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Challenges faced by teachers living with HIV

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As the most stigmatised epidemic in history – the human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) have proven to be a fierce challenge to humanity. The stigmatisation associated with the HIV/AIDS pandemic continues to destroy societies worldwide. The present study was designed to explain the challenges faced by teachers living with HIV. Transformational and ethics of care theories framed this research study. A narrative research design rooted in social constructivism was used to gather qualitative data. The data were analysed using qualitative content analysis, where descriptive, process, and emotion codes were used to interpret the data. Key findings speak to affected teachers' social exclusion, stigmatisation and discrimination, inadequate care and support, physical debilitation as well as psychological stress and depression. All these conditions resulted in teachers being unable to perform their tasks at optimal level in South African schools.

Keywords: challenges; discrimination; HIV/AIDS; stigma; teachers; transformational leadership

Introduction

As the most stigmatised epidemic in history, the human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) have proven to be fierce challenges to humanity. The current study was carried out in South Africa, one of the world's emerging economies. Through this research, scholars from other contexts will learn about a country that has topped the list of countries with HIV profiles, currently an alarming HIV profile of seven million (Statistics South Africa, 2017; Joint United Nations Programme on HIV and AIDS [UNAIDS], 2016). It is worth noting that the South African government has shown a commitment to improving the livelihood of its citizens living with HIV by rolling out the biggest antiretroviral treatment in the world (Avert, 2016).

Traditionally, teachers have been expected to serve as ambassadors of a healthy school environment, as role models, and key custodians of information (James-Traore, Finger, Ruland & Savariaud, 2004; Kelly, 2008; UNAIDS, 2010). Unfortunately, not much attention has been given to what teachers living with HIV undergo as individuals. As their immune systems weaken, infected teachers' health problems multiply, forcing them to keep working in order to be able to cover their medical and related expenses. It is beyond doubt that the HIV/AIDS pandemic is seriously threatening teachers. Indeed, while it has been widely noted that teachers tend to be absent from work when they are sick (Mampane, 2011; Van Dyk, 2012), survey findings show that teachers who are HIV positive are likely to be absent as a result of unhealthy days (Zuma, Simbayi, Rehle, Mbelle, Zungu, Mthembu, North, Van Zyl, Jooste, Moyo, Wabiri, Maduna, Mabaso, Naidoo, Chasela, Chikovore & the Educator Survey II Study Team, 2016).

Teachers have trouble keeping a healthy mind when they know that they are infected with an incurable disease. While they are absent from work seeking medical attention, the remaining teachers take over their classes. Imbalanced learner-to-teacher ratios are not conducive to good learner achievement. Even before they develop full-blown AIDS, affected teachers experience emotional distress regarding their HIV-positive status, which in turn hinders their productivity (Theron, 2005). Consequently, the problem of the growing teacher shortage cannot be resolved. Not only does the HIV/AIDS pandemic intensify the teacher shortage, but it is also affecting teachers' ability to teach (Buchel & Hoberg, 2007). The teaching programme is disrupted and this poses serious economic implications. Teachers who are continuously absent are unable to cover the entire curriculum, and the standard of performance is thus compromised.

This study applied narrative inquiry design, situated within qualitative research methodology, in order to unveil the challenges faced by teachers living with HIV in Gauteng Province, in South Africa. This study drew on social constructivist theory, which posits that knowledge is socially constructed. Transformational leadership and ethics of care theories were used as the theoretical framework for this research. Narrative interviews were meanwhile used to generate qualitative data from eight teachers living with HIV. It is anticipated that an in-depth understanding of perceptions and experiences of teachers living with HIV will provide the basis for more informed decisions and policies regarding the country's school principals, Department of Education and government.

The Impact of HIV/AIDS on Teachers

The stigma associated with HIV/AIDS is one of the main reasons why the pandemic continues to destroy societies worldwide. Teachers affected by the pandemic are even stigmatised within their closest social circles, a source from which they require the most support. Thus, their social support systems may become eroded

(UNAIDS, 2010). Teachers are often depressed, anxious, lonely and withdrawn and are therefore unable to perform at their best. Efforts to shift perceptions and shatter stereotypes may be difficult in the face of such stigmatisation and discrimination.

