

Perceptions of school principals and experiences of disclosure of teachers living with HIV

Introduction

In sub-Saharan Africa, HIV/AIDS has long been regarded as a major evil and the cause of unprecedented human suffering that has yet to show any signs of abating. Advances in the search for HIV/AIDS cure have seen South Africa leading in providing antiretroviral treatment for its people (Avert, 2016). Nonetheless, access to antiretroviral treatment is dependent on disclosure. Disclosure is an important step for people living with HIV in order to access care and treatment (Aulette-Root, Aulette & Boonzaier, 2013). It facilitates planning ahead although it is always difficult and sometimes impossible. Studies in South Africa have shown that HIV disclosure promotes safe sex and therefore protecting partners (UNAIDS, 2017). Chan, Tsai & Siedner (2015) highlight that disclosure is important for determining provision of support whereby people are encouraged to join support groups and how to handle sensitivity. People living with HIV may realise relief, and openly discuss HIV/AIDS issues which has lacked since its inception.

As is, disclosure has proved to be a challenge despite the developments that have been realised in the quest for HIV/AIDS cure. It might orchestrate marginalisation, moral judgement and ostracism of people living with HIV (PLWH) from society (Rispel, Cloete & Metcalf, 2015). Chan, Tsai & Siedner (2015) warn that disclosure may lead to psychological distress and depression. In addition, UNAIDS (2017) highlights that disclosure of HIV may lead to (PLWH) being shunned by society, loss of reputation, shame and feelings of worthlessness. This undermines the ability of societies to provide support and reassurance of those affected.

In evidence of the impact of stigmatisation and discrimination on HIV-positive individuals propensity to disclose their status, Aulette-Root, et al., (2013); Rispel, Cloete & Metcalf (2015); Chan, et al., (2015); Peltzer, et al., (2015); Johnson & Naidoo (2017) and UNAIDS, (2017) agree that it is difficult for PLWH to disclose their status when they are in denial, afraid and, above all, face the threat of stigmatisation and discrimination. Stigma is strongly connected to secrecy and denial, and these two factors stand in the way of a lessening of transmission (Chan & Tsai, 2017). Self-stigmatisation results in feelings of shame, fear and guilt in PLWH and other forms of

stigma are built on this (Avert, 2016). The profound fear surrounding HIV/AIDS often deters people from getting tested (Johnson & Naidoo, 2017). This can be a barrier to the fight against the effects of HIV/AIDS (Simelela, Venter, Pillay & Barron, 2015).

To this end, people are not free to disclose their status because of the fear around the disease. For the same reason, people also avoid or delay testing. Avert (2016) reveals that people feel tremendously worthless, depressed and ashamed after being diagnosed with HIV/AIDS. PLWH may view themselves as no longer belonging to mainstream society or the workplace (Burman, Aphane, Mtapuri & Delobelle 2015).

Context and background of the study

The impact of HIV/AIDS continues to grow and is threatening the leadership of schools. School leadership bears the brunt of difficulties experienced by the education system's various levels of management because of their position. They are faced with teachers who refuse to disclose their status as HIV-positive. Figuring out how to deal with sensitive issues around HIV/AIDS, especially disclosure of status amongst infected teachers, remains a serious challenge. In order to protect PLWH, the South African Department of Labour issued the Code of Good Practice on HIV/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 (Department of Labour, 2012). In addition, one of the authors has been a teacher in the Gauteng Department of Education and has been work shopped on a wellness programme facilitated by the department. Teachers access the wellness programme through anonymously dialling a provided telephone number and they are referred to venues where they are introduced to support groups and counselling.

Nevertheless, several studies have been conducted on the impact of HIV/AIDS on education (Rayners, 2007; Mahabeer, 2008; Mampane, 2011; Rajagopaul, 2008; Hewu-Banjwa, 2012 Louw et al., 2009; Zuma et al., 2016 and Mfusi, 2011). However, the literature is silent and little research has been done on how school principals manage challenges of disclosure amongst teachers living with HIV. It is for this reason that this study seeks to explore this area. It was anticipated that this study would generate knowledge that would contribute to the existing body of knowledge on the challenges of HIV/AIDS disclosure amongst teachers, providing potential insights for improving relevant policies.

To answer the research questions; (1) how do principals perceive disclosure of teachers living with HIV and (2) how do teachers living with HIV experience disclosure, a narrative inquiry design located within the qualitative methodology approach was used. This research study was guided by the social constructivist paradigm, fundamentally to which is the assumption that human beings create knowledge through social interactions (Denzin & Lincoln, 2011).

Challenges of HIV/AIDS disclosure amongst teachers

Although it has been three decades since the inception of HIV/AIDS, people are still gripped by the fear of the pandemic; it is not letting up. Back in the 1980s, information available about transmission was very limited, which exacerbated people's fear of those who were infected (Simelela, Venter, Pillay & Barron, 2015). Great strides have since been taken in bringing information about HIV/AIDS to the fore. However, the fact that the disease is incurable often trumps all other facts and causes the fear to remain. Such prejudice may automatically lead large sections of society to dislike certain groups of people, including those who are HIV-positive.

