common responses were grouped and developed into categories to classify all or most of the responses of the participants.

Subheadings were used to guide both data and theoretical reflection. Constant comparisons between participants' responses were done to identify and generate themes.

These themes were arranged as a framework to illustrate the insights that these participants offered about dealing with complexity, speed and magnitude of changes and how they were still creating and achieving success with leading HIV and AIDS in their schools. By describing the participants' perceptions of the authentic challenges and successes, this study can provide insights pertaining to actual leadership experiences

managing HIV and AIDS. In addition, the impact of social context on leadership can also be clearly depicted.

Having identified the patterns and commonalities, I compared similar ones with a view to drawing conclusions. I sorted, eliminated and organized the data in order that conclusions could be drawn and verified. Finally, I established common recommendations made by participants as well as in the literature that has been studied with a view to utilizing these for developing a model of functional leadership roles in managing HIV and AIDS issues in the WCED. Although generalizations cannot be drawn from a single case study, it is my intention that the range of recommendations could be useful for school leaders in other regions managing HIV and AIDS in similar contexts.

I sequenced the data according to the interview schedule, then present the data and comment on the theoretical and practical relevance of the research.

3.8   CONCLUSION

This chapter focuses on the potential of substantial qualitative research to provide new insights into the school principals' leadership role in managing HIV and AIDS issues.

This study is therefore located predominantly within an interpretive approach and integrates aspects of empirical and critical theory approaches.

A case study was designed to acquire accurate descriptions of the leadership roles of the principals in managing HIV and AIDS in WCED schools. This was accomplished through the production and analysis of

qualitative text of 'real' experiences and practices in managing HIV and AIDS issues. Individual, professional and social aspects were explored to reveal what is essential for efficient and effective leadership in managing HIV and AIDS in schools. Documentary analysis and semi-structured interviews were the qualitative techniques chosen to delve into these issues of managing HIV and AIDS.

CHAPTER FOUR

CROSS SCHOOL PRESENTATION

This study is built upon the research questions addressing various aspects of the research topic in order to develop a comprehensive and multifaceted deliberation of the leadership role of principals managing HIV and AIDS in schools in the WCED. The diverse complexity of the multifaceted role and leadership of the principals managing HIV and AIDS issues became more evident with the progress of this work. I was greatly encouraged by the collaboration of all the respondents and their openness with regard to their viewpoints on these sensitive issues. The respondents interviewed in this study shared a variety of experiences and perceptions about the leadership role of the principal with regard to HIV and AIDS issues. I consider their contribution as valuable data for this research study.

4.1 DATA PRESENTATION
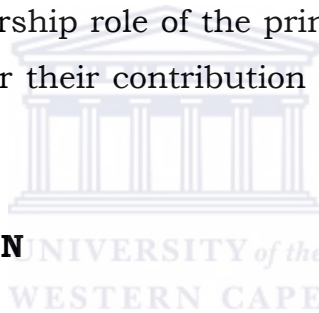
This chapter presents the data collected in the form of a summary of the respondents' many perceptions and experiences about the management of HIV and AIDS and the leadership role of the principal.

I will present a table to provide an illustration of the schools involved in the study. The next table will present a synopsis of the respondents.

The next section will be organized in such a way that the subsections parallel the research questions on the leadership and role of principals managing HIV and AIDS. Each subsection endeavors to capture the essence of what each respondent believed the principal's role is or ought to be in the different schools.

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Every subsection intends to give a glimpse of the world of the ideas, experiences, and perceptions illustrating the complexity of the leadership role of principal managing HIV and AIDS. The rest of the data expresses the idea-rich perceptions of the respondents.

4.2   DEMOGRAPHIC DATA

The following table presents an outline of certain predominant characteristics of each school where the interviews were conducted. This table illustrates the nature of the area in which the school is located, and the number of support staff the school has. In addition, the number of persons to whom the principal is directly responsible for in terms of providing leadership is indicated in each school, as well as the HIV and AIDS incidence the school leadership is aware of at each school.

Nomenclatures used to code the data analysis are as follows:

1 to 6 indicates the code of each specific school. When referring to more than one, these codes indicate predominance.

b – Black; c – Coloured; w- White;
P – Principal;
E – Educator (HIV/AIDS School Co-ordinator);
L – Learner;
Pa – Parent;
HC – HIV/AIDS EMDC Co-ordinator; and
HF – HIV/AIDS EMDC Field worker.

School Area	Staff - Support Staff	Learners	HIV/AIDS Incidence
1 - w affluent	38 - w 18	620 - w	One learner tested negative
2 - b poor	41 - b 8	1407 - b	Two learners tested positive
3 - c affluent	33 - w 32	1198 - c	One parent died
4 - w affluent	44 - w 13	1018 - w	One cleaner died
5 – c poor	34 - c 6	1180 - c	One educator died
6 – b poor	25 - b 6	716 - b	Ten learners tested positive Two educators died

Fig. 3 – SYNOPSIS OF PREDOMINANT CHARACTERISTICS OF EACH SCHOOL

Interviews were conducted in six public high schools across the four urban EMDCs of the WCED. The table below provides a profile of the respondents, three schools from affluent areas and three from poor areas. The staff members of the three schools in the affluent areas (schools 1,3 and 4) were predominantly white. However, the learners at schools 1 and 4 were predominantly white, while the learners at school 3

were predominantly coloured. The staff and learners of the two black schools were predominantly black

School Area	Principal	HIV/AIDS Co-ordinator	Learner	Parent
1 - w affluent	w – male age: 44	w – female age: 32 LO educator	w - female age: 17 grade 12	w - female age: 41 BSc - Finance
2 - b Poor	b –female age:40	b - male age: 30 English/LO Educator	b – female age: 20 grade 12	b - female age: 45 cleaner/caterer
3 - c affluent	w - male- age:64	w – female age: 40 LO educator/counsellor	c - male age: 18 grade 12	W - male age: 50 Bed - educator
4 - w affluent	w - male- age:50	w - male age:44 Biology educator	w - male age: 18 grade 12	w - female age: 47 BSc - educator
5 – b Poor	b – male age:46	b – female age:44 LO-HOD	b - male age: 19 grade 11	b - female age: 53 cleaner
6 – c Poor	c - male age:47	c – female age:38 LO educator	b - female age: 18 grade 11	c - female age: 54 SGB -volunteer

EMDC	SCHOOLS	DESIGNATED AREAS
CO-ORDINATOR	Approximately 200	Mostly disadvantaged
FIELDWORKER	Approximately 200	Mostly affluent

Fig. 4 - Summary of respondents

Twenty respondents comprised the sample. They were interviewed individually. Of the six principals only one was a female in a black school. This is consistent with the state of affairs in school leadership in the WCED, which is still male dominated. The female principal believes that it is an asset to be a woman, with the listening and team-building skills that women bring to the profession. Four of the six HIV/AIDS coordinators were female. According to EMDC HIV and AIDS co-ordinators this is a trend in the WCED. All the co-ordinators received some form of training. The adult respondents' ages ranged from 30 to 64 years. There was a balance of female and male learners. The ages of the learners ranged from 17 to 20 years. These age groupings fall within the estimated high HIV and AIDS prevalence age groups in South Africa, which is 15 to 49 (HSRC, 2002:5).

The staff and learners of the coloured school in the poor area were predominantly coloured. The affluent schools clearly have the benefit of more support staff than the poor schools.

4.3   PREVALENCE

A number of issues arose when I set out to determine the respondents' knowledge of prevalence regarding HIV and AIDS in their school communities.

All the respondents had some awareness of HIV and AIDS prevalence in various areas and population groups, which they had acquired from information from a range of sources.

Only one principal in the study considered his school as being relatively immune from HIV infections. His assumptions about HIV immunity are based on the absence of reported incidence of HIV amongst learners and educators at the school.

On the other hand, most respondents indicated that even though the reported HIV and AIDS incidence at school was low they suspected that the incidence was in fact higher. The majority of respondents ascribed the low reported incidence rate to people's fear of stigmatisation and discrimination.

The majority of respondents maintained that many people were in denial or did not disclose their status to anyone. Furthermore, some respondents pointed out that many people preferred not to know their status regarding HIV infection.

Some respondents were of the opinion that 'seeing is believing'. Many schools have not had the opportunity to 'put a face to the disease'. The majority of respondents felt that besides the statistics there was no other evidence to convince people of the prevalence of the epidemic in their schools.

The majority of respondents felt that even though the reported prevalence rates were low, they felt it was their responsibility to look at the bigger picture. They maintained that the bigger picture would include taking all the information at their disposal into account and responding to the epidemic holistically rather than responding only to the reported

incidence at school. One school principal indicated that even though there was no reported incidence at the school, he was aware of the high infection rate in the areas surrounding his school. He felt it was his responsibility as a leader of a school to take the initiative to be proactive and respond to his knowledge of the epidemic and how it could impact on his school. He was aware of the difficulty of responding to such a sensitive issue since there are no actual cases to respond to.

One principal declared that principals did not have to know the precise prevalence of HIV and AIDS at the school, and argued that enough was acknowledged generally about the epidemic to take a proactive school leadership role. The majority of respondents concurred that despite the low reported incidence rate they should be proactive and concentrate on at least awareness and prevention in their HIV and AIDS programmes.

On the other hand, some school principals currently have to deal with an increasing number of HIV infections of learners and even AIDS-related deaths of educators at their schools. These schools have indicated that they have had to move beyond awareness and prevention to support and care in order to respond to the growing rate of infection and to issues of AIDS-related deaths.

4.4   LEGISLATION AND POLICIES

A few years ago there was no reference to the leadership role of the principal regarding HIV and AIDS issues. There is no one to learn from and presently many schools are experiencing their initial or further incidence of HIV and AIDS.

The focus in schools can now shift to preventive and resource-building activities, and on the need for leadership about how to respond to HIV

and AIDS. Most principals indicated that their position is an evolving one and hence they have to respond to various significant aspects within education and their school communities all the time. The principals' positions have developed both from their own experiences, and from their observations within the profession. The meaning of what constitutes a principal's position has changed as a result of changes within and outside the profession. One aspect of the evolution has been ascribed to the growth of the HIV and AIDS epidemic in South Africa.

The responsibility of principals is indicated in the "*National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education*":

> The principal or head of a hostel is responsible for the practical implementation of this policy at school or hostel level, and for maintaining an adequate standard of safety according to this policy (National Education Policy Act, 1996 [Act No. 27 of 1996], 14.2).

The National Department of Education requires principals to be knowledgeable about the following four critical priorities that underlie the national sector specific response:

- Preventing the spread of HIV
- Providing care and support for learners and educators
- Providing quality education
- Managing a coherent response (WCED, 2003).

However, there appears to be a lack of efficient communication of the content of these crucial documents, as well as of the four critical priorities, on the part of the WCED to significant role players.

The majority of schools that participated in the study have distinct HIV and AIDS policies while only one school has HIV and AIDS as a

component of the school leadership policy. All the principals forward HIV and AIDS correspondence directly to their HIV/AIDS co-ordinators. Many of the principals felt that it was the responsibility of their HIV/AIDS co-ordinators to be cognisant of the substance of the policies and guidelines, and for them to take the initiative to draft HIV and AIDS policies and inform principals how the latter can be involved. These principals did, however, admit that they should be more aware of these policies and take a proactive leadership role in policy implementation.

Many principals blame the WCED for not being involved with their leadership responses regarding HIV and AIDS. Principals are following the trend of the department who support the idea that HIV/AIDS co-ordinators focus on HIV and AIDS education through Life Orientation. However, the HIV/AIDS co-ordinators have all indicated that they would wish to see HIV and AIDS policy as being an important component of the school leadership policy.
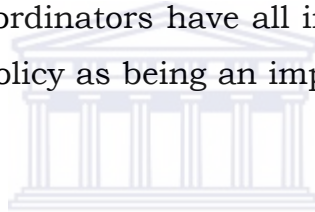
Furthermore, I ascertained that there is another draft policy concerning school principals' HIV and AIDS workplace skills, and that the latter will be targeted in the WCED HIV/AIDS workplace programme where the objective is:

> ... to compile an HIV/AIDS Workplace programme that will address the unique needs of all the employees of the WCED, thereby reducing and managing the impact of HIV/AIDS on employees as individuals, their families and the community (WCED, 1:2003c).

It is evident from the above policies that it has become mandatory for the leadership role of the principal to focus more substantially on HIV and AIDS issues.

4.5   THE ROLE OF THE SCHOOL PRINCIPAL

There was overwhelming concurrence on the part of the respondents that the principal has the responsibility to take a leadership role in response to the HIV and AIDS epidemic in their school communities. The majority of principals acknowledged the imminent destructive impact of HIV and AIDS. They also acknowledged that schools are complex, integrated organisations managing fast changing issues and situations, and in order to find ways of enhancing education, schools need a more collaborative, integrative and less hierarchical organisation.

The leadership role of the principal was the most significant role highlighted by all the respondents regarding the management of HIV and AIDS or any other important matter that have a bearing on the school.

The respondents indicated that principals should exercise their knowledge of HIV and AIDS and all representation, planning, decision-making, coordination, resource development, service provision and related functions through their leadership role

The majority of principals commented on external factors relating to HIV and AIDS that have an impact on schools, such as the need to create visible leadership, and to build partnerships with other institutions, both educational and non-governmental. Then there is the need to balance all of this with their roles within the schools: leading their schools, and building partnerships within the school. In addition to this, the perception of what skills are needed in order to be a successful principal is changing. Currently, the majority of principals do not have basic HIV and AIDS leadership training.

From the descriptions of the respondents' experience and perceptions, the following roles of the principals emerged as being significant, and inform us what it means to be a school leader leading HIV and AIDS issues: educator, advocate, visionary, facilitator, team leader, role model, and resource manager.

4.5.1 Educator

All principals considered that it was essential to have 'cutting edge' knowledge about HIV and AIDS, and about the effect the epidemic could have on the school, on its mission, its culture and its needs. This kind of knowledge would help further the leadership of the schools' mission.

A comprehensive, well-grounded knowledge and view of HIV and AIDS, as well as relevant strategies to address HIV and AIDS issues, are deemed crucial in order to balance the specialised HIV and AIDS knowledge and the leadership response in the school community. This knowledge has assisted HIV/AIDS co-ordinators in making the transition from general to specific needs, as well as from vision to reality.

A comprehensive knowledge of the school community is deemed as very important, as each school is unique. In some of the schools the school community is comprised of persons coming from greatly diverse communities, and perceptions of and responses to HIV and AIDS differ from one school community to another.

All the respondents concurred that principals should possess a comprehensive knowledge of HIV and AIDS, and that principals should be enlightened as to its implications for education and its potential to affect the school community.

Principals often find themselves in the role of educator within their school communities, training people in order that they may acquire the necessary knowledge about HIV and AIDS, and develop the necessary skills to address the issues.

Not only the learners and educators but also parents have indicated that they also expect, at some time or other, to be taught by the principal. Principals often found themselves having to respond to sensitive issues such as HIV and AIDS. One principal commented that, in numerous parent meetings, he often felt like a grandfather teaching parents how to deal with sensitive issues.

At school, issues pertaining to HIV and AIDS are not restricted to the curriculum, but extend to its potential effects and responses within the school community. Many educators wanted their principals to educate the staff members about constructive management styles suitable for integrating the complexity of the issues surrounding HIV and AIDS into quality education and collaborative decision-making processes.

The majority of respondents wanted the principal to lead the school in defining its needs regarding HIV and AIDS by extending their role to participating in HIV and AIDS activities and by virtue of their educator role regarding parents.

HIV/AIDS co-ordinators commented on the importance of setting up mechanisms whereby information is disseminated and communicated quickly, easily and creatively. The information thus disseminated might be what the school needs on a regular basis in order to be focused and encouraged. Or the information might be general, abstract information such as information on the importance of being on the cutting edge of

recent developments, on being challenged to respond efficiently to the epidemic and on being relevant in the school community.

One school has produced an abridged version of the school's HIV and AIDS policy; those sections that are of immediate relevance to learners are published in the learners' diaries. In addition, the school leadership has published the school's HIV and AIDS policy on the school's web page in order that the broader school community may have access to it.

The role of educator is incomplete unless it includes the component of being a learner. The principals in the study described various ways in which they learned about HIV and AIDS, about themselves and their performance, about being effective leaders, about their schools and the unique characteristics thereof, and about their school communities. Many principals learned from their peers in the profession, from experience, from their staff, from participation in conferences and from outside consultants. For example, a principal indicated that he learnt from his HIV/AIDS co-ordinator that he was spending less time engaging with Life Orientation educators than was desirable, and initiated a programme to deal with meeting them more often on a regular basis. This principal now meets with the Life Orientation educators every month in order to stay informed about their teaching and other programmes regarding HIV and AIDS. Other principals indicated that they generally reinforce team-leadership approach with HIV/AIDS co-ordinators in order to empower them to make decisions regarding HIV and AIDS.

Two principals indicated that they have to instil in the school community an understanding about the looming effects of the epidemic on education and that they have to educate key role players who make decisions about

the allocation of resources about the implications of their resource allocation decisions.

4.5.2 Advocate

An advocate generally has a planned series of actions in mind when responding to certain purpose. The majority of respondents see the role of the principal as an advocate in so far as the principal has to recommend and/or support the HIV and AIDS cause. Respondents often stated that it was essential that principals have an integrated overview of the schools' response to HIV and AIDS as a planned series of actions. What they would advocate for would differ from school to school.

One principal indicated that he is acting in various ways as an activist for HIV and AIDS and for his school community. He is currently campaigning for a Treatment Action Campaign branch in his school community. However, most HIV/AIDS co-ordinators indicated that they are currently playing this role and would like the principal to take the lead, even if it is only in the form of giving visible support.

A major role of the principal as advocate regarding HIV and AIDS is that of being an agent for change in the general operations of the school. Many respondents thought about how principals could assist the school community to understand the sensitivity of issues when responding to discrimination and stigmatization regarding the HIV and AIDS epidemic. Many principals are currently dealing with change in their school by working with staff on how to do things differently, drawing attention to the school's broader mission and what the benefits of united responses ought to be.

The majority of principals found it challenging to keep abreast with changes in perceptions of what school leadership entails. One principal found it challenging to keep up with HIV and AIDS issues; his response as leader was to advocate good morals and integrity and resist other strategies. Although schools did not indicate a specific approach or strategy for managing HIV and AIDS, many principals indicated that they emphasized compassion and integrity when dealing with the incorporation of HIV and AIDS issues with their school communities.

4.5.3 Visionary

Principals are in the role of thinking beyond the immediate. They must look to the future and explore ways of developing educational advantages for their schools. Certain principals are trying to envision with their colleagues the possible impact of HIV and AIDS on their school communities. One principal is envisioning his school becoming a 'model community school'. All the respondents at this school share the principal's vision of their school community as being a microcosm of the 'New South Africa' and he is working at helping his school become the school best able to manage HIV and AIDS collaboratively and successfully. A focus on the school's mission helped the principal envision possibilities in keeping with the school's needs and potential.