Social exclusion

The HIV/AIDS-related stigma leads to social differences that cause many forms of negative treatment of people living with HIV (Kamau, 2012). They can be socially excluded by colleagues at work and shunned by family and the community at large. This may hamper individuals' efforts to come to terms with the HIV/AIDS pandemic (Van Dyk, 2012). Furthermore, as Mbonu, Van den Borne and De Vries (2009) report, this cultural context causes infected individuals to fall into social disgrace, becoming isolated from the rest of the community, which in turn affects their quality of life. As such, Kamau (2012:1) cautions, "Exclusion and rejection are persistently sources of social and psychological stress, which lead to low motivation, poor self-perception, low esteem and status and limited social interactions."

In light of this, Ross and Deverell (2010) assert that certain significant emotional, mental, behavioural and physical problems result when a person's physical and emotional limits are exceeded. Furthermore, Van Dyk (2012) stresses that people living with HIV may feel hopeless, sad, anxious, and overwhelmed by a sense of worthlessness and emptiness. Teachers may be engulfed by a sense of shame for having contracted HIV (Mampane, 2011).

Stigma and discrimination

It is well-documented that people living with HIV/AIDS experience stigma and discrimination on an on-going basis (Chao, Gow, Akintola & Pauly, 2010). People living with HIV not only experience medical problems, but are also confronted with social challenges surrounding the pandemic (Mbonu et al., 2009). Society can cruelly assign certain identifiable characteristics to people living with HIV/AIDS (PLWH) so that they can be recognised, either erroneously or correctly, by markers such as weight loss and skin rashes (Mbonu et al., 2009). They are distinguished from the rest of society through such labels. In addition, Brennan, Emler and Eady (2011) maintain that although antiretroviral treatment has improved life expectancy, other physical complications and treatment side effects have arisen and older adults continue to face a myriad of psychosocial and sexual health issues related to the disease. Furthermore, the stigmatisation and discrimination experienced by PLWH accumulates on top of existing prejudices connected to gender, race, culture and socioeconomic status and other

marginalised attributes (UNAIDS, 2016). Therefore, teachers suffer and the whole school may be viewed as tainted. Other teachers may disassociate themselves from colleagues they view in a suspicious light with regards to their HIV status. Each one of these causes of stigmatisation and discrimination impact negatively on PLWH.

Unproductivity

The HIV/AIDS pandemic poses profound challenges to teachers. It also undermines the education system. Staff turnover amongst teachers accelerates, placing strain on school leadership (Hewu-Banjwa, 2012; Marneweck, Bialobrzaska, Mhlanga & Mphisa, 2009). According to James-Traore et al. (2004), teacher attrition caused by HIV/AIDS leads to the deterioration of the education system through a severely stressed human resource base, greater learner-to-teacher ratios, loss of trained and experienced teachers, growth in the demand for staff health benefits, and increased pressure on teacher training colleges to meet the increased demand for newly qualified teachers.

Teachers may be required to teach in subject areas in which they have not specialised as they stand in for sick or deceased colleagues (Kelly, 2008). Teachers who are overloaded with their colleagues' teaching duties may feel extremely stressed and discouraged (Avert, 2012). Teachers are, therefore, surrounded by problems. Mahabeer (2008) argues that the quality of teaching and learning is compromised as a result of the loss of experienced teachers, and/or no support for teachers. This may lead to a deterioration in the content and quality of education and, subsequently, the economy.

In this regard, school principals are major players in creating a supporting environment for teachers living with HIV. They are strategically placed so that they can make a substantial contribution to the prevention of HIV/AIDS in schools at grassroots level. The principals need to influence the change of beliefs about the AIDS disease amongst their teachers. Principals can achieve this through a strong joint-venture with other community stakeholders and collaborate with other departments. Principals need to encourage teachers to utilise available support programmes for example voluntary testing, counselling and treatment. Principals may be required to encourage teachers to disclose their HIV statuses so that they are correctly referred for support. Principals need to instil a culture of leadership connected to matters related to HIV/AIDS (Moyo & Smit, 2017). Principals should also facilitate staff development by creating an environment in which teachers living with HIV feel free to share information. HIV/AIDS needs to be accepted just as other life-threatening diseases, for example, cancer. Teachers need to be empowered within their peer networks.

