

---

## The experiences of school principals of teachers living with HIV

---

Zvisinei Moyo and Brigitte Smit\*

Department of Educational Leadership and Management,  
College of Education,  
University of South Africa,  
0003 Pretoria, South Africa  
Email: 47685875@mylife.unisa.ac.za  
Email: bsmit@mweb.co.za  
Email: smitb@unisa.ac.za  
\*Corresponding author

**Abstract:** Since the discovery of HIV in the late 1980s, the pandemic has become the leading cause of death in South Africa. The present study was designed to explore the experiences of how school principals deal with HIV/AIDS-related issues affecting teachers in schools. Empirically, a narrative inquiry as design type, nested in social constructivism, was used, together with narrative interviews to elicit qualitative data. Theoretically, the inquiry was framed by transformational leadership and an ethics of care. The data were analysed using qualitative content analysis, specifically descriptive, process and emotion codes, to theme the data. Key findings speak to inadequate leadership training for the sensitive educational landscape in South African schools, as well as lack of training and management skills to develop long-term strategies to mitigate the impact of HIV/AIDS on teaching and learning.

**Keywords:** HIV; transformational leadership; educational leadership challenges; narrative inquiry.

**Reference** to this paper should be made as follows: Moyo, Z. and Smit, B. (2017) 'The experiences of school principals of teachers living with HIV', *Int. J. Management in Education*, Vol. 11, No. 1, pp.46–58.

**Biographical notes:** Zvisinei Moyo worked for the Gauteng Department of Education in South Africa as an Inclusion Facilitator and currently she is working as an e-Facilitator.

Brigitte Smit is a Research Professor in the Department of Educational Leadership and Management at the University of South Africa.

---

### 1 Introduction

Since the discovery of HIV in the late 1980s, the pandemic has been the leading cause of death in South Africa (Simelela et al., 2015). South Africa has the greatest number of people infected with HIV in the world, and Statistics South Africa (2014, p.7) estimates prevalence at 10.2% of the total South African population. It is in this context that Simelela et al. (2015, p.2) assert that "South Africa is home to the largest concentration

of people living with HIV anywhere in the world; of all the HIV-positive people in the world, nearly one fifth live in South Africa". However, in terms of HIV prevalence, South Africa is no exception when compared to countries such as Botswana, Lesotho, Swaziland, Zimbabwe, Mozambique, and Zambia, which are feeling the full impact of HIV (Campion, 2015).

This research was conducted in the Gauteng province, which is the province with the highest population density in South Africa (Statistics South Africa, 2014). Both the supply of and the demand for teachers have been affected by the pandemic. The HIV prevalence rate among teachers is similar to that among the general population (UNAIDS, 2012). The impact of HIV on education is huge.

Consequently, HIV among teachers has presented unprecedented challenges to school leadership (Julien and Fourie, 2015). Most people would agree that principals carry the mandate to ensure effective teaching and learning in their schools. For example, Marneweck et al. (2008) observe that school leadership in schools in South Africa has become increasingly complex in the context of the HIV pandemic. Within this context, the role of the principal is indispensable, and it lies at the core of the education system. School principals are obliged to embrace the challenges of HIV and to treat these challenges with the same commitment and sense of responsibility that they treat other aspects of their duties. Principals are expected to support their teachers. Hence, poor organisational effectiveness and poor teacher commitment are the consequences of an absence of care, as asserted by Van der Vyver et al. (2013). If teachers fail to receive care, they may become discouraged in their role of caring for their learners. Research in the field of educational leadership has found that school leadership contributes significantly to school effectiveness and learner achievement (Louis et al., 2010). Principals thus need to be informed about HIV, and they need to understand how the pandemic affects not only teachers, but also learners. They need to understand their influential positions in relation to handling challenges relating to HIV among their teachers.

Schools are regarded as key players in mitigating the effects of HIV (Buchel, 2006). Hence, extensive research has been conducted on how education can be used to curb the spread of HIV and, most importantly, intensify education campaigns regarding the pandemic (Aggleton et al., 2011). As argued by Van der Vyver et al. (2013), the caring role of principals in school management requires the creation of an empowering and supportive environment, in which teachers can flourish. Considering the continued spread of HIV, as well as the near-insurmountable challenges of the pandemic, this research study seeks to provide insight into how principals are handling these problems among their teachers.

Several studies have been conducted on the impact of HIV on education (Buchel and Hoberg, 2007; Hewu-Banjwa, 2012; Rayners, 2007; Mahabeer, 2008; Mampane, 2011; Rajagopaul, 2008; Louw et al., 2009; Mfusi, 2011). However, the literature is silent and little research has been conducted on how principals manage challenges related to teachers living with HIV and therefore this study seeks to explore this area. It was anticipated that this study would generate knowledge that would contribute to existing research and literature on experiences of school principals of teachers living with HIV, providing insights for improving relevant policies.

