

## **Continuous absenteeism amongst teachers living with HIV/AIDS: perceptions of school principals**

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### **Abstract**

Education is an indispensable tool for total economic emancipation in Africa and elsewhere. This is why it is a great cause for concern that teachers, who are the main drivers of education, are so strongly affected by HIV/AIDS. A large part of the profound impact of HIV/AIDS is felt in education and threatens the quality of education. The study examined how principals are managing the challenges due to absenteeism amongst teachers living with HIV/AIDS. A narrative inquiry design situated in the qualitative research approach was used together with narrative interviews to elicit qualitative data. The study was embedded within the social constructivist paradigm. Transformational leadership and ethics of care formed the theoretical framework of this study. The qualitative content analysis was used to analyse the data. The key findings speak to how the principals maintain quality of instructional effectiveness through substituting sick and absent teachers using a relief system. They support, empower and advise teachers. Principals should be provided with support from the Department of Education to replace teachers timeously before teaching and learning are disrupted.

**Keywords:** HIV/AIDS; ethics of care; transformational leadership; absenteeism; teachers; school principals

### **Introduction**

Education is an indispensable tool for total economic emancipation. This is why it is great cause for concern that many teachers, who are the main drivers of education, are affected by HIV/AIDS. A large part of the profound impact of HIV/AIDS is felt in education and threatens the quality of education (Campion 2015). It was reported that 58000 (15.3 %) teachers are living with HIV/AIDS and 55.7 per cent are on antiretroviral treatment (ART) in South Africa (Zuma et al. 2016). The same scholars indicate that their 2016 survey on teachers' health, was drawing from the 2004 report which recorded 45000 (12.7 %) teachers living with HIV/AIDS and deaths of 4000 teachers due to HIV/AIDS (*ibid.*). This is a disturbing state of affairs considering that the population is growing and the demand for teachers continues to escalate. Infected teachers are regarded as sources of knowledge (Bialobrzeska, Marneweck, Mhlana

and Maphisa 2010). The rate at which teachers are dying is nearly equal to the number of new teachers who qualify each year (Buchel and Hoberg 2007).

This research was conducted in the Gauteng province in South Africa where teachers are affected in much larger numbers (Zuma et al. 2016), presumably because the province is home to the greatest portion of the population of South Africa. The illnesses related to HIV/AIDS cause consistent absenteeism amongst teachers living with HIV/AIDS (Bialobrzaska et al. 2010). Like people living with HIV/AIDS in other walks of life, these teachers are faced with numerous challenges, including, among others, stigmatisation and discrimination, as well as the ever-present fear of death (Julien and Fourie 2015; Moyo and Perumal 2019). The South African education system is governed by the Department of Basic Education which is responsible for public and private primary and secondary schools (Johl, Solms and Flowerday 2016). In order to protect people living with HIV/AIDS (PLWHA), the South African Department of Labour (DoL) issued the Code of Good Practice on HIV and AIDS and the World of Work that reiterates Section 7(2) of the Employment Equity Act 55 of 1998, that it is not legal for employers to disclose their HIV status to employers or other employees (South Africa. DoL 2012).

Indeed, there have been advances in the search for an HIV/AIDS cure that have seen the development of ART, with the South African government rolling out the largest ART programme globally, launched in 2004 (Boulle et al. 2008). On the 12<sup>th</sup> of April 2013, the South African Minister of Health announced that the government had rolled out a one-a-day Antiretroviral Treatment (ART) (Sinelela, Venter, Pillay and Baron 2015) adding to the number of developments that have taken place in the past two decades. UNAIDS (2017) reports that, of the seven million people living with HIV/AIDS in South Africa, 48 per cent of adults are on ART. ART has reduced the risk of death in people living with HIV/AIDS (PLWHA) (Sinelela et al., 2015). More importantly, ART has improved the immunological status of PLWHA (Boulle et al., 2008; Zuma et al., 2016; UNAIDS 2017). Nonetheless, while access to highly effective ART has changed the general picture of HIV/AIDS, access to this treatment is limited because of contextual issues such as stigma, which will always prevail as long as people are conscious about their HIV status (Dahlu et al. 2015). Sadly, however, South Africa still tops the world list in terms of prevalence, with seven million South Africans living with HIV (UNAIDS 2017). This constitutes 19.2 per cent of the South African population (Statistics South Africa 2017).

