

“Life or lunch, what do we choose?” HIV/AIDS in the workplace

Teachers in the line of extinction?

“It is sad how we teachers are disappearing. In years gone by, teachers did not die the way they do now. Lately, we have been gradually dying off, and it is very hard to see our colleagues like this, knowing just how hard it is to train a teacher in the first place and then seeing that same person die when in this country there are still so many problems to solve!”

These are the words of Paulo, a teacher in rural Gaza, who participated in the study that we will discuss here. Paulo’s words echo those of many other teachers in both rural and urban areas in Mozambique, who have in some way been affected by HIV/AIDS or have been confronted with the impact of the disease. When asked whether he would like to continue with the focus group discussion or have lunch first, it was Paulo who said: “Life or lunch, what do we chose? Life, of course, it is our only choice!”, and so we continued with the discussion.

■ What are teachers facing?

The perils of a simple headache

“All of us, we are so scared. We know that this disease exists and we fear it, we fear it when we have a headache, we fear it when we feel tired, and we fear it when we hear of others who have died”.

This is but one of the many remarks that teachers made during the study that make it clear that HIV/AIDS is an issue to teachers, either because they are affected at a personal level, or at the level of their school, and in some cases because of both of these. Let’s examine in more detail what the specific challenges are to teachers as individuals and professionals.

This paper illustrates how HIV/AIDS is affecting teachers as individuals and as professionals.

Teachers are expected to play a major role in combating HIV/AIDS, but at the same time, the results of this study show that they are also being affected by the disease. And unless the difficulties that they face in their workplace and at home are dealt with, it is likely that the gravity of the disease may become unbearable for some of them. As a result, they will be unable to fully develop their role as communicators about the disease.

The information presented here reflects issues that were raised by teachers from Gaza province during a study conducted among over 600 primary and secondary school teachers in 2003. As you read the issues below, we suggest you use the strategic questions in the text to think about possible solutions for the issues raised and then compare your answers to the suggestions that are offered at the end of the paper.

Challenges to teachers as individuals

Teachers feel very vulnerable to HIV/AIDS. An astounding 42% of the 606 teachers in this study said they believed that it was likely that they would themselves become infected with HIV.

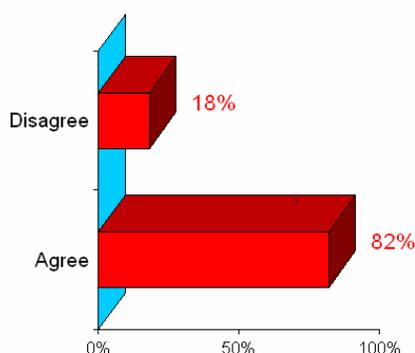
Fig 1. Teachers perception of their likelihood of becoming infected with HIV by gender

	Male	Female
Likely	110	121
Not likely	186	139

As figure 1 illustrates (page 1), female teachers are more likely to believe that they may become infected than male teachers.

In addition to feeling vulnerable to the disease many teachers feel powerless to make the changes that are needed in order to avoid contracting HIV. More than two thirds of the teachers said they were aware that there were more things they could do in order to protect themselves better against the chance of becoming infected. Across all age groups men were more likely than women to affirm that there were changes that should come from them. For women the problem is that they feel powerless to make the changes because they feel these need to come from their partners.

Fig 2: Teachers' perception of whether they could do more to reduce chances of becoming infected (%)

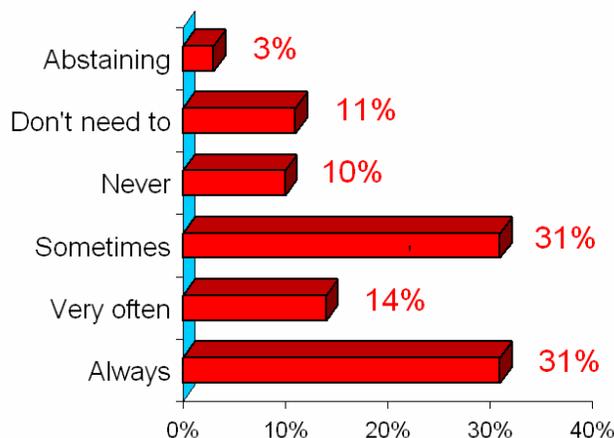


There are many reasons why teachers feel vulnerable and why they fail to protect themselves better, and during the discussions teachers shared some of those reasons with us. In the first place, a substantial number of teachers do not have faith in condoms as a reliable means of protection against AIDS. As one teacher said: "Maybe as a last resource a condom can be effective, but I cannot trust in it completely". The

remark of this teacher is similar to that of other of his colleagues. Teachers explained that even if they use a condom, they cannot be sure if their past behavior will not catch up with them still.