According to two principals a focus on the institutional mission helped them to see the opportunity, or the incongruity of, the narrow views advocated by the WCED, in relation to their broader school mission. These principals indicated that sometimes the principal's role is to take a stand against the WCED's policy requirements and expectations in order to help their schools deal with aspects that prevent the realization of their schools' shared mission.

One of the ways in which the majority of HIV/AIDS co-ordinators believe a principal could transform their vision into reality was by visibly supporting and being involved in the strategic planning activity. In their capacity as HIV/ADS co-ordinator they spent a substantial amount of time on the HIV and AIDS planning function, and believe the principal's input would give their planning more substance and significance within the school community.

According to one principal planning was a collaborative activity, as evident from the charge to SMT and the EMDC HIV and AIDS co-ordinator to develop a unified plan for prevention by working with educators and various learning areas and support organizations at their school. According to the principal, planning in collaboration with the EMDC has helped the principal set the direction. The SMT is now working with the staff and learners to ensure that the directions of the vision are followed, and the plans are implemented.

Another principal indicated that a coherent vision of how all of the HIV and AIDS organisations and support activities available for the school community can be incorporated is vital, as it alleviates the pressure on the school to deal with everything on their own.

Furthermore, another principal believed that an overall picture that includes an understanding of holistic education purposes and the school community's HIV and AIDS needs, would greatly assist him to generate an appropriate school plan.

Planning helped an HIV/AIDS co-ordinator translate her Life Orientation learning area's vision of support at her school into reality. She now has a fully-fledged support group for infected and affected learners. This group is becoming an essential structure, as it is growing daily.

One principal maintains that as school leader making vital decisions, he cannot focus exclusively on HIV and AIDS and related aspects, but has to focus also on the school's mission, the institutional culture, and on HIV and AIDS policy, amongst other things, and link all of these.

Principals' vision seems to encompass the school's mission as an organizational vision. Educators' vision, on the other hand, appears to focus primarily on the individual or personal actions for managing HVI and AIDS. However, the two may be different aspects of the same HIV and AIDS vision. School principals who have developed a shared HIV and AIDS vision with their staff have also created common objectives that serve to facilitate or compel action to the realization of this common vision.

Underlying a shared vision are principals' and educators' shared belief that schools are there to educate learners. The connection between leaders' values or beliefs and their vision for their HIV and AIDS goals is therefore significant. Most principals believe that learners come first. They believe in meeting the holistic needs of the learners. Educators value working with learners and believe that they (educators) make an impact on learners' achievement. Educators have the shared belief that learners' education is of primary importance. This common objective appears to facilitate the development of a shared vision.

4.5.4 Facilitator

Many respondents reported that they viewed facilitating communication, providing information, providing continuity, achieving the school's mission, collaborating, facilitating integration of diverse points of view and networking as vital aspects of the role of principals managing HIV and AIDS issues. According to one principal, from facilitating

relationships by enhancing attitudes to HIV and AIDS issues to facilitating integration into various learning areas and leadership priorities, he aims to cultivate partnerships and collaboration. Three principals reported having witnessed conflicting attitudes and views regarding HIV and AIDS issues. This warranted communication facilitation between staff members who were in disagreement on issues. One of the roles of the principals is to integrate divergent views of the staff, learners and the parents in the wider school community. Two principals maintained that facilitating communication with their staff and convincing them about the value of positively responding to HIV and AIDS issues was considered to be a positive accomplishment.

Many respondents remarked on how the role of the principal is to facilitate continuity, and not dictate issues that are insensitive to the school culture. When dealing with educators and parents, who are unaware of the implications of HIV and AIDS, the principal should facilitate attainment of the school's vision by communicating the complete and holistic approach and drawing attention to the school's mission. Often it was the principal's duty as school leader to facilitate staff HIV and AIDS development and training.

According to many respondents, managing HIV and AIDS is about building collaboration, networks and relationships. This may involve working at enhancing the attitudes of the wider school community towards HIV and AIDS issues, in order to create joint ventures involving a variety of organizations within and outside of the school. It was maintained that principals should facilitate better relationships and encourage collaboration.

Two principals indicated that they were quite aware of bridging the generation gaps in the school community on sexuality issues pertaining

to HIV and AIDS. Three principals reported that they are working with very conservative staff members at school. They are hard at work reassuring them that if they engage in dialogue with them, and share with them, they will be able to work together and generate an integrated approach. Furthermore, learners are adamant that the principal should facilitate the process of involving organizations and businesses that are able to relate to and support those learners in the school community whom the school is unable to help.

Many schools are already involved in a collaborative approach with other organizations in and around their school communities. Three schools have indicated the benefits of the collaborative approach, as they receive support and provision from those organizations that visit the school on a regular basis.

Two schools have already integrated the outside organizations dealing with HIV and AIDS issues into their extra-mural activities where learners are taking the lead.
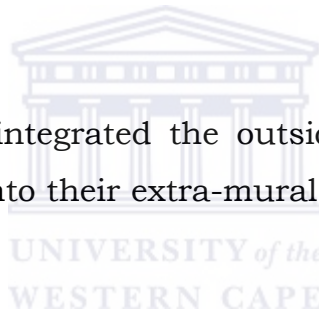
According to many respondents building relationships may be an appropriate and even effective way of responding to the statistics and needs inflicted by HIV and AIDS, or the build up of negativity resulting from the poorly informed perceptions towards people infected and affected.

Two principals indicated that they made an about turn and cultivated a good relationship with the staff once they realized that facilitating communication could help redress negative perceptions.

Three principals indicated that they had to work with individual staff members on a needs basis in order to gain their confidence and change their perceptions more positively.

All the respondents emphasized the importance of facilitating communication within their schools, so that they understand the issues, know the projects, monitor their progress, and have a finger on the pulse of their staff. Two schools consistently put this communication into practice through various formal and informal meetings.

4.5.5 Team leader

The majority of respondents insisted that the principal should have a coherent vision of how issues surrounding HIV and AIDS fit into the school's agenda. While planning itself fulfils a visionary role, the logistics of bringing together the right persons, developing a plan, and following through with the plan, implementation, with the help of subordinates, is a team leadership role. In this role many principals were already involved in a variety of activities. For example, as leaders they worked to develop certain educators by acquiring for them the tools they needed, and helping them learn the necessary strategies.

Many principals see the HIV and AIDS component of their role as leader and manager as deficient and state that they should be providing a way to achieve the HIV and AIDS goals of the school, directing, motivating, and inspiring the staff who report to them.

One principal was confident that he was providing all the necessary resources for his Life Orientation staff to do their job well, and to direct them and hold things together. The same principal was determined that as the leader of the school he needed to foster and create an environment

where people want to be and belong. All the principals in the study indicated their team-orientation.

One principal indicated that the aspect of his role he intends putting into practice is to track progress, making sure that the co-ordinators are doing what they are supposed to be doing, discussing issues with them, and getting to know what their ideas are.

The majority of respondents claim that as a team leader the principal should act as co-ordinator, by soliciting persons' dreams, getting them on a wish-list, having the people set the HIV and AIDS priorities, then co-ordinate and pull everything together. All respondents agreed that the input provided by the school community on the choice of approach and strategy is extremely important.

Two principals indicated that they achieved success by refraining from making unilateral decisions, and by involving the staff and eliciting a draft policy from of them. However, the parents did not respond well when they were requested to make a contribution. One principal discovered that people cooperated when they became aware of the state of affairs and were included in the discussion when important decisions that affect the school have to be made.

4.5.6 Role model

The majority of principals indicated that they prefer to lead by example. Three principals believe that, as the most senior person at their school, they represent the voice of HIV and AIDS. They felt it was their responsibility to bring HIV and AIDS issues to the fore, and to make sure that everyone focuses on HIV and AIDS.

The majority of principals indicated that their positions have a pastoral component, and that they have an open door policy. Principals also stated that it appears to them that they are leading resource centres in the community. Especially principals in disadvantaged areas felt this. Many social issues are spilling over into the schools, which are perceived as having many educated people who are able to assist.

Respondents of schools in the affluent areas indicated that many of the social problems experienced by members of the school community are concealed from the school and instead dealt with at home, since the persons in question would feel humiliated by being stigmatised as experiencing a particular problem. Nevertheless, more issues are progressively surfacing, for example, problems relating to drug abuse, promiscuity and teenage pregnancy

Many respondents empathised with principals for the reason that, as the leader and the voice of HIV and AIDS in the school, a principal is at times at the receiving end of dissatisfaction with, annoyance at, and misconceptions about responses to HIV and AIDS.

Two principals indicated that sometimes principals are blamed for a stance taken by the DoE. They pointed out that they should be able to deal with difficult issues relating to sexuality. One principal said that as a leader he has to initiate better channels of communication and resolve issues in a diplomatic manner, to the benefit of all concerned. He further indicated that at times a principal needs to pay individual attention to prominent persons with influential but negative perceptions about HIV and AIDS, in so far as they can cause much damage.

Many respondents conceded that, while the principal is certainly concerned about the welfare of both learners and staff, there are times

when principals have faulty perceptions of matters, and this has to be communicated to them.

At present, one principal is playing a redresser role, because the principal is often the one who has to address the consequences of previously made unwise decisions. For example, he is trying to persuade his staff to revoke their decision not to reveal the AIDS status of an educator who has passed away. Instead, he wants them to seize the opportunity presented to them to give the epidemic a face by revealing the AIDS status of the deceased to the school community. Moreover, he has the full backing of the educator's family on this mater.

Two principals pointed out that they often found themselves in the role of diplomat, with associated interpersonal, communication and political skills of negotiation. For example, when they were faced with conflicting responses to HIV and AIDS they used the above-mentioned skills, with compassion and caution, to communicate reasons for responding positively or negatively to demands. They maintain that the skills of collaborator, integrator and attitude enhancer are major aspects of the essential diplomatic leadership role for HIV and AIDS issues.

4.5.7 Resource manager

Many principals found themselves in the position of having to advocate for their staff. Many principals championed for appropriate human, financial, training and resources for their HIV/AIDS co-ordinators to help them perform their activities efficiently and effectively.

Some of the principals clearly indicated their resource-management role, by having to set in motion the cause of HIV and AIDS and by making possible the development of human resources, knowledge resources,

financial resources and equipment resources. All the respondents agreed that a resource is an asset whose availability will facilitate, expedite, and effectively attain a desired HIV and AIDS goal by producing the right outcomes. Its absence will prevent the attainment of such an outcome. Principals admitted that they needed to devote more time to developing human resources. This is a crucial matter in a state system, where hiring new staff is difficult, and it is difficult to provide competitive salaries. Principals noted that where the staff currently employed is in need of training and development, they have been burdened with increasing responsibilities at school.

All the respondents in the poor school communities highlighted their plight as public institutions with inadequate financial resources as well as equipment for even the most basic educational needs, let alone anything additional to respond to the HIV and AIDS crisis. Most principals indicated that, in terms of their leadership role, they are trying to come up with creative solutions to deal with these vital resource issues. Two principals indicated that they are prepared to work with outside organizations and businesses that are interested in responding positively to the HIV and AIDS epidemic and through such a partnership the school should be able to cover the resource costs. They maintained that through taking such a lead they could relieve the educators from the added pressures of responding to the HIV and AIDS epidemic. They believe that with this leadership strategy they will create a healthy work environment where educators feel supported by the backing of the principal and provision of resources.

Two principals indicated that they had to make a special effort to convince key persons in the school community about the potential of the positive effect an educational response to the HIV and AIDS epidemic could have. They needed to convince the relevant persons that it is

necessary to rethink budget allocations of funds to include funding for a response to the HIV and AIDS crisis.

4.6   CHALLENGES

The majority of respondents used the terms `dissatisfaction', `frustration' and `challenges' interchangeably. All the principals and the majority of the other respondents indicated that the leadership role of the principal was beset by many challenges. Some principals have thrived and have experienced personal growth during the course of their response to the challenges posed by the HIV and AIDS epidemic. However, those very same challenges have taken their toll on other principals in respect of their personal lives. The principals who participated in the study dealt with these challenges in different ways; importantly, they focused on building connections and relationships.

Most of the challenges stem from the current uncertainty about major HIV and AIDS issues and current educational organizational and institutional issues.

4.6.1 Stigmatisation and discrimination

It was evident from the responses that HIV and AIDS are stigmatised. Furthermore, it is clear that particular people perceived as being in a high-risk category are also stigmatised. The majority of respondents ascribed contracting HIV and AIDS to sexual promiscuity.

The two high-risk groups in the school communities referred to in this study were, for the most part, promiscuous persons and poor black persons.

Respondents indicated that separatist and destructive attitudes fostered by many towards HIV and AIDS in the school community and the media posed the greatest challenges for leadership. Many respondents indicated that HIV and AIDS issues are always constrained by controversial issues, and that this causes much frustration.

Many respondents were of the opinion that the majority of people in the school community wanted to avoid discussing issues around HIV and AIDS.

Many respondents indicated that prominent leaders in the country, as reported in the media, respond in an unsatisfactory way to the epidemic, in so far as there is no unified approach to address the epidemic. They therefore experience great frustration. Moreover, there is no consensus, either nationally or regionally, in respect of strategies to be adopted to address the epidemic. There is only vagueness and indecision.

4.6.2 Leadership approach

The majority of respondents indicated that the personal attitudes of the principals would play a crucial role in determining the school community's response to the HIV and AIDS crisis. Respondents indicated that certain attitudes on the part of the principal would elicit negative responses from the school community with regard to the crisis. For instance, if a principal displayed a negative attitude towards the HIV and AIDS crisis, or appeared to show no concern, the school community would reciprocate this response. Many respondents indicated that, if a principal projected fear of responding to HIV and AIDS issues, they perceived this as a negative attitude. Respondents emphasised that there are many who fear the tension caused by stigmatisation and there are many who resist responding to HIV and AIDS issues publicly.

Many respondents argued that those principals who seek to educate their school communities on HIV and AIDS issues should overcome fear and take risks to strategically elicit and highlight positive responses from the school community. The majority of HIV/AIDS co-ordinators indicated that they expected principals to develop meaningful relationships with key players. This could help strengthen a principal's identity at school, make their leadership role easier, and help their sense of connection to HIV and AIDS issues. They believe principals have to work hard at building trust and confidence amongst the HIV and AIDS key players of the school community. This could also motivate others to become involved.

The majority of principals indicated that their leadership regarding HIV and AIDS was based in part on reality, on statistical reports, and on vision for the future. The majority of principals also indicated that their leadership was often tempered by their realization that the education environment and culture is change-resistant.

Most HIV/AIDS co-ordinators felt that the leadership styles of their principals were incongruent with vital HIV and AIDS issues. The co-ordinators said that they were left to make unilateral decisions instead of enjoying shared vision building with the rest of the staff. Co-ordinators also indicated that they experienced information-control instead of information-expedition, as well as the absence of channels for the free and quick flow of information through the school community. Many co-ordinators indicated that they felt themselves under great pressure since they had to make the majority of decisions regarding HIV and AIDS issues, instead of these decisions being taken collectively by the school community. A few indicated that they felt stigmatized as being the HIV and AIDS individuals. The majority of the co-ordinators insisted on

adequate leadership that reflects the complexity, the evolution and the effects of the HIV and AIDS epidemic on school communities.

4.6.3 Leadership training

Some of the principals listed their limited knowledge of HIV and AIDS and their lack of training to respond to HIV and ADS issues as personal challenges. Another personal challenge is that of deficient leadership skills to lead responses to HIV and AIDS issues in the school community. What exacerbates matters, is that it is still too soon for any `best practice' in leadership concerning HIV and AIDS issues to have developed.

The majority of principals mentioned the challenge posed by the attempt to integrate staff members who have received training in responses to HIV and AIDS issues in order that they subscribe to the mission of the school.

Principals said that it was necessary to make the rest of the members of the school community more knowledgeable about HIV and AIDS and to increase their skills in order for them to respond in adequate ways to the epidemic. Principals perceived this task as an especially challenging one, and felt that if these issues were not addressed, it would be doing a disservice to the school as an institution in so far as it would prevent the school from making a significant contribution to a response to HIV and AIDS issues.

4.6.4 Organisational Responsibility

All respondents agreed that the principal has a fundamental responsibility to take up the challenge of playing a leadership role in matters surrounding HIV and AIDS. In this regard, respondents believe efforts should be made by principals to provide HIV and AIDS education in a non-threatening and non-belittling way, even to the uninitiated who has not even the most basic knowledge about HIV and AIDS.

The majority of respondents felt that taking the lead regarding HIV and AIDS matters at school was different from taking the lead in other educational matters. This became clear from the perceived apprehension to become involved with matters concerning HIV and AIDS because of possible stigmatisation and discrimination.

The school also differs from many other organizations that focus specifically on one only area, for example health care. Schools deal with a multitude of complex issues at any given time, and school communities look up to schools for direction and for education concerning various issues.

Many principals indicated that schools cater for a variety of educational needs, which include academic, physical, pastoral and cultural needs. The respondents at the poor schools felt they understood the challenges posed by the endeavour to satisfy these needs better than anyone else since they deal with these issues on a daily basis. However, principals in affluent areas indicated that they have increasingly to respond to these as the number of single and dysfunctional families is on the increase.

The majority of respondents believe that a culture of a school can be greatly influenced by the leadership style exercised by the principal.

According to the majority of principals a collegial, consensus-prone culture is conducive to managing HIV and AIDS issues.

The majority of principals remarked that values necessary to provide leadership regarding HIV and AIDS issues were similar to those needed to provide leadership in any school. Also, the principals remarked that the hierarchical structure of the WCED did not facilitate effective communication, and all the principals in the study stressed the importance of communication in less hierarchical structures.

Apart from facilitating communication between the WCED and schools, and within the WCED itself, a less hierarchical structure gave principals a better feel for the strengths and weaknesses of their school and of the members of staff. The majority of principals were aware of the need for effective management across the learning areas, as well as of effective management of various activities and projects. The majority of principals are aware of the need to integrate HIV and AIDS education into learning areas, activities and projects. The majority of principals admitted that they needed a better idea of how to integrate HIV and AIDS education that would fit in with their needs, with the time at their disposal and with their interests.

4.6.5 Rationalization

Many of the respondents indicated that the rationalization of educators, the need to downsize, and the need to do more with less, did not take into account social change and associated support needs. As a result, when schools are unable to respond adequately, the school is held accountable and the leadership blamed. According to principals, not only were they now faced with having to deal with more difficult tasks, other

issues were taking precedence, thus HIV and AIDS issues did not feature high in their leadership priorities.

