

Teaching about HIV/AIDS

■ Do teachers talk about HIV/AIDS?

“Do teachers in Mozambique really talk about HIV/AIDS?” Well, there may not be a single, simple answer to this question. When we first started asking around, some of the people we approached quite firmly stated that teachers are not good communicators about this sensitive topic: they are not knowledgeable enough and sometimes they don't set a good example because of their personal behavior. Other respondents were more moderate in their replies, affirming that broaching the subject of AIDS/HIV depends on the teacher and his/her understanding of the disease, training, and personal experience. And then, to make things just a little more complicated, there were even those who replied with a simple and straightforward “yes of course, how could you doubt it.”

Faced with such diversity we decided the best tactic was to turn to the source and ask the teachers!



Teachers in a lively debate during a focus group discussion in Bilene

And, because the question was obviously a complex one, we decided to go beyond our initial concern, and to ask teachers to talk at length about their experience and knowledge of HIV/AIDS, about the reality of this disease in their schools and communities, about their fears and hopes, and about what they think the future will bring to their schools and to their lives.

This paper discusses the key findings of this study, based on interviews and discussions with over 600 primary and secondary school teachers in southern Mozambique (Gaza Province). We will focus specifically on those findings related to teaching about HIV/AIDS in schools.

Thus, we will look at:

- Are teachers talking about HIV/AIDS?
- In what way do teachers talk about HIV/AIDS?
- What factors influence teachers' intention and approach to talking about HIV/AIDS?

These questions are important because teachers in Mozambique are expected to play a key role in fighting HIV/AIDS. But in order to do so, we need to know what is happening in the classroom, in schools and in communities, and we need to focus on ways in which teachers can play a more effective role.

As you read what follows you may find it useful to make a mental note of your own experience/ideas and to compare and contrast these with the findings. Also, to help you think about key issues, we have placed strategic questions in the text for you to think about and to discuss with your colleagues. We suggest you use these questions as building blocks for your own thinking and for the group discussion.

■ What is happening in the schools?

The purpose of this study was to give teachers a voice, to let them do the talking about HIV/AIDS. So, we will start with the words of Martha, a teacher in a rural school in Gaza Province...



The story of Martha tells us many things about the difficulties of addressing HIV/AIDS, some of which we will return to later. For Martha, HIV/AIDS is a reality which she is determined to address. However, is Martha's situation the norm or the exception? Is HIV/AIDS an issue for teachers in the classroom? Are they talking about it? Let's have a look at what the research showed us.

We first asked the teachers whether, when and where they were talking about HIV/AIDS. And then we asked students whether teachers were talking to them about HIV/AIDS. We will look at the answers of the teachers first.

According to the teachers...

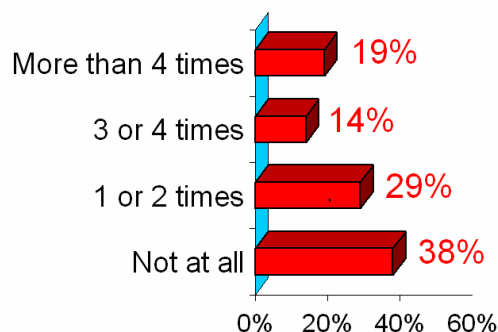
The simple answer is that yes, many, but certainly not all teachers say they do talk about HIV/AIDS. In our group of 606 respondents, just under 60% of the teachers said they had talked about HIV/AIDS with their students in the past month. However, only one in every three of those teachers (in other words 20% of all the teachers who participated in the study) reported broaching the subject during class. The remaining teachers

Go away! Teachers are not doctors...

"For the people in my community things are very clear, it is not the teachers who should talk about this. They have not been recommended to do so. When I try to talk about this disease the people in my area don't take to it kindly, they even comment: 'Since when did this teacher learn these things, she should be teaching, when did she ever take a health course. Are the doctors going to sell us vegetables next, and will the bricklayer be teaching our children how to read and write?' So it is clear to me, when the teacher is alone, no one will take them seriously".

said they talked about HIV/AIDS on other, more informal, occasions, such as during conversations with students at school, during casual meetings in the community, and in the context of social/cultural events outside of school.

Graph1: Talked about HIV in the past month



Difficulties that teachers face in talking about HIV/AIDS

The following quotes give an idea of some of the things teachers said to us:

"We have tried to talk of this terrible disease with our pupils. But the problem is that we don't have ways of communicating adequately with them, we don't have the right terminology. We cannot talk about sex with them, it is not our tradition. So we talk about things that can cut them, like razors. But there is a monotony to what we are able to talk about. We are not able to talk about everything" – 34 year old primary school teacher in rural Mandlakazi.