School leadership in South African schools has become increasingly complex because of HIV/AIDS (Bialobrzeska et al. 2010). HIV/AIDS is the primary challenge to the effective leadership of schools. Nitsch (2006) observes that school leadership is being influenced by HIV/AIDS to such an extent that there is now an urgent requirement for a leadership cluster that is health oriented. Bennell (2009) confirms that a robust analysis of teacher attrition through the perusal of records of salaries and other computerised information was carried out from 2004 to 2005. The resultant report found that the death rate amongst teachers in 2005 was three to four times higher than the existing rate (*ibid.*). This has been the only research study carried out on teacher attrition to date in South Africa. In light of this, it is clear that research into how school leaders are handling the sensitive issues surrounding HIV/AIDS is long overdue.

It is not only South African teachers who are affected. James-Traore, Finger, Ruland and Savariaud (2009: 11) assert that the “[Zambian] Ministry of Education trains 2 000 teachers each year while annual losses from all mortality average is around 1 000 per year”. Swaziland is striving to train more teachers than it would have trained if there were no HIV/AIDS-related deaths (Hewu-Banjwa 2012). Although there are numerous reasons for the loss of teachers, HIV/AIDS is the principal cause. In South Africa, antiretroviral therapy can now be accessed by two million or 80 per cent of people in need of treatment (Avert 2016). However, whilst this provision caters for the country’s population, teachers are amongst the population that have access to treatment.

In an endeavour to drive home the idea that teachers are suffering due to HIV/AIDS, Mfusi (2011) maintains that the immune system continues to weaken while the person suffers a number of opportunistic illnesses. Considering the number of teachers living with HIV/AIDS, the aforementioned lost time is considerable cause for concern. Therefore, the transformational leadership approach, because of its normative style (Bush and Middlewood 2005), is more ideally suited to the emerging paradigm in which principals not only fulfil their traditional roles only, but also immerse themselves in sensitive HIV/AIDS-related issues. Transformational leadership is based on a leader’s ability to communicate a shared vision and to motivate followers to engage in behaviour that helps the organisation to reach that vision (Schaubroeck, Cha and Lam 2007).

In light of this, the most important thing about ethics of care morality, is that it is grounded in a psychological logic, reflecting the ways in which we experience ourselves in relation to others

and that the origins of morality lie in human relationships, as they give rise to concerns about injustice and carelessness. Principals are tasked with trying to understand the problems experienced by their teaching staff. Caring ought to be a principle underlying ethical decisions because caring is a fundamental human need (Capuzzi and Stauffer 2012; Noddings 2009; Tronto 2010). Sander-Staudt (2011) argues that caring relationships should develop naturally out of the instinctual desire to do something good, rather than out of abstract moral reasoning. Therefore, this is of concern for principals dealing with teachers with HIV/AIDS, because they have to understand their challenges and show empathy and support.

To this end, several studies have been conducted on the impact of HIV on education (Hewu-Banjwa 2012; Mampane 2011; Mfusi 2011). Nevertheless, the literature shows that little research has been conducted on how school principals manage challenges of absenteeism amongst teachers living with HIV/AIDS and therefore this study seeks to explore this area.

### **Research design and methodology**

To address the research problem, a narrative inquiry design located within the qualitative research approach was followed to examine how school leadership manages challenges because of absenteeism of teachers living with HIV/AIDS. Qualitative research attempts to collect rich descriptive data from intentionally selected sites and participants with the intention of developing an understanding of what is being observed or studied (McMillan and Schumacher 2010).