To answer the research question, how do school principals experience teachers living with HIV, a narrative inquiry design situated within the methodology of qualitative research was applied. The study was rooted in the social constructivist paradigm. The basic tenet of the social constructivist paradigm is that knowledge is socially constructed. Qualitative data were collected through narrative interviews conducted with 10 principals, who were purposefully selected. The transformational leadership and ethics of care theories were used as the theoretical framework for this research.

## 2 Leading schools in sensitive matters

Although there is still much to learn about how school leadership handles challenges related to teachers living with HIV, there is already a significant body of research on which to build. It would thus be ill-advised, when undertaking research in this area, not to stand on the shoulders of those researchers who have gone before (Louis et al., 2010). HIV is the greatest challenge to the leadership of schools. Mfusi (2011) observes that school leadership is being influenced by HIV to such an extent that there is now an urgent need for a leadership cluster that is health-orientated. Being the only disease of its kind, HIV presents enormous challenges to school principals, who are confronted with growing numbers of HIV-positive teachers on almost a daily basis (Rajagopaul, 2008). Duties related to HIV issues are more complicated than duties in any other area of school leadership, due to the culture of silence that has prevailed regarding the disease. Little is known about how principals are handling the challenges related to HIV among teachers. This study revealed valuable, previously unknown information about how principals respond to the challenges of leading such teachers.

As the HIV pandemic continues to rear its ugly head, principals are compelled to deal with the negative impact of this pandemic. In addition, the pandemic has caused significant disruption to normal long-term plans in schools. Normal management of resources in schools becomes disrupted, as principals have to resort to crisis management (Buchel and Hoberg, 2007). Teachers who are infected with HIV look up to their principals.

It is generally asserted that effective leadership and management are important in sustaining good learning opportunities for learners (Bush et al., 2011). Principals need to deal with transforming teachers' entrenched mindsets, habits and ways of behaving. Van Dyk and Van Dyk (2012, p.465), in this regard, make the following assertion: "Effective management of AIDS in the workplace requires an integrated strategy that is based on an understanding and assessment of the impact of AIDS on the specific workplace."

International and national policies have been adopted to protect people living with HIV, and these policies emphasise *voluntary* counselling and testing (Sherman et al., 2013). Once teachers know that they are HIV-positive, their confidence diminishes significantly, and their emotional development suffers (Mfusi and Steyn, 2012). This may impede their efficiency. Principals are compelled to apply leadership styles that focus on teachers' emotional stability. Leaders need to consider the entire spectrum of the lives of their subordinates; this includes their physical and emotional well-being, as well as their intellectual development (Doyal and Doyal, 2013).

As school leaders, principals have an obligation to accept the challenge of HIV, and to manage the challenge with the same sense of responsibility and commitment with which they manage other areas of school life (Mfusi and Steyn, 2012). However, in the light of the seriousness of the situation, and the scale of the challenges posed by HIV, it is necessary to think beyond the immediate and obvious functions of schools (Marneweck et al., 2008). Principals do not receive sufficient support or training to cope with the problems they are facing (Buchel and Hoberg, 2007; Aggleton et al., 2011). Because HIV affects not only the physical well-being of the organisation, but also its psychological health, it is the most complicated epidemic with which to deal (Julien and Fourie, 2015). As Van Dyk and Van Dyk (2012, p.464) emphasise, one of the consequences of an unhealthy workforce is “low staff morale with employees resenting taking on or refusing to take on additional responsibilities for colleagues who are sick”.

According to Mahabeer (2008), principals need knowledge about HIV in order to devise strategies to facilitate management of HIV-related issues. While policies protect those infected and affected by HIV, they are silent with regard to school leaders, who bear the responsibility of caring for their teachers. Consequently, not much research has been conducted on school leadership and teachers living with HIV; by contrast, extensive research has been conducted on HIV-positive learners as vulnerable learners.

Thus, Marneweck et al. (2008) assert that, while a number of school leaders have been able to respond to the needs of HIV-positive learners, there is not much evidence that schools have been as supportive of the needs of HIV-positive teachers. Aggleton et al. (2011, p.495) correctly point to the “absence or uneven distribution of clear policy frameworks and guidelines, the absence of HIV from most schools and education sector plans, yearly action plans and education budgets” as major problems.

