Where Teachers Fear to Tread - Communicating about HIV/AIDS in Mozambique

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Abstract

In Mozambique teachers have been given a major role in promoting HIV/AIDS awareness and behavioral change among children. Teachers' own experience and attitudes will influence how they deal with this challenge. This paper presents the results of a three-month study of teachers in Mozambique and provides a kaleidoscope of personal accounts of the impact of HIV/AIDS on teachers' lives and their work, how children are confronted with the disease, and how instructors perceive their role as communicators in combating this pandemic. Teachers emerge from this study as researchers themselves, actively seeking to understand the complex manner in which HIV/AIDS is linked to issues such as poverty, conflict in society, corruption, human rights and certain cultural habits and beliefs.

1. Background

HIV/AIDS is taking a devastating toll in many countries in southern Africa. Poverty, lack of adequate medical facilities, inadequate education, cultural/social barriers and political inertia all facilitate the spread of the disease. The impact of HIV is pervasive and far reaching, affecting individuals and communities not only psychologically but also economically and socially. Families lose their most productive members to this disease, leaving children and elderly people without means of support. The high cost of the disease wreaks havoc within communities where the already fragile structures are not capable of absorbing further strain.

Mozambique has the dubious distinction of being one of the countries in Southern Africa that has been worst affected by the HIV/AIDS pandemic. In Mozambique rates of HIV infection have been increasing dramatically over the past decade. Mozambique now has an adult infection rate of 17% of the adult population (Verde Azul Consult Lda, 2000). Some of the countries that neighbor Mozambique have higher infection rates, such as Zimbabwe (34%) and Swaziland (33%). However, what has characterized Mozambique has been the rate at which infection has increased. Mozambique was relatively isolated for many years due to a violent civil war which lasted 16 years. Once the war ended in 1992, however, populations that had been living in neighboring countries and many of whom were exposed to the virus there, returned to the country, and transport and migration started again. All of these factors contributed to a rapid spread of HIV, the effects of which are becoming increasingly evident.

As has been the case in many other countries, the Mozambican government has been slow to acknowledge the potentially devastating impact of the disease and to take action. To some extent it almost appears as if a critical mass of infections needs to be achieved – the pandemic has to become visible before governments and organizations are spurned into action (ADF 2000).

In Mozambique a major step was taken in 2000 through the drafting of a national policy for HIV/AIDS . This policy provides a framework for a multi-pronged approach to combating HIV/AIDS by addressing its spread and impact through activities in health, education, agriculture, etc. Considerable effort has been spent on preparing this national approach and on developing sectoral strategies in the areas of health, education, social action and others. However, concrete activities on the ground to deal with HIV/AIDS, both in terms of prevention and mitigation are still few and far between. Meanwhile alarming statistics are driving home the threat of what may still come. Mozambicans, and particularly the young, are dying of AIDS. Out of a total population of 16 million (Instituto Nacional de Estatística, 1998), there are currently 400.000 AIDS orphans and this number is expected to grow to 1 million by the year 2010 (Verde Azul Consult Lda, 2000). 450 new infections take place daily and life expectancy is expected to decrease from 43,5 years now to 35,9 by the year 2010 (Instituto Nacional de Estatística, no date).

Teachers have been assigned a major role within the national HIV/AIDS strategy (Ministério de Educação, 1999). The rationale behind giving teachers a major role in implementing the strategy is that teachers: a) can be found in places where no other skilled staff is available i.e. where there are no health workers, extension workers; b) are/can be made knowledgeable about HIV/AIDS and; c) enjoy a degree of credibility among communities.

By educating children and adolescents about HIV/AIDS the strategy further assumes that knowledge can make a difference to behavior i.e. that if children know what they need to do in order to protect themselves that they will in fact adopt the necessary behavior. Research in communication and behavioral change has shown that this is not always the case since behavior is frequently a function of the extent to which individuals perceive they are personally threatened, social pressure to conform, self-efficacy, etc. On the other hand, the source of information – in this case the teacher - is often crucial to the manner in which messages are interpreted (Perloff, 1993).