In this context, several researchers advocate the adoption of transformational leadership. Transformational leadership promotes the conditions for high productivity, which is linked to job satisfaction and a work environment that considers staff members as contributors to the success of the whole organisation (Bass & Bass, 2008; Burns, 1978; Bush, 2008; Bush, Bell & Middlewood, 2010; Nwagbara, 2010). Transformational leadership has been deemed relevant for this study, because it emphasises the role of the school leader in showing respect and consideration for different individuals' interests, needs, value systems and feelings (Bass & Bass, 2008). In keeping with this, Holly, Igwe and Kamienski (2010) assert that transformational leadership is inclusive and considers staff members as able to contribute to the success of the organisation. Furthermore, transformational leadership is based on a leader's ability to communicate a shared vision to motivate followers to engage in behaviour that will help the organisation to achieve that vision (Schaubroek, Lam & Cha, 2007). With the advent of HIV/AIDS, however, they have had to become approachable and caring, and create an environment conducive to teachers disclosing and confiding about their HIV status.

In addition, an ethics of care, as propounded by Noddings (1984), holds that caring should be rooted in receptivity, relatedness, and responsiveness (Kordi, Hasheminejad & Biria, 2012). In addition, an ethics of care focuses attention on caring as an appropriate way to relate to people and how people help others (Noddings, 1984). According to Noddings (2009), caring relations are basic to human existence and consciousness and caring relationships consist of two parties – the one doing the caring, and the one who is cared for. Slote (2009) highlights that an ethics of care takes into account how certain communities and people are more vulnerable than others, and that the non-vulnerable population should afford extra consideration to the vulnerable communities (Perumal, 2015a, 2015b). Principals can apply transformational leadership and the ethics of care to establish an on-going relationship with teachers living with HIV and attend to their individual needs. It is against this background that transformational leadership and ethics of care are employed in this study to explore the challenges faced by teachers living with HIV.

Research Design and Methodology

In this study, the narrative inquiry design embedded in the qualitative research approach was used to explore the challenges faced by teachers living with HIV/AIDS. Qualitative researchers believe that there are various truths to be discovered and that all perspectives have validity (Leedy & Ormrod, 2010). Qualitative research

seeks to inquire, via social channels, about the way in which people interpret and derive sense out of what they have experienced. Collected data is synthesised inductively to generate findings (McMillan & Schumacher, 2010). In qualitative research, researchers present data as descriptive narration in words and findings that are progressively generated from the data (Myers, 2013).

The narrative inquiry was deemed the most suitable design for this study, because it seeks to illuminate an individual's lived experiences and render a unique, rich and delicate understanding of social life situations (Punch, 2009). The narrative inquiry design critically analyses social and cultural contexts of human experience (Lemley & Mitchell, 2012). It focuses on what the research participant identifies as important in the story. Narrative inquiry challenges positivist notions that only one truth exists. In addition, narrative inquiry researchers continually question 'what I know' and 'how I know it' (Lemley & Mitchell, 2012).

The potential of narrative research to access sensitive information made it the most appropriate design for this research study.

Sampling

The data were generated from a network sample of eight teachers living with HIV in the Gauteng, Province in South Africa. Gauteng has the largest population share of 14.3 million (25.3%) people out of 56.52 million people (Statistics South Africa, 2017). Gauteng was chosen because of the province's convenient accessibility and proximity to the researchers. Based on the hard-to-find target population of teachers living with HIV, we made use of one teacher we knew on a personal level to refer others within his network to the study. The referrals, which increased to eight, included teachers who were teaching in urban, public, special, primary and secondary schools. The eight female and male teachers were between 37 and 59 years old, with teaching experience ranging from four to 40 years. They had been living with HIV from between four and 13 years. The participants were chosen based on their possession of the characteristics under investigation (McMillan & Schumacher, 2010).