Principals need to ensure a caring, safe, and non-discriminatory school environment (Mahabeer, 2008). Factors that could impede the ability of principals to create such an environment are religious, cultural and traditional beliefs (Banks et al., 2010). Following the decentralisation of the education system in South Africa, school leadership has been transformed, mainly in the direction of more autonomy for school-level management (Bush, 1989). There has been a move away from bureaucratic approaches towards transformational and charismatic approaches (Bass, 2008; Leithwood and Jantzi, 2006; Bush, 2007). Due to the HIV pandemic, the duties of principals have become multifaceted, and their leadership approach has been transformed from that of unsociable and unfriendly rulers to more charismatic and transformational influencers (Bass, 2008). Principals can use the organisational culture of their school to roll out a robust HIV programme for their school (Van Dyk and Van Dyk, 2012). Leaders make the difference; they stimulate others (Bass, 2008). The school leadership determines the climate in the school. However, principals remain under pressure to improve academic results, often preventing them from realising urgent needs relating to HIV in their schools.

Principals need to constantly motivate their teachers, who are often stressed, prejudiced, and afraid of dying. A negative school environment results in profound feelings of sadness, depression, loneliness, and anxiety among teachers infected with HIV, causing them to become withdrawn (Mahabeer, 2008). This is a major obstacle in the relentless efforts of principals to motivate teachers towards common goals. Such negative feelings weaken the network of social support. Principals need to be inspirational. However, their duties demand that they produce results, against which their performance is measured. Bush (1989) asserts that good leadership and management in

education is shown through problem-solving, conflict management, flexibility, and empowering staff through delegating responsibility. Principals may not be able to cope, considering the magnitude of the impact of HIV.

### **3 Research design and methodology**

To address the research problem, a narrative inquiry embedded in the qualitative research approach was conducted to ascertain the school leadership challenges faced by principals in relation to teachers living with HIV. Qualitative approaches are used to explore how people behave, their perspectives and feelings about and experiences of other people, and what lies at the core of their lives (Creswell, 2012; McMillan and Schumacher, 2010). According to Bryman (2012), qualitative research emphasises an inductive approach to the relationship between theory and research, in which the emphasis is placed on generation of theories. Researchers select sites and populations, and then develop meaning from the data collected from the field (Myers, 2013). Explanations are built from the ground up.

The narrative enquiry design was chosen for this study because it gives researchers simultaneous access to various situations, where participants can relate sensitive issues in different social and professional settings, leading to insights that could not have been yielded otherwise (Matthews and Ross, 2010). The potential value of narrative inquiry in accessing sensitive information made this type of inquiry the most appropriate design for this research study (Lemley and Mitchell, 2012). The relationships with the principal participants were approached with sensitivity, humaneness, and respect, to establish rapport that enabled frank discussions based on trust. This research study was guided by the social constructivist paradigm, fundamental to which is the assumption that human beings create knowledge through social interactions (Denzin and Lincoln, 2011). The meaning created varies greatly from person to person, so that the researcher must unpack a complex multiplicity of views (Creswell, 2012).

#### *3.1 Sampling and site selection*

This research study obtained data from principals of schools in the Gauteng province of South Africa. Given the sensitive nature of HIV, and the socially constructed aspects associated with the disease, the use of purposeful network sampling combined with inductive methodology using narrative interviews is the most appropriate method for exploring issues that are related to each other (Cohen et al., 2011). Ten principals were handpicked (Creswell, 2012) on the basis of their experience of the central phenomenon investigated in the study. The 10 principals, representing both genders, were handpicked from different secondary, primary and special schools. Studying a small sample in depth produces a rich profile (Saldaña, 2011).

#### *3.2 Data collection*

Since the primary focus was on HIV, the most stigmatised of all diseases, with highly sensitive issues, the most appropriate tool for data collection was deemed to be the narrative interview. The interviews were face to face and semi-structured. Given the personal challenges of HIV, we decided not to use questionnaire for instance, as we

learned that people were not at ease to complete forms about such a personal matter. Through a process of engagement and rapport, we were able to talk to principals, which proved to be far more appropriate. As the term suggests, narrative interviews focus on the life of one person, or a single part of the life of a person (Bryman, 2012). Qualitative research scholars – such as Creswell (2012), Denzin and Lincoln (2011), Hennink et al. (2011), Holstein and Gubrium (2008), Lapan et al. (2012), Matthews and Ross (2010), May (2011) and Yin (2011) – focus, to a large extent, on the socially constructed character of lived realities. As Harding (2013) asserts, life experiences are examined more holistically through narrative interviews than through other data-collection methods, and, most importantly, with regard to the information that is solicited, breadth is sacrificed for depth. Questions were sufficiently open-ended to allow participants to give in-depth accounts of their experiences. Probes and open-ended questions solicited the thoughts of participants regarding underlying connections between their experiences. A close relationship between researcher and participant creates a sense that there is a balance of power between them, which privileges the storyteller's perspective (Creswell, 2013).