It is this combination of the distrust in condoms and the knowledge of past behavior that makes some teachers believe that they may be on a slow road to death. And as long as they have not done the AIDS test they cannot be sure of their HIV status. A teacher from Bilene district explains: "Yes I do think that I may catch this disease, even though I am now being careful. It is because I know what my past behavior was like that I fear what may still happen to me, I cannot feel sure. When I need to have a malaria test done, I look at that blood that they take from me and wonder if someone is going to tell me I have AIDS". Another teacher put it more bluntly: "After doing the test and knowing that I am safe, I would probably really change my behavior." As can be seen from the figure below, teachers do not lead an exemplary life as far as prevention goes. There are also a number of misconceptions associated with condoms that we will discuss below.

Fig 3: Condom use by teachers



Question to you:



What would be necessary to convince teachers that they can take action to decrease their chances of becoming infected with HIV? Do you think that the implementation of such activities is the responsibility of the Ministry of Education?

For female teachers the situation is more complex than for men. A number of younger female teachers spoke frankly of their experience of trying to get their partners to use condoms and how this had resulted in scenes of anger, violence or

rejection. "I have a friend, a teacher at school nearby where I teach, who asked her boyfriend to use a condom because she wanted to be sure. But he refused, he accused her of sleeping with other men, and then he abandoned her.

Now she is alone,” said a 27 year old teacher from Xai-Xai, and she added her question: “Is it better to be alone and safe, than happy but maybe unsafe?” The difference between men and women is also an issue when person in a couple becomes infected with HIV.



An improvised HIV sign in Macie, Bilene district

As one of the elder teachers in a focus group in Chokwe explained: “We women, we truly believe in ‘until death us do part’ and so we stay with our partners even when they get sick and in spite of their behavior. We will have sex with them even when we have doubts. But when it is a woman who gets sick, she will be abandoned, rejected by the community and left alone to die. No wonder that some prefer to commit suicide rather than to live with such disgrace.” For women there is also the added complication of being expected to have children. Among a group of AIDS activists in Bilene district there were two women who had decided to abstain from sex rather than become infected, but one of them expressed her frustration in clear terms: “How to have children? We women need to have children. I don’t know if this choice I have made is the best way to live?”

Question to you:

In your experience, are there other ways in which teachers are being affected as individuals?



Challenges to teachers as professionals in the workplace

For teachers in schools HIV/AIDS presents a similarly complex reality. At a first level, teachers have difficulty recognizing cases that need special attention among their students. This may be due to large class sizes in some areas, but also because they don’t know how to recognize children that are affected.

A second clear difficulty that teachers face is what to do with and for students and colleagues who are affected by HIV/AIDS. In part this is because the services that provide support to people who are affected by HIV/AIDS can only be found in urban areas. As one female teacher in Xai-Xai district put it: “I sometimes see cases in my school and in the community that I need to help, but it is not easy. I can give one or two people money for transportation to go to the hospital or to get an AIDS test, but I am helpless when I see how many need help. And I know that some of them will end up dying before they manage to go anywhere”. This is but one of the many difficulties that teachers identified.

Difficulties in the workplace

We asked teachers to tell us what difficulties they faced when confronted with HIV/AIDS in the workplace. Here are some of their remarks:

- “Some situations are so difficult it leaves me without the words to help”
- “To talk about examples in the community would get me in trouble”
- “Talking to the girls is the most difficult because they listen but they don’t change”

The fact that the disease itself represents in their eyes a ‘death sentence’ (a message which is to a significant degree – according to the teachers – reinforced by the media campaigns) is a third complicating factor because it influences the extent to which teachers feel they can do something for the people that are affected. After all, in many families, once one adult dies it is very often only a matter of time before the second follows. “If I had AIDS and I were to tell people about it, would I still be seen as useful? No, of course not, and that is why no-one will confess their situation” was the comment of one of the male primary school teachers who participated in this study.

Teachers almost unanimously affirm that when a colleague gets sick they don't talk about it, as one teacher said: "While this colleague is alive the doubt remains, and we don't talk about it being AIDS, we don't talk about this person being sick. Only after the person has died do we comment. But while they are alive, and because we are not certain, we will have a tendency to marginalize that person." These are the words of a secondary school teacher in Xai-Xai.

The story of a cockroach

"In my opinion it is not good for HIV-positive persons to disclose their status. It is like the story of a cook who is making a big cauldron of soup for a festive occasion. Everyone is eagerly waiting for the soup to be ready, when a cockroach falls in the cauldron. The cook makes many attempts to find it but fails. So he has two options: he can tell everyone and spoil the party, or he can stay quiet hoping the cockroach will not harm anyone. Guess what he does?"

Question to you:

Do you agree with the statement by some teachers that the message of the media is too negative? In what ways do you think that the message of the mass media should be changed?