The narrative inquiry design therefore was identified as the most appropriate for this research study because it provides an important perspective that enlightens researchers about critical moments in the collective experience of historically marginalised communities (Parker 2011). HIV/AIDS is the most stigmatised chronic disease and people who are infected or affected are pushed to the margins of society. Therefore, it is not only stories, but also what these stories mean to both researcher and participant that illuminate participants' experiences.

### **Sampling and site selection**

This study obtained data from a purposefully selected sample of 10 principals from the Gauteng province of South Africa. Purposeful sampling is used by researchers to intentionally select individuals because they have experienced the central phenomenon (Creswell 2012). We purposefully selected 10 principals in public urban settings in the Gauteng province whom we deemed to be adequate sources of data, substantial enough to meet the requirements of this

study. The principals of both genders were handpicked from different secondary, primary and special schools. In this study, the aim was not to represent the wider population but to explore the particular individuals under investigation. Based on our knowledge of the population, we selected those principals who had more than five years' experience and had spent more than five years in the same school.

### **Data collection**

Data collection was done by one of the authors via semi-structured narrative interviews designed to gather information-rich stories. We studied the perceptions and experiences of 10 principals in dealing with challenges of absenteeism amongst teachers living with HIV/AIDS. Accordingly, the narrative interview method was chosen as a more personal and interactive method of data collection – to provide opportunities for participants' voices to be heard. Therefore broad and general questions from a structured interview guide were asked, which facilitated participants to construct meaning out of situations while we interacted (Creswell 2013). Key initial questions were based on participants' background information and thereafter their own experiences and knowledge about HIV; questions on the impact of HIV/AIDS on teachers: How is teaching and learning affected in your school and how do you address this problem? How is HIV/AIDS affecting school leadership and management and how do you address this problem? Questions on the legal rights and policies on teachers living with HIV/AIDS: How do you create an environment and a culture of non-discrimination against teachers living with HIV/AIDS? How can this problem be dealt with in schools? Questions on challenges faced by school principals: What challenges do school principals' experience in managing teachers with HIV/AIDS? Share with me your knowledge and experiences of these challenges. What are the recommendations that you would like to make with regard to the leadership and management of teachers living with HIV/AIDS in schools?

As a novice researcher, one of the authors who conducted the interviews was mentored and received training on how to conduct qualitative interviews by qualitative research specialists. The researcher listened carefully to the narrations of the participants in their natural settings while immersed in the social situation (Bryman 2012). The researcher spent up to 90 minutes with participants so as to gain a fuller understanding of them during the first interviews. The second interviews were 30 minutes long. Significant time was spent in the field so as to be able to explore beneath the surface. When no new information was forthcoming, the

researcher left the field. The interviews, which were held at the participants' workplaces, were (with the interviewees' consent) digitally recorded and transcribed verbatim.

### **Data analysis**

One of the authors analysed the data using qualitative content analysis. All narrative interviews with principals were transcribed verbatim. Verbatim transcripts were numbered line by line. Narrative stories were created for each individual participant in order to understand the data. The analysis followed Harding's (2013, 24) guidelines of qualitative content analysis: 1) reading the transcriptions several times, taking note of emerging themes; 2) placing similar themes into groups; 3) categorising themes according to number of participants (reducing data); 4) assigning data to relevant themes; 5) interpreting the meaning, resulting in one overarching theme and three sub-themes. The themes formed a framework that portrayed participants' views and perspectives about how principals manage challenges of absenteeism amongst teachers living with HIV/AIDS. All the principals indicated that they experienced the challenge of absenteeism amongst teachers because of HIV/AIDS.