### *3.3 Data analysis*

The data were analysed using qualitative content analysis. The interviews were digitally recorded and transcribed verbatim. Verbatim transcripts were numbered line by line. We coded the data using process, descriptive and emotion codes. These codes were clustered into categories and then these categories were developed into themes (Saldaña 2011). The qualitative content analysis method of data analysis enabled narrowing of the data into themes and sub-themes (Merriam and Tisdell, 2016). The themes formed a framework that illustrated the insights that the participants offered into how principals handle challenges surrounding HIV among their teaching staff. There were no negative cases, as all the principal participants indicated that they had experienced challenges on account of having teachers that are living with HIV among their staff.

### *3.4 Trustworthiness*

In order to achieve trustworthiness in this study, Tracy's (2010) model for qualitative research was used. In this study, participants participated voluntarily; confidentiality and anonymity were guaranteed, and participants signed letters of consent before the interviews commenced (Bush, 2012). A transparent 'audit trail' was made available. The data were referenced, in that the lines in the verbatim transcripts were numbered consecutively. A reflexive journal was kept, to declare subjectivity over time (Loh, 2013). Significant time was spent in the field, so as to be able to explore the less obvious data (Tracy, 2010). In addition, to ensure credibility in this study, participants who had knowledge and first-hand experience were sampled (Rubin and Rubin, 2012).

## **4 HIV creates problems in the management of schools**

On the subject of HIV creating problems in the management of schools, there were similarities between many of the comments, sentiments, and perspectives articulated by the principals. Transformational leadership, as explained by Bass (1991) and Bush and

Middlewood (2013), must apply people-orientated forms of leadership. Similarly, Gilligan (1982) recommends empathy towards those experiencing problems. In the data, most principals agreed that management of the schools was greatly affected by having teachers living with HIV among their staff. This was highlighted by one of the principals:

*“Leadership and management are affected even worse. I am forced to tolerate what’s taking place. Once I do that with one person, and others are watching, they will come and expect me to give them the same tolerance. Therefore, it shakes authority as a leader [if] you tolerate this, and not that. A teacher with HIV needs to be tolerated more than a person who has some other issues.”*

Marneweck et al. (2008) in this context add that school leadership in schools in South Africa has become increasingly complex because of HIV. The additional roles that school leaders must play due to the HIV pandemic leave them overburdened with responsibilities.

As the HIV pandemic approaches its fourth decade, it continues to wreak havoc, causing principals to struggle even more to cope with the situation, as explained by one of the participants:

*“It was so bad, and I did not know how to deal with the situation. I was blackmailed; I was emotionally unstable. This is a sensitive matter to deal with. The teacher’s absenteeism got worse; other teachers complained. I could see that she was in a difficult situation, and charging her was going to be inhuman.”*

The HIV pandemic has presented overwhelming challenges to school principals, who have been confronted with a growing number of HIV-positive teachers on an almost daily basis (Rajagopaul, 2008).

#### 4.1 Disruption of teaching and learning

The literature reveals that once people living with HIV succumb to the disease, their immune systems cannot fight off opportunistic infections, such as tuberculosis, and they start to be absent from work for both short and longer periods of time (Shisana et al., 2005). Increased workload, loss of skilled and experienced teachers, overcrowded classrooms, and learner adjustment problems are just some of the effects of HIV (Shisana et al., 2005; Louw et al., 2009). Simelela et al. (2015) contend that people living with HIV are increasing in numbers, and that they are concerned about how the disease is going to impact on their lives and their work. Disruption of teaching and learning due to HIV is something that was mentioned by several principal participants in this study. One participant responded as follows:

*“Teachers, who are the main drivers in the provision of quality education, have been badly affected; some of the expertise that is lost is irreplaceable. For instance, in South Africa, scarce skills, like mathematics and science teachers, are not enough. Teachers lose weight, and their productivity deteriorates.”*

From the data, it is evident that the quality of education is compromised when teachers are sick, as sick teachers cannot perform at optimum level. Noddings (1984) emphasises the importance of consistent efforts in responding to the needs expressed by teachers. School leaders continue to endure problems related to disruption of the teaching programme. Indeed, a number of researchers agree that HIV undermines the education

system, and that the employee turnover rate of teachers is increasing, which places immeasurable strain on the school leadership (Louw et al., 2009; UNAIDS, 2009; Van der Vyver et al., 2013; Hewu-Banjwa, 2012; Marneweck et al., 2008).

Thus, it is evident that effective teaching and learning is significantly affected when teachers are sick, which, in turn, impacts negatively on school leadership. Tronto (2010) maintains that all human beings need care at all times. The literature shows that teacher attrition caused by HIV leads to deterioration of the education system, which is already under severe strain as a result of a compromised human resource base (Louw, 2015). Disruption of teaching and learning was a recurrent theme in the participant interviews, with one respondent arguing that the “absence of one teacher affects the whole”. The findings of the literature consulted are consistent with the assertion of one of the principals that “it is difficult to replace teachers”.