"Not all teachers can talk easily about these issues. A teacher in a rural area will have much more difficulty when trying to talk to children between 13-16 years old. People will say that that teachers is doing harm because he is introducing children to something they did not even know about and now they have become interested in it. Or they may even say that all he wants is to take advantage of his students" – female secondary school teacher in Xai-Xai.

"Teachers who talk about condoms are accused of trying to reduce the strengths of families and communities because they will have fewer children" – young teacher in Bilene.



Question to you:

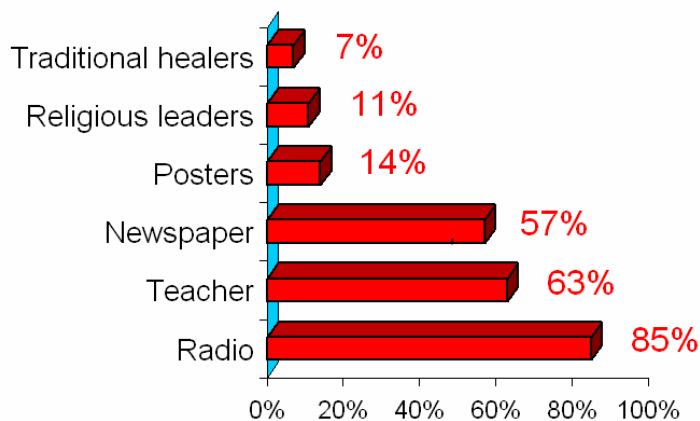
This study shows only one in five teachers talk about HIV/AIDS in a classroom setting. Do you think this is a problem? Why or why not?

From our study we also learnt that about 40% of the teachers do not talk about HIV/AIDS at all with their students. And even those teachers who do talk about HIV/AIDS often find it difficult to do so. We will discuss some of the constraints to teachers talking about HIV/AIDS below. But first, let's examine what students had to say.

According to the students...

In general, students say that teachers are a valid source of information about HIV/AIDS. In fact, they rank teachers second (mentioned by 63% of the 234 students) after the radio (with 85%) as their most important source of information. Other important sources of information are newspapers (57%) and friends (50%).

Graph2: Rating of different sources of information about HIV by students



A girl in a primary school in Chókwe filling out a questionnaire

Religious leaders, traditional healers, and HIV/AIDS posters were ranked as least important (mentioned by 15% or less).

However, the responses from students also confirmed what teachers themselves were saying, namely that only relatively few teachers are talking about HIV/AIDS in the context of their discipline/classroom setting. Furthermore, it was interesting to note that students whose teachers had not addressed the issue of HIV/AIDS at all were more likely to rate teachers as an important source of information than students whose teachers had talked about this issue. In other words, teachers have the potential to be a good source of information but in practice may not be providing students with the most effective messages. However, before we can draw conclusions about this, we need to have some idea of what teachers are talking about.

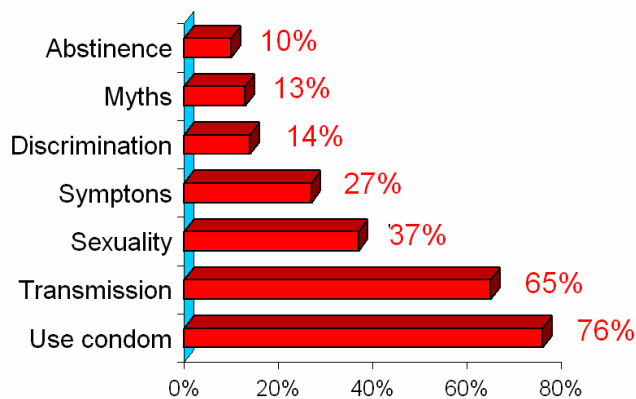
How do teachers talk about HIV/AIDS?

Information provided by the students who participated in the study indicates that those teachers who talk about HIV/AIDS address only certain aspects of the disease. As the figure below shows, teachers focus mainly on modes of transmission and on prevention. In a nutshell this means that they are focusing on explaining how the disease is spread and what can be done

to prevent it. Far less attention is paid to other key issues such as symptoms (27%), abstinence (10%), discrimination (14%) and the social factors such as poverty, myths and certain cultural practices (13%) that contribute to the spread of the disease. Only one third of the teachers use examples or provide practical exercises for students to engage in.

Many teachers reported wanting to talk about HIV/AIDS but finding it difficult to integrate the topic in their subject matter, lacking clear examples, and feeling frustrated with repeating the same message over and over again.