4.6.6 Accurate information

Many respondents referred to the challenge of obtaining accurate and constantly updated statistics and information in terms of what is relevant to the school community. With the elites in government still debating vital HIV and AIDS issues, there is the dilemma about moving ahead in favour of preventing devastating effects of the epidemic without imposing on other learning areas. Respondents maintained that this challenge impacts on other resources, such as financial, human and administrative processes.

Many co-ordinators related their anxiety about the absorption of HIV and AIDS issues into the administrative processes in terms of learning and mastering the change of providing support. They maintained that the challenges here lie in the availability of appropriate administrative and leadership processes that impact on or influence an effective response to HIV and AIDS issues. Many respondents cited obsolescent leadership processes inconsistent with the goals and needs of a school as a challenge.

The majority of principals considered that making effective and efficient use of existing resources is a challenge. Having too many issues demanding attention prevent some principals from spending time on developing a broad vision for HIV and AIDS issues, aligned with the school mission. The majority of principals indicated that unpredicted and unplanned happenings and activities often interrupted efficiency at school. To some principals this situation called for a need for processes that would determine such activities ahead of time, and prevent

unnecessary ones from happening, apart from a need to develop the principals' leadership and organizational skills.

4.6.7 Time

The majority of HIV/AIDS co-ordinators as well as principals listed time shortage as a challenge as it impeded their or their staff's ability to interact, learn new things, anticipate problems, make decisions using optimal information, and integrate HIV and AIDS issues into other learning areas. They maintain that, as the increasing educational demands are becoming disproportionate to the limited staff available, the time that the staff has available for developmental activities becomes limited. One principal pointed out that, making decisions using too little information due to the time factor, and feeling pulled in too many directions, made him have doubts about the quality of the decisions he has to make regarding HIV and AIDS issues. With the way in which his job was split between two significantly different demands from the WCED and his school community, he felt that he was not giving enough time to his leadership role.

The majority of the respondents were of the opinion that unilateral decisions can sometimes be time-intensive because the principal has to expend extended time shifting through the overtly abundant information available to make the decision, resulting in a time-management challenge. Effective delegation of responsibilities to co-ordinators was a way to save this valuable resource.

EMDC co-ordinators were also perturbed by competing demands for time and attention in an area that seems to be constantly interrupted by other educational events that arise and intrude, and that seem to take priority over HIV and AIDS priorities that should be addressed.

4.6.8 Unified approach

Another challenge for principals was that they found it difficult to elicit a positive response from the school community and let them know what the cause of their frustrations was. Many principals are trying hard to get the school community to communicate with them about HIV and AIDS issues.

The majority of respondents indicated that they were aware of the leadership role of communicating HIV and AIDS issues in an appropriate manner to the school community. No longer was it appropriate to let parts of the school community stay secluded from the school' s mission, vision and goals, including knowledge of how it all tied together. Parents, learners, and educators relate to the school's potential and it is the challenge of the principal to build these relationships so that everyone's potential is utilized and realized.

In schools the staff members are the intellectual hub of the school community, yet staff members are not up to date with HVI and AIDS issues and how to integrate this in instruction and learning. Those involved are, for the most part, early-adopters. The challenge is to package HIV and AIDS skills development and exposure to new and creative strategies and their potential for teaching and research in such a way that it fits with their learning and learning areas needs. The majority of co-ordinators hoped that educators would at least begin using some very basic HIV and AIDS teaching aids. The co-ordinators are fully aware that only involving the HODs and SMTs in such fundamentals can achieve this.   Many principals saw as a challenge the need to correct the attitudinal problems and build a sense of a unified school approach.

The pressures of the RNCS and the busy schedules of overworked staff were creating a situation where the staff relinquished the opportunity to talk to one another regularly, and learn from one another's problem solving skills and strategies.

The majority of principals considered it a challenge to encourage staff to take a position of responsibility, stand up, issue intelligent views, and play a significant role on issues related to HIV and AIDS. Certain principals indicated that this challenge was intensified by low staff morale on the increase.

All the principals recognized the value of updating the skills of staff members as a key factor in motivating them to integrating HIV and AIDS issues across the curriculum, and thus strengthening their engagement with their learning areas and with the rest of the school.

What some principals found particularly challenging was the act of communicating to senior staff what leadership skills they could expect as an appropriate response. The challenge resided in building a relationship in their minds between HIV and AIDS issues and the kind of school leadership suited to the changing pace of the epidemic.

It is no easy task to integrate the sheer volume of information about HIV and AIDS issues appropriate for all learning areas with quick decision-making. The majority of principals hoped that intelligent agents, meaning their HIV/AIDS co-ordinators, would be able to communicate how to manage the vast amount of information effectively. This is a challenge that caused especial anxiety to principals, as it would have a direct bearing on providing better quality education and support for learners and staff with the available resources.

4.6.9 Resources

The lack of the required skills to address HIV and AIDS issues, a deficient knowledge base and an insufficient understanding of HIV and AIDS issues on the part of staff members give rise to many human resource challenges at schools. Respondents mainly from disadvantaged schools indicated that this situation arose especially after rationalisation and the slowly growing obsolescence of guidance in their schools, and also because of the pressures of achievement in academic subjects.

The human resource challenge is exacerbated by the pace of change in education due to the implementation of the RNCS, and there is a lack of opportunities, initiative, or resources for re-training the members of a significantly reduced staff component. One principal stated that the lack of resources for HIV and AIDS initiatives, the reduced staff component as well as the absence of suitable programmes to address HIV and AIDS issues present a challenge. Two other principals indicated that these challenges place their schools in the unenviable position of having to prioritize the conflicting needs and demands of different learning areas, of being unable to please every one of them, and of having to refuse requests regarding essential matters.

According to many respondents, it was frustrating for them to know what it means to do a good job, and not being able to do it because there is insufficient staff, or because of a lack of resources. Principals see the development of HIV and AIDS resource bases, starting with their co-ordinators, as their key challenge and vision, in order for them to meet, at least in part, the expectations of the DoE.

Many respondents believe that satisfying the expectations of the school community includes building relationships outside of the school, which

is important for the healthy survival and relevance of schools today and in the future. Many respondents indicated that they are actively involved in the external environment of the school in order to respond in practical ways to the HIV and AIDS issues and needs at school.

Many respondents indicated that they have taken up the challenge of working with peers, NGOs, governmental organizations and experts in the field to facilitate the necessary changes. They indicated that, in this regard, they hoped to involve their schools in resource sharing.

4.6.10 Learning areas – curricular

Responses were varied when it came to the issue of the principal's leadership involvement in decisions related to HIV and AIDS and the curriculum. The majority of principals assumed that they would occupy an advisory or supportive role where academic issues are involved. Discussions with the staff about HIV and AIDS and the curriculum are often initiated by the SMT. HIV/AIDS co-ordinators take it upon themselves to make sure that the appropriate support for curricular or instructional development regarding HIV and AIDS is available, although their input into such issues was limited to explaining or educating principals about the latter's contribution to curricular issues regarding HIV and AIDS.
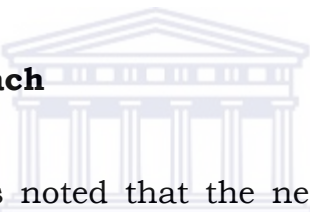
One principal reported that his staff created forums for inter-curricular discussions. Furthermore, the HIV/AIDS co-ordinator liaises between the various disciplines and involves leadership in development activities. The majority of school staffs were conservative and mainstream in their approach to curricular issues regarding HIV and AIDS.

Principals are confident that their roles and involvement in HIV and AIDS curricular issues begin and end with development and support. They do not see their role as a teaching role. They maintain that the educators are responsible for the actual implementation of the HIV/AIDS curriculum. One principal remarked that whatever he did regarding HVI and AIDS in the curriculum he did as head of the school, and that his role is reasonably limited to instructional leadership and management.

4.7 RECOMMENDATIONS

All the respondents indicated that they needed to understand the expectations and roles of the EMDC office, relevant service providers and school community partnerships in this process.

4.7.1 Unified school approach

The majority of respondents noted that the need to correct attitudinal problems and build a sense of a unified school approach presented a challenge. The pressures on educators resulting from the implementation of the RNCS, and the busy schedules of overworked staff were creating a situation where the staff relinquished the opportunity to talk to one another regularly, and this meant relinquishing the opportunity to learn from one another's problem solving skills and strategies. Principals have been trying to remedy the situation by conducting regularly scheduled staff-meetings. One principal was trying to get her staff to focus on where they should be as a staff and as a school. Another principal was trying to motivate all his staff members to decide on what they should do in order to be able to respond to the HIV and AIDS epidemic as a role model school in South Africa. These efforts represent attempts at recognising the value of co-operative relationships within the school as a prerequisite for a meaningful and effective response to the HIV and AIDS epidemic.

The majority of co-ordinators recognised the importance of working with principals directly, either to earn their confidence, or to facilitate the educational cause of responding to HIV and AIDS.

The majority of respondents reported that, apart from their leadership and management skills, what make principals effective is their articulation of strong and explicit support of HIV and AIDS initiatives, and that they have the support of the school community.

4.7.2 Strategic planning

The majority of principals considered that the process of facilitating more interaction was necessary in order to create a less hierarchical structure, since the latter is better able to gauge what progress has been made, as well as what frustrations are being experienced. It also helps to determine the need for functional actions. Given the collaborative nature of HIV and AIDS work and given that almost every significant issue needs the input of more than one learning area, collaborative ways of working must be encouraged.

All principals pointed towards planning as a fundamental leadership component in light of the fast pace of change in education generally. All principals believe they have to focus yearly on a strategic plan that sets out what the school is trying to achieve. Strategic planning focuses on their outcomes. Operationally, with regard to HIV and AIDS, they will move away from the big directions, and consider applying specific strategies to accomplish specific activities, and solve specific problems. They have to connect with the past, they have to imagine the trajectory, and make the best possible decision in order to respond to the HIV and AIDS crisis.

The majority of principals added that operational planning took small steps at a time, allowing the school to focus on the items that needed implementation, and the associated outcome of each item, while the big picture would be revisited periodically, in keeping with the school's strategic plan.

The differences in characteristics and distinctiveness of each school emerged from the reported incidence of HIV and AIDS and from the responses from HIV/AIDS coordinators and from leadership. The majority of principals indicated that they would find the following most rewarding:

- to observe their school evolve in support of an HIV/AIDS vision and strategy;
- to see the school grow more supportive of holistic and integrated goals;
- to see partnerships built with the school community in order to realise the school's goals and
- to see the school community gaining more confidence in their response and becoming more comfortable with and experiencing fewer pressures in accomplishing major tasks and taking pride in it.

Several principals conceded that their schools needed an HIV and AIDS strategic plan in support to of the school's overall strategic plan, as well as an operational plan. The majority of principals develop a yearly operational plan that feeds into the general strategic plan of the school that would span more than a year. The planning horizon for leadership of HIV and AIDS issues is a more long term matter, while specific activities in response to HIV and AIDS are short term matters.

The majority of principals indicated that planning for HIV and AIDS was not any different from planning in any other area of education. They believe that successful planning is a top priority.

4.7.3 Collective decision making

Invariably all principals stressed the importance of collective decision making, involving the appropriate groups and players in the school. Two of the principals reported that they had to make decisions about a narrow view advanced by the DoE. They had to use their power of insight, identify the narrow view, and use other specialists to counter the view or ask probing questions, all the while bearing in mind the school's mission. This was imperative in order to get the issue out into the open, and then make appropriate decisions. These two principals pointed out that one cannot be taught the insights to address an issue like the one they had to address. These insights come with the experience gained by being an interested observer of the school community. With experience, they believe, one develops a sense of when things are not compatible with the school's mission. These two principals were passionate about drawing out decisions from their school community, persistent about their school's mission and insistent on moving forward.

The rapid growth of the HIV and AIDS epidemic, the relative tardiness of the DoE's response, the negative, strained and confused attitudes towards the disease, are factors that have complicated the schools' decisions. According to the majority of respondents all decisions about HIV and AIDS issues must consider whether it will push aggressively towards a new unified approach. In addition, such decisions have to take into account the reported incidence of HIV and AIDS and the school's teaching and support functions, which have become dependent on HIV/AIDS co-ordinators and on Life Orientation.

According to the majority of principals and educators the challenge that arises when incorporating new aspects into the school, is to do it in such a way that it seems appropriate, pleases the people who are there, and make their contributions to the educational mission easier and challenging.

As for instructional leadership decisions, various principals indicated the value of informal processes. They considered that the latter could be useful if it would improve learning by providing an alternative learning method, more time on task activities, and interaction with the HIV and AIDS education content. The principals prioritised those methods that have the potential to improve learning about HIV and AIDS and that have face validity.

The majority of the principals in the study made no mention of any formal, carefully defined, and enforced procedure for adopting any new policies regarding HIV and AIDS.

They suggested that decisions about HIV and AIDS must never be made in isolation from the mission of the school, or unilaterally. Such decisions must be integrated internally within the mission of the school, or with the input of an advisory committee, as well as with the input of the SMT or key institutional players relevant to the decision.

4.7.4 Co-operative participation

HIV/AIDS co-ordinators indicated that working closely and having a healthy relationship with the SMT is a good place to start to involve others in HIV and AIDS issues.

Some co-ordinators reported working with key role players on instructional enhancement, assisting them with creating a coherent view of HIV and AIDS for staff and the learning areas, or by involving the SMT in related committees and activities that would directly impact on the educational mission of the school. Other respondents mentioned that they have brought together learners and parents by means of the involvement of the latter in the learners' extramural activities and in sport. They hoped to engage learners as well as parents in focusing on HIV and AID issues. Other respondents work with individual staff members on a needs basis if it is related to a specific project or issue they are currently involved in.

The majority of respondents felt that it was the responsibility of principals to involve educators when they make decisions that impact on the educational experience of the learners. Therefore, those respondents maintain that it is imperative for educators to take a more active interest in HIV and AIDS issues.
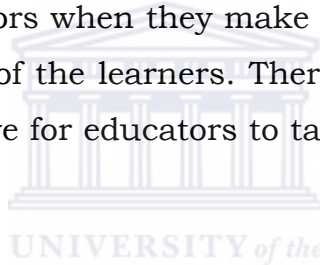
Some of the respondents referred to the importance of interaction with their colleagues frequently in staff meetings. Others referred to the importance of general, formal and informal meetings. They believe this will enable a large amount of information and unexpected solutions to be shared.

Meetings of this nature compensate for the fact that, as people are busier and increasingly feel under pressure, they have less time to talk to one another, and hence forgo the chance to learn from one another's problem solving strategies and the sharing of possible solutions. One principal believes it is important that she be near her staff, accessible, and approachable in their physical sphere, thus enabling them to share a good team spirit and grow as a school community. The majority of

principals acknowledged the importance of interacting with the staff as a way of obtaining informal feedback on the pressing issues in the school community, its work, services and spirit. Two principals interact with their staff by creating informal meetings with them to draw information and decisions out of them.

4.7.5 Involvement within leadership structures

Principals indicated that they have not been as involved as they were supposed to involve themselves in the HIV and AIDS responses of the school. The majority of principals in the study were involved in some aspect of the HIV and AIDS component of the institutional strategic planning process. One principal contributed to the process by talking to educators and learners, trying to convince them that HIV and AIDS is a relevant cause and that there are numerous possibilities for the school community to interact around HIV and AIDS issues.

The co-ordinators felt that HIV and AIDS education should feature in almost every senior committee at school and be a crucial part of the senior decision-making. Co-ordinators hoped that the present situation of the exclusion of HIV and AIDS issues would change over time, as principals should work at building HIV and AIDS issues into leadership structures.

The majority of principals believe that, even though it would not be easy, they could enhance the quality of HIV and AIDS instruction and learning, and assist research activities better if they are in possession of various leadership skills. The majority of respondents believe that this contentious matter has the potential to enhance more collaborative activities within the school and between the school and the WCED. If

there could be collaboration in respect of HIV and AIDS initiatives, the overall quality of shared initiatives could be enhanced.

It was maintained that outside their respective schools, principals should work with other leaders to bring about innovation in respect of HIV and AIDS and explore possibilities for sharing information and resources with others, or for building resources for their own school communities. One principal reported that such involvement was considered to be necessary for making their school visible nationally as a progressive school for addressing the HIV and AIDS epidemic, and for reducing the stigma associated with HIV and AIDS.

4.7.6 Programmes and activities

The majority of respondents believe education must be provided for learners and staff that is culturally appropriate. In addition, respondents insist that life-skills training must be provided since it will have a positive influence on lifestyles.

The majority of respondents insist on a single structure to manage and co-ordinate and facilitate HIV and AIDS responses and to monitor the quality of services provided.

The majority of respondents insist on opportunities to put a human face to HIV and AIDS programmes and activities. Involving a range of people living with HIV and AIDS in school programmes can assist in showing the reality and scope of the epidemic.

One co-ordinator sees a change for the better in respect of support for those who have been identified as HIV and AIDS sufferers. There has also been an improvement in the attitudes and opinions of leadership. This

has caused her to realize what positive impact her work has had. There has been tangible and positive progress both within the school and outside of the school, and people have been motivated to deal in a constructive way with the stigma associated with HIV and AIDS. According to the co-ordinator in question the experiences have been rewarding in so far as they have reached the point where people appreciate what she is trying to do for the infected and affected.

Some principals have indicated their accomplishments in their positions, and their perceptions of rewards. In the study certain principals had initiated many organisational or institutional activities that indicate their accomplishments. These transformational activities were integration, relation building, and operational activities.

Integration involves activities merging two or more HIV/AIDS units. One principal indicated the he played the 'integrator' role after having dealt with the issues of negative mind-sets prevalent in educators and learners resulting from destructive separatist media debates and other reports. He developed a collaborative leadership approach with the SMT.

Relation building activities often involved building partnerships or collaboration within and outside of the school community. The majority of respondents believe that the principal has the potential to turn what was either a negative or indifferent attitude towards HIV and AIDS issues into a positive, mutually beneficial one. One principal worked with key senior staff members, enabling them to have more confidence in him, in active pursuit of innovation in their leadership, instructional and extramural activities in respect of HIV and AIDS issues.

Another principal has improved his methods of communication with the staff, and is obtaining their input, and is making in improving relationships.

One principal remarked that as school leader he would be ineffective without an outstanding support staff. In keeping with this sentiment, he maintains that the reality of HIV and AIDS makes it necessary for principals to create a healthy, team based, constructive, and supportive environment to which their staff wanted to belong and which motivated them to respond to the epidemic. One of the principals displays attitude enhancing efforts, leads by example and advocates for and supports his staff. Another principal involves her staff formally and informally in making decisions. Yet another principal has the ability to initiate growth and project progress in his school in so far as he is accessible to his staff and listens to them, working with them as team member. These principals have all created a positive environment for their HIV/AIDS co-ordinators. One principal commented that it is a rewarding experience to see an uninformed staff respond positively to HIV and AIDS issues.