### **Trustworthiness**

In this study, Guba and Lincoln's (1994) four criteria for qualitative research were used to achieve trustworthiness. Trustworthiness pertains to the measures that qualitative researchers apply to ensure that credibility, dependability, confirmability and transferability are evident in their research (Given 2008). Given (2008) mentions that credibility is achieved when qualitative researchers accurately and richly describe the phenomenon under study. To ensure credibility in this study, we sampled participants who had knowledge and first-hand experience. The interviews were recorded and transcribed verbatim. We summarised what had been said and checked the accuracy of our understanding with the interviewees.

In an endeavour to achieve dependability, we gave a clear explanation of the theory and assumptions underpinning it. We interviewed each of the participants more than once and at length. We clearly explained how we collected data and the method of narrative interview that we used, allowed for the tracing of data to its source. Mertens refines this point by describing it as a "chain of evidence" (2012, 29) to "walk readers through" (Tracy 2013, 25) from the beginning to the end of the study.

Furthermore, in order to obtain confirmability, in this study, a transparent "audit trail" was made available through referencing all data by numbering all the lines of verbatim transcripts

(Riessman 2008). A reflexive journal was compiled overtime to declare subjectivity (Loh 2013). We constantly reflected on our research question and qualitative research approach in addition to engaging in interactive introspection, as encouraged by Tracy (2013).

**Ethical considerations**

Approval for this study was obtained from the University of South Africa’s College of Education Research Ethics Committee and permission was obtained from the Gauteng Department of Education. Once the approval was obtained, access to the principals and teachers and their schools was requested through application letters that indicated that our research was fully endorsed by the University’s Research Ethics Committee and the Gauteng Department of Education.

The processes and purposes of the research were explained to the participants. The participants signed letters of consent before the commencement of the interviews and anonymity, confidentiality and voluntary participation were guaranteed (Bush 2012). All participants’ information and responses solicited during the research process were kept confidential and anonymously presented to protect their identities.

**Findings**

The principals who participated in this study were both female and male. Their ages ranged from 46 to 58 years and their experience as school principals from nine to 24 years. Their total number of teaching staff ranged from 15 to 60. They held qualifications from diplomas in education to Master’s degrees in education management as shown in Table 1. These attributes helped in obtaining views that were pertinent to the study since the participants had relevant qualifications and experience, both at work and in dealing with AIDS related cases.

**Table 1.**

Summary of participants’ (10 principals) characteristics

#	Age	Teaching experience	Experience as principal	Qualifications	Marital status	Number of teachers
1	48 years	23 years	14 years	STD, B.Ed.	Divorced	33

2	50 years	24 years	24 years	Dip, B.Ed., B.Ed. Honours	Married	30
3	55 years	29 years	16 years	STD, Dip, ACE, B.Ed., B.Ed. Honours	Married	45
4	49 years	27 years	9 years	STD, ACE Education Management	Married	27
5	44 years	21 years	8 years	STD, ACE, B.Ed.	Married	15
6	46 years	25 years	5 years	M.Ed.	Married	51
7	50 years	28 years	13 years	STD, ACE Education Management	Married	19
8	50 years	28 years	13 years	STD, Dip, BA	Married	53
9	58 years	34 years	18 years	STD, PGDE, BA, B.Ed., M.Ed.	Married	60
10	55 years	29 years	10 years	STD	Divorced	34

The principals asserted that working with teachers living with HIV/AIDS has been a challenge. The sensitivity surrounding HIV/AIDS-related issues makes it difficult for principals to deal with them. The rampant absenteeism of teachers has posed even more challenges for the principals. However, despite the challenges they have experienced, the principals' narratives emphasised how principals, as responsible and accountable officials, are dealing with HIV/AIDS-related issues amongst their teachers. The 10 principal participants have been given pseudonyms of numbers from 1 to 10 to protect their privacy.

One main theme and four sub-themes have been constructed from the data: 1) continuous absenteeism; i) teachers are hard to replace; ii) absenteeism causes conflicts and resistance amongst teachers; iii) absenteeism disrupts teaching and learning.