In this context, it is anticipated that teachers face difficulties in disclosing their HIV status given the prominence of sensitivity around HIV/AIDS issues. This study sees it befit to explore HIV/AIDS disclosure amongst teachers. Teachers need to be empowered within their peer networks. Principals are left with dilemmas of crisis management that impact negatively on school discipline, teaching and learning processes, and self-actualisation (Zuma et al., 2016).

HIV/AIDS-related stigma leads to social differences that cause many forms of negative treatment of PLWHA (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 (Simelela, Venter, Pillay & Barron, 2015). Furthermore, Peltzer et al. (2015) reveal that this cultural context causes infected individuals to fall into social disgrace, becoming isolated from the rest of the community and this affects their quality of life. As such, Kamau (2012, p. 1) cautions that 'Exclusion and rejection are persistently sources of social and

psychological stress, which lead to low motivation, poor self-perception, low motivation, poor self-perception, loss of status and limited social interactions’.

Negative labelling leads to stereotyping (Simelela, Venter, Pillay & Barron, 2015). It is the major reason why most people are scared to get tested and disclose. 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. They are afraid and ashamed to take advantage of the available intervention campaigns. Stigma is the reason why the HIV/AIDS pandemic continues to destroy societies worldwide. As Johnson & Naidoo (2017) contend that discrimination pushes the epidemic underground, forcing people who have contracted HIV and anything else associated with the disease into hiding.

Although some people may have sympathy with teachers who have contracted HIV and are attempting to make the disease invisible, HIV-positive teachers are still ridiculed and harassed within the school or community. As the most stigmatised epidemic in history, HIV/AIDS has proved a fierce challenge to humanity. Teachers are even stigmatised within their closest social circles, whose support they actually need most. Their social support systems may become eroded (UNAIDS, 2010). Teachers are often unable to perform at their best when they are depressed, anxious, lonely, and withdrawn. This often results in denials and refusal or reluctance to divulge and/ or accept HIV-positive status and avoidance of treatment (Peltzer et al., 2015).

Discrimination is acted out externally by those who are not affected and it undermines the professional identities of teachers living with HIV. The feelings of shame, fear and denial tear teachers apart emotionally (Aggleton, et al., 2011). Most researchers concur that feelings of worthlessness, lowered status, and loss of reputation are the adverse effects of stigmatisation and discrimination (Johnson & Naidoo (2017); Kamau, 2012; (Simelela, Venter, Pillay & Barron, 2015); Van Dyk, 2012; UNAIDS, 2017; Aggleton et al., 2011). This is detrimental to the education system, which is currently plagued by a severe shortage of skills especially with regard to essential subjects like science and mathematics (Mfusi, 2011). When teachers fall sick, the whole process of teaching and learning is disrupted and this compromises the quality of education.

Theoretical framework

The transformational leadership and ethics of care framed this study. The two theories formed the lens through which the data were collected, analysed and discussed. The transformational leadership was chosen as argued by Bush (2008) that it provides followers with a compelling vision through a strong role model that followers can trust. How principals react to teachers living with HIV goes a long way to eradicate the perceptions around HIV/AIDS issues. Since leaders take individual needs into consideration (Bass & Bass, 2008), principals are able to create a supportive environment for teachers living with HIV. It makes it ideal within the emerging paradigm in which principals must not only fulfil their traditional roles only but also have to immerse themselves in sensitive HIV/AIDS-related issues. A number of researchers such as Peterson (2009); Bush (2008); Sonnenfeld (1995); Crigger & Godfrey (2011) and Bass & Bass (2008) agree on the inclusiveness of transformational leadership and assert that high productivity is linked to job satisfaction and a work environment that considers staff members as contributors to the success of the whole organisation. Brundrett (1998, p. 305) suggests that transformational leadership assumes that "decisions are reached by consensus; problems are solved by agreement". The possible value of the transformational leadership approach in handling HIV/AIDS derives mainly from its involvement of everyone in the organisation. Leaders try to raise their followers' consciousness by appealing to higher ideals and values, such as liberty, justice, peace and humanitarianism, instead of dysfunctional emotions such as fear, greed, jealousy and hatred (Rayners, 2007).

The ethics of care approach, as propounded by Noddings (2003), maintains that caring should be rooted in receptivity, relatedness and responsiveness (Kordi, Samaneh & Reza, 2012). Koggel & Orme (2010) refer to ethics of care as a normative ethical theory regarding what makes actions right or wrong. Caring relationships are basic to human existence and consciousness and they consist of two parties; that is, the carer and the person being cared for (Noddings, 2009). It is the principal's responsibility to care for teachers living with HIV. The ethics of care speaks to the concerns about oppression and abandonment that happen in everyday life and argues that human beings need care for survival. Basically, all human beings need care and are dependent on one another in order to achieve their various interests. Teachers living with HIV are in particular need of such care. Therefore the two theories assume that

the principals as leaders create a supportive environment where teachers living with HIV are free to disclose based on trust and caring relationships.