One principal reported that he is making a concerted effort to build previously non-existent relationships and to rebuild damaged relationships. The result is that people's opinions about HIV and AIDS have changed and they are starting to respond positively. In addition, learners are often involved as significant role players. New programmes involve learners by training them as peer educators of different disciplines. This serves as a way of reaching out to one another, of building relationships with the learners, and creating relationships with the rest of the school community. This principal indicated that he could also be otherwise actively involved in working with private corporations to create opportunities for sponsorship, and for advertising their school.

Operational enhancement activities include improving current practices to make some of the mission achievement operations of the school more influential in outreach, more effective and efficient. HIV/AIDS co-ordinators indicated that many activities to improve current operations and educational activities had come about as a result of their initiative. Such activities include the creation of new initiatives or opportunities, or improving existing ones by collaborating with NGOs', in order to improve their work environment or their work output. They maintain that principals should explore room for improvement in their schools and take the necessary steps to introduce HIV and AIDS issues. One principal took the initiative when he realized that his leadership response was weak. He initiated an advisory group that assists him to achieve a greater measure of efficiency and balance in his leadership. His experience has made him realize the positive impact teamwork has had in boosting the morale of the staff in all learning areas.

4.7.7 Evaluation

The principal who had initiated the advisory group to assist him strongly recommended an evaluation tool that would assess the successes and failures of their HIV and AIDS goals and initiatives. The majority of the other respondents are in agreement with this. The principal made mention of his initiative to aim at awareness, prevention and support in order to reduce the burdens caused by HIV and AIDS.

4.8   CONCLUSION

Many management aspects resort under the leadership skills of principals. Importantly, a focus on persons was found to be the key to successfully accomplishing the mission of a school.

All respondents made mention of leadership that succeeded in, firstly, realising the mission of the school and, secondly, addressing the problem of a decreased staff component by focusing on persons. They added that good school leaders empower the staff to make decisions. HIV and AIDS management is in a period of evolution and change. Questions of management and practice emerge as strongly as questions of contradictory hope and uncertainty.

The leadership experiences and perceptions analyzed above present some predominant aspects of their role as follows:

- providing HIV and AIDS leadership in realizing the wider school mission;
- integrating HIV and AIDS issues into the school programme;
- assisting learning areas to absorb HVI and AIDS issues;
- bridging the gap between the school and the external environment;
- ensuring resource availability and
- assisting the school in meeting crucial HIV and AID needs.

This analysis imparts a dynamic aspect to the complex role of the principal revolving around building relationships, aligning HIV and AIDS issues with the school's mission and needs, and focusing on the bigger picture of HIV and AIDS rather than on reported incidence of HIV and AIDS at school.

CHAPTER FIVE

DATA ANALYSIS

The education system remains the most logical and important ground on which to engage and counter the spread of the pandemic; nowhere else, from the cradle to the grave, does such an opportunity exist to counter the attitudinal and physical threat of the disease. We must seize it (Badcock-Walters, 2000:5).

5.1   INTRODUCTION

The main aim of this study is to provide a conceptual analysis of the leadership role of school principals with reference to HIV and AIDS issues. In this chapter I provide a discussion of the analysis of the interviews relating to various aspects of the relevant literature.

In addition, I review the concepts of transformational theory as they inform the findings. Information for this section will be drawn mainly from the PLQ that corresponds to the key components of transformational leadership, the theoretical framework underpinning this study. Subsections will include the aspects of school leadership which became more evident as this study progressed and focus on the following transformational leadership factors: provides vision; models behaviour; fosters commitment; provides individual support; provides intellectual stimulation and holds high performance expectations.

Furthermore, the final subsections will include the other common themes that surfaced in the study: role reflections; leadership dynamics

and challenges and recommendations for functional HIV and AIDS leadership.

5.2   PREVALENCE

The majority of respondents indicated that there is not a high incidence of HIV and AIDS amongst learners and educators, and they have not yet experienced the reality of the effects of HIV and AIDS as predicted in many reports on the effects of HIV and AIDS. Only one of the six schools reported an increasing incidence of HIV and AIDS and indicated that only the Life Orientation staff is involved with addressing the issue.

This finding differs from research conducted by O'Connor (WCED, 2003:10) in nine schools across three different EMDCs of the WCED, which concludes that every school in the survey catered for learners who had contracted HIV or AIDS. It was also clear in that research report that educators need to be supported with the day-to-day management of HIV and AIDS in their classrooms, especially as the number of AIDS orphans is on the increase. The report maintains that any attempt to support schools and their staff with the prevention and management of HIV and AIDS would involve training and equipping teachers to manage the effects of HIV and AIDS amongst learners as well. The research also found that where it had been established with certainty that educators and non-educators had contracted HIV or AIDS, staff was, to use their own words, traumatised. Across the nine schools surveyed there was a consistent need for counselling, and counselling skills were undoubtedly the most prominent skill desired by the principals consulted. Ultimately there was widespread recognition that HIV and AIDS affects all aspects of school life (WCED, 2003:11).

Every school principal indicated that he or she knew of at least one HIV positive person in their school community. The majority of the respondents indicated that the absence of HIV or AIDS cases in the school did not imply that the school is immune to the epidemic. This finding is in line with the findings of Ogina (2003:60), whose research participants declared that the absence of HIV and AIDS cases does not imply that the school is safe.

The majority of respondents agree that the prevalence of HIV in their school community is much higher than that observed from the incidence at school. This finding is in line with the findings of the HSRC (2002:7) with regard to national prevalence which indicates that AIDS is a generalised epidemic in South Africa that extends to all age groups, geographic areas and race groups.

The respondents at black schools near informal settlements indicated a higher susceptibility to HIV. This concurs with the findings of the HSRC regarding locality type prevalence, with clear evidence of higher vulnerability to HIV of people living in informal settlements. According to these findings HIV prevalence by urban informal locality-type is an important factor contributing to the vulnerably of Africans living near urban areas (HSRC, 2002:6).

The majority of the respondents did admit that they initially thought HIV/AIDS was a homosexual or poor black people's disease. However, all the respondents indicated that they now believe any one could become infected. This finding corresponds with that of the HSRC study that found that the relationship between perceived socio-economic status and HIV infection indicates that all strata of society are at risk, not only poorer black persons (2003:9). Unlike other infectious diseases, HIV and AIDS do not respect social barriers. HIV and AIDS affect rich and poor

alike. Nevertheless, poverty seems to facilitate the spread of the disease and worsen its impact (African Development Forum, 2000:2)

All respondents agree that schools are an imperative influential structure to respond adequately to the HIV and AIDS epidemic.

5.3 SCHOOL POLICIES

Principals revealed that they are inextricably caught up in a complex maze of educational policy and strategy. The principal is, in no uncertain terms, regarded as being responsible for the practical implementation of the National Policy on HIV and AIDS (DOE, 1999:9.1).

The DoE requires that every provincial education department:

- designate an HIV and AIDS Programme Manager as well as working groups to communicate the policy to all staff;
- implement, monitor and evaluate the DoE's HIV and AIDS programme;
- advise management regarding programme implementation and progress and
- create a supportive and non-discriminatory environment (DOE, 1999:14.1).

The majority of the respondents indicated that the interviews were useful as it evoked in them a sense of responsibility to respond more confidently and proactively to ensure that their school's HIV and AIDS policy is adequate. This finding is similar to the findings regarding the SGBs in Van Vollenhoven's study. Van Vollenhoven noted that the interviews with the SGBs pointed out to the latter the urgency of putting in place an HIV and AIDS policy (2003:246).

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The majority of principals indicated that they perceive themselves as strategists for implementing external HIV and AIDS directives, and as monitors, evaluators and managers of educator and learner standards, which are defined elsewhere.

Respondents believe that policy development should involve the school community in programme design, development, and evaluation of programmes and policies. Leadership should support and engage other agencies in promoting confidentiality and non-discrimination. Policies should also promote community development and mobilization.

This study has revealed that all the principals feel they have an adequate basic understanding of HIV and AIDS. This is consistent with the views of principals in the findings of Ogina (2003:67).

However, from the data collected in this research, it has become clear that the majority of the respondents are not clear on what the National Policy on HIV and AIDS requires from leadership. It seems that the majority of respondents tend to respond to HIV and AIDS issues by utilizing their general knowledge of human rights. This finding is consistent with the findings of Van Vollenhoven (2003:242) who indicates that school management is not *au fait* with the legal requirements to deal with the epidemic. Van Vollenhoven (2003:242) claims that, in many cases, school management teams are still ignoring the existence of the epidemic and argues that knowledge of the causes and consequences of HIV and AIDS and a positive management of pupils with HIV and AIDS would help prevent the spread of the epidemic.

All of the principals who were interviewed for this study expressed empathy for people infected with or affected by HIV and AIDS. This

finding is in agreement with findings of Ogina (2003:67). All the respondents in this study, who indicated that their principals exhibited no discriminative tendencies towards HIV and AIDS issues, confirm this finding. All the principals and respondents in the study support the disclosure of HIV positive people in the school community. This corroborates what Ogina (2003:61) and Sihlangu (2000: 23) report from their findings, namely that the majority of the respondents in their studies supported disclosure.

The majority of principals indicated that their leadership role in conjunction with the HIV/AIDS co-ordinators in relation to national priorities should have been communicated more efficiently and effectively by the WCED.

By the same token O'Connor and Grimwood (WCED, 2003f:3) note that the WCED should develop clear policies on matters such as antiretroviral therapy, and that such policies should be circulated and advertised widely as part of a charter on the rights of the staff and learners.

All the educators were put under pressure to implement the RNCS. This pressure was compounded by the fact that they saw their duty as centrally concerned with the learners and their learning areas: other issues were regarded as little more than intrusions, and any which involved taking a wider vision, as also politically dangerous. Their problems with the legislation, then, came primarily from the manner of its implementation - its speed, lack of consultation, and the lack of co-ordination between the components. The educators did not make much mention of the nature or function of the legislation, nor of the effect would it have upon their wider role in society.

The majority of principals also maintain that, at the moment, the implementation of the RNCS and school improvement are taking precedence, and both are centrally concerned with the effectiveness of the RNCS. Any social and moral concerns are relegated to a back seat, except where they help to maintain or improve social cohesion and nation-state legitimacy. According to Bottery, (2001:210) it is important to note that the official government literature sees leadership as a solitary, positional attribute: not only, then, should principals be leaders, but, perhaps as importantly from the policy perspective, leaders have to be principals. This again does not bode well for the realisation of the kind of transformational educational leader so frequently espoused in much current academic literature.

5.4   HIV and AIDS FOCUS

One of the five strategic objectives of the WCED's Medium Term Strategic Plan 2003/4 to 2005/6 (WCED, 2003a) is to promote accountability on all levels, in line with the legislative framework – one being to play an active role in meeting the broader needs of the country, especially in dealing urgently and purposefully with the issue of HIV and AIDS.

While there is no vaccine for HIV and AIDS the education system is considered by all the respondents to be an indispensable medium for advancing awareness and prevention of the epidemic. In some cases it could be a source of support for those infected with or affected by HIV and AIDS. Organised education is the most powerful tool available to both protect the welfare of people, and to take advantage of the social and economic opportunities to advance health (Lee et al, 2003:180). Education cannot produce a medical solution but can help manage the problem by converting schools from high to low risk environments, in

which behaviour change and choice can be addressed and properly communicated (Badcock-Walters, 2000:1).

This view is in line with the view of the WCED that has indicated both a practical and moral responsibility to assist the Department of Health to educate people about HIV and AIDS as well as ART, and become a vigorous provider of treatment literacy (WCED, 2003f:1). As the demands are growing for educational responses to awareness, prevention, and support at school it appears that it is in turn putting pressure on the leadership role of school principals.

All the principals interviewed for this study were concerned about ensuring that their leadership contributes towards the basic educational HIV and AIDS needs of the learners. In addition to this role, principals recognised that the HIV/AIDS co-ordinators must be involved creatively to address various issues of strategic importance and that resource management must be enabled, both internally and externally. Several principals reported facing challenges that were operational and personal in nature, while others reported facing these challenges and in addition were concerned about an impact on their school's missions.

Generally the principals in the more affluent schools have external roles that involve building partnerships with the wider school community, enabling the creation and spread of new strategies that have the potential to enhance the school and its mission. In addition, they have to take into account their internal leadership roles that require of them that they make effective use of their abundant resources.

Concerns related to resources were more prevalent amongst the schools in poor areas; those principals were more concerned with making effective use of the inadequate resources they available to them. The

multi-sectoral partnership that is being developed in the Western Cape includes, amongst others, the provincial and local departments of Health, Social Services (Welfare), universities, and non-governmental, community-based and faith-based organisations, all of which have been drawn into training programmes and support structures (WCED, 2003a:4).

Badcock-Walters (2000:2) maintains that the education system is particularly vulnerable due to associated social instability, dysfunctional operation at some levels, a high attrition rate, a high failure rate, high drop-out rates, over-aged enrolment and high levels of infection in educators.

Badcock-Walters (2000:2) argues that these factors combine to create an environment in which limited numbers of system managers and often under-qualified, under-resourced and dangerously exposed educators wrestle with large numbers of disparately aged learners, whose home lives are all too often touched by poverty, violence and social turbulence.

Despite these dismal circumstances high levels of commitment were displayed by the HIV/AIDS co-ordinators who are responsible for driving HIV and AIDS activities at the various schools. They are largely responsible for the degree to which HIV and AIDS activities and functions are institutionalized at these schools.

Other educators involved in HIV and AIDS activities at the various schools are operating in isolation within their learning areas.

All the respondents alluded to effective HIV and AIDS leadership as exhibiting personal traits characterized by a willingness to take risks,

initiative, a disposition that refuses to let challenges deter them and a deep commitment to the cause of HIV and AIDS.

The following presents a synopsis of the perceptions of the HIV and AIDS role reflections and leadership dynamics, discussed in relation to relevant literature. The analysis reveals that the respondents gave similar responses even though the individuals and school experiences were diverse in backgrounds and experience.

5.5   LEADERSHIP ROLE REFLECTIONS

What has become clear is that there is widespread uncertainty about the impact of the HIV and AIDS epidemic. At the same time, newly integrated school communities are undergoing profound changes that present the various role players with hitherto unknown challenges. These factors underscore the importance of the role of the principal in providing leadership in respect of HIV and AIDS.

The significance of the position of the principal suggests that there is little doubt that the scope of his or her leadership role will be modified. As it is, requirements regarding the mandatory integration of HIV and AIDS education into the curriculum as well as requirements regarding workplace skills as stipulated in various policy documents (as discussed earlier) illustrate the significance of the leadership role of the principal.

Respondents indicated that the majority of principals are revered and respected, and thus have enormous responsibilities with regard to their educators and learners. All the respondents indicated that principals are leading educators who do indeed have a major influence on their learners, not only while learners are at school but throughout their lives. Bearing in mind that among the youth there is the highest incidence of

HIV and AIDS, educators are in a pivotal position to address the problem. O'Connor (WCED, 2003:11) is convinced that schools are beacons in their various communities. He argues that "HIV/AIDS provides the WCED with an opportunity to become leaders in the fight against HIV/AIDS, enhancing the status of schools to their communities and increasing the value of education for all."

The majority of principals recognise that they are beginning to feel the impact of the HIV and AIDS epidemic on their leadership roles. They realise that HIV and AIDS issues will affect education in an unprecedented manner. As a result, their leadership position will have to rethink its priorities. However, these principals are adamant that what will not, and must not, change is the principals' leadership role in support of the school's central mission. According to Bush (1995:144) vision is expressed in a mission statement which in turn leads to specific goals.

Other emerging HIV and AIDS realities indicate that the position of the principal will, like any other executive position in a difficult, changing environment, undergo vast changes. Principals who succeed will be those who employ idealized influence, inspirational motivation, intellectual stimulation and individualized consideration to achieve superior outcomes (Bass and Avolio, 1994:3). The principal's position will determine the essence of what is mandatory and what is essential regarding HIV and AIDS in various school communities. The principal's leadership role is once again being reshaped by the responsibility to respond to the *HIV and AIDS Life Skills Programme* and the *HIV and AIDS Workplace Programme* of the WCED.

This study considers the movement toward transformational leadership as it involves a very different way of considering the leadership role of the

principal as well as different role behaviours (Hallinger and Hausman, 1994:169).

5.6   TRANSFORMATIONAL LEADERSHIP

Transformational leadership can be described as school leadership that goes beyond individual needs, focusing on a common purpose, and developing commitment with and in the school community. The literature on transformational leadership and school leadership is specifically related to the social and organisational structure of education systems in the western world. Although the organisational structure of education systems may appear to be similar, there are social differences amongst various school communities. Therefore, cultural contexts may result in attitudes, values and norms for behaviour on the part of principals, which may be very different from those of school leaders in other contexts (Oplatka, 2004:428).
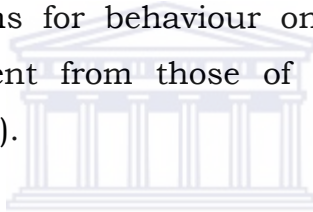
The aim of this section is to examine the actual context and features of the response of school leadership to HIV and AIDS in the schools that participated in this study, given the perceptions of the respondents. A second and related purpose is to analyze similarities and differences regarding the assumptions, structures, processes and outcomes of leadership responses to HIV and AIDS in various schools. A review of leadership responses to HIV and AIDS in various schools in the WCED is warranted, mainly because educational reforms and policies draw almost exclusively on perspectives of educational leadership taken from western literature and practice, thereby giving an impression that western models of school leadership are universal. Dimmock and Walker endorse this view and point out that:

Research should stretch beyond its current near-exclusive grounding in western theory and move toward including more diverse perspectives from multiple cultural contexts within which educational administration takes place (1998:559).

The principals in the poor schools highlighted the limited role of school leadership in so far as principals fulfilled mainly an administrative function, lack of innovative and pro-active management, and struggle to make use of a more participative leadership style.

The future HIV and AIDS leadership role of the principal will be discussed under the headings which correspond to the research questions that are based on the theoretical framework of this study and which emanate from the main leadership dimensions of Leithwood (1994) and Leithwood et al (1996).

These dimensions provide useful and stimulating ways for principals in leadership positions in schools to take up the challenge of developing their innate leadership abilities.

The potential value of the transformational leadership conception in managing HIV and AIDS arises from the premium that it places on empowering multiple stakeholders. This claim is endorsed by Kerry (2004:44) who utilized transformational leadership as an intervention and found people are offered the chance to develop vision, and then plan how to make the vision become a reality, using transformational tools and values. This, she also found, has had an impact on the lives of many people, and affected their relationships with others.