Graph3: What teachers talk about according to students



As one of the teachers said: “Children nowadays are no longer children. They know about sex,

they watch TV, and they know about condoms. Are we telling them something new? Are they using the condoms? Well, as long as I still see so many young girls drop out this school every year because they become pregnant I am not sure I can be convinced.”

It is interesting to note some of the reasons why students believe that teachers do not talk to them about HIV/AIDS. Some of the more common reasons cited by students were: “lack of knowledge” and “lack of time”, but they also frequently mentioned issues such as “teachers don’t want to talk to us because they think we will be scared”, “teachers prefer to see us being ignorant”, and finally “teachers don’t want us to know because they want to abuse our innocence”. As we will see below, some teachers acknowledge that these problems exist and say that it is difficult for them to talk about issues related to HIV/AIDS because the behavior of some of their colleagues discredits their message or because of their own constraints/behaviors.

Question to you:

In your opinion, what are the key topics that teachers should discuss with their students? Do you think it is wise to give priority to prevention and transmission as the main topics?



What influences teachers to talk about HIV?

Now let’s turn to our final area of concern and review the kind of constraints and issues that this study found may influence teachers’ intentions and practices in talking about HIV/AIDS.

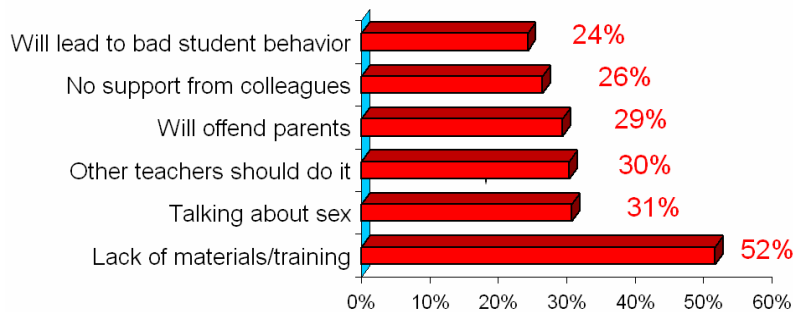
Martha’s story revealed (cf. page 2) some of the reasons why it may be difficult for teachers to talk about HIV, and why sometimes it may be so difficult that teachers prefer not to talk at all. Her main frustration was that people in the community did not see her as a legitimate spokesperson on HIV/AIDS. In the figure below we have listed other reasons that teachers mentioned to us. Let’s take a closer look at some of these.

Attitudes, beliefs and social pressure

“Kids will become promiscuous”, “kids will become scared”, “parents will not approve”, “religious leaders are against it”, “we will get disciplinary problems in our schools”, “we will be accused of provoking disgrace”. These are just a few of the reasons cited by some teachers why they find it difficult to talk about HIV/AIDS. In some cases, teachers who feel this way decide they prefer not to talk about HIV/AIDS. In other cases, teachers adapt their teaching content and strategies to their attitudes and beliefs, by selecting topics, avoiding details, and giving preference to the lecture form.

If you take a moment to look closely at these statements by teachers, you will probably notice that there are really two kinds of concerns that are voiced by teachers.

Graph4: Key reasons why teachers don't talk about HIV/AIDS



The first kind is related to the pressure from outside – from parents, religious people, village elders and others. Twenty-seven percent of the teachers said that their intention to talk about HIV/AIDS was influenced by the fear of offending parents, and this percentage was even higher

in rural areas. In general, teachers stated that the approval of parents and other influential members of the community was very important in their decision whether or not to address HIV/AIDS at school, and in particular in the decision to talk about sex and condoms.

Question to you:



What kind of support would teachers need to make them more legitimate spokespeople in the eyes of the community?



The second kind of concern voiced by teachers is related to personal beliefs that talking to children about sensitive issues such as sex and condoms may have a negative effect. Forty-eight percent of the teachers who participated in this study believe that if students receive information about condoms and sex they are likely to start becoming sexually active, 31% believed that it would foster multiple relationships, 15% feared being accused of causing disgrace and of wasting valuable lesson time. It is interesting to note how closely these reasons mirror those that students came up with.

Prevention campaign in Mozambique: “Where are my parents? Because of HIV/AIDS I have to grow without them”

Is this a good idea?

Talking about HIV and AIDS means talking about sensitive and difficult issues such as condoms and sex. As part of the study teachers were asked to list all the reasons why it may be good, and why it may not be good, to talk about sex and condoms with students. Here are some of their answers.