Research design and methodology

In this qualitative research study, a narrative inquiry design was used to explore perceptions of school principals and experiences of disclosure of teachers living with HIV. Qualitative research originates from social science and is primarily concerned with understanding why people behave as they do and seeks to uncover their knowledge, attitudes, beliefs, fears and more (Creswell, 2012). Therefore, the researcher gains a greater understanding of phenomena through detailed description (Bryman, 2012). More importantly, qualitative researchers attempt to understand the complex world of lived experiences from the point of view of those who live it (Guba & Lincoln, 1989). Moreover, realities are constantly changing.

The potential value of narrative inquiry in accessing sensitive information made it the most appropriate design for this research study. Indeed, Matthews and Ross (2010), for example, was able to access complex, moving and painful life histories of a population lesbians – information that would not have been accessible by other design techniques. Good relations between researchers and participants are indispensable to successful research. In this regard, Franklin (2012) remarks that narrative researchers can only enter into dialogue with people's stories if they have sufficient psychological proximity to participants. Therefore, teacher and principal participants were approached with sensitivity, humaneness and respect to establish a friendly rapport that enabled frank discussions based on trust.

Sampling and site selection

In this research study, data were obtained from eight teachers living with HIV and ten principals from urban primary, secondary and special schools in the Gauteng province of South Africa. The purposeful sampling method was used to handpick ten principals of both genders who had age range of 44 to 58 years and experience as principals from 9 to 24 years. The sample consisted of principals who had been in the same school for more than five years. The eight teachers living with HIV were sampled through network sampling from public urban schools within Gauteng. Their ages

ranged from 37 to 59 years, with teaching experience from 4 to 40 years. They had lived with HIV for 4 to 13 years. Participants referred other teachers living with HIV within their networks. The principals and teachers were deemed to possess enough data to substantiate the requirements of this study. Given the sensitivity of HIV/AIDS issues, purposive and network sampling is most appropriate when using intense and focused methods such as narrative interviews (Gledhill, et al., 2008).

Data collection

The narrative interview was deemed the most appropriate tool for collecting data and in support of this contention, Lemley & Mitchell (2012) claim that narrative interviews are effective because human beings have evolved to interpret personal experiences in terms of stories. Tracy (2013) refers to the narrative interview as an open-ended, relatively unstructured interview that facilitates the participants to relate stories in a manner other than simply by answering questions. Narrative interviews are particularly interested in the stories that participants have to tell; that is, the plots and narrative structures of their descriptions. As Harding (2013) asserts, life experiences are examined more holistically with narrative interviews than with other styles and, most importantly, breadth is sacrificed for depth with regard to the information solicited. This type of interview appealed the most to my research design and methodology because it would allow participants to narrate their stories as they saw fit. The interviews which were done by one of the two authors of this study were face-to-face and semi-structured. Interview questions were sufficiently open-ended to urge participants to give their accounts fully. The first question asked for participants' brief background information followed by own experience and knowledge about HIV. One hour interview sessions were held with eight teachers living with HIV and ten principals. The initial questions asked for participants' life histories as teachers as well as some of the events they had experienced due to their being teachers living with HIV) and as principals experiencing disclosure and non-disclosure amongst teachers suspected to be living with HIV. This spilled over into interview two which lasted for thirty minutes for selected participants from whom some follow up and clarification were needed to reflect on the meaning of their experiences. They talked about their experiences in a free-flowing, open-ended discussion. As Riessman (2008) asserts, when people tell stories about difficult moments in their lives, they become emotional and they search for meaning and this enables them to connect with others.

Data analysis

The data were analysed using qualitative content analysis. The interviews which were digitally recorded were transcribed verbatim. That said, the content analysis method seeks to reduce data while making sense of it or, simply put, to derive meaning out of it (Grbich, 2013). Transcriptions were numbered line by line and thereafter coded. The codes were categorised into themes (Saldaña 2011). The themes were based on the individual narratives that were shared by teachers living with HIV and school principals. Sub-themes were developed from the main themes (Merriam & Tisdell, 2016). The themes provided insights into how school principals experience HIV/AIDS disclosure amongst teachers. The approval for the research was obtained from the University of South Africa's Research Ethics Committee and the Gauteng Department of Education and thereafter access to schools was sought through application letters.

Trustworthiness

The use of Tracy's (2010) model for qualitative research was used in this study to achieve trustworthiness. Fieldwork descriptions are co-constructed and most importantly provide rich meaningful information. In this regard, individual verbal informed consent was obtained from each of the principals and teachers, who cited their willingness to participate in the research (Bush, 2012a). The processes and purposes of the research were explained to the participants. In addition, to ensure the credibility of this study, data were analysed using the qualitative content analysis method that deals only with actual data and nothing else besides (Matthew & Ross, 2010). Data were recorded, transcribed, and numbered line by line to keep an audit trail. A reflective journal in form of a note book was kept over time to declare subjectivity (Loh, 2013). It was used to monitor thoughts about preconceived ideas, beliefs, and biases and how they changed over the course of the study. The reflective journal was used to record all decisions made during the research process; especially as far as data collection and analysis were concerned. Merriam & Tisdell, (2016) acknowledge the reflective journal as a generally accepted guarantor of quality work.