All the principals believed that they were already proactive in contributing to HIV and AIDS leadership by developing resources and initiating training, and providing various educators, especially HIV/AIDS

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co-ordinators with access to these in order to enhance their responses to HIV and AIDS at school. Continuing to apply transformational theory to school organizations, Leithwood (1992) relied on power that was manifested through other people. He affirms that a strong transformational principal aided teachers to find greater meaning in their work and develop their instructional capabilities.

The following section analyses the perceptions of competencies that are deemed to be essential if principals are to lead responses to HIV and AIDS issues successfully. Respondents at the various schools based these perceptions on the principals' own experiences and proposed leadership competencies in realising the HIV and AIDS mission.

Formal and informal learning, background, skills, abilities, and interests contribute to these descriptive and prescriptive perceptions of requisite competencies.
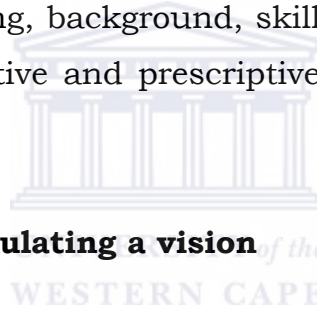
5.6.1 Identifying and articulating a vision

Identifying and articulating a vision is behaviour on the part of the principal aimed at identifying new opportunities for his or her school community and developing, articulating, and inspiring others with his or her vision of the future (Jantzi and Leithwood, 1996). Respondents were all in agreement that the principal has a significant role to play in building the vision of the school regarding what they may be able to accomplish in managing HIV and AIDS if they co-operate.

Three principals indicated that leading HIV and AIDS issues should begin with having a vision and then developing a shared vision with their school community and valuing human resources. Principals at affluent schools who transformed their organisations claimed that they were

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proactive and took risks. They further claimed that they recognised shifts in the interests or needs of their school communities, anticipated the need for change and challenged the status quo. All the principals indicated that they were merely in the initial stages of vision building for leading HIV and AIDS issues.

The majority of respondents argued hat principals should have broad educational vision and have the courage to venture beyond instructional leadership. They now require leadership skills necessary to respond to the growing HIV and AIDS epidemic in order to handle a potentially complicated path ahead of them. Fullan (2003:104) argues that people are always looking for shortcuts and quick fixes to complexity.

The DoE developed *"Plan a Comprehensive Response to HIV and AIDS – A Guide for Provincial and District Education Planners and Managers"* (2003) in order to highlight the complex reality of HIV and AIDS in education. It tries to guide managers to look carefully, soberly and fearlessly at the landscape of the epidemic.

In a related way, it was emphasized by the majority of respondents that an overemphasis on academia alone, and on following curriculum for excellent results only, and using academic results as a tool to realize the school mission will cause many principals to fail as leaders. It was claimed that, at times, principals failed because they were not capable of balancing their external and internal leadership roles within the school community. Either they spend too much time on administration and they are disconnected from school life and culture or they are so involved in academia that their schools fall short in matters of representation and relevance. For this reason Fullan (2003:104) deems learning just as important as having the bigger picture in mind and argues that you need

great conditions to develop leaders and you need great leaders to develop great conditions which will produce leaders.

The majority of principals indicated that schools have become more collegial and less hierarchical. They maintain that those using strictly hierarchical leadership styles will not succeed easily. Principals are also adamant that if the staff does not accept the principal's HIV and AIDS leadership vision internally the situation will become problematic due to a lack of staff participation, contribution and support. Leithwood (1992:92) argues that the transformational leader should help the staff develop and maintain a collaborative and professional school culture.

Furthermore, Leithwood believes that administrators who foster faculty development encourage motivation, professional growth, and commitment to the school mission. He proposes that if teachers were encouraged to solve problems more effectively, they would be stimulated to take part in new activities and put in more effort (Leithwood, 1992:92).

Respondents believe that the purpose of the principal is to meet the academic needs of students. Furthermore, the principal must be an effective communicator, be a good listener, be proactive and take risks.

It has become clear that HIV and AIDS leadership requires vision. It is a force that provides meaning and purpose to the HIV and AIDS work at school. Leaders of responses to the HIV and AIDS epidemic are perceived as visionary leaders, and therefore vision should be a priority of their general school leadership responsibility.

5.6.2 Providing an appropriate model

Behaviour on the part of the principal must be consistent with the values the principal espouses and must be such that it sets an example for the school leadership team members to follow (Jantzi and Leithwood, 1996).

All the respondents agreed that, in order to provide a good role model, the principal should symbolise success and accomplishment within the teaching profession and take a proactive role and not simply delegate.

Respondents from three schools believe that their open-minded and effective principals rely strongly on normative strategies to influence teachers. Their principals lend support and offer friendliness, autonomy and discretion, and expect loyalty in return. In order to generate successful strategies to meet the HIV and AIDS epidemic, the principal and teachers should have a set of shared values and norms. According to respondents in three schools, this was the case in respect of their schools.
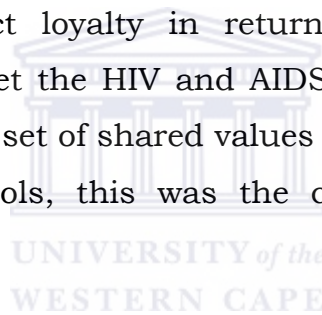
What leaders direct their attention to, control and actually do as role models have an effect on the norms of staff members (Midthassel et al, 2000:248).

Three principals are of the opinion that the role of the principal is influenced by policies in a way which prevents them from being critical or emancipatory, which, in turn, prevents an emphasis on the social, moral and economic. This view is in agreement with that of Southworth (1999: 99) who suggests that the culture of headship in England leads to a 'collusion' between head teachers' culture and government policy which prevents the realisation of a truly transformational version of leadership. However, factors similar to these mentioned by Southworth did not

prevent the emergence of a transformational leadership style with the three principals referred to here. According to Southworth (1999:99) leaders who are able to resist collusion between the head teacher's culture and government policy are remarkable individuals who fight against systemic constraints. They do remarkable things for and with their organisations, particularly when people who see the social and moral purpose of teaching as of equal importance as the disseminating or training functions of teaching staff.

At one affluent school there is strong evidence to show that the principal creates a family-like environment at school, and attaches high value to teamwork and teachers' access to planning and budgeting. Respondents indicated a strong sense of the school community's admiration for the principal and of their desire to please him. The principal revealed that he sometimes felt like a grandfather when he was assisting parents.

5.6.3 Fostering the acceptance of group goals

The acceptance of group goals involves behaviour on the part of the principal aimed at promoting cooperation amongst school leadership team members and assisting them to work together toward common goals (Jantzi and Leithwood, 1996).

There was unanimous agreement amongst the respondents that the principal should provide structures that provide for and work towards consensus within the school community regarding the establishment of priorities for managing HIV and AIDS at school. In addition, they agree that the principal should regularly encourage the school community to evaluate progress toward achievement of the HIV and AIDS goals.

Many respondents point to the democratic principles that should govern all aspects of education in the new South Africa. Drawing on her research experience in AIDS pedagogy since 1994, Miremba, (2002:291) argues that forms of democratic practice improve delivery and processes of change in AIDS education. Miremba (2002:300) maintains that "Education remains the only effective way of preventing HIV/AIDS. It is therefore imperative that it is democratic".

Bottery, (2001:201) maintains that transformational leadership, as an idea, suggests not only that leaders and educators should have a clear vision of what they want to achieve, and how they want to achieve it; it can also suggest that the processes of both education and leadership should involve the contributions of all parties, rather than being a matter of one person 'doing' something to another.

Educationally, if democratic aspirations are to be achieved in the matter of taking the leadership in HIV and AIDS issues, school principals and the school community must embrace discussions of socio-political dimensions. Leadership in schools, and transformational leadership in particular, must see itself as part of a larger political objective.

The affluent schools indicated that, as part of a local version of democracy, SGBs comprising pupils, staff, parents and the principal were established. The aim is that the SGB should contribute towards school policy regarding HIV and AIDS. However, so far the school leadership and HIV/AIDS co-ordinators have had the most influence over HIV and AIDS school policy in these schools.

However, poorly functioning SGBs were in evidence in poor schools, and principals thus have to take on board the responsibilities of the SGB. It

appears as if in these schools principals are authorised to have the final say on various issues, including HIV and AIDS policy.

5.6.4 Providing individualised support

Individualised support involves behaviour on the part of the principal that indicates respect for school community members and a concern for their personal feelings and needs (Jantzi and Leithwood, 1996).

The majority of the respondents agreed that the principal should treat people as individuals with unique needs and expertise and provide the necessary resources to support individuals who are implementing HIV and AIDS education in the school programme.

Two principals severely criticised, on ethical grounds, the DoE's approach to HIV and AIDS. They feel that as school leaders they have an obligation to their school community to uphold what is morally beneficial in the long term.
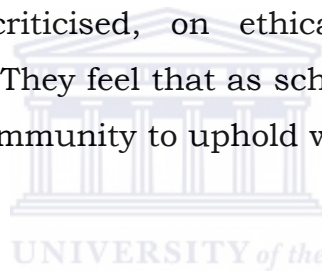
Further, according to Bottery (2001:201) the best practice of both leaders and educators generally requires an ethical commitment to the consideration of the needs, values and aspirations of those individuals with whom they work, rising above a purely transactional relationship. Educationally, this ethical commitment lends itself very well to rich conceptions of the pedagogical relationship between educator and learners in the classroom. It also lends itself to the wider citizenship dimensions of education. Thus, Bottery (2001:202) is concerned that there is a genuine danger that 'transformational leadership' may be subverted and/or reduced to a form that serves centralised political and economic concerns.

5.6.5 Providing intellectual stimulation

Intellectual stimulation would involve behaviour on the part of the principal that challenges school leadership team members to re-examine some of their assumptions about their work and rethink how they can perform their duties (Jantzi and Leithwood, 1996).

All the respondents are of the opinion that the principal should challenge them to re-examine some of the basic assumptions they have about their school, and stimulate them to think about what they are doing for the school community. In addition, they feel principals should provide resources that help them to think of new ways to implement HIV and AIDS education into the school programme.

Principals believe that intellectual stimulation is a vital component of school leadership, especially as many educators are becoming more strained and discouraged. Many educators felt themselves to be under so much pressure as a result of the urgency of implementing the RNCS that they lack the energy to tackle much else; and even if they had possessed the energy, they felt powerless to do much.

Principals believe they have begun the HIV and AIDS leadership process by nominating an HIV/AIDS co-ordinator and supporting HIV and AIDS professional development in the Life Orientation learning area. They indicated that they are in the preliminary stages of devising ways of intellectually stimulating the rest of the staff and the school community regarding the HIV and AIDS epidemic.

Stone and Mitchell (2005:2) recommend that staff development regarding responses to HIV and AIDS should not merely consists in giving information, but rather that staff members be empowered to change their

attitudes, perceptions and/or behaviour and to persuade others to do so as well. In addition, Stone and Mitchell (2005:2) maintain that training needs to be aimed at helping staff find answers to their questions, at assisting them to find answers to the questions others will raise, and at encouraging full participation and problem solving. The purpose of their Staff Training Model is to explore issues about the epidemic in South Africa and to seek ways to develop educational interventions that might, in turn, lead to increased knowledge about the epidemic and result in attitudinal and behavioural changes (Stone and Mitchell, 2005:2).

5.6.6 Holding high performance expectations

High performance expectations involve behaviour that demonstrates the principal's expectations of excellence, quality, and high performance on the part of the school leadership team (Jantzi and Leithwood, 1996).

The majority of respondents expected to be acquainted with the high expectations of leadership in respect of how the school may intervene in order to promote pupils' health. Common to all the responses was the identification of multifaceted leadership as a significant aspect of effective HIV and AIDS leadership.

The majority of respondents felt that when principals insist on only the best performance this implies that they have high expectations of the school community.

It has become evident that the increased complexity of and dynamics in our educational environment necessitate efficient, effective and holistic HIV and AIDS leadership on the part of principals.

According to Bottery (2001:215) it is a difficult task to create a generation of transformational leaders. This is because, firstly, it is unlikely that there is a sufficiently large body of principals who have a sufficiently non-individualised view of the role of the principal. Secondly, there are many professionals in the classroom who, because of the narrow vision of their role, are largely incapable of responding to the expectations of transformational leadership. This narrow vision prevents those professionals from developing their own wider social and moral agendas and from providing the kind of follower support that would make genuine transformational leadership possible.

5.7   ADDITIONAL HIV and AIDS-RELATED LEADERSHIP ELEMENTS

5.7.1 Culture

In this section I make three brief points about three different aspects of culture.

Firstly, this study has revealed evidence of the migration of many communities and as a result various cultures are converging at certain schools. HIV and AIDS leadership will therefore have to be cognisant of and sensitive to the various cultures represented in their school communities.

Secondly, Freytag (1990:181) defines organisational culture as "a distinct and shared set of conscious and unconscious assumptions and values that bind organisational members together and prescribes appropriate patterns of behaviour". A study of 90 leaders from a wide variety of organisations found that the primary function of a leader is to manage and change the organisational culture (Freytag, 1990:182).

Thirdly, some educators are able to identify with their principal as a former teacher who knows the problems connected with classroom tasks. Therefore, Midthassel et al (2000:248) assume that characteristics of the principal's relations with teachers might affect the innovation culture as well.

5.7.2 Knowledge

Respondents alluded to the fact that principals could also benefit from knowing the principles and the thinking behind seemingly casual events at school, and can accordingly take proactive steps to realise appropriate HIV and AIDS goals.

Respondents highlighted the responsibility of the principal to present the school community with an indication of the associations between the national priorities around HIV and AIDS and the responses at school level. "*Plan a Comprehensive Response to HIV and AIDS – A Guide for Provincial and District Education Planners and Managers*" (2003a), is a guide intended to help school principals make significant and strategic links between the national priorities around HIV and AIDS and the everyday work at provincial, district and institutional levels.

5.7.3 Contexts

Respondents have indicated that the environment that surrounds the school as well as the composition of the wider school community are important contexts. It is important to note that a new context emerges in some schools when learners from different communities converge and interact with the existing professional culture and practice at those schools.

A central contention of Bottery (2001:202) is that any attempt at developing a genuinely critical transformational leadership must take into account the context in which it has to be nurtured.

The leadership power of the principal is severely limited by the rules of a bureaucratic system. The principal has to operate in accordance with systems set by external authorities, systems that are in contrast with the financial autonomy accorded to many disadvantaged schools.

Alongside ideal dimensions, principals in affluent schools are urged to deal with educational change, to anticipate and respond to new initiatives, challenges and opportunities and to adapt to the market-like environment of education.

The respondents in the poorer schools indicate that poor communities seem to rate education as relatively insignificant, with the result that the educational response to HIV and AIDS in their schools is not prioritised.

Coupled with the importance attached to school leadership and education, the affluent schools appear to create a definition of the role of the principal that is largely expressed by the clear mission of the school. Emphasis is accorded to administrative-managerial functions as well as to instructional and social tasks.

The principals in affluent schools were found to spend a considerable amount of their time interacting with the school community, devoting much energy to devising short and long-term plans. Principals set aside time for short retreats for staff to do strategic planning.

Respondents from affluent schools reported that forms of behaviour of principals associated with this kind of leadership include the following:

framing and communicating school goals, supervision of and evaluating instruction, co-ordinating the curriculum, monitoring student progress, protecting instructional time, maintaining high visibility, providing incentives for teachers, supporting professional development sessions, and providing incentives for learning. These respondents are confident that HIV and AIDS education will be integrated within their functional systems as the principal deems it necessary.

However, principals from poorer schools are preoccupied with the satisfaction of basic needs - a role that the majority of principals in affluent schools have probably never included in any definition of their leadership role. Principals in poorer schools indicated the need to respond to poverty in order that learners would be able to concentrate and learn. In addition, respondents pointed out that school leadership often has to respond to numerous unexpected crises, for example violence and tragedy. This situation implies that a response to the HIV and AIDS epidemic would assume different meanings in different schools.

Whilst circumstances do not need to be perfect for the exercise of HIV and AIDS leadership, the social and cultural context does need to be supportive if extensive educational intervention is to be possible.

5.7.4 Resources

Continuing economic crises make it less possible for the school principals in poorer schools to provide adequate human and financial resources for an appropriate response to HIV and AIDS. Thus, principals in poor schools have to survive under conditions where resources for effective education are increasingly scarce. Under these conditions, principals have no choice but to require educators, in addition to their

normal workloads, to develop and to procure the most basic responses to HIV and AIDS. In the light of these conditions Oplatka (2004:436) states that "one cannot expect principals to engage in promotion of quality teaching. As we all can realise, when a ship is sinking nobody is cleaning the deck".

Southworth affirms this situation in a review of his work with primary school principals:

> Perhaps unsurprisingly given the increase in the number and range of tasks that they were undertaking, that … they were juggling competing priorities for their time and attention and often felt that they had to relinquish development activities because maintenance tasks were more urgent. There was too much management and not enough time for development (1999:56).

Furthermore, before they could begin to focus on HIV and AIDS issues, principals were preoccupied with other urgent matters such as the implementation of the National Curriculum, coming to grips with financial devolution, and adjusting to the new powers of SGBs. The constant prioritisation of policy and crises that develop at various schools constrain the leadership role of principals. Concomitantly, their ability to adopt a truly transformational role is being curtailed.

5.7.5 Initiator and innovator

The majority of respondents regard the ability on the part of the principal to act as innovator and initiator of change as a prominent feature of the role of the principal. Principals indicated that, since 1994, the externally imposed changes introduced by governmental legislation put them under pressure to innovate speedily and continually on all fronts. Respondents in poor schools complained that little attention was paid to the initiation

and implementation of change. Moreover, principals exercised only minor influence on the process of school improvement.

In contrast with this situation, the respondents of two affluent schools indicated that there has been the deliberate intention of initiating innovation with a view to the schools becoming schools of excellence and role models in their response to the HIV and AIDS epidemic in the new South Africa.

Innovation appears to pose a challenge to professional organisation at schools because of the complexity of the collective processes required. The majority of respondents indicated that active, strong school leadership was required for the construction of professional organisation at school. Midthassel et al (2000:249) argue that their study indicates that it might be even more important for secondary school principals to lead innovation cultures for educators than it may be for primary school principals.
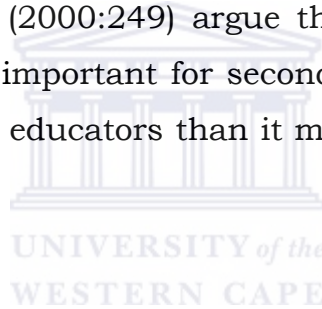
5.7.6 Assessment

HIV/AIDS co-ordinators are of the opinion that the principal should play a leadership role in initiating a formal evaluation activity within the school as a way of assessing the successes and failures in attempts to realise the school's planned HIV and AIDS goals.