At the same time, however, teachers are one of the population groups that are expected to become severely affected by the spread of HIV. Projections by the Ministry of Education show that the country may lose 17% of its workforce by the year 2010 due to HIV related deaths (Carr-Hill, Xerinda, & Adelino, 2001). Teachers are particularly vulnerable because they are very mobile and often spend long periods of time away from their families while working in rural areas. Research (Bagnol and Cabral, 1999) has also shown that sexual interactions between teachers and students are common in some areas of the country which would pose questions about their effectiveness as communicators about HIV/AIDS.

2. Research Question And Setting

This study is guided by the assumption that teachers' own experience and attitudes will influence how they attempt to address the impact of this pandemic in their schools and communities. In order to be able to effectively support teachers in their role as spokespersons on HIV/AIDS, the present study therefore sought to find out how teachers think about and are affected by HIV/AIDS.

Four main areas of inquiry from the perspective of primary school teachers in Mozambique were identified:

- Teachers' personal experience with HIV and AIDS
- Their understanding of the factors the influence the spread of HIV at community level
- Their assessment of the impact of HIV/AIDS on children, schools and communities
- Suggestions, in the perspective of these teachers, of actions/activities/interventions that could make a difference in combating this pandemic.

The study was conducted in one of the most northern areas of Mozambique, namely in the Province of Cabo Delgado. This province has a population of 1.2 million and a surface area of 82,625 km^2 (Província de Cabo Delgado, 2001). It is divided into three geographical regions, namely the coastal area, the interior area, and the northern area - the Planalto.

3. Methodology

A qualitative research approach, along the lines of a naturalistic inquiry (Frey, Botan & Kreps, 2000), was used to conduct this study since its objective was to collect in-depth, individual, reflections about the impact of HIV/AIDS. A small measure of quantitative data (mainly demographic) was also collected. The study was conducted in two phases and took place over a period of three months.

The first phase of the study took place in July 2002 and started with a focus group discussion in one of the study locations. The objective of this focus group was to get teachers to talk about HIV/AIDS

and to use this discussion to formulate written questions that could be posed to a larger group of teachers. Based on the results of the focus group seven thought-provoking questions were drawn up. It was decided that teachers would be asked to produce essay-type reflective pieces in response to the seven question and that these should be responded anonymously. In addition a small number of demographic questions was included (age, sex, years of working experience, etc.). Two further questions aimed at determining if the respondent knew someone who was HIV positive and whether they knew someone who had died of AIDS. The questionnaire was then tested with 3 teachers and some minor modifications made.

In the second phase of the study (July-September 2002) the finalized survey was distributed randomly by the district authority for education to a total of 50 teachers in three cities corresponding to the three geographical areas identified above. The questionnaires were unmarked and a blank envelope was enclosed that teachers could return their responses in. All respondents were given one week to respond to the questions. In the instructions on the front page of the questionnaire respondents were encouraged to complete the answers over the course of a number of days so that they would have time to generate more ideas.

3.1 Sample And Response Rate

Most of the respondents produced between 4 to 6 pages of writing, generally in an essay style response. Many respondents included personal comments and examples. The examples, in particular, were lengthy and often a striking testimony to vivid and sometimes painful experiences. A total of 38 of the 50 questionnaires were returned, corresponding to a response rate of 76%. In terms of respondent profile, it was found that approximately two thirds of the respondents were male. The mean age of the respondents was 32 with ages ranging from 22 to 53 years of age. Just over 40% of the respondents had five or less years of working experience and only 16% had participated in a course on HIV/AIDS.

3.2 Data Analysis

Sapsford and Jupp's (1996) technique for iterative analysis of unstructured data was used to analyze the results. This technique involves a process of analytic induction (Bulmer, 1979) where meaning is inferred from the data that is collected. In this case the intention was to contribute to building grounded theory by creating and comparing exhaustive categories that explain the data. In other words, whenever a theme or pattern was identified the researcher then attempted to verify the validity of this theme by going back to the data to "confirm or qualify the finding" (Huberman and Miles, 1994a, p. 431). The themes and sub-themes were then grouped together using a process of scanning, ordering and reviewing (Huberman and Miles, 1994b). This process is explained further below.