Findings

The teachers living with HIV and principals who participated in this study explained that difficulty in disclosing HIV status was caused by the assumption that their colleagues were going to discriminate against and label them as promiscuous. Nevertheless, other teachers were able to disclose because of caring relationships that existed in the schools. All the participants were given pseudonyms of numbers from 1 to 10 to protect their identity.

Three themes emerged from the data which are;

- HIV Disclosure is a stigma
- HIV/AIDS issues are sensitive
- Some teachers have disclosed

HIV disclosure is a stigma

The dilemma of disclosure is evident in the following comments by principal 2:

It is unfortunate that some of them have resorted to excessive drinking, maybe to ease their stress. No matter how much I try to show concern and support to the sick teachers, they remain tight-lipped about their HIV status. As leaders, we need to deal with disclosure. Teachers need to be encouraged to disclose. All society sections must come together and deal with issues like stigma that is the reason why teachers do not disclose. The policies are too protective.

Similarly, teachers living with HIV indicated that disclosing their HIV status was a dilemma. They found it difficult to disclose their status to the principals. The difficulty of disclosing was evident in the following comments by teacher 1, one of the sampled teachers:

Maybe it depends according to how you relate to your colleagues and principal in terms of sharing information and then maybe also it might happen that after sharing information they will gossip or discriminate against you. Or how 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. I think with regard to the stigma of HIV reaction is major.

The principals in this study all indicated that teachers living with HIV were not willing to disclose their status. This was evident in the comments by principal 6, who lost one of his teachers to HIV:

Our teaching staff has really been affected. However, disclosing is a stigma. Teachers have always indicated that they are not well and you can see by the rate they lose weight and sometimes hospitalised. Although the physical symptoms incline someone to suspect HIV, you just respect their decision not to disclose.

Principal 8:

He did not disclose to me. I think because I could not offer the sympathy not to work with he was looking for. When he was still fit, he did not commit himself to his job. He was always bunking classes and kept management on their toes until he was very sick and died. My efforts to get teachers to disclose have been fruitless.

Teacher 8, who is a widow, described her experiences after learning of her positive HIV status as follows:

I started feeling insecure. I couldn't understand myself. I didn't know how to disclose to my children, siblings, parents and colleagues. I felt as if it was full-blown AIDS. I could feel as if everyone was looking at me and knew my status. I was always suspicious.

As is indicated in the above sentiments, teachers face difficulties in disclosing their HIV status. Many are not willing to disclose their status, while some teachers living with HIV take advantage of their illness by not committing themselves to teaching and learning. They expect to be exempted from their duties even when they can work. The teachers living with HIV in this study all indicated that disclosing to principals was difficult although principals showed care and concern.

HIV/AIDS issues are sensitive

Principal 9 described things from a principal's perspective:

This is very sensitive information that I cannot reveal. I cannot talk about their illness. It is my responsibility to keep their information. I need to respect their integrity. I am aware that I can be sued for divulging such information. Leadership needs to be trained and be aware about the seriousness of HIV/AIDS. Experiences deter teachers from disclosing.

Teacher 6 also commented on the difficulty she experienced in disclosing her status:

The sensitivity around HIV/AIDS makes it difficult for management to discuss about it. It has forever been difficult to deal with it. Disclosing about my status was not at all easy. Several times I thought and decided to disclose my status but I keep on postponing.

The above comments reflect a situation in which teachers living with HIV find it very difficult to disclose their status. They explained that approaching other people about their status was not easy. Teacher 6 found it difficult to disclose her status but, in the end, she disclosed. Her principal frequently shares knowledge about HIV/AIDS with teachers therefore she has since been supported to accept her condition.

Principal 4 described how that teachers who were clearly sick still refused to disclose:

Teachers have disclosed about, for example, operations and depressions but they do not disclose their HIV status. If they do not want to disclose, I cannot force them. They always pretend to be not seriously ill. Mostly, they complain about flue, colds, headache and running stomach. Teachers do not disclose even after developing full-blown AIDS. I encourage them to communicate to arrange for sick leave application.

In their narratives, principals discussed the difficulties faced by teachers living with HIV in disclosing their status. Principals showed empathy and care. Principal 7 highlighted:

I did understand even her pretence to be well, because I assume she was desperate to keep her job. You cannot show that you suspect because this is a very sensitive disease. Much as it is sensitive; it is confidential. I have to keep it confidential to protect someone's dignity. I informed my deputy so that we could come up with a programme to make sure the absenteeism of teachers does not affect our goals as a school, especially teaching/learning. When teachers disclose, you cannot tell the next person in terms of work-related issues. It's too confidential and delicate. You cannot ask teachers to disclose.

Teacher 8's sentiments below summarise disclosure appropriately:

I am too scared to let the District know for I think I may lose my job. You start thinking about how people are going to react towards me if I disclose my status. I cannot trust people especially my colleagues.

Each teacher in the study expressed that it was very difficult to disclose their status and the above comments highlight this concern as a key feature of the teachers' narratives. The following comments came from teacher 1:

Also, protocol; is it possible to let's say where to start from maybe from your colleague to a senior to the main manager who is the principal. You are not sure whether they will go to your manager or they will gossip about it. I think that protocol makes everything difficult. People are still afraid of this kind of protocol. I think it will also be simpler for them to can disclose and when you have disclosed you become relieved and whatever you are doing you become free.