### **Continuous absenteeism**

#### ***Teachers are hard to replace***



Participants were in agreement that persistent absenteeism by teachers living with HIV/AIDS was a serious problem in schools. Their comments highlighted that HIV/AIDS leads to high levels of teacher absenteeism, which leads to low levels of productivity. Principal 7 shared the following experience related to this issue:

*The school cannot run smoothly when teachers are sick. Around 2009, we lost a teacher. He was very sick. He was in and out of hospital for a long time. Sometimes, when he came to work, he would not be well and he would leave early. He got sick that it was full-blown AIDS.*

Principal 5 confirmed the above in the following comment:

*Really, teaching and learning have been affected and is being affected. Even right now, teachers are not well and we have two who have been in and out of hospital. When I was still looking for a replacement of the late teacher, another teacher was getting worse and worse. Eventually, she passed away.*

When teachers living with HIV/AIDS become ill, learning is affected because learners are often left unattended without consistent teaching. Principals then have to make arrangements for teaching and learning to take place. This was evident in principal 10's remarks:

*So it's true and, immediately when someone is infected, staying away from work happens frequently. HIV/AIDS has become a bad resemblance to society. Long absences are rampant as teachers need to seek medical attention or they are too weak to work. Sometimes we have to seek replacements. Other teachers have resigned because of HIV/AIDS.*

The above comments show that principals are aware of the labour laws that protect PLWHA in the workplace.

### ***Absenteeism disrupts teaching and learning***

Principals continued to air their views that persistent teacher absenteeism due to illness, disrupts teaching and learning. They reported that teachers living with HIV/AIDS go on errands to see doctors until everything stabilises, then attendance improves during the last period of infection.

Principal 8 also highlighted that the problem of teacher absenteeism disrupts teaching and learning:

*But it does not mean learners are not affected because they would have missed lessons. Mostly, teachers do not finish the syllabi. It has become a trend that, every month, like, for instance, with the other teachers, they are absent in the first week.*

Principal 5 also asserted that teachers living with HIV/AIDS frequently absent themselves from work:

*Teachers absent themselves from work to seek medical attention and it disrupts teaching and learning. Other teachers have to stand in for absent teachers. I make a follow up on teachers who are sick. They do not disclose, although they bear the symptoms of HIV/AIDS.*

On the same note, principal 1 shared the following sentiments:

*Teacher absenteeism has always impacted badly on the smooth running of the school. For teaching and learning to take place normally, absent teachers need to be replaced. Those teachers who replace absent teachers do not teach the way the responsible teachers would teach. Relief teachers would not plan what to teach to the absent teachers' classes due to short notice.*

The above data shows that principals substitute absent teachers so that teaching and learning takes place. The substitution of teachers is done by the school management team within departmental components.

### ***Absenteeism causes conflict among teachers***

As the data unfolded, principal 2 shared his experiences, which also spoke to the disruption of the whole school system.

*Absent teachers have their classes and subjects taught by other teachers and it imposes a burden on teachers who stand in for their sick colleagues. So I get caught up in a dilemma whereby sometimes I have to allow time off so as to protect the sick teachers. It causes cliques amongst teachers and disharmony.*

Principal 4 shared the following thoughts:

*I feel as if I am not doing enough when other teachers grumble that I have a soft spot for sick teachers. But these teachers need medical attention because of opportunistic diseases. Their absenteeism affects teaching and learning for it reduces the functionality of the whole school.*

The above comments reflect that frequent teacher absenteeism disrupts the smooth running of schools. Nonetheless, teachers living with HIV/AIDS are not prepared to disclose their HIV status as is enshrined in the South African Labour laws. They are not prepared to take responsibility for disclosing, although they know that they are sick. This was also reflected in the following sentiments shared by principal 9:

*They cannot keep momentum up with the learners and learners are affected. Teachers cannot keep their momentum also and learners lose interest. In such instances, I ask other teachers to step in. The situation becomes very difficult because these teachers have their own classes. It is always difficult to get a teacher with the necessary skills; it is not easy. It burdens other teachers as well as me.*

The above comments reveal that learners lose momentum when teachers are continuously absent from work. When learners lose momentum, their learning is not effective. Principals have to ask other teachers to step in when sick teachers cannot teach and parents may complain when results are poor.