An initial sample of 9 questionnaires that looked most promising in terms of length and depth of analysis was selected from the batch of 38. A careful reading of this sample generated a tentative list of themes, topics and issues which were subsequently classified into overall categories and sub-categories. An initial attempt to generate categories and sub-categories for each of the reflective questions was abandoned since this generated too much overlap. The category system was then applied to the same sample in order to ensure that this data was properly assigned to the category system that had been developed. In this process a number of small changes were made to the category system, particularly to get rid of areas of overlap. The final step of the data analysis was to apply the category grid to the remaining 19 questionnaires using a constant process of comparison. In this manner a stable set of categories/sub-categories was developed to which all the data was applied. Seven overall categories were generated through this process. Each of these categories has a varying number of sub-categories for each. The overall categories were:

- Personal experience with HIV/AIDS
- Teachers as amateur qualitative researchers
- Levels of reaction to the pandemic

- Broad and pervasive nature of the disease
- Impact on children
- Talking about HIV/AIDS
- What could make a difference

3.3 Limitations Of The Study

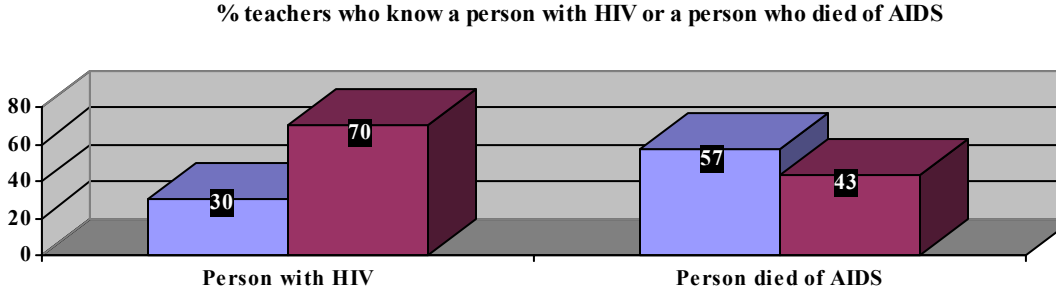
Three different research sites were selected to introduce a degree of variability and to take account of the very different social and cultural realities in the different areas of the Province. However, care should be taken in extrapolating the results of this study beyond the group of teachers who participated since random sampling techniques not employed. In addition, for reasons of economy of time and to avoid unnecessary bureaucracy gaining access to the teachers, the questionnaires, although anonymous, were distributed by the provincial/district education authorities. This may have influenced the respondents in such as way as to provide responses that are slanted towards the government position on these matters. There was no evidence, however, in the responses of such a tendency, and many of the respondents were surprisingly critical. A final limitation relates to the choice of research methodology which made it impossible to follow-up on interesting observations by the respondents as their work was anonymous.

4. Results

As was mentioned above a total of seven themes were generated from the data. There are strong linkages and some degree of overlap between the themes as will become apparent from the discussion below in which each of the themes is presented and analyzed in turn.

4.1. Teachers Experience With HIV/AIDS

To make an assessment of teachers' experience with HIV/AIDS respondents were asked to indicate whether they knew someone in their direct environment who was HIV positive and whether they had known someone who had died of AIDS. As is illustrated in Figure 1 just under one third responded that they knew someone who was HIV positive whereas almost two thirds knew someone who had died of AIDS. These relatively high numbers indicate that HIV/AIDS is a reality for the large majority of the teachers who were part of this study.



The difference between the percentage of respondents who know someone who is sick and those that know someone who died is striking but was not further investigated in this study. It is, however, possible that the fact that more people know of someone who died of AIDS than someone who is sick is a reflection of the culture of silence that is often found around this disease.

The examples that teachers cited of persons with the disease were varied, and included references to teacher colleagues, neighbors, other members of the community and direct family. One female teacher in the north of the province who wrote movingly of her son who died of AIDS: "HIV/AIDS has brought great turbulence to my own life because I know that it cannot be cured and a disease that has no cure is really terrible. Large numbers of people die which is very sad. With regard to the community many children have lost their parents or parents have lost their children. The society at large is in despair with this situation that does not have any solution. I lost my own son who was 17 years old because of this disease, he became thinner and thinner and then came the phase in which he died."