It is good to talk about sex and condoms because:

- “Girls will be smarter and be able to carry on studying”
- “Kids will not have to be ashamed and hide what they know”
- “It avoids disgrace and shame for many families”
- “It develops rational thinking about many issues”
- “It creates conditions for a social conscience/ for social responsibility”
- “It reflects badly on teachers and people believe that we are wasting valuable lesson”

Is this a good idea? (continued)

It is not good to talk about sex and condoms because:

- “It foments prostitution, especially in boarding schools”
- “Once young people start having sex with condoms they will want to have sex without condoms and the disease will spread more”
- “Parents say it is teaching kids to be naughty”
- “God says we should multiply”
- “Elders in rural communities say they want grandchildren, not condoms”
- “It reflects badly on teachers and people believe that we are wasting valuable lesson”

Personal experience with HIV/AIDS

Our study showed that teachers who have personal experience with HIV/AIDS are more likely to talk about HIV/AIDS with their students than those who don't have such an experience. We compared teachers' reported behavior (in terms of how many times they talked about HIV/AIDS) with whether they declared personally knowing someone who is HIV infected or has died of AIDS (e.g. a family member, a friend, or a close colleague) and found that teachers who have such

close personal experience are more likely to talk about HIV/AIDS. The only exception are those teachers who are living with someone who is HIV positive (6%), these teachers are actually less likely to talk about HIV/AIDS with their students, possibly because their experience is so overwhelming.

Question to you:

Should training and support to teachers take into account differences in personal experience with HIV/AIDS? Why and how?



Knowledge about HIV/AIDS

Teachers are not always convinced that talking about HIV/AIDS really will influence the behavior of their students. Teachers have many questions and doubts about various issues such as the origin of the disease, its transmission and prevention. Many of the issues that they raise are related to condoms, and their own lack of confidence in condoms as a means of preventing the spread of the disease. In both the questionnaires and the interviews teachers on numerous occasions asked questions such as: “Are condoms

The following story from Chókwe illustrates how high visibility/prevalence of the disease can influence teachers' thinking about HIV/AIDS.

When AIDS is all around

“We are close to a hospital where people who have HIV are treated. Here in Chókwe there are many mineworkers who return from South Africa contaminated with the disease. It is true that we used to say that this disease is nothing, but now we can feel it to the bone. Every day we are burying more people and seeing others come to the hospital. Because of this, there is no-one in this community who does not at least know one person who is affected.”

It appears that having personal knowledge increases the sense of proximity to the disease and increases the likelihood of teachers recognizing symptoms and the impact of the disease, thus influencing teachers' perception of the importance of talking about HIV with their students.

really safe?”, “Have condoms been infected with disease”, “Do condoms help spread HIV?”

The observation of this teacher in Mandlakazi is typical of a good number of teachers: “If I were young, and had not yet started to have sex, I would wait, not do anything really. Not even in the condom can I trust, I don't know what it is made of, what is inside it, what medication it contains, or even if it won't just break and cause me problems”.

A further issue that came up repeatedly in the discussions with teachers is that they are not able to find answers that satisfy their doubts to the point that they can feel confident about what they are saying to their students.

In the words of one teacher: “We have questions but we never get answers, only that we will die and we will die not knowing the answers because we don’t know where to ask. All we ever hear and see on the radio, in the press, is that AIDS means death. A person who has this disease ceases to exist, such a person has one foot in his grave and is no longer part of our community. We can tell our students to use condoms so they won’t get the disease, but still this disease is all around us. How is it that since the Government started advocating condoms, the indices of HIV have only gone up?”

How can we trust condoms, when we know that some of them are infected with the disease? How can we talk positively about this disease when people die such a horrific death?” There was also evidence of a strong disciplinary bias, with biology and science teachers feeling far more comfortable and taking the lead in talking about HIV/AIDS than their colleagues. Meanwhile their approach is more theoretical and limited than in other cases where the social and economic effects of the disease are at least touched upon.

Question to you:

Do you think that teachers who mistrust condoms will be less effective communicators about HIV/AIDS?



Characteristics of the students

For teachers in EP1 and EP2 (primary level grades 1 – 7) one of the key constraints to talking about HIV/AIDS is the difficulty in talking about sensitive issues to young people. The teachers are aware that the main vector of transmission is sexual, and that at EP2 level there are children who are already sexually active, but they don’t know how to talk to children about these issues. For teachers in the higher grades there is the added difficulty, especially in the urban areas, that children and young adults know so much about sex and sexuality that they ask complex and provoking questions which embarrass

the teacher or which he/she has difficulty in answering. And, to a small but significant group of teachers at this level, students are actually in part to blame for the spread of the disease, they want to have money so they prostitute themselves and, in doing so, present a temptation to the teacher. As a secondary school teacher remarked when we were leaving one of the focus group discussions: “Really, I could not say it in there, but the girls, they want money so much they don’t care about using condoms, they will just go with anyone to be able to buy a skirt or braid their hair.”