A fourth difficulty that some of the teachers face in the workplace is related to their own fear of becoming contaminated. Many teachers are

convinced that in some way the misfortune of their colleagues will be passed on to them. Of the 606 primary and secondary school teachers in this study, 23% confessed that they believe that it is possible to be contaminated by HIV when working on a daily basis with someone who is infected with the virus and almost 33% believe that there is some probability of catching HIV from contaminated restrooms.

These beliefs contribute to stigmatization and discrimination of colleagues and other people who look sick and are suspected of having HIV, and this is a fifth and equally important issue. A teacher in Bilene was frank in saying: "Look, I know that you cannot catch HIV from someone just through normal daily contact, but when you see someone disappearing before your eyes, losing weight and hair, and developing ugly bumps all over their body, you don't want to sit in the chair that they just used, you don't even want to sit close to them. One never knows". The fact that quite a large number of teachers believe that people who are infected with HIV are ultimately responsible for having contracted it (34%) does not make it easier for teachers to feel empathy towards sick colleagues. A further element of fear is added by the quite common perception that some individuals who are HIV positive deliberately spread the disease to others because they don't want to die alone. As one of the elder teachers explained: "What happens is that the person who is contaminated does not want to die alone. So they put their HIV-positive status in their pocket and spread the disease to as many women and young girls as possible."

Fig 4: Misconceptions among teachers about HIV (% who agreed or were not sure)

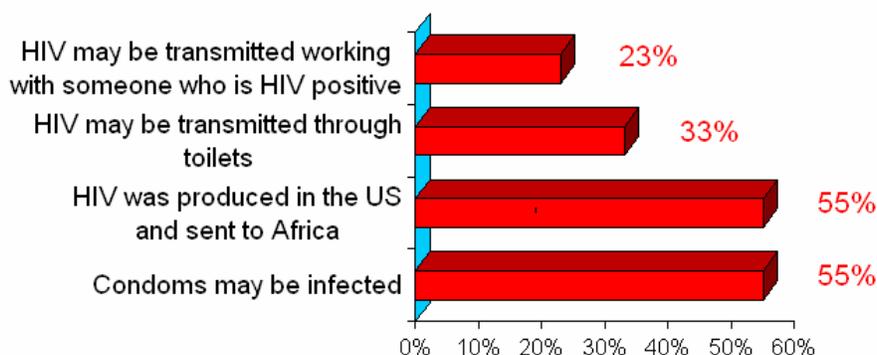
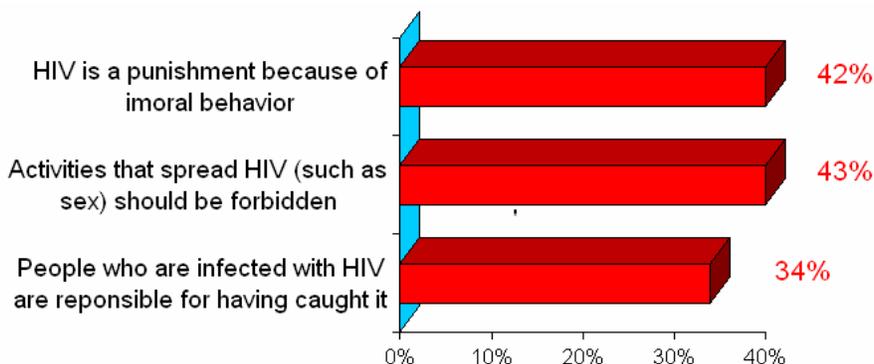


Fig 5: Teachers beliefs about HIV/AIDS (%)



behind in the city) and to therefore share accommodation with other teachers. The same happens in boarding schools, where some of the participants in the study were staying. The story of a female teacher in Mandlakazi is typical of this situation and shows clearly how much anxiety such close proximity to the impact of HIV/AIDS causes.

The fear of becoming infected is in some cases aggravated by the conditions that some teachers live in. In rural areas it is not uncommon for teachers to be single (if they have families they leave them

Living with HIV/AIDS

"I knew she was sick, and I knew that I could not catch the disease just from living with her. I wanted to help her because I could see her suffering was terrible, but she would ask me to help her bath because the itch from the disease was unbearable and I would find many excuses not to help her, I was too scared that her misfortune would pass on to me. I kept thinking that when she would die I would be happy. But then when she died, it was as if her suffering passed on to me. Now I worry every time I cough, every time I have a small problem with my skin, and I wait for my turn to die".



Focus group discussion at a secondary school in Chókwe

It was not possible during this study to directly interview teachers who are HIV positive because no teacher volunteered to do so, but through the remarks of others it is possible to see that life for teachers with HIV/AIDS must be devastatingly difficult. The following anecdote of a teacher who was suspected of having contracted the disease goes some way to showing just how hard it must be.