The protocol mentioned by teacher 1 is whereby he as a post level one teacher is expected when faced with a problem to consult the departmental head, then the problem is conveyed to the deputy principal and then the principal. He expresses that following protocol when disclosing HIV/AIDS encourages gossiping when more people are involved.

Some teachers have disclosed their status

There was evidence in the principals' and teachers' narratives that four teachers out of eight teachers living with HIV disclosed and five out of ten principals has their teachers disclose. Principals cared for their teachers when they were not feeling well and put up effort to support them. Principal 1 explained:

Some confide in me and we talk about it and it makes my work easier as I understand their position and how to handle them. I am able to understand their position and know how to handle them and that makes our relationship to improve. When one of my teachers did not report to work, I phoned and got to know that he was very sick. I drove to his place and he was struggling to eat. I took him to a public hospital because he did not have medical aid. The following day I visited him and he disclosed his status to me.

Teacher 5 remarked how she was left with no choice but to disclose her status at work:

It has been difficult for me to disclose my status but due to the fact that one needs to go for check-ups and awareness programmes at times during school days. It took me some time to do so but due to the fact that I needed to justify my absenteeism I ended up gaining guts to approach the principal. Some people do not take well if you say you are HIV-positive. They think they can be infected through contact. After disclosing, my colleagues some of them support me.

Teacher 1, explained that he has held a conversation with the principal and disclosed as follows:

I assumed that through that conversation that we sometimes have like let's say when I was in the process of applying for medical unfit. I was talking to him about how we qualify for medical unfit and things like that. But I did talk to the principal regarding that and then maybe I should make some follow ups. Well, I intend to sit down with him and talk many things regarding that.

The uncertainty about what will happen after they disclose has caused anxiety amongst teachers. This was evident in one teacher's choice to approach a departmental head. However, there is an impression that disclosure does provide some relief. This is evident in teacher 4's assertions, 'I approached a manager not the school head. I wasn't sure whether to approach the principal himself'.

Principal 10's narrative showed that principals are aware of the confidentiality of HIV/AIDS issues. They are also aware of policies that guide principals as leaders and how to deal with HIV disclosure:

We are guided by the code of secrecy, issues of confidentiality. The secrecy policy covers a lot of issues and I can be sued for divulging such information, unless teachers decide to disclose on their own or give mandate for me to do it or maybe in order to share knowledge. The information is private and confidential. I suspect the following for teachers finding it difficult to disclose: 1) how they interact every day, 2) the relationship that we have always had with teachers, 3) the character of

that teacher and personality as well, 4) stigma and discrimination (it can be an embarrassment to colleagues).

It is clear that disclosing HIV status is rather traumatic for most teachers. Principals demonstrated a caring role as leaders. For instance, some teachers living with HIV disclosed their status to their principals. Teacher 7, explained:

I have done so during my sick leave but it was quite difficult to tell him exactly that I am HIV-positive.

Some of the principals indicated that teachers disclosed their status because they had to give valid reasons for being absent from work. In addition, teachers disclosed to relieve themselves of the burden. Principal 3 shared the following experience:

More than four teachers have disclosed and some date back as far as ten years. The reasons of confessing could be that they want me to understand circumstances in which they are living and why they absent themselves from work. Another reason could be that they want to break this to anyone to lessen their burden. Also, they are in need of help, for instance, referrals. They want to inform me about the genuineness and reality of their sickness.

Principal 8 was one of the principals to whom four teachers disclosed their HIV status.

He was sympathetic:

Four teachers have disclosed; two females and two males. I have been very sympathetic with them. I was also affected because I did not expect it. I provided basic counselling and advised people to eat healthy, go to the gym and be positive about living longer. I have advised them to pray, for I provided comforting words.

Principal 6 also had teachers disclosing their status to him:

Two teachers have disclosed their status to me. They explained their conditions in relation to schedules with doctors. Both teachers asked me not to disclose to anyone, even the deputy principal. I have kept the promise. I approach them cautiously with due respect. I offer them necessary protection. Since day one, I pleaded with them not to disturb teaching/learning. They inform me whenever they have to take days off and they complete leave forms. I do not give them special treatment for they also do not ask for special treatment.

In another scenario, teacher 3 explained that she disclosed her status because the relationship with the principal:

My colleagues sympathised with me. My principal and other colleagues will ask me and check on me every morning. One day I had a chat with the principal and I told him that I had been diagnosed with HIV. I received support from everyone in the school sometimes they would exempt me from afternoon activities and ask me to go home. It starts from what people believe. We have been made to hide our HIV status because the disease is highly stigmatised. However, principals can influence people basing on their strategic positions.

Teachers and principals shared a common understanding that teachers' failure to disclose their status was caused by the assumption that their colleagues would discriminate against them, labelling them as people who sleep around (Doyal & Doyal, 2013). However, although teachers who disclosed their status were victimised, they were also able to receive proper support from principals and other colleagues. Principals expressed the will to support teachers who were willing to disclose their status.