The ineffectiveness of teachers living with HIV is frequently mentioned in the literature. For instance, it is suggested that although HIV-positive teachers continue to attend classes before the onset of AIDS, their knowledge of their HIV status causes severe emotional distress for them, which, in turn, manifests in adverse behavioural changes, which carry over into the classroom (Theron, 2008). New and inexperienced teachers are hired to replace teachers on sick leave, and other teachers are overburdened by this state of affairs.

#### *4.2 Inadequate professional development for school leadership*

Other scholars argue that principals do not receive sufficient support or training to cope with the problems they face (Buchel and Hoberg, 2007; Aggleton et al., 2011; Van der Vyver et al., 2013). In the interviews, not one principal participant indicated that there had been opportunities for professional development intended to improve their ability to respond to HIV. This was highlighted by one principal:

*“We are not supported. A support programme is launched, and soon after taking off from the ground, it disappears, only resurfacing after, say, four years. This is a very sensitive epidemic that needs a lot of support. My duties limit me from going deeper into the issues, because I am not an expert in this field of health.”*

It is clear that principals are not adequately trained to deal with the challenges of HIV among their teachers, particularly in light of the sensitive nature of these issues. Simelela et al. (2015) conclude that HIV also affects the psychological well-being of the organisation.

Marneweck et al. (2008) assert that there is not much evidence that schools have been responsive to the needs of HIV-positive teachers. In this regard, Squire (2013) proposes that knowledge of psychological issues is needed in order to devise strategies that facilitate the handling of HIV. There is evidence that principals do not feel supported.

Importantly, Van der Vyver et al. (2013) emphasise that school leadership in South Africa consists of people who have moved up through the ranks, from classroom teacher to principal, without being equipped with the necessary skills and knowledge to lead and manage people. It is evident that leadership and management in schools are, to a large extent, affected by HIV among their teachers. Principals, as leaders, bear the burden of supporting teachers living with HIV, and the absence of support programs and structures makes principals feel overwhelmed by the increased workload that this entails.

### 4.3 Problems regarding the sensitive nature of HIV-related issues

It is widely believed that transformational leaders can influence subordinates to transcend their own self-interests in exchange for the good of the organisation (Crigger and Godfrey, 2011; Nwagbara, 2010). In addition, principals are able to empower their teachers (Mahabeer, 2008). The literature stresses that HIV is an emotional issue, whether principals are dealing with an infected or an affected workforce. Accordingly, it was highlighted throughout the data that HIV-related issues are extremely sensitive:

*“The issues of HIV are protected by law, and it is not possible for me to ask. I know such issues can land me in jail. I can be sued. It is a very sensitive matter.”*

Furthermore, one principal explained that some teachers are taking advantage of the fact that they are HIV-positive:

*“We have teachers dragging their legs, taking advantage of their sickness; then you feel undermined. If you speak to them, they feel segregated for being stigmatised. As a manager, I am forced to express empathy and sympathy.”*

The data would seem to suggest that principals should exercise influence, as opposed to authority, when dealing with sensitive issues related to HIV. The literature reveals that once teachers know that they are HIV-positive, they lose a significant amount of confidence, and their emotional development suffers (Mfusi and Steyn, 2012).

One of the principals pointed out the following:

*“HIV is known as a disease of the wrongdoers. It has been known to be associated with sleeping around with different partners and, mostly, fast-lane lifestyle. Families have been known to disown their members who would have disclosed their status. They will be regarded as failures. People are afraid of losing family members and being disowned at work. So teachers would rather hide their status than be seen as a disgrace.”*

It can be concluded that the entire school programme is compromised when the atmosphere in the school is filled with sadness, depression, loneliness and anxiety, and there is a tendency to withdraw among teachers infected with HIV (Mampane, 2011). It can therefore be concluded that the HIV pandemic has caused significant disruption to long-term plans in schools, and has consequently impeded the proper management of schools.

## 5 Conclusions and recommendations

This study aimed to explore the various school leadership challenges faced by principals in the context of teachers living with HIV. The conclusion drawn from the empirical data is that the role of principals has shifted from their traditional functions of organising, planning, leading, and controlling to a role of caring and supporting. Principals are faced with an increasing number of teachers living with HIV, and this has presented challenges to school leadership. The main drivers of education, namely the teachers, are affected, which, in turn, affects the school leadership. Some researchers observe that HIV has a very negative effect on the quality of education in South Africa. School leadership has become increasingly complex because of teachers living with HIV. Principals are faced with the challenge of acquiring knowledge regarding HIV, so that they are able to help their teachers.