Data Collection

Given the sensitivity of HIV/AIDS issues, the engagement of participants in narrative interviews allowed for a greater understanding of the challenges faced by teachers living with HIV (Gledhill, Abbey & Schweitzer, 2008). In this study, data were generated through a series of one-on-one narrative interviews with eight teachers living with HIV. The use of open-ended questions in narrative interviews in this study facilitated the participants' disclosure (Tracy, 2013). Throughout the interviews, cognisance was paid to ethical

tensions, responsibilities and obligations to the participants (Given, 2008). Such complex, sensitive and in-depth research invariably impact the researchers' lives as they tend to become intertwined with participants' lives (Lemley & Mitchell, 2012).

The starting point was to listen to each participant tell his or her story in the interview sessions. The first question asked participants to provide brief background information followed by their knowledge and experiences about HIV/AIDS. The second question requested the participants to share their own personal experiences related to HIV/AIDS and contained follow-up questions about the challenges they experienced at work and in the community. Meaning was interpreted from the knowledge and behaviour of participants. Throughout this study, we remained cognisant of the sensitivity of HIV-related issues.

Data Analysis

The data were analysed using qualitative content analysis. All interviews were digitally recorded, and transcribed verbatim. Verbatim transcripts were numbered line by line. Individual stories were created based on the individual narratives. To obtain the initial set of codes, the transcriptions were analysed several times (Saldaña, 2011), in order to become familiar with the data (Bryman, 2012), and to form a clearer understanding of the information by compiling narratives for each participant. The data were coded using open coding and, thereafter, qualitative content analysis by looking for specific themes (Riessman, 2002). The themes were based on the individual narratives that were shared by teachers living with HIV. Thereafter, common themes were developed for the combined narratives. Data were grouped according to the main theme and sub-themes. The themes provided an insight into the views and perceptions of the challenges faced by teachers living with HIV/AIDS. All the participants reflected on the challenges they are experiencing. The data were discussed according to the themes and, subsequently, findings and conclusions were drawn.

Trustworthiness

In an endeavour to achieve trustworthiness in this study, Tracy's (2010) model for qualitative research was used. This model requires: a worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, and ethical and meaningful coherence. Yin (2011) recommends that, to achieve trustworthiness, qualitative research must be carried out in a publicly accessible way. In this inquiry, the teacher participants participated voluntarily; confidentiality and anonymity were guaranteed; and the participants signed letters of consent before the interviews commenced (Bush, 2012). A permanent audit trail was created to "walk

readers through" (O'Donoghue, 2007) from the beginning to the end. Records were properly documented and included raw data, analysis records and data reduction, as well as personal attitudes over time. To support the findings drawn from the narrative interviews, reflexive journals were maintained. We gathered rich and extensive data through prolonged engagement in the field. This approach is described by Mertens (2012) as sustained involvement in the research setting.

Findings

Teachers Living with HIV Experience Challenges

On the subject of challenges faced by teachers living with HIV/AIDS, all the teacher participants described similar experiences of suffering and social death in their workplaces, because of their HIV status. An overarching theme that emerged was that teachers living with HIV experience several overlapping challenges, specifically: social death, stigmatisation and discrimination, and poor care and support, physical debilitation, and psychological stress and depression.

Social death

The narratives revealed numerous profound challenges that teachers living with HIV experience. Feelings of isolation are one of the major challenges they faced. They felt isolated by their significant others and began to isolate themselves from the outside world. They were overwhelmed – both by the fear of death and by a diminished sense of self-worth. This caused most of them to develop inferiority complexes. They could no longer bond with their colleagues.

One of the participants in the study, Mrs Mehlo,ⁱ described the adverse circumstances that she faced in this regard at work:

I have been called all sorts of names like Omo, Bus and others. People avoid me or suddenly change the subject in my presence. People look at me in an unusual way and people exchange signs and wink eyes, which means a lot to me. It wasn't easy for me to accept my status. I thought it was the end of the world. I started putting myself in my own world – my grave.