4.2. Teachers As Amateur Qualitative Researchers

The essays reveal teachers actively engaging with this topic, and that in analyzing what is happening in their schools, communities and in their personal life, they are in fact operating as amateur qualitative researchers. They operate in this manner by combining observation, discussion and oral or written reflection to draw tentative conclusions that go far beyond a simple statement of the existence of the disease to making more sophisticated analyses of its origins, the factors that facilitate the spread of the disease, and its impact on individuals, communities and the country. They refer to things that they have seen, heard and read and in doing so construct an interpretation of their environment which is multifaceted and reveals various layers of analysis.

When operating as amateur qualitative researchers teachers generally identify distinct spheres that they associate with the disease. Most teachers mentioned one or more of the following: the school environment, the community and their colleagues. In some aspects of their analysis there was a high degree of agreement. With regard to the school, for example, most teachers said that HIV/AIDS was not something that was present in their classroom, although they did not deny the existence of the disease in their community. In the words of a 32-year old male teacher from a school in the south of Cabo Delgado: "I do not know how HIV/AIDS affects the daily life of children in my school because I have not yet seen any children who have any symptoms of the disease." This quote is interesting because it also reflects a second conclusion namely that as far as the classroom environment is concerned, most teachers appear to interpret the presence of HIV/AIDS in terms of the physical manifestations of the disease - i.e. sickness and death – and not in terms of psychological dimensions such as the impact on children when their parents become sick or die. This is an issue to which I will return below when analyzing how teachers communicate about HIV/AIDS.

There were, however, a few striking exceptions, where teachers do acknowledge the impact of HIV/AIDS in schools. These examples make reference to some of the social and economic dimensions that influence the spread of HIV/AIDS. A quote from the essay of one of the female teachers illustrates this: "In my school, the spread of HIV/AIDS has manifested itself in the daily life of children through some uncles[1] and men who rape girls contaminating them with the virus. There are some children who complain of being sick every day, but with various diseases. It is true people who are not HIV positive can also contract these diseases, but those that are healthy are usually much more resistant, which is why I call it AIDS." This quote again illustrates how teachers use these reflections to debate with themselves on this issue, presenting arguments and refuting them, very much in the vein of what researchers typically do when they formulate hypotheses and set out to refute them.

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[1] In this context the term "uncle" in addition to referring to a male (extended) family member may also refer to what in other countries such as Zimbabwe and Botswana are known as sugar dadies, namely elder, more affluent, men who take a younger girl as their lover, sometimes in the mistaken assumption that this will cure them of AIDS or that young girls cannot possible be infected.

At the level of their community teachers "spoke" of associating HIV with the fact that everyone is dying, some mentioned the increasing number of orphans, others focused on the prevalence and increase in child prostitution, the existence of irresponsible behavior on the part certain community members who knowing that they have the disease deliberately spread it to others, and finally the fact that nobody wants to talk what is happening. The deliberate spreading of the disease to others was mentioned by various teachers, and in some cases the blame for this was put squarely on the shoulders of the health personnel who tell people that they are HIV positive. Two quotes from two of the male teachers illustrate this clearly: "Health workers who identify that a patient is HIV positive should not tell that person of his/her situation. Because what happens is that people who are accused of having this disease after they know this have a tendency to spread it as fast as possible so they do not die along", and: "Even those of have already done the test and know their status never say that they have AIDS … On the contrary once they know they have it they start distributing the disease saying that they should not have to die alone".

Many of these themes emerged again when teachers analyzed the presence of HIV/AIDS in the sphere of their profession. Teachers dying was a frequently mentioned issue such as the example provided by one of the older female teachers: "My example is of a colleague who was sick for a long time and died. We were suspicious of the manner in which her symptoms behaved but we never were sure what she had. Right now we have another colleague who has been sick for 5 months and I think that someone must have done her bad. Her blood results say that she has low numbers in her blood and I believe it must be HIV/AIDS". Respondents also referred to the fact that some teachers act irresponsibly, either by not actively seeking to talk to their students about the threat of HIV or by engaging in sexual acts with their students. It was particularly interesting to note how teachers who have a good knowledge and understanding of HIV/AIDS felt that their knowledge was not always an asset since it set them apart from the community, making them experts and lending them an "academic" status. One of the male teachers, for example, when describing his way of talking about the disease started his sentence with the statement: "I, being an academic, …"

4.3 Levels Of Reaction To The Pandemic

There were clearly various levels in the manner in which respondents outlined their perception about and reaction to the disease. Four levels of reaction were identified in the course of the data analysis, namely:

- Level 1: a statement about the respondents' beliefs with regard to the existence of the virus
- Level 2: a reflection of the respondents' feelings about HIV/AIDS
- Level 3: a reflection/ assessment of the respondents' personal need for protection and related concerns
- Level 4: a statement about intention to act or actions that are being taken.