## **Discussion**

On the subject of how the principals manage challenges of absenteeism amongst teachers living with HIV/AIDS, there were similarities between many of the perspectives articulated by the principals. It has also been noted in the literature that the infected teachers' morale deteriorates, their ability to self-actualise fades away, and they may develop negative attitudes to life (Van Dyk 2012). Further, literature reveals that teachers may be required to teach in subject areas in which they are not specialised in place of sick or dead colleagues (Kelly 2008).

Other scholars, such as Bialobrzaska et al. (2010), argue that the effects of HIV/AIDS are not only experienced by the infected person but also by his/her family, friends, and the community at large, which further exacerbates the problem. Once they succumb to the disease, their immune systems cannot fight off numerous opportunistic illnesses and they begin to be absent from work for both short and longer periods of time (Shisana, Peltzer, Kungu-Dirwayi and Louw 2010).

Balasubramanian and Krishnan (2012) insist that transformational leadership can influence processes amongst peers and between supervisors and subordinates. In this regard, Sander-Staudt (2011) remarks that motivation in caring must be directed towards the protection, enhancement and welfare of the cared-for. As the data reflected, teacher absenteeism is rife.

Nine out of the 10 principals expressed that teachers are hard to replace; for instance, specialised teachers who teach learners with special needs and other specialised subjects. Teachers who are asked to stand in for absent teachers do not teach exactly the same way. More importantly, principals show concern and motivate their teachers as advocated by the ethics of care and transformational leadership theories. It was also highlighted in the findings that principals are limited by the labour laws that protect PLWHA. Principals are prohibited by the Employment Equity Act 55 of 1998 Section 7(2) from inquiring about HIV status of teachers.

From the above category of comments, it can be deduced that the following are the remedies for absent teachers: counselling, resignation and securing medical aid. This confirms that most participants understood the underlying principles of handling PLWHA which according to Rajagopaul (2008) are the key elements that can alleviate constant absenteeism for improvement of performance. Apart from that, most comments indicated that motivation, confidence and willingness to perform are within the teachers living with HIV/AIDS, despite their frail condition. Commitment and willingness according to Mahabeer (2008) are some of the common characteristics associated with performance improvement. The implication is therefore that principals need to support teachers with empathy and humanness.

It has also been noted in the literature as stated before, that the infected teachers' morale deteriorates, their ability to self-actualise fades away, and they may develop negative attitudes to life (Van Dyk 2012). Further literature reveals that teachers may be required to teach in subject areas in which they are not specialised in place of sick or dead colleagues (Kelly 2008). Furthermore, teachers who are overloaded with their colleagues' teaching areas may be extremely stressed and may feel discouraged (Avert 2012). The data indicated that some teachers resign and some pass away because of HIV/AIDS.

Other teachers complain when they are asked to take over classes of their sick colleagues. They feel that they also have the right to take days off like their sick colleagues. Consequently, the effectiveness of teachers is compromised by periods of illness and absenteeism. Principals resolve the conflicts by allowing time off for the teachers who are not sick. They are aware of the code of HIV/AIDS enshrined in the Employment Equity which states that PLWH should not be discriminated against (South Africa. DoL 2012). Principals show caring and support teachers emotionally.

As shown above, certainly principals are faced with serious managerial problems, which affect their ability to lead and cause a great deal of stress. Teachers grumble when they stand in for

absent teachers. Sometimes principals are forced to give time off for teachers who are not sick so as to protect those who are sick. Teachers who stand in for absent teachers feel overburdened and principals have to provide emotional support. They extend their caring role as leaders to encourage teachers to join medical aid schemes. Mahabeer (2008) suggests that the quality of teaching and learning is retarded through loss of experienced teachers, high teacher-pupil ratios and little or no motivation and support for teachers. Principals ensure they arrange for replacement of sick teachers. The prosperity of an organisation depends on the wellbeing of its people (Moyo and Smit 2017), which is ensured through measures such as successful HIV/AIDS management programmes (Sherman et al. 2013). Without this, there will be a drastic decrease in quality of education.