5.8   HIV AND AIDS SCHOOL LEADERSHIP CHALLENGES

5.8.1 Elitist disputes

Many respondents referred to the damage done by the numerous public disputes involving the Minister of Health. Furthermore, the majority of

respondents maintain that it is difficult for any school leader to address the HIV and AIDS issues of the school community in a climate characterised by vagueness and confusion.

The findings of Bogart and Thorburn (2005:215) indicate those public health officials working against the spread of HIV and AIDS need to acknowledge and address the conspiracy theories and mistrust prevalent amongst some members of the African American community. They argue that, after all, it is unlikely that men and women who believe the government has created HIV will listen to the government's health warnings, come in for testing, or take recommended treatment.

5.8.2 Stigmatisation and discrimination

All the respondents highlighted the following as barriers to improved effectiveness of HIV and AIDS education: stigmatisation, social prejudices, and a lack of accurate and appropriate information. Respondents specifically identified HIV and AIDS-related stigma as a vital leadership challenge that must be addressed in order to reduce the number of new HIV infections.

This finding is in agreement with those of UNAIDS (2002:1) which indicate that HIV and AIDS-related stigma affects self-esteem, mental health, access to care, providers' willingness to treat people with HIV, violence, and HIV incidence. Interventions to reduce stigma are therefore crucial. The importance of this issue is highlighted in the UNAIDS reports of 2002 and 2005 which describe several interventions in the international arena but laments the shortage of documented efforts to challenge HIV and AIDS-related stigma.

5.8.3 Relevant HIV and AIDS data

This study has confirmed that school principals can make a difference only if they are openly committed to the HIV and AIDS cause. This will be largely determined by whether they convince their school community that the HIV and AIDS epidemic is an issue of paramount importance. This task is a challenging one, because there is insufficient authentic evidence from the WCED pertaining to HIV and AIDS statistics and data collected from schools. The Information Systems Directorate of the South African Department of Education (2000:8) maintains that formulating any sector-specific response to HIV and AIDS will include pertinent data collecting and developing projections intended to enhance our understanding of the epidemic, in order to accomplish strategic planning. Badcock-Walters (2000:3) emphasises the importance of having better and regular information at school and district level. He argues for the need to mobilise district and local level educators to collect and use data. This simple process localises the HIV and AIDS issue in management terms and empowers school leadership teams to address the problem using relevant data. Moreover, Badcock-Walters argues that schools should already have collected data and this allows it to be used to generate local awareness of the effects of HIV and AIDS on education as well as to encourage local problem solving.

5.8.4 Deficient leadership professional development

None of the principals indicated that there have been any opportunities for professional development intended for their leadership response to HIV and AIDS. Principals expressed commitment to HIV/AIDS co-ordinators' professional development, but no reference was made to principals' practical contribution in this regard.

The majority of respondents highlighted the apathy of the school community towards HIV and AIDS. The principal who stated that HIV and AIDS were not burning issues voiced what the majority of respondents have said, namely, "Everyone seems to be sick and tired of hearing about HIV/AIDS. That goes for me as well." However, the majority of respondents indicated that although people have heard about HIV and AIDS they do not comprehend what the epidemic entails. .

This finding is in line with what Miremba (2002:300) found in Uganda: "To the majority, the AIDS curriculum delivery was uninteresting, the content irrelevant, and its programme aims were thus undermined."

5.8.5 Life Orientation responsibility

HIV/AIDS co-ordinators generally serve an efficiency function rather than a leadership function at schools. Currently, HIV and AIDS leadership is involving teachers, team leaders, curriculum developers, and staff development providers and intends to maintain the quality of HIV and AIDS education while allowing learners greater leadership in the development of activities to publicise HIV and AIDS.

If the initiation of HIV and AIDS education is the responsibility of the Life Orientation learning area, principals are limited to the implementation of the integration of HIV and AIDS education within other learning areas.

5.8.6 Parental uninvolvement

Parents are neither involved in school decision-making processes regarding responses to HIV and AIDS, nor seem to be interested in such participation. Because of adult illiteracy, principals can communicate only verbally with parents, but calling a meeting with all parents is a

daunting task. Besides, parents at poor schools are too busy fulfilling basic needs to participate in school activities. In addition, respondents in poorer schools indicated that they found it extremely difficult to report frequently to parents on the development of their children.

The lack of reference to the parent-school connection may point to an absence of internalisation of democratic values according to which parents are partners and should be involved in school life. These are commonly held values required by the WCED.

5.8.7 Traditional beliefs

The majority of respondents at the black schools referred to the absence of democratic processes within their communities as well as to the difficulty to initiate these processes. This is similar to what Merimba (2002:300) found in Uganda: "These cultures do not have much in place to embrace democratic values".

Black male respondents made known their mistrust of government interventions regarding HIV and AIDS, and saw these as a form of interference and control over their personal lives. This finding is similar to those of Bogart and Thorburn (2005:213) who conclude that one in seven African Americans surveyed said they believed that AIDS was created by the Government to control the black population. One in three said they believed that HIV was produced in a government laboratory, and more than half said there was a cure for HIV and AIDS that was being withheld from the poor.

Black male respondents indicated that black males view the government as endeavouring to 'westernise' them.

These respondents felt that it is important for black male educators to be role models in their school communities and challenge the misconceptions and myths about HIV and AIDS. This finding is in line with that of Bogart and Thorburn (2005:215) who argue that it is also of paramount importance that black community leaders and black media outlets make it a priority to challenge conspiracy theories about HIV and AIDS.

Furthermore, all the black respondents stated that black males see themselves as 'invincible lions of Africa'. These respondents indicated that patriarchy, characterised by gender inequality, is institutionalised in black cultures and reportedly undermines an individual's choice to remain sexually healthy. According to Miremba, (2002:292) the related paternalism, typical of many African societies, calls for unquestioning obedience to the older person, especially the male.

5.9   RECOMMENDATIONS

5.9.1 Leadership Approach

Principals should be familiar with the relevant policies and regulations regarding what are required of them in respect of responses to HIV and AIDS. Principals should initiate and support actions to advance or strengthen protection against infection. They should establish close links with EMDC, IMG and HIV/AIDS personnel to be aware of management and leadership requirements.

Another recommendation is that a principal should be capable of articulating an understanding of what is happening in the outside world that has an impact on their practice.

Principals should articulate respect for the human rights of all individuals and practise non-discrimination towards those infected with or affected by HIV and AIDS. Principals should at all times maintain confidentiality.

Principals should show a dedicated commitment to their leadership role that contributes to the prevention of new infections and care for and support those who are infected or affected by HIV and AIDS. A multifaceted approach that goes beyond legal protection is necessary to address the social climate that at times appears to legitimise discrimination (Klein et al, 2002:44).

5.9.2 Address stigmatisation and discrimination

Interventions to prevent HIV and AIDS-related stigmatisation and discrimination are integral components of the comprehensive approach to addressing HIV and AIDS described by Klein et al (2002:46).

For maximum impact, policy and interventions to prevent HIV must be integrated with interventions against HIV and AIDS-related stigma and discrimination (UNAIDS, 2002:2).

5.9.3 Development and implementation of policy

Principals should see that policies are developed pro-actively. They should not adopt a `wait and see' approach. There are no foolproof ways for school leadership to avoid controversy, but if it is anticipated and planned for, controversy can be managed and turned into something constructive. Thus, principals should identify the significance of the process of policy development.

Principals attribute the ushering in of HIV and AIDS education with minor incidence to well-planned programmes. There are many ways of achieving this, including community information meetings, informing parents about HIV and AIDS and how HIV and AIDS fit into the curriculum, working with grass-roots organisations, and inviting the community representatives to participate on advisory committees to develop HIV and AIDS education programmes.

5.9.4 Initiation

A very important first step is to encourage people to talk about HIV and AIDS education. All community groups, parents, and teachers cannot be reached immediately. In addition, obtaining the kind of support needed to implement a really successful programme cannot be sought overnight. For these reasons the public relations skills of school leadership must be honed.
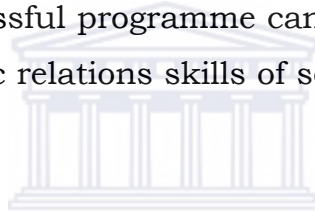
Initiating workplace policies that touch on the basic elements of what is required places emphasis on school leadership's commitment to educators. Furthermore, initiating the implementation of HIV and AIDS education as an integrated function within the school serving the various learning areas emphasises the commitment to learners.

Young people's involvement in curriculum formulation, its delivery, and individual choice of subject content positively influences their response to the HIV and AIDS curriculum. All learners and other respondents believe that it is imperative that learners be more involved in, and take more responsibility for, their HIV and AIDS education, as they are convinced that it will enhance their life skills.

According to Browne (1995:50) "Democratic learning helps young people dispel fear". Hence Miremba (2002:299) identifies increased interaction which is a useful skill in relationships. Miremba recommends that an attempt to introduce democratic practices that involves young people in curriculum formulation, the setting of agendas and the choosing of what to include, and how to learn individually, made AIDS education relevant. AIDS education spoke to the young people's lived experiences. It therefore had meaning. Effective AIDS education cannot ignore democratic values and human rights (Miremba, 2002:301).

5.9.5 Strategic link

One HIV/AIDS co-ordinator is proud that her school is acting as a link to service providers but is frustrated that many fail to acknowledge their work, while others stigmatise the essential work they do with HIV positive learners.
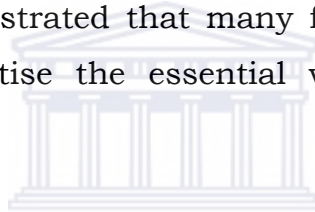
The majority of the other respondents have reservations about whether the school has sufficient capacity to provide all the necessary HIV and AIDS services needed in the school. However, they agreed that the school could be a central point for the support of service providers rendering aid by way of the school. This idea is in line with the key outcome of a Strengthening Schools as Nodes of Care and Support Education Policy Round Table (UCT/HSRC, 2003:5). The round table concluded that, on principle, participants supported the idea of an expanded role for schools as nodes of care and support for vulnerable children and recognised that the education system has several advantages over other services with respect to the care and support of children. It was agreed, however, that an expanded role for schools cannot and should not exacerbate the burdens that educators already carry.

5.9.6 Staff involvement

It is vital to develop and implement policies, training, and procedures for all staff activities and programmes. School leadership should integrate within contracts relevant provisions for prevention, care and support services. In addition, school leadership should seek, value, and support a staff reflective of the diversity of communities. Furthermore, the school leadership should provide training in and technical assistance on confidentiality, non-discrimination, and cultural diversity for staff, contractors and other health and human service providers.

The WCED compiled an HIV/AIDS Workplace programme that will address the unique needs of all the employees of the WCED, thereby reducing and managing the impact of HIV and Aids on employees as individuals as well as on their families and the community (WCED, 2003c:1)
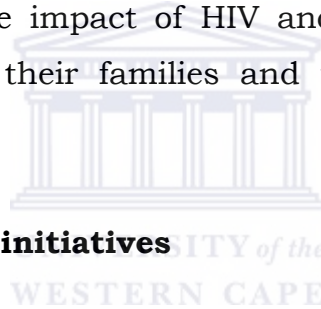
5.9.7 Support community initiatives

The school should:

- show support for HIV prevention education materials developed by and for their communities;
- maintain a proactive presence in their community by responding publicly to HIV and AIDS issues;
- involve and support families and communities infected and affected by HIV and AIDS;
- continually engage with leaders from the social, business and faith communities; and
- identify and support one or more staff members in the role of consumer advocate; and

- implement policies and procedures for complaints and recommendations from school community (Klein, 2002:53).

5.10 CONCLUSION

This data analysis reveals evidence to suggest the need for a more socially, economically, culturally and politically contextualized approach to HIV and AIDS leadership. It has become clear from the perceptions of respondents in this study, as well as from literature on HIV and AIDS leadership, that any responses to the epidemic must incorporate an understanding of the fundamental behaviour of the school communities in question, which relate to their environment and way of life.

This situation is cause for concern: the simple acceptance of a particular form of transformational leadership is not sufficient for its realization of HIV and AIDS leadership appropriate for principals of all the schools in this study. In this regard Bottery, (2001:200) says that transformational approaches do not necessarily touch deeper levels of the motivations of persons that are bound up with beliefs and culture.

Schools, as well as school communities, are characterised by many and rapid changes. School reforms are initiated more often than previously, curricula are frequently revised and new technical equipment with new teaching methodologies has found its way into schools. All these circumstances make demands on school leadership. Furthermore, an increased focus on HIV and AIDS in education requires appropriate leadership. This calls for an innovative leadership strategy seeking to improve events both in the classroom and throughout the whole school organisation. To meet these demands, HIV and AIDS education must become an integral part of school development - a natural, continuous part of every school's and educator's reality.

The purpose of the data analysis is to shed light on the contexts and characteristics of principals in various WCED schools and to discern similarities and differences between white, coloured and black schools in various socio-economic areas.

What is evident from the responses in the study is the focus on a technical-rational, implementational approach, designed to enable educators to do a better job in the classroom, and facilitate the management of school resources to successfully put into operation the RNCS.

From the various responses of principals in the study by it becomes clear that responses to HIV and AIDS emerge as a combination of one or more of the following factors:

- New HIV and AIDS issues come to the fore.
- Predictions about future developments in some areas and their potential are tracked to decide on a sensible integration of responses to HIV and AIDS in the life of the school.
- There has been a wide-spread evaluation and testing of attitudes regarding HIV and AIDS in the school community.
- There has been a process of fact finding and communication with various persons about the value and far-sightedness of new strategies to respond to HIV and AIDS.
- When HIV/AIDS co-ordinators advance the use of certain strategies or applications school leadership will, in order to decide on priorities, undertake a rigorous study of the manner in which responses to HIV and AIDS have been integrated into school life.

- The potential of any response to HIV and AIDS is balanced against its possible disadvantages to the school community, or against the type of training it would require.
- People's whims and the availability of resources are considered.

In the absence of standard procedures for adopting a leadership position in response to HIV and AIDS, schools have begun responding by determining what the consequences would be for not prioritising the adoption of a leadership position regarding responses to the epidemic. Schools then make the appropriate decisions.

Although no definitive leadership model has emerged from this study some common features of such leadership are revealed, namely collaborative, human resource-based, developmental and transformational. This study supports such approaches to HIV and AIDS leadership and bases this support on the principles of compassion, education and support.
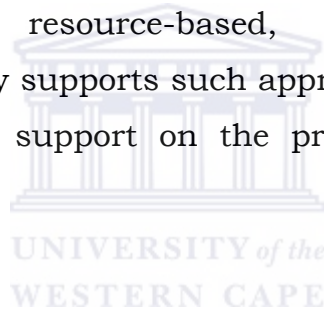
CHAPTER SIX

DISCUSSION AND CONCLUSIONS

6.1   Introduction

Leadership, like most other concepts in the social sciences, has no single or unique definition. It has been defined differently by different authors. However, these definitions have a common theme, namely that of directing a group towards a goal. For the purpose of this study, school leadership is regarded as a creative and interpersonal activity (Jones, 2005) that directs school communities to respond adequately to HIV and AIDS.

Since a cure for HIV and AIDS has yet to be developed, this study deems awareness, prevention and support as being the most appropriate means of addressing the spread of the epidemic. In the absence of a cure, education for HIV and AIDS prevention is an effectively functional area. Early in the history of the HIV and AIDS epidemic it has been recognised as, perhaps, the most meaningful strategy to prevent the spread of the epidemic. Collectively, and by acknowledging the reality that HIV and AIDS affect people in different ways, schools have the necessary skills and human resources to make various strategies work. In the long term, education plays a significant role in addressing conditions that enhance vulnerability to HIV and AIDS (African Development Forum, 2000). School can be regarded as the fundamental place for 'action' (SADTU, 2001).

With the significant position of the school in mind I have developed an **HIV AND AIDS SCHOOL LEADERSHIP MODEL** which is a generic

leadership model for school leaders to adopt as leaders concerning HIV and AIDS awareness, prevention and/or support.

Without an understanding of the challenges that lie ahead, a willingness to transform, and a united vision, schools will fall far short in preparing current school communities for our complex and changing world. "Successful transformation is 70-90 percent leadership and only 10-30 percent management" (Kotter, 1996:26). Leadership is "the process of influencing the activities of an individual or a group in efforts towards goal achievement in a given situation (Hersey and Blanchard, 1977 in Jones, 2005:20). "Management is building and maintaining an organisational structure", while "leadership is building and maintaining an organisational culture" (Schein, 1985 in Jones, 2005:21).

There is convincing evidence that successful leaders focus most strongly on motivating and developing people rather than establishing and maintaining systems and structures (Bush and Middlewood, 2005:10). According to the majority of respondents in this study there is considerable denial and lack of thorough integration of HIV and AIDS planning into development plans. Since all the respondents in this study have indicated the absence of substantial systems or structures at their schools, successful HIV and AIDS school leadership will rely more heavily on their leadership than management roles.

A starting point for school leaders in the context of HIV and AIDS could possibly be a comprehensive and continuous self-evaluation process in relation to the epidemic and related education policies.

In addition, the school leader could focus on the selection and development of people who will lead and participate in initiating and implementing school HIV and AIDS programmes.

Implementation of HIV and AIDS policies and practices should be accompanied by a thorough understanding of the unique needs of a particular school community. Analysing the incidence and severity of HIV and AIDS amongst educators without looking at the broader context within which schools operate, provides only a partial understanding of the immense challenges facing the education sector in South African schools (Sergeant, 2005).

6.2   HIV AND AIDS SCHOOL LEADERSHIP MODEL

Responding to the HIV and AIDS epidemic in a school system is a leadership task that must be capable of accommodating an extraordinary depth and breadth of change. Since it has not been done before, no one can claim to have a formula for how to achieve an appropriate response to HIV and AIDS issues. But for those school leaders who want to take on this daunting task, it would be wise to proceed with some researched information of what it would take to lead than to simply wait and react when a crisis arises.

The data analysed in this study revealed evidence that suggests the need for a more socially, culturally and politically contextualised approach to HIV and AIDS leadership in school communities. The research data also revealed the complexity of the multifaceted HIV and AIDS leadership role of principals. The quality of leadership determines the success or failure of a school (Van Deventer et al, 2003). I explain the HIV and AIDS leadership model below in detail in order to substantiate the approach I suggest, which is to enhance the significant role of educational leaders in a context where HIV and AIDS have an impact on schools generally, as well as on the leadership in particular.