This research shows that principals are experiencing a range of challenges due to having teachers living with HIV among their staff. Principals demonstrated limited knowledge of how to address the needs of teachers living with HIV, which affects the climate in the school. Principals do not have the necessary expertise to probe HIV-related issues among their teachers living with HIV. There is no consistency in the Department of Education's support programmes, and principals feel demoralised. Some researchers report that principals are not adequately supported in terms of HIV-related issues among their teachers. HIV affects the physical well-being of the organisation, as well as its psychological well-being. Principals are appointed from a cohort of experienced teachers, without having the necessary knowledge and skills to enable them to lead people. HIV-related issues are extremely sensitive.

Based on the research findings, it is evident that once teachers succumb to the opportunistic infections associated with HIV, their productivity decreases. Different teachers develop different problems in relation to the epidemic, and principals are compelled to identify their needs, and to develop support programmes, where they must pay particular attention to sensitivity.

Principals clearly stated their problems and inadequacies in responding to HIV-related issues among their teachers. They lack training and management skills, as well as skills to develop long-term strategies to mitigate the impact of HIV on teaching and learning. The jurisdiction of principals allows only basic support, while the challenges of the pandemic require expertise. Principals are not adequately supported in terms of resources and strategies. The literature shows that principals as leaders have the additional challenge of being expected to be ethical and effective in their duties. HIV has presented serious challenges to school principals, who are confronted with a growing number of HIV-positive teachers.

Issues relating to HIV are extremely sensitive. These issues are private, and are protected by legislation, and this creates problems that demand sensitivity and diplomacy. Teachers living with HIV take advantage of the sympathy and empathy that are shown to them, and they drag their feet in performing their duties, which undermines the authority of the principal. HIV among teachers has caused widespread uncertainty among school principals. Principals as leaders are required to be proactive and deal with the issues of HIV among their teachers. They have to account for failure and conflict. Principals facilitate behaviour change in teachers. A caring role is embedded in the leadership and/or management function of the principal. The caring role of principals has largely been overlooked in South Africa and in other countries.

Provision of formal management training and development should provide school principals with the theoretical knowledge, analytical skills, and leadership skills needed to effectively devise suitable strategies for handling HIV-related issues among their teachers. Management strategies include mitigation of stigma and discrimination, empowerment, and support, as well as maintaining quality education. School principals should acquire more knowledge and should receive adequate training and development to equip them with the knowledge and skills needed to handle HIV-related issues among their teachers. School principals should realise that teachers are prone to HIV infection, and it is important that principals be exposed to more information in this regard. Having more information about HIV may help principals to influence behaviour change within schools, and in the community at large. Access to up-to-date HIV prevalence statistics regarding teachers will help principals to determine and assess the impact of the HIV pandemic in their schools, ultimately influencing strategic planning and decision-making.

It is necessary that further research be conducted with school principals, to determine the leadership and management strategies that provide principals with the necessary skills and knowledge to handle HIV-related challenges more effectively and with confidence.

In this study, a small sample of school principals was used. Use of a larger sample that includes other geographical areas could have yielded a wider spectrum of views and perceptions. This study was limited to the Gauteng province, where the aim was to obtain an in-depth understanding of the research phenomenon, and not a general perspective. Although generalisations cannot be made from the findings of this study, several common features were observed regarding challenges faced by principals because of teachers living with HIV; school management challenges revealed by this study can thus be transferred to similar contexts.

This research study confirms that school leadership, as well as curriculum delivery, is profoundly affected by HIV due to the added responsibilities created by having sick teachers among the staff. This qualitative study has generated empirical data from the participants, and it has enabled a new understanding of the difficulties that having teachers living with HIV presents to school leadership. This research study has highlighted the importance of developing support structures, in order to alleviate the challenges presented to principals by having teachers living with HIV. Participation of all role players is essential in attempts to completely resolve the challenges.

## References

- Aggleton, P., Yankah, E. and Crewe, M. (2011) 'Education and HIV/AIDS: 30 years on', *AIDS Education and Prevention: An Interdisciplinary Journal*, Vol. 23, No. 6, pp.495–507.
- Banks, J.A., Cheery, A. and McGee Banks 2010) *Multicultural Education: Issues and Perspectives*, 7th ed., Wiley, Hoboken, NJ.
- Bass, B.M. (1991) 'From transactional to transformational leadership', *Organizational Dynamics*, Vol. 18, No. 3, pp.19–31.
- Bass, B.M. (2008) *The Bass Handbook of Leadership: Theory, Research and Managerial Applications*, 4th ed., Free Press, New York.
- Bryman, A. (2012) *Social Research Methods*, 4th ed., Oxford University Press, New York.
- Buchel, A.J. (2006) *The Leadership Role of the Principal in Dealing with the Impact of HIV in South African Schools*, Unpublished DEd Thesis, University of South Africa, Pretoria.
- Buchel, A.J. and Hoberg, S.M. (2007) *The Role of the Principal as School Manager in Dealing with the Impact of HIV in School Management*, University of South Africa, Pretoria.
- Bush, T. (Ed.) (1989) *Managing Education: Theory and Practice*, Open University Press, Philadelphia, PA.
- Bush, T. (2007) 'Educational leadership and management: theory, policy and practice', *South African Journal of Education*, Vol. 27, No. 3, pp.391–406.
- Bush, T. (2012) 'Authenticity in research: reliability, validity and triangulation', in Briggs, A.R.J., Coleman, M. and Morrison, M. (Eds.): *Research Methods in Educational Leadership and Management*, 3rd ed., Sage, London.
- Bush, T. and Middlewood, D. (2013) *Leading and Managing People in Education*, Sage, London.
- Bush, T., Kiggundu, E. and Moorosi, P. (2011) 'Preparing new principals in South Africa: the ACE School Leadership Programme', *South African Journal of Education*, Vol. 31, pp.31–43.
- Campion, E.W. (2015) 'Treating millions for HIV: the adherence clubs of Khayelitsha', *New England Journal of Medicine*, Vol. 372, No. 4, pp.301–303.