Why teachers won’t talk to us

In the questionnaires that students answered they were asked to reflect on why teachers might not want to talk about HIV/AIDS. Here are some of their answers:

- “They are afraid that we will develop bad habits”
- “They don’t like to talk about this topic and they don’t have the experience”
- “Teachers don’t know what it is like to be contaminated with this disease”
- “AIDS, unlike malaria, has no cure, and teachers don’t want to talk about death”
- “Some teachers don’t want us to protect ourselves against HIV”
- “They are not interested in our tomorrow and in our future”
- “They don’t believe AIDS really exists”
- “Teachers don’t want to talk about this disease because they want to have a lot of girlfriends”

Training and support

Training, materials, incentives and support from colleagues and school directors are key issues for many teachers and affect their ability and willingness to talk about HIV/AIDS.

Teacher knowledge of HIV/AIDS was in some cases very limited indicating that more training

is certainly needed. Training is also an issue because, as we saw before, when teachers have doubts they find it more difficult to talk about this topic. In this context it is interesting to note that teachers with greater knowledge on HIV were less likely to indicate that community and parent approval was an issue for them.

Teachers have different kinds of difficulties depending on the level they teach, so it would appear that the training and support that they get needs to be better tailored to the specific difficulties they may come across. Thirty-nine percent of the teachers said they would feel more at ease taking about HIV/AIDS if they did not have to show how to use a condom or talk about sex. One in three said that they would feel more at ease if they did not have to talk about sex. Four out of every five teachers (80%) claimed that other subjects or other teachers were better suited to talk about HIV/AIDS.

Another important issue mentioned by many teachers was the difficulty in finding good, convincing examples, examples that would make the issue “live for the students”. Some of them said they would like to bring in someone from the community (sufficiently affected by the disease to show what was going on but still healthy

enough to walk) to show their students what happens to people who are not careful. This suggestion was offered not by one teacher but by various teachers in different locations. Many of the teachers themselves acknowledged the ethical drawbacks of this proposal, but it serves to illustrate how much of a limitation the lack of examples and explicit materials is to teachers.

Support by colleagues and management of schools is a third key issue. Twenty-eight percent of the teachers said that their personal efforts in talking about HIV/AIDS were hampered by lack of support from other teachers. Seventy-eight percent felt that they needed more support from management in order to feel completely comfortable talking about all aspects related to HIV and AIDS. The need for teachers to change their own behavior, and for colleagues to change theirs, also featured as a key issue.

Question to you:

Knowing how difficult it can be to find resources for training and materials, what do you think can be done to provide teachers with more relevant/concrete examples about HIV/AIDS?



Where the data came from...

This study was conducted among primary and secondary school teachers in Mozambique in 2003. The purpose of the study was to gain an in-depth understanding of teachers' perceptions of HIV/AIDS and their approach to discussing this issue with their students. The data were obtained in the following manner:

Questionnaires with open and closed response items administered to 606 primary and secondary school teachers who were selected through stratified random sampling in five districts in Gaza Province. The questionnaire addressed issues such as teachers' experience, opinions and attitudes, knowledge, and constraints.

Focus group discussions with 11 groups of primary and secondary school teachers in the same study area. The purpose of the focus groups was a more in-depth treatment of the key topics of interest to the study.

Questionnaires administered to 243 primary and secondary school students randomly selected in grades 6 through 11 in rural and urban schools in three districts. Students were asked to report on how the topic of HIV/AIDS was being addressed at their schools, how they saw the role of the teacher, and to what extent they had themselves been confronted with HIV. The study was conducted with the support of the provincial education authorities in Gaza and was partially funded by UDEBA-Gaza.

Who were the participants?

- 606 teachers (10% teacher trainees, 70% primary school teachers) ● Sex: 47% female
- Place of work: 35% urban, 25% semi-urban, 40% rural
- Teachers with less than two years experience: 33%
- Teachers with some form of HIV training: 28%

Risk perception

- 42% said it was either likely or very likely that they would become infected with HIV in the future
- 82% said they felt that they could do more to reduce chances of becoming HIV positive.

This paper has been written by Muriel Visser (mvisser@learndev.org) for UNICEF Mozambique. Version 1: February 2004. Proofreading: Meira van der Spa. Editing: LDI (www.learndev.org). All photographs © UNICEF/Muriel Visser