HIV and AIDS SCHOOL LEADERSHIP MODEL

ADVOCATE – COMPREHENSIVE KNOWLEDGE

Insight and understanding of school communities

social/cultural/political/economic

VISIONARY – MISSION

Knowledgeable foresight

Assimilation – academic/cultural/physical/pastoral

PROMOTER - HEALTH PROMOTION

Stimulation and motivation of key people

Incorporation - school agenda - mind/heart/body/soul

STRATEGIST – HIV and AIDS

Strategic planning

Integration – school programme/curriculum

MODEL - SCHOOL LEADERSHIP

Maintain goals

Overt comprehension/comprehensive leadership dynamics

SMT/HOD/SGB/educators/learners / parents

ALLY - SCHOOL COMMUNITY

Sustain programmes

Prevention/care/support

Fig. 5

6.2.1 *ADVOCATE* – COMPREHENSIVE KNOWLEDGE

Insight and understanding of school communities

Social /cultural /political /economic

This segment of the HIV and AIDS model takes into account that, since 1994, education policies have been based on political scripts that are in favour of the transformation of schools and of democratic professional relationships at schools. Leadership that drives transformation and fosters professional relationships must take place simultaneously with leadership in respect of HIV and AIDS, otherwise the goals of achieving transformation in schools and of nurturing professional relationships might not be attained.

Every school leader "must be capable of adapting to changing circumstances and keeping abreast with new demands in a transformational South Africa" (du Preez et al, 2003:iv). As educational leaders "we never stop learning" (Rowling, 2003:105). The central focus of educational management in South Africa today is "the creation of a culture of life-long learning and teaching through effective value-driven education (Van Deventer et al, 2003:74).

Social and political changes in South Africa bring about additional pressure and this has a bearing on the role of the school leader. This combination of perceptions and pressures provide school leaders with the challenge to constantly re-appraise the ways in which they operate (Coleman, 2003).

As a result of new policies and legislation, South African schools are moving towards self-management. This implies a profound change in the culture and practice of schools (DoE, 1996). The school leader therefore

has a leadership responsibility in respect of the nature and quality of internal school management. School leaders should therefore not wait for HIV and AIDS issues to surface before taking action; they need to recognise that it is vital to take a proactive stance in order to address HIV and AIDS in their school communities (DoE, 2004).

A recurrent theme is that the extensive two-way interaction between HIV and AIDS on the one hand, and educational provision on the other hand, necessitates a radical re-examination by school leaders of many of the premises underlying education as currently delivered. Education in an AIDS-infected world cannot be the same as education in an AIDS-free world (Kelly, 2000). HIV and AIDS affect education systems on two levels: firstly, the supply of education [i.e. the impact on teachers and on educational administration] and secondly, the demand for education [i.e. the impact on learners] (Allemano, 2005). All the respondents in the study revealed that their principals require that they should be at the forefront of HIV and AIDS leadership issues and that they should know how to respond to the epidemic.

This entails a shift from an individualistic to a systemic approach which involves viewing learners within their social context and endeavouring to understand their needs in relation to a range of inter-connected levels of influence.

Bearing in mind the policies reviewed in Chapter Two it is clear that there are two WCED programmes that school principals are required to lead. The one focuses on learners (WCED 2003b) and the other on employees (WCED 2003c). In addition, school leaders need to be cognisant of a labour relations perspective on HIV and AIDS, principles of policy development, and the process and policy content of an HIV and AIDS policy (ELRC, 2005).

All the respondents in the study indicated that school leaders are unable to become involved with the detailed specifics of prevention and support. However, the majority of the respondents consider the school leader to be an advocate for the HIV and AIDS cause literature (HSRC, 2005; UNAIDS, 2005; DoE, 2004; WCED, 2004). An advocate is "a person who recommends or supports a particular cause … speaks on behalf of others" (Heinemann English Dictionary, 1985:16). The respondents in this study concurred that it is expected of the school leader to speak on behalf of and in the interests of those within the school community who are vulnerable to HIV and AIDS. All the respondents indicated that their school leaders should show public advocacy for the HIV and AIDS cause within their school community.

The majority of respondents indicated that, despite the prevalence of HIV and AIDS in schools, many persons in school communities still do not fully comprehend the ramifications of the epidemic. The majority of respondents insist that school principals can no longer consider HIV and AIDS as political or moral concerns that should be addressed by some other persons. They are convinced that principals must be prepared to confront HIV and AIDS issues.

A major reason that was advanced in this study for the negativity towards HIV and AIDS issues that exists amongst school staff is that many school leaders do not consider HIV and AIDS to be high on their agenda for action. This attitude is easy to comprehend, particularly when stigmatisation concerning HIV and AIDS is still rife in many organizations (UNAIDS, 2005).

The data obtained from the diverse range of schools that participated in this study provides sufficient evidence to suggest that the social,

cultural, political and economic contexts of schools, and of HIV and AIDS leadership within the schools, must be taken seriously. Within such contexts, the implementation of conventional models of leadership would be unable to make a genuine difference to the education system and to the school community.

An understanding of the social context and complexities of the school community, including a comprehension of the impact of social, economic, political and legal trends on HIV and AIDS, would hopefully result in principals having multiple foci for understanding HIV and AIDS in the social, political, cultural and organizational contexts of schools. HIV and AIDS is a health crisis but it also poses a threat to sustainable social and economic development (ILO, 2004)

Clearly, principals must realize that since HIV and AIDS issues will inevitably affect their schools, they should do everything possible to replace fear and anxiety with understanding and acceptance (HSRC, 2005). School leadership must be proactive in the facilitation of education about HIV and AIDS and its ramifications. In order for any education programme to have positive results, however, the communication itself must be effective.

The respondents at the EMDCs are convinced that it is necessary for school leaders to examine and be cognisant of their contexts. This is confirmed by Bottery (2001:215) who points out that school leaders would do well to "recognise their contexts and incorporate their understanding of the ecology of forces which surround their own practices and responses" which are likely to vary from school to school. Education managers must "orientate themselves towards the age of information", this makes new and challenging demands on the educational system (du Preez et al, 2003: iv). School principals now find

they have to empower themselves with the practicalities and the underlying philosophies of school leadership to empower their school communities to strive towards achievement and self-fulfilment. Having a historical perspective together with a high-level current and critical re-thinking of the role of the principal and the school community, will ensure that school leaders have more insight into, and appreciation of, the dynamics and impact of diversity and difference on the meaningful implementation of HIV and AIDS programmes.

It is becoming clear that leadership is bound in context (Bennett et al, 2003). To be effective, school leaders must have insight into the school community, and any HIV prevention programmes must address the contexts in which people live their lives (UNAIDS, 2005).

6.2.2 *VISIONARY* - MISSION

Knowledgeable foresight

Assimilation – academic/cultural/physical/pastoral

This segment of the HIV and AIDS leadership model deals with changing school leaders' perceptions of vision and the mission of the school in respect of change, initiation, participative leadership, educator involvement and responsiveness to parents and learners, all of which are necessary for the implementation of HIV and AIDS education policies in various school communities. According to all the principals who participated in the study, a challenge for school leaders lies at the heart of South Africa's commitment to fundamental transformation of its social institutions and the values which underpin and shape them (Coleman, 2003).

For an authentic form of HIV and AIDS leadership vision to be realised, school leaders must recognise the historical professional effects they transmit and they must become aware of the effects that the HIV and AIDS goals will have upon the school community. National HIV and AIDS strategies have focused on HIV and AIDS education through community-based initiatives. While these programmes have achieved significant results in some countries, the opportunity within the education system to make a lasting impression on children before they become sexually active has not been fully exploited. The same is also true with regard to mitigating the impact on both teachers and students who are directly affected by the epidemic (UNAIDS, 2005).

A vision is a picture of the future that a school leader wants to create, a destination that the leader visualises (du Preez et al., 2003).

The heart of the vision for a school leader is to include all members of the school community in developing a shared vision. The vital role of the school leader is to make sure that the vision is realistic and intelligible, and then to communicate the vision to the school community (Rowling, 2003).

School leadership should obtain broad community participation to ensure that school health education policies and programmmes to prevent the spread of AIDS are locally determined and are consistent with community values (U. S. DHHS, 2001).

As part of a national, provincial and district education system, school leaders should realise their outcomes by bearing in mind the national was well as provincial department of education's vision for schools in South Africa (Van Deventer et al, 2003). This vision should be the driving force behind the setting and achievement of each individual school

vision. The DoE insists that each school develop a vision for a school that is strong enough to stand up to the HIV and AIDS epidemic (DoE, 2004). It is expected that this vision must guide and give new meaning to the everyday activities at school. Effective communication for discussion, debate and development of school policies are vital. The school leadership at one school has published its HIV and AIDS policies on the school's web page for their school community to access and respond to.

Schools could utilise similar mechanisms to create the opportunity to allow the school community to respond either in person or anonymously. Emphasising the importance of certain values and de-emphasising others can be detrimental to the realisation of the kind of HIV and AIDS leadership advocated in this study.

The school community needs leadership to examine its values, its own priorities, those of its government as well as its educational policy, and make these a core area for discussion, debate and development.

According to the World Bank (2001) enhanced leadership capacity to respond to AIDS is needed in:

understanding and recognising the complexities of the AIDS epidemic and the severity of its impact on development goals;

1. influencing individual and collective behaviour through effective communication and social cohesion strategies;

2. building human and institutional capacity and modalities for prioritization, monitoring and evaluating the impact of interventions and scaling up successful responses; and

3. integrating care and treatment of AIDS with prevention and control strategies.

These four broad areas can serve as a guide for school leaders who are thinking about integrating HIV and AIDS into their vision for their schools. The key purpose of a vision is to convey a sense of change, which is different from a mission, which is concerned with the school's purpose, strategy, values, behaviour and resources (du Preez et al, 2003).

It is also clear from the majority of responses in the study that to initially deal with HIV and AIDS in schools the mission statement of the school must be taken into consideration. Schools that are successful in the Health Promoting Schools project in Australia are clear about what they themselves stand for, what their critical issues are, and the directions they wish to take; they then shape the health perspectives to achieve their own agendas (Damien et al, 2002). The school leader and other role players have to consider how to integrate HIV and AIDS education into the unique mission statement and the broad vision of the school.

All the respondents in the study agree that good forecasting skills by way of an organizational mind-set with confidence and resiliency will assist school leaders to promote and achieve HIV and AIDS goals. The ultimate goal of any HIV and AIDS programme is to prevent infection and care for those infected or affected in school communities. The school leader must develop the capacity amongst all stakeholders to be innovative and to reflect on their innovations with a view to improving their practice in the context of HIV and AIDS.

6.2.3 *PROMOTER* - HEALTH EDUCATION

Stimulation and motivation of key people

Incorporation- school agenda- mind/heart/body/soul

The intention of this segment of the model is to provide the guide for the school leader to develop a comprehensive approach to HIV and AIDS through health promotion in school communities.

This challenge may appear daunting when considered against the present reality that many schools in South Africa are locates in adverse environments. They are often characterized by low educator morale, poor resources and facilities, mismanagement, social problems such as gangsterism and substance abuse, and disillusioned learners (De Jong, 2003).

School leaders should recognise that in any effective health promotion activity in schools, the agenda needs to be driven primarily by holistic approaches to health. Attention is directed not only towards the curriculum, but also towards physical and social environments; school-based health policies; links with health services; and school partnerships with various sections of the community (Damien et al, 2002).

School leaders have to promote and stimulate the idea of the school incorporating health promotion into its school agenda. School leaders can gain insight from practice of the Health Promoting School (HPS) project operating in Australian schools at a number of levels (Damien et al, 2002). HPSs have helped to broaden health from curriculum content to a more comprehensive understanding of, and approach to, the elements of school life that affect health. They have increased the awareness of the community in which schools are situated and legitimised the allocation of resources to develop links that are practical. They have strategically brought health within the core business of schools, namely educational outcomes and student welfare. They have

increased ownership of what schools can do to increase health and have helped shift health into a dynamic political domain to increase student knowledge, skills and empowerment.

All the school leaders indicated that their schools were concerned with promoting the emotional and social wellbeing of students, staff and families, particularly around respectful and supportive relationships, student-focused learning and participation, mediation of disputes, and staff wellbeing.

The interviews with educators made it clear that they need additional support and training in health areas in order to adopt effective and sustainable approaches to promoting HIV and AIDS education in a comprehensive way. Indeed, educators are central to the success of school health initiatives (Damien et al, 2002).

The majority of respondents agree that the school leadership should promote the acquisition of knowledge and skills that facilitate self-reliance for individual, as well as for collective health-seeking behaviour, including preventing the adoption of risk behaviour and the maintenance of protective lifestyles. Critical reflexive analysis of values, attitudes, forms of behaviours, social conditions and lifestyles must be encouraged. This strengthens the case of those who favour health and human development, facilitates the participation of all members of the educational community, contributes to promoting socially egalitarian relations among genders, encourages the construction of citizenship and democracy, and strengthens traditions of solidarity, community spirit and human rights (Ippolito-Shepherd, 2003).

A key objective for school leadership is to promote healthy and supportive environments and surroundings, directed towards facilitating

the development and strengthening of the capacity of the school to create and maintain environments and surroundings that are supportive for health and learning (Ippolito-Shepherd, 2003).

A crucial goal for school leadership should be to promote an environment in which HIV-positive people are not afraid to reveal their health status and where they can continue to live useful and productive lives. Given the large number of persons in the education system, it is imperative that school leaders treat the HIV and AIDS epidemic as an important human resource and educational issue. The prevention of new infections should receive top priority.

School leaders who participated in the study are convinced that education should be about more than developing the necessary knowledge and skills required for everyday living and work. It should also help our young people to determine their values. The World Health Organisation defines the process of enabling people to increase control over, and to improve their health as "health promotion". Modern school health education should therefore include training in health promotion skills (Lee et al, 2003:174). This means acquiring the knowledge and skills for educators working with learners to promote health in many different situations with a variety of different aims.

School leadership requires the ability to promote preventive measures and preliminary action against health problems encountered by the learners and educators. Preventive education is the only tool available for reducing the risk of HIV infection amongst the youth; formative sexual attitudes and experiences are a part of the psychosocial development that occurs during the school years (Ball, 1997). According to Ball (1997:1) school-based HIV and AIDS prevention efforts can gain greater acceptance from parents when steps are taken to:

1. Provide information about HIV/AIDS and the real risks to which their children are exposed.

2. Offer workshops, seminars, and videotaped programmes that help parents to develop communication skills so that they are more confident and effective in discussing HIV prevention with their children. Parents should be encouraged to spend more time listening and talking with their children about intimate relationships and about sex from a practical as well as an ideological standpoint.

3. Keep parents informed about the aims and content of school-based prevention efforts and encourage parent-participation, for example, in school-wide assemblies, facilitating small group discussions, and similar activities.

These three steps allow for creativity and innovation which are likely to assist school leaders exercise effective communication and take the lead with regard to inclusively to provide leadership on HIV and AIDS related issues in school communities.

HIV and AIDS are seen as vital element of school health promotion that is a dynamic process requiring continuous monitoring and assessment. Therefore a leadership component with reference to a more comprehensive school health programme is urgently needed to tackle the HIV and AIDS epidemic.

The main role of the principal is to operate as a vital link to initiate the HIV and AIDS process, and establish a network of academic and professional staff in health education from other professional institutions

or organisations, both local and overseas. This is essential in order to foster health promotion and health education in the school community. For principals to develop comprehensive HIV and AIDS programmes they should initiate at the very least these essential components: workplace policy; training for managers, HIV/AIDS co-ordinators, and other significant leaders; employee education; learner education; and community involvement (WCED, 2003d).

6.2.4 *STRATEGIST* - HIV AND AIDS

Strategic planning

Integration - school programme/curriculum

This segment of the HIV and AIDS leadership model is developed to help school leaders plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with HIV and AIDS.

This study has revealed that there is still considerable denial and lack of thorough integration of HIV and AIDS planning into development plans, and therefore a more flexible school system needs to be developed (MTT, 2003). Active commitment by school leadership is essential to support the process of planning and implementing an effective response to HIV and AIDS. Therefore, as planners, school leaders need to assess the impact of the epidemic on teachers and students, and identify appropriate responses.

The essence of any leadership strategy should be to communicate relevant knowledge, engender appropriate values and attitudes, and build up personal capacity to maintain or adopt the kind of behaviour

that will minimize or eliminate the risk of becoming infected with HIV (African Development Forum, 2000).

The realisation of the capacity for practical reasoning and the capacity for affiliation with other humans, plan and organise the other essential capacities should, it is argued, be the primary focus for school leadership of health promoting schools. Focusing on these capacities within the school programme/curriculum implies that schools do not need designated health education classes or teaching staff with specialist health education roles in order to be health promoting (Markham and Aveyard, 2003).

HIV and AIDS educational policies are formulated with a view also to eliciting response. Therefore principals must not simply acquiesce to them, there is scope for optimism that they can make a difference.

Principals who participated in this study have indicated how they have contextualised HIV and AIDS legislation and policies that provide them with guiding principles for their leadership. The responses have been conceptualised by various principals as on a spectrum. Responses range from a wholehearted embrace of particular policies: "Our school management team has incorporated the WCED policy into our school policy" to compliance based upon recognition of the inevitable: "As school leader I am now working closely with the LO department on HIV/AIDS issues" to proactive resistance to it based upon factors such as professional values and school community interest: "As the school leader I have opposed many issues in HIV/AIDS legislation and policies in the best interest of my school community". Taking the diversity of expectations concerning the principal's role in various school communities into account in policy decisions may help policy-makers to

refrain from naïve expectations of the universal implementation of HIV/AIDS policies (Bottery, 2001).

All the educators indicated that they require reliable information and advice on a wide range of issues related to HIV and AIDS and the school agenda and this information needs to be concise (DoE, 2003). Because the HI virus is transmitted almost exclusively by modifiable behaviour, educational programmes to influence the relevant behaviour can be effective in preventing the spread of the HI virus (U. S. DHHS, 2001).

School leaders should attempt to introduce democratic practices that involve learners in curriculum formulation, the setting of agendas and the choosing of what to include, and how to learn individually. All of these can contribute to making HIV and AIDS education relevant.

Miremba (2002) discovered that democratic AIDS education was effective in young people's lived experiences and became meaningful, therefore effective HIV and AIDS leadership cannot ignore democratic values and human rights.

Any overall leadership plan for HIV and AIDS prevention needs to include evaluation. Of fundamental importance in evaluating the outcomes of HIV and AIDS prevention initiatives is reaching an agreement in the school community on what the objectives of the initiatives should be (Ball, 1997).

6.2.5 *MODEL* - SCHOOL LEADERSHIP

Maintain goals

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Overt comprehension/comprehensive leadership dynamics

SMT/HOD/SGB/educators/learners/parents

This segment of the HIV and AIDS leadership model focuses on the individual characteristics of the HIV and AIDS leadership role of school leaders which influence their effectiveness and the success of their organisations. Moreover, it: determines which leadership competencies are most essential for their unique situations; plan professional development activities that would foster and encourage the acquisition of necessary competencies; and provide opportunities, activities and experiences that foster, promote, encourage, and enhance the formation of these leadership competencies.