Discussion

On the subject of perceptions of school principals and experiences of disclosure amongst teachers living with HIV, discussion of findings is presented below together with a discussion in terms of the reviewed literature and the theoretical underpinnings.

Given the empirical evidence, transformational leadership theory, teamed with the ethics of care approach, could yield results in circumstances where people have lost hope due to the effects of HIV/AIDS. The majority of teacher and principal participants expressed that it was difficult for teachers living with HIV to disclose their status. While policies have been enacted in the work places like schools to protect people living with HIV against discrimination, victimisation, dismissal, and stigmatisation, it has made it difficult for PLWH to disclose so that they can access support and other services. Principals may feel the obligation to care as advocated by the ethics of care but fear to act against the law that does not allow them to break the teachers' right of confidentiality as stipulated by the Department of Labour (2012).

The data shows that although principals are aware of the stigma surrounding HIV disclosure, they wish to approach individual teachers who are not well and support. Through transformational leadership, principals can transform their schools into contexts where everyone feels valued and involved (Brundrett, 1998). Gilligan (2011) stresses that people must show empathy. On the other hand, teachers living with HIV feel neglected because they assume that their colleagues including the principals are aware of their health problems. Some of the teachers disclosed because they wanted their principals to understand their reasons for absenteeism.

It is difficult for teachers to disclose their HIV status and their failure to disclose stands in the way of them forming caring relationships with their principals. Principals might drag their feet in HIV/AIDS related issues because the law does not allow them to ask teachers to disclose to which they are liable to prosecution. Also principals feel that they do not possess enough knowledge to be able to assist teachers. The ethics of care theory emphasises natural caring that requires no moral effort on the part of those who are caring because they are genuinely moved by the needs of the cared-for (Siegel, 2009). Teacher participants confirmed that disclosing at work was not easy. HIV disclosure may lead to support for PLWH when friends and family react positively to the diagnosis, which influences psychological adjustment to the illness (Tshabalala, 2014). It is incumbent upon principals to nurture such a community among their teachers because transformational leadership encourages principals to raise teachers' consciousness by appealing to their values. Nevertheless, ethics of care requires the cared for to reciprocate; if teachers do not disclose the principals cannot force them. Thus, an exploration of principals' perceptions is key in this regard as it allows policy makers to devise training packages to develop principals. The transformational leadership creates a shared vision through which principals are able to pioneer the eradication of confidentiality around HIV/AIDS. When teachers disclose, schools are able to influence communities and gradually society at large to break the taboo of silence around HIV/AIDS.

Stigma and discrimination are strongly connected to secrecy and denial and transmission will continue unabated if the silence is not lifted. A transformation is required to change how society perceives HIV/AIDS. The ethics of care asks for principals to build caring relationships with them being the carers and the teachers being the cared for. Teachers living with HIV must be able to depend on the principals for support. The fear of HIV/AIDS eases when principals involve everyone as advocated by the transformational leadership to support teachers living with HIV. For instance the fear of disclosing that was expressed by teacher 8 indicate that teachers living with HIV find it difficult to disclose their status. Through interaction and observation, principals can thus identify their subordinates' needs as encouraged by the transformational leadership and ethics of care. These findings are confirmed in the literature: "Whatever their survival strategies, decisions about whether or not to disclose their status, when and to whom, will be central concerns" (Bond, 2010, p. 41).

The sensitivity surrounding HIV/AIDS makes it difficult for people to disclose their status. Principals have taken note of teachers with problems and are prepared to provide care but their gesture is not reciprocated. However principals can use their influential position to approach such teachers and assist. The data showed that those principals who have had teachers disclose know that the information is sensitive and therefore they do not divulge. Since HIV/AIDS issues are protected by legislation, this creates problems that demand sensitivity and diplomacy that may be difficult to uphold. Since principals can be sued for divulging such information, they need training and support to handle disclosure. Teachers need counselling that principals are not able to provide. Doyal & Doyal (2013) observe that others may disclose immediately while others do so when they know they will receive assistance.

Fear of disclosure emanates from, among other things, fear of stigmatisation and discrimination – that teachers experience in disclosing their status. Bass (1991) asserts that the transformational leadership – namely intellectual stimulation and idealised influences – when implemented, can enhance school leaders' skills whilst offering better ethical outcomes as compared to more traditional transactional approaches to ethics. There is need for a shift in terms of how people perceive disclosure so that it becomes an everyday practice. Principals' leadership role plays a major part in championing for the much needed behaviour change around HIV/AIDS issues. It is experiences right from the inception of HIV/AIDS that have made it difficult to disclose. Principals can influence daily practice that will see teachers being able to disclose. The sensitive taboo around HIV/AIDS is so much that people cannot talk about it the way they talk about other chronic diseases for example diabetes. The need for fundamental organisational change makes it imperative that school leaders possess the capacity to lead the way in developing teacher commitment to meeting HIV/AIDS-related challenges. The literature reveals that teachers may feel engulfed by sense of shame for having contracted HIV (Mampane, 2011).

Further, as reflected in the data, principals highlighted that teachers pretended not to be seriously ill when they are. Teachers expected positive reaction from principals after they disclosed. Siegel (2009) posits that an ethics of care is likely to claim that we have a stronger obligation to help someone whose stress we are witnessing.