This loss of confidence makes teachers living with HIV compromise their sense of belonging.

It is also worthwhile considering what Mr Nkosi, a divorcee, shared about isolation:

I eat alone. I avoid trouble. I have seen colleagues segregating others. My divorce is known; it makes me a bad person. Hey, even the learners discriminate against others.

While these comments are evidence that teachers living with HIV isolate themselves, Mrs Mabona stresses that, in addition to isolating themselves, teachers living with HIV were ostracised by colleagues and loved ones:

Being stigmatised and isolated has seen me being undermined and not being listened to even if I have a point to make. I am always taken for granted.

The above comments reveal that teachers living with HIV commonly experience isolation and even isolate themselves. One serious negative impact of the threat of isolation is denial. Mrs Mabona, for instance, tested several times until she was willing to believe her positive results. While she remained in denial, she continued to lose weight and her health deteriorated at a drastic rate. Ironically, in order to hide what she was going through, she isolated herself from her colleagues. She thought that she would avoid suspicion if she kept people at a distance and she intended to conceal her status indefinitely.

Stigma and discrimination

The participants' narratives revealed that they experienced stigma and discrimination, as shared by Mr Machalaga:

If you are not supported, then you are stigmatised. If you are discriminated [against], it has a negative effect. If you are experiencing discrimination; that is, then you can experience stigmatisation.

Mrs Mabona confided:

People practice discrimination, like at a school level, I think through lack of knowledge and professional language; people fail to understand what support we need. I think that way [...] if we get support it makes one feel stronger.

All of the participating teachers found that their colleagues speculated about their health and avoided them lest they contract HIV/AIDS. HIV/AIDS is still regarded as contagious through touch or close physical proximity and viewed as an automatic death sentence. Fear and uncertainty are a hindrance to disclosure. The relationships between the teachers living with HIV/AIDS and their colleagues prior to infection determines the extent of information-sharing in some instances. As a result, some teachers indicated that they maintained a low profile at work. There is no trust or compassionate support.

A failure to get support from the "workplace, community, church, clubs, burial societies, and society at large, might contribute to the deterioration of one's health," as Mr Nkosi, commented. The impact on these teachers' psychological health affected the way in which they related to their colleagues. Ms Hlengwe said:

Well, I would say discrimination starts at the health facilities. When everyone knows that a certain area or ward is for people living with HIV/AIDS they attach labels. After my illness, I was labelled "hot plate" by people around me.

The teachers shared that, even after disclosing their HIV/AIDS status, they did not necessarily get help. The stigma surrounding HIV/AIDS causes its victims to be troubled by anger, fear and uncertainty about the future, leading to strained relationships with colleagues and family. Amidst such intense stigma and discrimination, teachers living with HIV/AIDS are ostracised and isolated.

Poor care and support

The culture of the school in this regard has an impact on how issues related to HIV/AIDS are handled. Such issues are delicate and confidentiality is of great importance. A work environment with gossipers is equally as destructive as the HIV/AIDS disease itself, as Mrs Mehlo's experiences show:

I lost a lot of weight. I went down to size 36 from 40. I started losing confidence, because I couldn't get any better. My flu will be so severe and longer. People around me started discriminating against me; let alone my colleagues. They made me to feel bad.

According to Mrs Nkosi, there is a great deal of uncertainty about health amongst people living with HIV. This is highlighted in her revelation:

There is a lot of uncertainty. Every day I'm worried about my health. I have no peace. Luckily, I am in a special school. I don't think I was going to cope in high school. I'm in solitary confinement. I sometimes imagine myself falling very sick and unable to walk.

Miss Hlengwe narrated how she feared that her colleagues would discriminate against her and label her as someone who sleeps around. She said the following:

I was very sick; colleagues at work were not that supportive. All they could do was gossip about my health and diagnose what could be the illness [...] people will discriminate and label me that I have been sleeping around [...] I gave up hope of life. I had this question 'why me?' It was just difficult to go outside and be seen by neighbours.