It is argued in the literature that teachers are vulnerable to HIV/AIDS and they have been shut out because, instead of being supported, they are expected to educate the community on the mitigation of HIV/AIDS (Kelly 2008). Literature supports this view and outlines that, before teachers develop full-blown AIDS, they may only be absent from work every now and then and principals may not realise the intensity of the problems they are faced with (Sherman et al. 2013).

Absenteeism prevents teachers living with HIV/AIDS from functioning optimally. It is stressed in the literature that it is not only South African teachers who are affected. James-Traore et al. (2009, 11) reveal that in “Zambia for instance, the Minister of Education trains 2 000 teachers each year while annual losses from all mortality average is around 1000 per year”. Evidence from research carried out by the HSRC in (2008) shows that HIV/AIDS has become a menace to school functioning. A high rate of absenteeism has been felt because of HIV/AIDS. As Van Dyk (2012, 464) emphasises, there is “low staff morale with employees resenting taking on or refusing to take on additional responsibility for colleagues who are sick”.

As the spread of the pandemic escalates, more and more teachers contract the disease, resulting in illness and death. This has challenged long- and short-term goals that cannot be achieved whilst large numbers of teachers are frequently absent. The transformational leadership approach is holistic because of its normative style, which capitalises on a series of methods that leaders can implement to influence school results for the better (Bush and Middlewood 2005). Transformational leadership is based on a leader’s ability to communicate a shared vision and to motivate followers to engage in behaviour that helps the organisation to reach that vision (Schaubroeck et al. 2007).

## **Limitations**

A larger sample that includes other geographical areas could have yielded a much wider spectrum, but the study was limited to the Gauteng province where the aim was to gain an in-depth understanding of the research phenomenon. Although generalisations cannot be made from the findings of this study, numerous challenges faced by school principals due to absenteeism of teachers living with HIV/AIDS have been unearthed in this study and they can be transferred to similar contexts. It is necessary that further research be conducted with school principals to determine the leadership and management strategies that provide principals with effective skills to handle HIV/AIDS challenges.

## **Conclusion**

The aim of this study was to examine the management of numerous challenges that are encountered by school principals due to absenteeism amongst teachers living with HIV/AIDS. The conclusion drawn from the empirical data is that teachers living with HIV/AIDS are continuously absent from work. Principals asserted that they assigned substitute teachers in place of absent teachers. They harmonised conflicts arising from absenteeism by allowing time off for teachers who were not sick. They showed sympathy and empathy by talking to individual teachers. They motivated sick teachers through moral support. Some principals have had teachers who disclosed their HIV status because of the principals' caring. School principals should be provided with support from the Department of Education to replace teachers timeously before teaching and learning are disrupted.

The research findings revealed that goals of quality education are defeated because of teachers living with HIV/AIDS. The research findings showed that while principals experienced some challenges, they strive to make sure teaching and learning takes place by substituting the absent teachers. When teachers lose momentum, learners also lose momentum and there is no consistent teaching and learning. This research confirms that school management stands up to the challenges of absenteeism of teachers living with HIV/AIDS, by ensuring curriculum delivery. This study provided insights into how principals are managing challenges manifested by teachers living with HIV/AIDS. Further, this research has highlighted the need for support structures in order to alleviate these challenges. The Department of Education should develop legislation and policies that support schools, focusing especially on how principals can be assisted to face these challenges.

## **Authors' Contribution**

ZM conducted the interviews and wrote the manuscript, and JP conducted the qualitative content analysis. Both authors reviewed the final manuscript.

### **Declaration of conflict of interest**

None declared.

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