Teachers need time to mend the emotional and psychological tears in the fabric of their lives (Doyal & Doyal, 2013) when they are diagnosed with HIV yet they are faced with disclosure at work. They might need more time to establish that relationship with principals. On the other hand, principals might be willing to assist but because HIV/AIDS issues are not open for discussion, disclosure might not take place. Principals are aware of the sensitivity of HIV/AIDS issues and are prepared not to divulge such information as it compromises the integrity of teachers. UNAIDS (2017) that fear of infection and death may lead to increased resistance to shouldering the additional responsibilities for colleagues who are sick, not fully functional or away from work. This could lead to low staff morale.

In addition, principals indicated that teachers pretended to be well when they were sick. Chan & Tsai (2017) indicate that people living with HIV conceal their status out of the fear of being judged. This is uniquely expressed by (Doyal & Doyal, 2013, p. 41), who note that, "if I had cancer I could tell people about that, but if you get AIDS you cannot tell anyone about it. You have to endure it alone". As in other cases, the teachers avoided direct confrontation by submitting medical reports containing status instead of informing the principal verbally. Principals are encouraged by the ethics of care theory to speak to the oppressed and abandoned (Noddings, 2009) who in this case are teachers living with HIV who need support.

The ethics of care approach places emphasis on direct connections with the cared-for and on considering their fears, thoughts and desires. The literature confirms that PLWH attempt to come to terms with their situation, as with any long-term illness, by attempting to reconstruct their "fractured selves" (Burchardt, 2010, p. 4). Teachers need support and awareness to deal with the embarrassment of living with HIV. Principals expect teachers to disclose to facilitate the establishment of a good working relationship. Thus, Gilligan (2011) that the ethics of care starts from the premise that as humans we are inherently relational, responsive beings and the human condition is one of connectedness or interdependence. Teachers find themselves in what Doyal & Doayal (2013, p. 48) refer to as "biographical uncertainty" where teachers feel shameful, insecure and have to bear the bad identity associated with HIV/AIDS. Nonetheless, Tronto (1993) argues that responsiveness and reciprocity help the one caring to figure out how the cared-for are feeling. Principals are obliged to come up

with a way of probing their teachers when they see that they are not well. Principals must be approachable to make it easier for teachers to approach them to avoid teachers opting to disclose to their departmental heads. Furthermore, how principals respond to teachers problems contributes to the establishment of relationships rooted in humanitarianism as advocated by the transformational leadership. Bush (2012b) highlights that teachers are more likely to commit themselves to their work if they feel valued by their principals. Another new point in the data was shared by teacher 3, who described her situation was an open book and everyone could see that she was sick, so she did not have to disclose anything.

The transformational leadership approach holds that professionals should be placed on an open platform from which they can contribute to the wider decision-making process (Bush, 2008). According to this view, shared decisions are likely to be better informed and are also much more likely to be implemented effectively. Noddings (2003) insists on ethical caring - when people meet others morally out of natural caring and remain in the caring relationship.

To demonstrate that teachers can disclose HIV status in a caring environment, five principals out of ten explained that some of their teachers disclosed their status. Principal 3 expressed that teachers have been disclosing to him dating back as far as ten years. The principal has established a culture in his school whereby teachers can approach him to disclose. Teachers disclosed because they wanted the principals to understand their circumstances by breaking the silence. They wanted to lessen the burden and seek for help that principals indicated that they can provide basic counselling and further refer to relevant service providers. It is also worth noting that these principals created situations in which teachers felt comfortable to disclose their status because, they wanted the genuineness of their condition to be understood. The existence of sound relationships and trust makes it possible for teachers to disclose their status as advocated by the transformational leadership and ethics of care.

Principals that have had their teachers disclose have raised their teachers' consciousness by appealing to values, justice, peace and humanitarian instead of emotions such as fear (Brundrett, 1998). When teachers make arrangements for substitute teachers in consultation with principals, they demonstrate their commitment

to their teaching job. In instances where teaching and learning are disrupted, learners, teachers and parents can complain. Teachers who are preparing to disclose might be discouraged. Principals are able to mobilise support for the teachers who need assistance. Principals according to ethics of care have remained moral so as to maintain caring relationships. Teachers' complete leave forms when absent as is required by the employer, they do not expect the principals to allow them time off without completing leave forms. Although principals are sympathetic, teachers are prepared to abide by the rules.

Furthermore, the literature reveals that national and international policies, adopted to protect PLWH, emphasise voluntary counselling and testing (Sherman *et al.*, 2013). Teachers who have disclosed are protected and they are supported by the principals. It is important to note that some teachers disclosed after the principals had showed sympathy and concern. Principals have a part to play in convincing teachers to disclose their status, as Chinangure & Mutekwe (2014) argue, change in deep-rooted behaviour patterns must take place in order for healing to begin. The fear around HIV/AIDS can be eradicated through normalising the HIV/AIDS pandemic. The principal showed empathy and immersed himself into the teacher's problem. The teacher reciprocated by disclosing his status. According to ethics of care, caring relations are basic to human existence and consciousness.