School leaders should explore their own values and attitudes, and health decisions. In addition, the respondents believe that by being role-models, school leaders would be assisting others in their school communities to change their attitude and behaviour towards healthier lifestyles.

Atkins (2001) established that real change is possible when a leader shows great concern for the personal welfare of the school community. This concern will bring school leaders in contact with organisations and institutions working with HIV and AIDS issues. It is therefore necessary for school leaders to become well informed about HIV and AIDS and begin to work actively with relevant organisations, encouraging participation in sports activities through local peer education programmes and supporting community campaigns as a way to educate the community on HIV and AIDS. As the school leader's presence is

noticed at HIV prevention activities, others became more tolerant towards spreading HIV and AIDS prevention messages.

With the importation of HIV and AIDS policy and practice into different cultural contexts, tensions may arise between the local indigenous culture and the tenets and practicalities of the policy, depending on the leadership and management capabilities of the school leader (Dimmock and Walker, 2000). When leading new sensitive issues, they demand strong but sympathetic leadership and management from school principals to mediate their introduction to the local cultural setting. School leaders using their hierarchical position to win support for more participatory decision-making and achieving the 'right' balance between traditional mores and new demands seem to be what matters.

General observations in the interviews were the school communities' dislike for change. They resist it until they can see good reason to be committed to it. However, in an age of continual change, it is now an essential function of leadership to model this commitment by providing a vision of the change mission, and the means of achieving it, for others in the school community to follow (Bottery, 2001).

6.2.6 *ALLY* - SCHOOL COMMUNITY

Sustain programmes

Prevention/care/support

This segment of the HIV/AIDS leadership model indicates how essential it is for school leaders to perceive their roles in considering their school as the ally for bringing together the various agencies that have an impact upon the health of the school community.

While the DoE is aware that schools cannot do everything, there is recognition that schools are the central point of communities, and there is confidence that schools can lead the way to managing a coherent response to the HIV and AIDS epidemic (DoE, 2004). It is only through active and meaningful partnerships that leadership can address the challenges posed by HIV and AIDS (HSRC, 2005). Therefore, school leaders must realise that an essential aspect of successful health promoting schools is multi-sectoral work and the creation and maintenance of strategic alliances or effective associations that involve all parties interested in the health and development of the school-age population (Ippolito-Shepherd, 2003).

The success of health promotion in schools requires the joint efforts of a comprehensive programme that includes teacher training, curriculum development, community participation, changing policies and practices, and research. The Healthy Schools Programme in Hong Kong provides a good example of successful close partnerships between the health and education sectors, and moves towards a multidisciplinary approach and active learning towards health promotion (Lee et al, 2003).

Ethics-based decision-making, understanding and appreciation of the dynamics of difference in relation to gender, race, class and sexual orientation, could give school leaders a better understanding of the dynamics involved when engaging in ethically acceptable ways with their school communities, as well as in collaborative decision-making concerning HIV and AIDS (WCED, 2003b).

The execution of these leadership dynamics ought to be pooled amongst principals, the education officials and relevant organizations to identify successful practice. Successful leadership practice can also be shared by

maintaining a liaison with the HIV and AIDS initiatives of the WCED, other non-government departments and regional organizations. Therefore, school leaders can respond to HIV and AIDS issues by sharpening their own collaborative skills, developing teacher leadership, finding resources to support the growth of professional community, giving teachers the confidence to grow, and managing the leadership agenda systemically (Lashway, 2003).

The benefits for school leaders to apply a community collaborative based HIV and AIDS preventive approach that focuses on strengthening families is expected to have an impact on the caregivers.

The caregivers develop the ability to deal with other issues related to young people growing up in risk-laden environments, as well as help foster the development of support networks in the school community (Bhana, 2005).
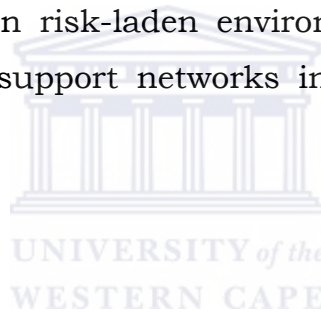
6.3   CONCLUSION

There has been a strong indication that in order for any response to be successful, it must be driven by strong commitment and proficient school leadership.

Prevention efforts must commence early, and focus on and involve those most affected by the epidemic. Efforts in prevention, care, treatment and mitigation form the cornerstone of all HIV and AIDS programmes. These programmes must be inclusive, participatory, comprehensive, and inter-disciplinary.

Despite this knowledge, widely acknowledged among education experts, the necessary conditions for success have seldom been met in schools.

Lack of strategic planning to put appropriate practical interventions in place, insufficient attention on the part of education leaders, inadequate monitoring and failure to set functional priorities have prevented the achievement of HIV and AIDS education response goals. Unsuccessful responses have also assumed that HIV and AIDS can be managed on its own, and that gender and socio-economic determinants of vulnerability need not be addressed.

Enhanced school leadership requires the capacity to respond to HIV and AIDS needs, understanding and recognizing the complexities of the HIV and AIDS epidemic and the severity of its impact on education. In addition, school leadership needs to influence individual and collective behaviour through effective communication and social cohesion strategies.

Furthermore, school leadership requires building human and institutional capacity and modalities for HIV and AIDS prioritization, monitoring and evaluating the impact of interventions and scaling up successful responses.

The majority of school leaders have not received extensive professional preparation for their responsibilities, but hold their positions by virtue of their seniority or the experience gained as they rose through the ranks. On the basis of such experience, many must single-handedly take charge of their given area of expertise. HIV and AIDS wreaks havoc with such a fragile system, since it removes the one element that is irreplaceable, understanding built on experience (SAPA, 2002). Current wisdom in HIV and AIDS education suggests that appropriate leadership and management programmes on HIV and AIDS are much more effective than simply distributing information pamphlets or reading material to schools. Such programmes give principals an opportunity to become

actively involved in learning about the impact of AIDS in the workplace through open discussion. If the programmes are well organized and managed, principals are likely to take the information back to their schools and communities, thereby reinforcing other channels of HIV and AIDS prevention information. These training programmes could significantly improve principals' understanding and knowledge of HIV and AIDS. Furthermore, these training programmes could be significantly informed by the HIV AND AIDS SCHOOL LEADERSHIP MODEL proposed in this thesis.

School leaders' responses to the epidemic would then hopefully become more favourable, and coverage in local and national publications could assist in enhancing principals' overall standing as progressive, responsible and accountable leaders (SAPA, 2002).

6.4   LIMITATIONS

I am aware of the caution needed in interpreting data which are limited in scope and methodology, and this study is representative of only a small portion of school leadership. However, the school leadership component is constantly and rapidly evolving, and a number of insights into school principals leading HIV and AIDS in schools can still be provided. Although generalizations on the role of the principal cannot be made, several common features of the leadership role regarding HIV and AIDS issues were evidenced in this study.

In line with societal role expectations, principals in the poor school communities were found to focus, by and large, on routine management, control maintenance and output-based educator appraisal, and were likely to refrain from involving educators and parents in decision-making, participative leadership, delegation of responsibilities, or major school

change initiation. Particularly striking is the absence of the mission, vision building and parental involvement in the poorer schools, which is an indication of the characteristics of the organizational position of the schools.

The majority of principals have indicated that, due to the rise in social problems, single and dysfunctional families, their roles are becoming more and more pastoral in that the school community is looking more frequently to them for advice and solutions to problems.

INTERVIEW SCHEDULE

Dear Principal

I would like to express my sincere appreciation for your significant cooperation in allowing me to conduct an interview with you.

The purpose of the interview is to gather information about the reality of your position as school principal managing HIV and AIDS. Identities are guaranteed confidentiality. Thus, I would like to discuss the following issues with you:

- ❖ **Your experience of new responsibilities in dealing with HIV and AIDS;**
- ❖ **Your professional development to deal with HIV and AIDS;**
- ❖ **Your leadership challenges to manage HIV and AIDS effectively; and**
- ❖ **Your recommendations for meaningful leadership for principals managing HIV and AIDS issues.**

I look forward to our interview because I am sure you have a great deal of essential and valuable information to contribute to this study.

Thanking you for your valuable cooperation
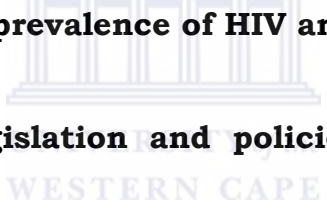Yours in the interest of education

Sharlene Rayners
(Researcher)

INTERVIEW SCHEDULE
EDUCATOR/PARENT/LEARNER

Dear Educator/Parent/Learner

I would like to express my sincere appreciation for your co operation in allowing me to conduct an interview with you.

The purpose of the interview is to gather information about the reality of the principals' leadership role in managing HIV and AIDS in your school. Identities are guaranteed confidentiality. Thus I would like to discuss the following with you.

- ❖ **Your perception of the prevalence of HIV and AIDS in your school;**
- ❖ **Your knowledge of legislation and policies regarding HIV and AIDS in your school;**
- ❖ **Your perception of the leadership role of the principal managing HIV and AIDS at school;**
- ❖ **Any recommendations for effective leadership in managing HIV and AIDS in schools.**

I look forward to our interview because I am sure you have a great deal of essential and valuable information to share with me.

Yours in the interest of education

Sharlene Rayners
(Researcher)

INTERVIEW GUIDE
PRINCIPAL

1. How prevalent and problematic is HIV and AIDS in your school community?
2. Which legislation and policies are guiding your HIV and AIDS management? What is the approach is advocated by the WCED for the management HIV and AIDS?
3. What is the impact of your own career development, personal and professional identities on your leadership role in HIV and AIDS management? How do you comprehend and respond to this leadership role at your school while dealing with the complexity, speed and magnitude of changes in school leadership?
4. What is your school community' approach and strategy for managing HIV and AIDS?
5. What are your perceptions of your leadership role in building school vision and goals regarding what
    they may be able to accomplish in managing HIV and AIDS if they work together as a team?
6. How do you stimulate your followers to feel and act like leaders and give them a sense of overall purpose for their leadership role in managing HIV and AIDS, to be innovative and creative to question assumptions, reframe problems and approach old situations in new ways?
7. How do you pay special attention to individual needs and expertise, and provide the necessary resources to support individuals implementing the school's HIV and AIDS program?

8. What do you do that symbolizes success and accomplishment within the profession of education and lead by "doing" rather than simply by "telling" to provide good model for others to follow ?

9. Which structures did you develop to provide for and work toward consensus in establishing priorities for managing HIV and AIDS at school, and regularly encourage school community members to evaluate progress toward achievement of school HIV and AIDS goals?

10. How do you challenge others to reexamine some basic assumptions they have about their work at school, stimulate them to think about what they are doing for the school community, provide information that helps them think of ways to implement the school's HIV and AIDS program, insist on only the best performance and show that there are high performance expectations for the school staff as professionals managing HIV and AIDS?

11. What are your actual leadership challenges raised by managing HIV and AIDS issues in your school community?

12. What do you think are the leadership dynamics of successful HIV and AIDS management? What kind of transformations have you witnessed or enabled?

13. What are possible strategies you can suggest for effective leadership of HIV and AIDS management with the sober realities of making change happen in practical terms? What kinds of transformations have you witnessed or enabled?

INTERVIEW GUIDE
EDUCATOR

1. How prevalent and problematic is HIV and AIDS in your school community?

2. Which legislation and policies are you aware of guiding HIV and AIDS management at your school? What is the approach is advocated by the WCED to managing HIV and AIDS at your school?

3. What is the principal's leadership role in, influence on and concern about the management of HIV and AIDS at your school?

4. What is your school community's approach and strategy for managing HIV and AIDS?

5. What is your perceptions of the principal's role in building school visions of what you may be able to accomplish in managing HIV and AIDS if you work together as a team?

6. Does your principal stimulate school staff to feel and act like leaders and give you a sense of overall purpose for your leadership role in managing HIV and AIDS, to be innovative and creative to question assumptions, reframe problems and approach old situations in new ways?

7. Does your principal treat you as an individual with unique needs and expertise and provide the necessary resources to support individuals implementing the school's HIV and AIDS program?

8. Does your principal symbolize success and accomplishment within the profession of education and lead by "doing" rather than simply by "telling" to provide good model for others to follow?

9. Which structures has your principal developed that provide for and work toward whole staff consensus in establishing priorities for managing HIV and AIDS at school, and regularly encourage staff members to evaluate progress toward achievement of school HIV and AIDS goals?

10. Does your principal challenge you to reexamine some basic assumptions you have about your work in the school, stimulate you to think about what you are doing for the school community, provide information that helps you think of ways to implement the school's HIV and AIDS program, insists on only the best performance and show you that there are high expectations for the school staff as professionals managing HIV and AIDS?

11. What are your perceptions of the actual leadership challenges raised by managing HIV and AIDS in your school community?

12. What do you think are the leadership dynamics of successful HIV and AIDS management? What kinds of transformations have you witnessed or enabled.

13. What are possible strategies you can suggest for effective leadership of HIV and AIDS management with the sober realities of making change happen in practical terms? What kinds of transformations have you witnessed or enabled?

APPENDIX E

INTERVIEW GUIDE
PARENT / LEARNER

1. How prevalent and problematic is HIV and AIDS in your school community?

2. Which legislation/policies are you aware of guiding the management of HIV and AIDS at your school? What is the approach is advocated by the WCED to managing HIV and AIDS at your school?

3. What is the principal's leadership role in, influence on and concern about the management of HIV and AIDS at your school?

4. What is your school community' approach and strategy for managing HIV and AIDS?

5. What is your perceptions of your principal's role in building school visions of what you may be able to accomplish in managing HIV and AIDS if you work together as a team?

6. Should your principal stimulate the school community to feel and act like leaders and give you a sense of overall purpose for your leadership role in managing HIV and AIDS, to be innovative and creative to question assumptions, reframe problems and approach old situations in new ways?

7. Should your principal treat people as individuals with unique needs and expertise and provide the necessary resources to support individuals implementing the school's HIV and AIDS program?

8. Should your principal symbolized success and accomplishment within the profession of education and lead by "doing" rather than simply by "telling" to provide good model for others to follow?

9. Which structures has your principal developed that provide for and work toward consensus with school community in establishing priorities for managing HIV and AIDS at school, and regularly encourage school community to evaluate progress toward achievement of school HIV and AIDS goals?

10. Should your principal insist on only the best performance and show you that there are high expectations for the school community managing HIV and AIDS?

11. What are your perceptions of the actual leadership challenges raised by managing HIV and AIDS in your school community?

12. What do you think are the leadership dynamics of successful HIV and AIDS management? What kinds of transformations have you witnessed or enabled?

13. What recommendations would you make for effective leadership in the management of HIV and AIDS issues in schools? What kinds of transformations have you witnessed or enabled?
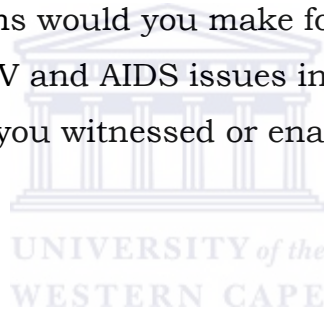
EMDC HIV/AIDS coordinator/field worker interview guide

1. How prevalent and problematic is HIV and AIDS in your school region?

2. Which legislation/policies are you aware of guiding the management of HIV and AIDS at your EMDC?

3. What is the approach and strategy advocated by the WCED to managing HIV and AIDS at your schools? How did you make your principals aware of the approach and strategy?

4. What is the principal's leadership role in, influence on and concern about the management of HIV and AIDS at school?

5. What is your EMDC's approach and strategy for managing HIV and AIDS in your region, and how do you incorporate principals into it?

6. What are your perceptions of your principal's role in building school visions of what you may be able to accomplish in managing HIV and AIDS if you work together as a team?

7. Should your principals' stimulate the school community to feel and act like leaders and give you a sense of overall purpose for your leadership role in managing HIV and AIDS, to be innovative and creative to question assumptions, reframe problems and approach old situations in new ways? Reason?

8. What do you think about your principals treating people as individuals with unique needs and expertise and provide the necessary resources to support individuals implementing the school's HIV and AIDS program?

9. How should your principals' symbolized success and accomplishment within the profession of education and lead by

"doing" rather than simply by "telling" to provide good model for others to follow?

10. Which structures should your principals developed that provide for and work toward consensus with school community in establishing priorities for managing HIV and AIDS at school, and regularly encourage school community to evaluate progress toward achievement of school HIV and AIDS goals?

11. How should your principals insist on only the best performance and show that there are high expectations for the school community managing HIV and AIDS?

12. What are your perceptions of the actual leadership challenges raised by managing HIV and AIDS in your school region?

13. What do you think are the leadership dynamics of successful HIV and AIDS management?

14. What recommendations would you make for effective leadership in the management of HIV and AIDS issues in schools? What kinds of transformations have you witnessed or enabled?
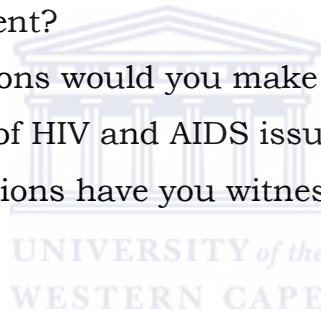
SCHOOL DEMOGRAPHIC DETAILS

School community composition:

Staff composition:

Principal

Age:

Gender:

Educational background:

Experience:

HIV and AIDS professional development:

Task responsibilities:

Educator

Age:

Gender:

Educational background:

Experience:

HIV and AIDS professional development:

Task responsibilities:

Parent

Age:

Gender:

Educational background:

Experience:

HIV and AIDS training:

Task responsibilities:

Learner

Age:

Gender:

Educational background:

Experience:

HIV and AIDS training:

Task responsibilities:

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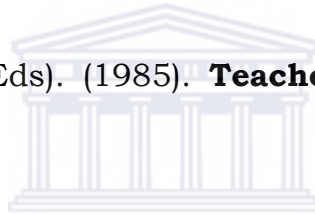
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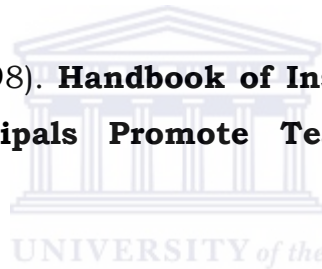
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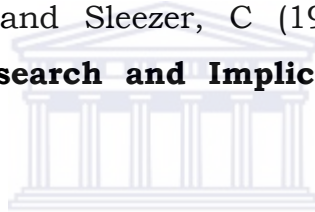
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