The narratives revealed a common experience among teachers living with HIV in Gauteng schools, even if they do not know one another. The comments that were made in this regard highlight the importance of researching and responding to how teachers living with HIV are coping in the school workplace.

Physical debilitation

The participants' most common responses were that teachers living with HIV took time off sick. Once teachers succumb to the opportunistic illnesses associated with HIV/AIDS, their productivity deteriorates. Mrs Mabona:

I experienced a great deal of depression and anxiety. I lost a lot of weight. I was not in a position to eat. I have been isolated by colleagues and even by the school management team who felt that I could not cope with school duties due to the fact that sometimes I don't come to work.

Because the colleagues and management assumed that she was incompetent, they sidelined her.

Mrs Mehlo: *I have been questioned about weight loss by several people. I was queried about my skin and accused of hiding something. After my husband passed away I could hear people say 'it's obvious.' It has been unbearable. Sometimes you have no strength and/or energy to work and performance deteriorates.*

Ms Rakani: *It wasn't easy. I was admitted in hospital for a long time. I got tested because my health was deteriorating. My doctors proposed and that's when I knew. It was like a dark cloud had fallen over my head.*

Apart from that, it affects teaching and learning when I feel weak.

Mr Machalaga: *I started getting sick on and off for a long time. After that sickness, I got admitted at the hospital and not knowing that what kind of a disease I'm having. I even exhausted my leave days and later the doctors tested and told me about the disease.*

Obviously, the normal functioning of the body is affected as well as the school system. Teachers shared a common experience of losing physical strength when they were sick.

Psychological stress and depression

It emerged from the data that teachers living with HIV were psychologically stressed and depressed. The culture of the school in this regard had an impact on how issues related to HIV/AIDS were handled. Mr Machalaga explicated:

Psychological effects may be in the form of more negative treatment, like strained relations with society. Because, once you are psychologically affected, you feel you are rejected, you feel the best way is to take your life.

Another participant, Ms Rakani responded:

In my case, it is not good enough that the principal spread the news about my HIV status and my anxiety. My colleagues have used this to judge me. I have lost my dignity. My colleagues undermine me, and think that I deserve my HIV status. Stigma might contribute to the deterioration of your health and you are psychologically affected.

The principal might have informed other teachers so that they could render support and unfortunately they judged the teacher leading to psychological stress.

Mrs Hlengwe explained:

It was so bad and I did not know how to deal with the situation. I was blackmailed; I was emotionally unstable. It has forever been difficult to deal with it.

Mrs Mehlo said:

The problem is you get worried about how they are going to react. In terms of relationships information sharing depends on trust. Maybe it is part of the reason whether they would take that in a positive way or in a negative way.

The sensitivity around HIV/AIDS makes it difficult for people to discuss it. The above comments reflect a situation in which teachers living with HIV/AIDS find it very difficult to freely discuss their status. They explained that people around them including colleagues at work judged them. The colleagues of teachers living with HIV were prone to speculating about their conditions and avoided them based on their fear that contact would cause them to attract the disease, which was viewed as a death sentence.

The teachers explained that they were not sure that they would receive emotional and psychological support if their status was known. Teachers living with HIV were troubled by anger, fear, and uncertainty about the future, which led to strained relationships with colleagues and school leadership. As a result of the extent of stigmatisation and discrimination that takes place, teachers living with HIV feel isolated, depressed, and forgotten by their communities.

Discussion

Based on the research findings, it is evident that teachers living with HIV face challenges. Teachers living with HIV are surrounded with a socially built wall that leaves them in shock and consequently leads to emotional destruction and physical suffering. The sensitivity, stigma and discrimination surrounding HIV/AIDS builds a wall between "us" and "them." Caring of necessity must become a principle underlying ethical decisions because care is a fundamental need in the lives of human beings and people need to be cared for (Noddings, 2009). Feelings of shame, fear and denial tear teachers apart emotionally (Aggleton, Yankah & Crewe, 2011). It implies that school principals need to be provided with formal training, as they are expected to be more knowledgeable and regarded as possessing answers to problems experienced by teachers living with HIV. A robust support structure with a comprehensive approach ought to include the promotion of laws and policies that are directed at addressing the needs of PLWH, to strengthen social protection system. School principals ought to establish ongoing relationships with teachers so as to obtain a deeper understanding of their needs.