All teachers acknowledged that HIV/AIDS is a reality i.e. that it exists. However, not all of them acknowledged its presence in their specific community. A statement to this respect would generally be formulated by the respondents in the first part of their response as the following example of one of the respondents shows: "Personally this disease has not yet affected me but I know it exists and that it is a terrible disease that brings certain death. I see people dying in my community and believe it may be HIV/AIDS."

Having formulated some statement with regard to their beliefs about the existence of the disease, most respondents provided some kind of reflection about their feelings. Some of these reflections were very short and straight forward, others much longer and elaborate. However, in general these feelings could be categorized as reflecting any combination of the following emotions: fear, sadness and despair, a sense of enormity (often coupled with a feeling inertia, of not having the means to address the issue) and blame. Two examples serve to illustrate this point. As one of the younger teachers wrote: "HIV/AIDS in my personal life and in the community has created terror because it is a disease without cure, which takes you

to death. Thus, in the community the majority of the people are unable to work without thinking about this HIV/AIDS pandemic." The blame for what was happening was attributed to varyingly to various groups, including young children who feel the need to prostitute themselves, rich men who exploit this, the media, but also foreigners. This is reminiscent of what has also happened in many other countries, including in the USA, where certain groups were singled out and discriminated against. One of the respondents formulated his suspicions in the following terms: "Another cause of AIDS are our brothers the cooperantes. These foreign people when they come to our country they play around sexually with Mozambicans and transmit HIV/AIDS."

This description of one's personal belief about the existence of the disease was, in many cases followed by a reflection or assessment of the extent to which the respondent felt that he/she might be personally vulnerable and possibly needed to engage in some form of personal protection. This is the third level of reaction. The reflections of two of the female teachers were very interesting in that they underscored their struggle, in a society where polygamy and promiscuity are a cultural reality, to try to have only one partner. One of the female teachers formulated this in the following terms: "My personal struggle has been to try to make sure that I have only one sexual partner. This is not easy for a single woman and sometimes intentions are not enough."

A final level of reaction that emerged in about half of the responses related to the kind of action that respondents were undertaking to address the threat of HIV/AIDS. A significant number of respondents indicated that they were trying to contribute by talking to their students about HIV/AIDS, usually in the formal environment of a classroom lecture, for example, during a biology class, or possibly by organizing a lecture for parents. Teachers often quoted their personal efforts in terms such as this teacher from the provincial capital: "As a teacher I have tried to address these issues in an adequate manner, and have made it one of my day-to-day priorities to use examples whenever possible to talk about this disease and its consequences." A few respondents mentioned talking and debating with colleagues and to members of the community in more informal settings. One teacher described in some detail how, based on what he had observed, he had written a book of stories which he was trying to get published[2]: "I decided that I should produce a literary work about this disease which is currently being revised and I did this as a way of helping, or at least participating, in the avid struggle against this disease."

4.4 Broad And Pervasive Nature Of The Disease

The essays provided a very detailed and multi-facetted interpretation of HIV/AIDS and how its causes and effects are interrelated. Figure 2 illustrates how the interpretations of the respondents covered a wide variety of factors and how, in their analyses, these factors were continuously linked to one another.

Central in many of the essays was the close link between poverty and HIV/AIDS. This was a continuously recurring theme. Teachers spoke of poverty making people more vulnerable to HIV/AIDS, since they often have no alternative but to fall back on paid sex as a way of supplementing their income. As a female teacher said: "for me the most important cause of the spread of HIV/AIDS is the cost of social and economic life which makes the majority of women and young men who are not married decide to have sex with anyone who asks them just so they can have money to survive." At the same time, respondents' reflections highlighted how the spread of HIV/AIDS in turn exacerbates poverty because families have to support sick family members, pay for health costs and funerals and sometimes resort to prostitution as a form of making ends meet. In the words of another teacher: "Ignorance, poverty and modas are the factors which influence the spread of HIV/AIDS in our society. Girls need fashionable clothes, high healed shoes, they want to change their natural hair, they need backpacks for their schoolbooks and money for food. Many of them come from families that are poor and they believe that they need to engage in sex in order to end their difficulties. Because people with AIDS don't die immediately as is the case with other diseases like cholera, meningitis and others it is difficult to convince people it exists."