- Cohen, L., Manion, L. and Morrison, K. (2011) *Research Methods in Education*, 7th ed., Routledge, New York.
- Creswell, J.W. (2012) *Educational Research: Planning, Conducting and Evaluating Quantitative and Qualitative Research*, 4th ed., Pearson, Boston, MA.
- Creswell, J.W. (2013) *Qualitative Inquiry and Research Design: Choosing among Five Approaches*, 3rd ed., Sage, Los Angeles, CA.
- Crigger, N. and Godfrey, N. (2011) *The Making of Nursing Professionals: A Transformational, Ethical Approach*, Jones and Bartlett Learning, Sudbury, MA.
- Denzin, N.K. and Lincoln, Y.S. (Eds) (2011) *The Sage Handbook of Qualitative Research*, 4th ed., Sage, London.
- Doyal, L. and Doyal, L. (2013) *Living with HIV and Dying with AIDS: Diversity, Inequality and Human Rights in the Global Pandemic*, Ashgate, Farnham, UK.
- Gilligan, C. (1982) *In a Different Voice*, Harvard University Press, Cambridge, MA.
- Harding, J. (2013) *Qualitative Data Analysis from Start to Finish*, Sage, London.
- Hennink, M., Hutter, I. and Bailey, A. (2011) *Qualitative Research Methods*, Sage, London.
- Hewu-Banjwa, H.N. (2012) *The Leadership Role of the School Principals in Managing HIV in Secondary Schools in the Stutterheim Area, Eastern Cape Province*, Unpublished MEd Thesis, University of South Africa, Pretoria.
- Holstein, J.A. and Gubrium, J.F. (Eds) (2008) *The Handbook of Constructionist Research*, Guilford, New York.
- Julien, H. and Fourie, I. (2015) 'Reflections of affect in studies of information behavior in HIV contexts: an exploratory quantitative content analysis', *Library & Information Science Research*, Vol. 37, No. 1, pp.3–9.
- Lapan, S.D., Quartaroli, M.T. and Riemer, F.J. (Eds) (2012) *Qualitative Research: An Introduction to Methods and Designs*, Jossey-Bass, San Francisco, CA.
- Leithwood, K. and Jantzi, D. (2006) 'Transformational school leadership for large-scale reform: effects on students, teachers, and their classroom practices', *School Effectiveness and School Improvement*, Vol. 17, No. 2, pp.201–227.
- Lemley, C.K. and Mitchell, R.W. (2012) 'Narrative inquiry: stories lived, stories told', in Lapan, S.D., Quartaroli, M.T. and Riemer, F.J. (Eds): *Qualitative Research: An Introduction to Methods and Designs*, Jossey-Bass, San Francisco, CA, pp.215–237.
- Loh, J. (2013) 'Inquiry into issues of trustworthiness and quality in narrative studies: a perspective', *The Qualitative Report*, Vol. 18, No. 65, pp.1–15.
- Louis, K.S., Leithwood, K., Wahlstrom, K.L. and Anderson, S.E. (2010) *Investigating the Links to Improved Student Learning*, Final Report of Research Findings, The Wallace Foundation, New York.
- Louw, J., Shisana, O., Peltzer, K. and Zungu, N. (2009) 'Examining the impact of HIV/AIDS on South African educators', *South African Journal of Education*, Vol. 29, pp.205–217.
- Louw, P. (2015) 'Teachers in South Africa: supply and demand 2013-2015', *Sunday Times*, 26 July 2015.
- Mahabeer, P. (2008) *School Principals' Perceptions and Responses to the HIV/AIDS Pandemic in Schools in the Eastern Cape*, MEd Dissertation, Nelson Mandela Metropolitan University, Port Elizabeth.
- Mampane, J.N. (2011) *Psychosocial Problems and Needs of Educators Infected by HIV/AIDS in Selected Johannesburg Inner City Schools*, MA Dissertation, University of South Africa, Pretoria.
- Marneweck, L., Bialobrzeska, M., Mhlanga, E. and Mphisa P. (2008) 'Enhancing school leadership: meeting the challenges of HIV and AIDS', *Proceedings of the SAIDE Teacher Education Conference*, 4–5 September, Johannesburg.
- Matthews, B. and Ross, L. (2010) *Research Methods: Practical Guide for Social Sciences*, Pearson, London.