Teachers living with HIV feel ostracised because their sense of belonging has been compromised by their contraction of HIV, the most stigmatised of diseases. In this context, Squire (2013) comments that people living with HIV view themselves less as citizens living with HIV and more as non-citizens, pushed out of society by their HIV status, who are, ironically, more alive physically than socially. Other researchers concur that the feelings of worthlessness and lost status and reputation are the adverse effects of stigmatisation and discrimination (Aggleton et al., 2011; Chan & Tsai, 2017; Chan, Tsai & Siedner, 2015; Kamau, 2012). School principals should strive to strengthen collaboration of stakeholders for schools to fulfil their function as centres of community life. School principals should adopt transformational leadership in the development of strategies to deal with HIV/AIDS-related issues amongst their teachers. Principals should initiate cooperation amongst teachers to accept one another. In so doing, they must be guided by ethics of

care. There should be training skills and guidelines to develop HIV/AIDS policies within schools.

It was evident in this study that teachers living with HIV do not receive enough support leading to psychological stress and depression. The teacher participants frequently described the experience of suffering and distress associated with living with HIV/AIDS. They suffered great emotional distress. Unfortunately, many of the teachers endured much of their suffering alone, because the stigma attached to HIV/AIDS made them too afraid to seek help. It is widely discussed in the literature that exclusion and rejection lead to low motivation, poor self-perception and loss of status and limited social interactions (Kamau, 2012). The literature remarks that teachers are faced with challenges of prejudiced perceptions. Principals ought to initiate support programmes for their teachers to eradicate stigma and discrimination. There is a need for workshops that will sustain effective management in schools. Principals need professional development to deal with the challenges faced by teachers who are living with HIV.

The loss of confidence makes teachers living with HIV compromise their sense of belonging. The impact on these teachers' psychological health affects the way in which they related to their colleagues. Negative labelling leads to stereotyping. Stigma continues to be the single most influential barrier to public action (Van Dyk, 2012). It is the major reason why most people are scared to get tested, which is a precondition for early intervention and treatment. When people go into hiding to avoid the social disgrace of openly talking about the pandemic, the perception of HIV/AIDS as sinister and shameful is perpetuated and exacerbated. Principals should address teachers individually, given the sensitivity around HIV/AIDS. The teachers need to be led to be united so that the corporate culture is passed on to new teachers who join the schools. Principals need to work on eradicating prejudices that lead to negative attitudes towards those infected with HIV/AIDS.

When the teachers were engaged, and asked to tell their stories, they were able to reinterpret their suffering. Isolation was a prominent aspect that emerged from the empirical data. One serious negative impact of the threat of isolation is denial. Failing to get support from the workplace, elsewhere and society at large contributes to the deterioration of one's health. Stigmatisation and discrimination have detrimental psychological, emotional and physical effects on teachers living with HIV (Chan & Tsai, 2017). Stigmatisation and discrimination manifest themselves differently across different levels of society. As is, ethics of care advocates for caring as an appropriate way to relate to people and how people help others (Noddings, 1984). Principals are morally com-

pelled to attend to sick teachers' needs and challenges and support.

Other teachers disassociated themselves from suspicious colleagues. People always gossip and diagnose others. This is a challenge for the principal, who has to build a culture of understanding and tolerance. Calculating how to influence mind-sets and perspectives is important. The bottom line is that HIV/AIDS is here to stay until a cure is found; principals have no option but to be proactive and deal with the situation. Extensive ignorance and prejudice surround HIV/AIDS and it often is viewed as a "death sentence" (UNAIDS, 2010:1). This is a management area that is surrounded by sensitivity and confidentiality. Principals need to get teachers to talk about the disease. Principals may enter into collaborative partnerships with government and key non-governmental agencies in order to share information and expertise on HIV/AIDS. School leaders lead the school HIV/AIDS committees. Therefore, principals need to be acquainted with all national policies, human rights, and legal issues related to HIV/AIDS.