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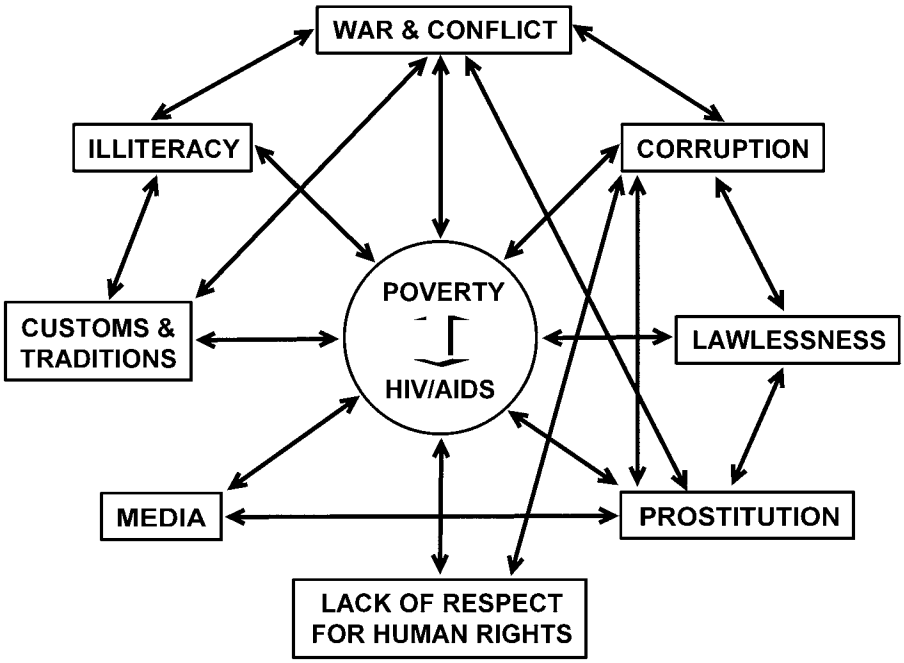
[2] This is where the disadvantage of an anonymous contribution becomes apparent since it would certainly have been very interesting to have access to this manuscript.



In addition to the close link between poverty and HIV/AIDS, each of the respondents mentioned at least three further factors influencing the spread of the disease, and there was a considerable amount of overlap in the explanations that respondents came up with. Some teachers spoke of the war[3] and conflict within communities as a major factor, and linked these two factors to the spread of corruption and lawlessness: "I believe HIV/AIDS is among us because of the spread of emigration and migration without control which was fueled by the war between Renamo and Frelimo. This war made people turn to prostitution through a greater concentration of people in certain areas of the country where it was safer but where people are unable to find enough food to eat. Once the war was over those people who are responsible for the law and order did not criminalize prostitution." Another teacher spoke in disparaging terms of corruption amongst government officials and how this has affected some of the key factors also illustrated in the country: "For me the most important social causes of the appearance and spread of HIV/AIDS is the existence of large differences in the riches of Mozambican people. Society would need to change. This requires a change in the way of thinking of those who govern us. We need to stop this business of having 3 or 4 salaries with the money of the State. We need to accept that there is a basic salary and that this is the only way for our country to grow." It was interesting to note also that the role of the media was interpreted as going both ways. On the one hand the media were blamed for the spread of HIV/AIDS because many programs – and respondents referred specifically to the Brazilian telenovelas – were seen as promoting promiscuity and immorality. On the other hand, some teachers spoke about the positive role that the media can play by: "continuing to broadcast information about prevention and ensuring that they reach everyone", these were the words of a young teacher in the south of the Province. It was also interesting to note how teachers spoke of the spread of HIV/AIDS being a human rights issue and that lawlessness was creating great breaches in the respect for human rights.

[3] Mozambique came out of a brutal 16-year civil war in 1992. Over 1 million people are believed to have been killed during the war and many more were displaced within the country or to neighboring countries.