When people place inverted commas around you

"A few years ago I was in Chokwe I was having a very difficult time, I had no money at all, and very little to eat. I have always been thin since I was a child, but I became even thinner. Then my problems became worse, because people started avoiding me, they were not looking me in the eye anymore. At school my colleagues were polite but distant. My girlfriend left me and when I asked her why she would not say. It was only when a friend asked me whether I was sick that I realized that I myself had been placed between inverted commas, that people thought I had HIV"

Some teachers reflected on the fate of their colleagues who are HIV positive and felt that part of the reason why they are marginalized is because there is nowhere for them to turn to when they get sick. These teachers believe the Ministry of Education should be providing support to teachers who are sick, and should be swift and firm in dealing with issue of discrimination.

“Teachers who are infected,” said a teacher in the teacher training program in Inhamissa “could make good spokespersons for the dangers of the disease and have a key role in stopping it from spreading. What an impact it would make if one of them would speak out, but I doubt anyone will because they know they are going to die alone.”

Question to you:

What specific actions do you think could reduce the discrimination of HIV positive teachers by their colleagues and their communities?



Finally, teachers have difficulties in managing HIV/AIDS because they are in many cases doing so alone. They are alone because they cannot talk about what is happening, they are alone because they lack support from colleagues, and they are alone because they do not get the support from the management of the school and from the Ministry of Education that might enable them to deal with what they are facing. “We are alone, and they even insult us when we try to talk”, were the bitter words of one teacher, referring to the reaction of the community. Of course, this does not mean that nothing is being done to help them, but rather it is a reflection of the fact that this is a complicated problem and of all that is still lacking in terms of support.



A rural primary school in Gaza

As one teacher put it: “Our Minister talked about how HIV/AIDS is affecting us. Based on a study which they did they concluded that one in every six teachers are infected with HIV.

That really made us think! We have so many colleagues, and so now so many of them are sick! We need to hear more things like that, to make us realize what is happening”.

What can we learn from this?

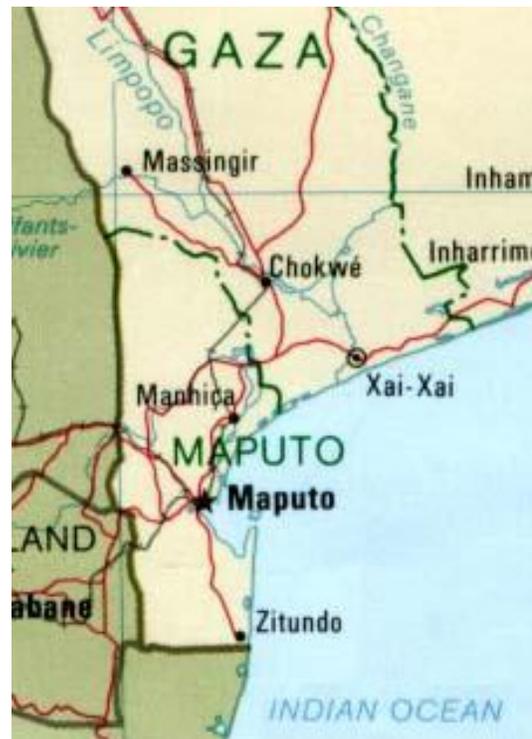
Paulo is right, we need to chose to live. And in order to live teachers need support to manage the impact of the disease. Here are some suggestions that we came up with. We hope this will inspire you to think of more.

- Teachers who are willing to address HIV/AIDS and who have the capacity should be placed in teams of two or three in schools so they can be more effective in addressing the issue. When they are on their own they face too many uphill battles to be able to make a difference. In this context it is also important that the directors and other managers in the schools have the capacity and willingness to create a favorable environment to encourage such activities by teachers.
- A basic system of support for teachers needs to be put in place. All teachers need more information on where they can find answers to their questions and where they can voice their concerns. It is important to recognize that the questions that teachers have are complex and that these are related to multiple dimensions of the disease, including social, economic, political and historical issues.
- Teachers need to know where and how they can get an AIDS test and why it is important to do it Teachers need to be able to ask how they can help colleagues or students. A series of case studies of different situations with suggestions on how to handle these situations may provide some inspiration.
- The Ministry of Education should play a more active role in making sure that teachers hear relevant examples. In general, the presence of the Ministry needs to be felt more in providing supervision and support, including dealing with issues discrimination.
- Specific incentives and support lines for teachers with HIV/AIDS should be set up to encourage them to come out and break the silence, knowing that they will receive support and care.



Patients at the tuberculosis hospital in Chókwe

The message that is being put out by the media should be more positive and more relevant message. It is clear that people know that AIDS kills, but what they really need are more sophisticated answers to their questions, and a focus on how to live with AIDS because that is the reality that many of them now face.



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.
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