People who are living with HIV can continue working for many years. However, once they succumb to the disease, their immune system cannot fight the opportunistic sicknesses and they begin to be absent from work for both long and short periods of time (Shisana, Peltzer, Zungu-Dirwayi & Louw, 2005:10). As their immune systems weaken, infected teachers' health problems multiply. These teachers either feel stressed and worried because they are sick themselves or because they are worried about an infected colleague, relative, friend or a student. This has negative consequences for the school, teachers and learners. Subsequently, they are unable to perform their tasks as teachers at an optimal level. School principals hold the main influential role when it comes to decision making and effecting change in their schools. The quality of leadership is often considered to be the primary contributor to the failure or success of institutions (Bass & Bass, 2008). Thus, school leadership has a profound impact on the success of the whole school programme. Principals are expected to transform their schools so that they are able to disseminate information about HIV/AIDS. Principals address the false impressions and ways of thinking that people have with regard to HIV/AIDS.

School principals have a task to help prevent HIV/AIDS as well as to render care and support to those who are affected or infected. Frick and Frick (2010) explain that a caring environment may significantly contribute to the experience of care by teachers. Van der Vyver, Van der Westhuizen and Meyer (2014) conclude that the caring role of principals regarding teachers has long been largely

overlooked in South Africa and internationally. It can be concluded that teachers living with HIV experience stigma and discrimination, social death, ostracism, and poor care and support.

Limitations

The study was limited to the province of Gauteng, where the aim was not to obtain a general perspective, but an in-depth understanding of the phenomenon. Although generalisations cannot be made from the findings of this study, a number of common features were unveiled in this study, which could be transferred to similar contexts. This study also used a small sample of teachers living with HIV. The use of a larger sample that includes other geographical areas could have yielded a wider range of views and perceptions. Finally, because the study focused on teachers' experiences rather than an assessment of their needs, further research is recommended among teachers living with HIV to determine their expectations in terms of support, so as to minimise the challenges they face.

Conclusion

This study was aimed at explaining the challenges faced by teachers living with HIV. As an emerging economy, South Africa needs to look after the health of its teachers who are the main custodians of quality education, which is a vital tool for economic emancipation. The conclusion drawn from the empirical data is that teachers living with HIV maintain a low profile, and isolate themselves, as well as enduring isolation by colleagues. They feel ostracised because their sense of belonging has been compromised by the most stigmatised disease. Challenges were observed emanating from deficient care and support. Teachers living with HIV felt they were not protected from discrimination at work, or treated as individuals amid the sensitivity of HIV/AIDS. With an ever-increasing number of teachers contracting HIV, the level of absenteeism is on the rise, which causes poor academic achievement. Teachers living with HIV experience stigma and discrimination, psychological stress and depression, which manifest themselves in situations where teachers living with HIV show the physical symptoms of HIV/AIDS.

This research shows that teachers living with HIV suffer from a wide spectrum of challenges such as feelings of shame, fear and denial. School principals need to address this problem, because it pushes teachers living with HIV further into the ground. Care and support of teachers living with HIV is deficient as noted in the literature. The caring role of principals is largely overloaded in South Africa and internationally. It is imperative that researchers, policy makers and other interested groups adopt the UNAIDS (2015) terminology

guidelines to avoid misconceptions about HIV/AIDS.

This research study confirms that teachers living with HIV experience challenges that result in negative consequences, leading to them being unable to perform their tasks as teachers at an optimal level. This qualitative study has generated some empirical data that has brought to the fore an enhanced understanding of the challenges faced by teachers living with HIV. Furthermore, the study has highlighted the importance of a support structure from school level up that articulates the experiences of teachers living with HIV, and how to alleviate the situation. All concerned parties need to participate in order to effectively eradicate the problems.

Authors' Contribution

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

Notes

- i. All names are pseudonyms. They have been changed to protect participants' identities.
- ii. This article is based on the doctoral thesis of Zvisinei Moyo.
- iii. Published under a Creative Commons Attribution Licence.
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