4.5 Impact On Children

A number of teachers referred specifically to the devastating impact that the spread of HIV/AIDS is having on children in their community. This is interesting, given the fact that so many teachers appeared to feel that HIV/AIDS is not an issue in their classroom (as was noted in 4.1 above). Possibly these observations therefore refer to their observation and understanding of what is going on in the community at large rather than in the classroom but it is still interesting to see this distinction being made. It may also be that the children who are suffering more directly are already out of school (either because their parents are sick/dying or because they are themselves not well). The observation of respondents paints a bleak and sad picture. They mention children being sad, in despair, apathy, sickness, losing their parents, feeling insecure and losing hope. A number of teachers also spoke of children looking for information and support, looking for a way out.

4.6 Talking About HIV/AIDS

Many teachers mentioned talking about HIV/AIDS with their students. For most teachers their focus in talking with students is on providing information about ways of prevention and their depiction of the disease is in term of sickness and death. Teachers appear to talk about HIV/AIDS with their teachers "cap" on, in other words, they speak of HIV/AIDS in academic environments (in the classroom, or in meetings with the community) and from their perspective as holders of knowledge. Their focus is on transmitting to others what they know about HIV/AIDS and how it is spread. Neither in their attitude towards the disease nor in their manner of addressing it do they ever appear to take a counseling or supportive role.

Poverty interferes with teachers' capacity to address the issue of HIV/AIDS. One of the teacher spoke very clearly about the fact that teachers' salaries are low and that in order to be advocates for HIV/AIDS they would need to take precious time away from other activities that they engage in (giving extra lessons, cultivating the land, selling, etc.) to supplement their meager income. Poverty also appears to interfere with efforts to mobilize other community members to participate in activities since people are in such a constant struggle for survival that they are only interested in participating if they are going to be compensated (financially or in kind) for the efforts that they make.

Some teachers in talking about HIV/AIDS also take on a role of judges of the behavior of others. In one of the respondents' words: "I inform my students that I do not want to see any of you walking about at odd hours of the night. If I find you doing these things then I will mention in class that this is prostitution that this person is a thief because he/she wants to walk about late at night. And I forbid this thing of always asking for money, and if anyone really wants money then they should just study so that when they grow up they can have a job and have a lot of money. Now is not the time to fool around."

4.7 What Teachers Believe Could Make A Difference

Throughout their reflections teachers came up with various suggestions and comments of actions that could be taken to combat what is happening around them. Some of these suggestions were somewhat utopian such as the teacher who said that "the government needs to get rid of poverty now", although given the close linkage between poverty and HIV/AIDS there can be no doubt that this is a valid concern, it can just not be addressed in the short and even medium term. Other suggestions however, were very specific and offer a real possibility for follow-up. Key suggestions are summarized below:

Addressing Poverty In General

As was mentioned above teachers expressed concern that as long as the factors that cause poverty are not addressed, there will be no solution for this disease. While this may be a difficult task and certainly not a short-term one, it does underscore the importance of taking a broad and long-term approach to addressing HIV/AIDS and particularly of not placing the burden of addressing this disease solely on the shoulders of teachers. Although the national strategy foresees a multi-sectoral approach the reality is that in many communities the teacher will be the only resource.

Providing Visual Examples Of People With HIV/AIDS In Media

Seeing real-life examples of people with HIV was considered very important. One of the respondents described in detail that it was seeing a person – a Mozambican like him – talk about how he had contracted HIV that made him change his behavior. Many of the teachers asked that they have access to visual materials, diagrams, pictures, videos if possible so they can really bring home the reality of this disease. A quote by one of the teachers explain this as follows: "I am a very big friend of the radio and it gives me a lot of information. They give us information about how man condoms have been distributed in countries in Asia. And so I learn a lot about how this disease is affecting other countries in the world. For the community the radio can help in many ways by helping people to avoid disease and sickness and unwanted pregnancy."

Providing Positive Examples Of Coping With HIV/AIDS In The Media

In the same vein teachers also suggested and underlined the importance of providing more positive examples in the media. Teachers were adamant in saying that it was important to also have these positive examples to in some way offer hope and consolation to those affected by the disease. This would also possibly help minimize the perception that hearing one has HIV/AIDS is a death sentence and stop people from taking on the destructive attitude of deliberately going out and spreading the disease.