As indicated in the literature, school principals are expected to make significant contributions to the eradication of taboos surrounding HIV/AIDS, since educational institutions are regarded as important disseminators of information (Moyo & Smit, 2017). Also, Chinangure & Mutekwe (2014) stress that the HIV/AIDS epidemic is shrouded in an immense silence and people feel ashamed to talk about it, as it is regarded as scandalous. The principals noted reasons why teachers had difficulty in disclosing as how people interact every day, the relationship that has always been there between teachers and principals, character and personality of different individuals and stigma and discrimination. The ethics of care insists that caring relationships take place between the carer and cared for. Teachers are required to play a part in maintaining sound relationships such that they can approach principals when they encounter challenges like being diagnosed with HIV. Principals are prepared to go an extra mile supporting teachers when in need. Teachers disclose

with support and principals feel inclined to care for their teachers living with HIV. Noddings (2009) stresses that every human being needs care for survival. Principals sometimes are not prepared to handle situations where teachers disclose for instance principal 8 did not hide that he was affected because he did not expect it. Principals need to be prepared for the handling of HIV/AIDS issues. Teachers are not spared, they are infected by HIV as the rest of the people in society. Principals provide comfort by advising teachers to eat healthy, live positively by accepting that they are living with HIV and pray. It is difficult for teachers to disclose when principals do not show sympathy for instance teacher 1 who disclosed when he was applying for medical unfit. The principal did not engage the teacher after the conversation who expected some comforting words.

The data showed that principals possess the ability to create environments in which teachers living with HIV can disclose their status. It is possible for principals to rediscover their capacity to lead schools amid the challenges posed by HIV/AIDS. Nevertheless, for the moment, principals are not equipped with training sufficient to deal with HIV/AIDS-related issues properly.

Limitations

In this study, a small sample of teachers living with HIV and school principals was used. It is necessary that further research be conducted with a larger sample that accommodates other geographical areas that could provide a wider spectrum of views and perceptions. This study was limited to the Gauteng Province where the aim was to get an in-depth understanding of the research phenomenon and not a generalised view. Although generalisations cannot be made from the findings of this study, challenges of disclosure faced by teachers living with HIV unearthed in this study can be transferred to other contexts.

Conclusion and recommendations

The aim of the study was to explore perceptions of school principals and experiences of disclosure amongst teachers living with HIV. The conclusion drawn from empirical data is that it is difficult for teachers to disclose their HIV status and their failure to disclose stands in the way of them forming caring relationships with their principals.

Principals can create an atmosphere that encourages teachers to disclose. Stigma and discrimination, fear of death, sensitivity and poor relations are some of the major deterrents to disclosure. Principals are faced with breaking the taboo of silence. Some researchers concur that it is difficult for PLWH to disclose their status. Teachers are overwhelmed by sense of shame for having contracted HIV; hence, they conceal their status.

This research shows that teachers' inner feelings about their status determine how they interact with their outside world. Teachers spend the majority of their time with their principals and learners. They suffer as a result of stigmatisation when they are suspected to be living with HIV. Other teachers and learners fear contamination. Fellow teachers support colleagues when they disclose. When teachers disclose, principals understand the intensity of their problems and how to support them. It is difficult for teachers living with HIV/AIDS to stand up for their rights in the face of so much stigmatisation and discrimination in schools.

Based on the research findings, it is evident that stigma and discrimination is a reality for teachers living with HIV. School communities and society at large blame teachers for contracting the disease. This elevates their feelings of guilt and shame. Therefore, infected teachers restrict their own participation in society and life in general. Teachers living with HIV blame themselves and engage in changed patterns of social interaction. Meanwhile, the community blames them for bringing the HIV/AIDS pandemic into their midst. Furthermore, pledge human solidarity for teachers who disclose and such impacts positively on how society views HIV/AIDS.

In the literature, other researchers reveal that principals are not adequately supported in terms of HIV/AIDS-related issues amongst their teachers. Teachers should know their HIV status before they fall sick and most importantly take responsibility of disclosing their HIV status so as to access treatment. When teachers know their HIV status early they can access quality support. Teachers living with HIV should rely on antiretroviral programme and the Employee wellness programme, which are aimed at dealing with HIV/AIDS-related issues. Disclosing to principals facilitates the development of positive working relationship.

Principals should observe confidentiality once teachers disclose their HIV status and give advice and support. Management strategies must be conducive to creating a trusting, open, caring and supportive environment that will encourage voluntary disclosure of HIV status in schools. Principals should eradicate sources of disharmony in schools. The Department of Education should increase support for teachers living with HIV/AIDS. A support structure is needed to help teachers to disclose their HIV status.

This research confirms that teachers face challenges in disclosing their HIV status and this stands in the way of them building caring relationships with their principals. Principals cannot demand to know teachers' HIV status and it is too sensitive to discuss. This qualitative study has unearthed empirical data from participants that has led to new understanding of difficulties faced by principals due to teacher HIV disclosure. Therefore the need for support for teachers living with HIV and principals has been highlighted. It is vital that all stakeholders come together to deal with these challenges.

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