- May, T. (2011) *Social Research: Issues, Methods and Process*, 4th ed., Open University Press, London.
- McMillan, J.H. and Schumacher, S. (2010) *Research in Education: Evidence-Based Inquiry*, 7th ed., Pearson, Boston, MA.
- Merriam, S.B. and Tisdell, E.J. (2016) *Qualitative Research: A Guide to Design and Implementation*, 4th ed., Jossey-Bass, San Francisco, CA.
- Mfusi, B.J. (2011) *Needs and Challenges in Managing Educators with HIV*, Unpublished MEd Dissertation, University of South Africa, Pretoria.
- Mfusi, B.J. and Steyn, G.M. (2012) 'Problems in managing educators with HIV in South African schools', *Journal of Human Ecology*, Vol. 40, No. 2, pp.157–166.
- Myers, M.D. (2013) *Qualitative Research in Business and Management*, 2nd ed., Sage, London.
- Noddings, N. (1984) *Caring: A Feminine Approach to Ethics and Moral Education*, University of California Press, Berkeley, CA.
- Nwagbara, U. (2010) 'Managing organizational change: Leadership, Tesco, and Leahy's resignation', *Journal of Organizational Learning and Leadership*, Vol. 8, No. 2, pp.56–79.
- Rajagopaul, V. (2008) *The Leadership Role of Primary School Principals in Economically Disadvantaged Areas Affected by HIV and AIDS*, Unpublished PhD Thesis, University of the Western Cape, Cape Town.
- Rayners, S. (2007) *The Leadership Role of Principals in Managing HIV at Schools of the Western Cape Education Department*, Unpublished PhD Thesis, University of the Western Cape, Cape Town.
- Rubin, H.J. and Rubin, I.S. (2012) *Qualitative Interviewing: The Art of Hearing Data*, Sage, Thousand Oaks, CA.
- Saldaña, J. (2011) *Fundamentals of Qualitative Research: Understanding Qualitative Research*, Oxford University Press, New York.
- Sherman, A.J., Partner, Dickstein, S.M. and Oshinsky, L.L.P. (2013) *Dealing with HIV in the Workplace*, Ewing Marion Kauffman Foundation, Topeka, KS.
- Shisana, O., Peltzer, K., Zungu-Dirwayi, N. and Louw, J. (Eds) (2005) *The Health of Our Educators: A Focus on HIV in South African Schools*, HSRC Press, Cape Town.
- Simelela, N., Venter, F.W.D., Pillay, Y. and Barron, P. (2015) 'A political and social history of HIV in South Africa', *Current HIV Reports*, Vol. 12, No. 2, pp.256–261.
- Squire, C. (2013) *Living with HIV and ARVs: Three-Letter Lives*, Palgrave Macmillan, London.
- Statistics South Africa. (2014) *Statistical Release P0302*, Statistics South Africa, Pretoria.
- Theron, L.C. (2008) 'Educator perception of educators' and learners' HIV status with a view to wellness promotion', *South African Journal of Education*, Vol. 25, No. 1, pp.56–60.
- Tracy, S.J. (2010) 'Qualitative quality: eight "big-tent" criteria for excellent qualitative research', *Qualitative Inquiry*, Vol. 16, No. 10, pp.837–851.
- Tronto, J.C. (2010) 'Creating caring institutions: politics, plurality, and purpose', *Ethics and Social Welfare*, Vol. 4, No. 2, pp.158–171.
- UNAIDS. (2009) *Strategic Approach: HIV and Education*, UNAIDS, Geneva.
- UNAIDS. (2012) *Global Report: UNAIDS Report on the Global AIDS Epidemic 2012*, UNAIDS, Geneva.
- Van der Vyver, C.P., Van der Westhuizen, P.C. and Meyer, L.W. (2013) 'Caring school leadership: a South African study', *Journal of Educational Management Administration & Leadership*, Vol. 42, No. 2, pp.61–74.
- Van Dyk, A.C. and Van Dyk, P.J. (2012) *HIV and AIDS Education, Care and Counselling: A Multidisciplinary Approach*, 5th ed., Pearson Education, Cape Town.
- Yin, R.K. (2011) *Qualitative Research from Start to Finish*, Guilford Press, London.