Providing Support For HIV Positive Teachers So They Can Become Spokespersons For The Disease

This suggestion was made by two of the teachers when they were referring to the culture of silence around the disease and how detrimental this is to making people aware of the real threat. These teachers argued strongly for ensuring that HIV positive teachers are kept in the workforce, and provided with the necessary training, support and access to basic health care that will allow them to come forward and take an active role in combating HIV if they so wish. As one teacher said: "I would like to emphasize that persons who carry the HIV/AIDS virus should not be isolated from the society in which they live. If they are working for the State they should be given a pension immediately and have access to various forms of care and treatment. And I think that these people with HIV should present themselves in public, so that the people in the society can know them, and become aware of ways of preventing the spread of this disease where we live to other people who are healthy".

Encouraging Other Members Of The Community To Talk

This suggestion is linked to the previous one but refers more in general to finding ways of encouraging other members in the community to also talk.

Promoting Collective Reflection And Local Identification Of solutions Including Local Involvement In The Design Of Media Messages

This was another very interesting suggestion where teachers were referring to the fact that the messages about HIV/AIDS are often not only very negative (as was mentioned above) but that the design also tends to take place away from the reality of the community. One teacher, in particular, felt strongly that for communities to perceive the reality of HIV/AIDS they should be engaged in active exercises of

identifying what is happening within their community and have some role in identifying the solutions. He emphasized that this does not mean that the messages are not effective but they do very little to provoke communities into action.

Improving Access To Counseling, Particularly For Children

Finally, respondents emphasized the plight of children and adolescents who with sick parents/family members are often the ones that have to bear the heavy burden of taking over duties and responsibilities that are far beyond their years. These children are left to their own devices when in fact they need support and counseling. As was seen, teachers do not take on this role themselves – and probably should not without adequate training and support themselves – and so there really is nowhere that these children can get support.

5. Closing Remarks

This study has brought to the surface various issues. In the first place teachers are very clearly aware of what is going on in their environment with regard to HIV/AIDS, even though many of them have no formal training in this area. A large number of teachers know someone who has died of AIDS and smaller number is aware of someone who is sick.

Teachers actively seek to understand this disease in the context of a complex set of phenomena that affect life in their communities as well as their school environment and their professional sphere. In order to understand the reality of HIV/AIDS teachers operate as (amateur) qualitative researchers, engaging in a process that involves posing questions, observing and discussing and formulating responses that is very similar to the hypothesis formulation and rejection that researchers use. The suggestions that teachers offer for addressing HIV/AIDS are a testimony to the quality of the analysis which they do

Managing the reality of HIV/AIDS involves various levels of reaction, including awareness of the problem in their direct environment, reaction to this awareness, assessment of personal threat and decision to action. It is interesting to note how these levels of reaction correspond very closely with some of the key health education theories and models such as the Transtheoretical Model, the Health Belief Model and Protection Motivation Theory.

Many teachers believe that they have a role in addressing the threat of HIV/AIDS by talking to their students about the disease. They do so in their formal role of teachers with the objective of imparting knowledge. None of the teachers involved in this study appeared to take on a more supportive/counseling role. At the same time, in their analysis teachers make it clear that their input alone will not be able to make a difference since HIV/AIDS is such a pervasive and multi-facetted problem. Also there is not much evidence of teachers engaging in active debate with communities about the issue of HIV/AIDS. On the contrary, in some cases it would appear that teachers' knowledge and perhaps other aspect of their status in the community actually serve to set them apart from the community which would not be too conducive to the role that they have been given in the context of the implementation of the National Plan.

As other studies have also highlighted, children face very particular problems because they are either sick or have to take on additional responsibilities. Children are described by teachers as facing fear, despair, destitution, apathy and are therefore in need of information and counseling. Most teachers, however, do not mention seeing these problems in their classroom. This may mean that the children who are truly affected are not (or no longer) in school or that teachers do not have the skills to identify and address these problems.

It will therefore be clear from this analysis that some teachers have much to offer in terms of supporting a program that addresses HIV/AIDS. At the same time, however, this is not a responsibility that can be carried by teachers alone since the problem is so enormous.

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