

Addressing the impact of HIV/AIDS

In this paper, the impact of HIV/AIDS on the school system is analysed. Specifically, we hope find answers to three weighty questions, namely: In what ways will HIV/AIDS have an impact on the education system? Are initiatives being taken in schools and communities with the purpose and potential to mitigate the impact of HIV/AIDS? And: in what ways can such initiatives be strengthened?

To begin to find an answer to these questions we turned to primary and secondary school teachers and asked them to talk about how HIV/AIDS was affecting their schools and about possible efforts to address the impact of the disease. Below we tell you, in the words of the teachers from Gaza who participated in this study, what we found out. As you read this, we invite you to use the strategic questions in the text as a means of comparing these findings to your own experience and understanding of the impact of HIV/AIDS in schools.

■ The impact of HIV/AIDS on education

Two little faces and one hopeful life

Anabela is almost six years old and everyone loves her. "Come here Anabela" says Maria, "it is your turn to help me today". Shyly, Anabela shows the pieces of paper that Maria gives to her, first once, and then again, clutching her doll in her lap. Every time she finishes folding, Maria takes the paper from her and puts 2 small white and blue pills in each one. When she is done, Anabela goes outside into the sun taking her doll with her. I take a picture of her and she smiles shyly and directly at the camera, her face a picture of happiness and hope.

Although it was not immediately apparent, there is also a lot of sadness in Anabela's life. She was born with HIV and developed full blown AIDS

soon afterwards, her mother is dead and her father terminally ill. She is alive only because she is one of 30 patients at the Tuberculosis Hospital in Chókwe who receive the anti-retroviral treatment. The selection of such a small group of patients from among the hundreds who qualify is one of the most difficult things she has ever done in her life, says the doctor who works there, but it must be done since the drugs are too scarce and expensive to be able to help everyone.



One little step that made all the difference

"The most significant moment of my life", says 22 year old João, a teacher trainee at the college in Inhamissa, "was when I got the results of my AIDS test. I was petrified because I knew very well that I had not always been cautious in my behavior, but I was so relieved to find out that I am on the right side of things, that I am safe. It completely changed me to know that I am free, that I don't have to worry any longer. My HIV status is the most precious thing that I have. It is the passport to my future."

Anabela and João illustrate just two of the myriad of ways in which HIV/AIDS is having an impact on the education system. While Anabela's story will be largely unknown, her life will make a small

mark when Ministry of Education converts her into a statistic. As soon as she turns seven she will become one of the thousands of children who fail to start first grade because they are in some way affected by HIV/AIDS. João, on the other hand, has escaped from becoming a statistic - he will not be part of the growing group of teachers that is HIV positive (currently estimated at 17%). He will, in all probability, have a different kind of impact on the education system. He wants to work as an AIDS activist with students and teachers and contribute to stopping the spread of AIDS.

Question to you:



There are quite a few other ways in which it is expected that HIV/AIDS will have an impact on the education system. Can you think of any?

In the course of this study we came across some other ways in which HIV/AIDS was affecting education. Discussing these in detail is beyond the scope of this paper, so we chose just a few and listed them below:

- In Chókwe one of the teachers at a local primary school told us about one of his brightest students who dropped out of grade 6 to care for her HIV infected mother . “It is such a pity”, the teacher remarked talking about the student he had lost, “she had so much potential.”
- Teacher absenteeism appeared to be a problem in many of the schools that were visited during the study. There are, of course many reasons for this in addition to any impact of HIV/AIDS, but it is fully expected that as teachers become increasingly affected

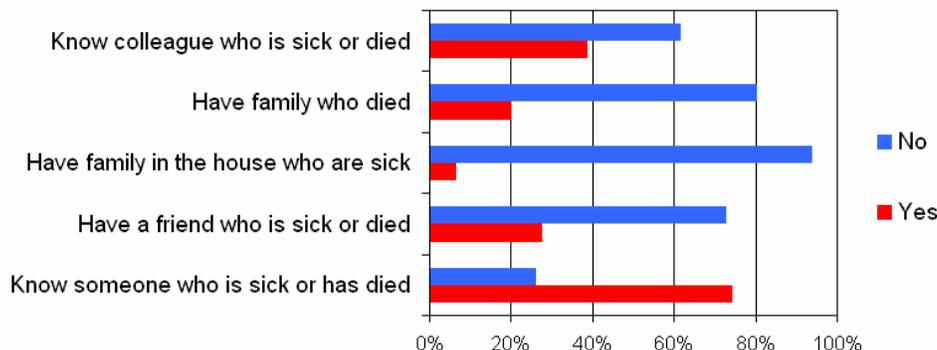
- (personally or within their family) this problem will become worse. It was also obvious that schools are unable to deal with this problem, since human resources are scarce. In every instance that this happened students were left to their own devices or sent home, thus losing valuable lesson time.
- The Provincial Directorate of Education provided us with a list of teachers who had died which went back five years to 1998. The cause of death is not specified on the list, but as the person responsible for compiling the list remarked, in every consecutive year the percentage of teachers increased substantially compared to the total. “I had no idea that teachers were dying in such numbers!” was his remark.

Placing crosses

A few teachers talked very frankly about their experience of seeing how HIV/AIDS is affecting their family, such as this 52 year old secondary school teacher in Chókwe: “Look, this is my family (starts drawing), here is my niece, she died first (crosses her out), then her husband (crosses him out) and so now their three children are living with my wife and I. Then came her brother, he got sick, his wife died (another 2 crosses) before him (crossed out) and they have four children. Every family has a story like this, and the only way we can get away from this disease if we recognize what is happening and we talk about it to others. Now when I draw a picture of my family I have to place crosses where people used to be, if I don't talk, soon there will be someone else placing a cross where I used to be”.

Is the impact of HIV/AIDS equally obvious to all teachers as it was to the official from the provincial directorate who provided us with the statistics

Fig 1: Teachers' confrontation with the impact of HIV/AIDS (%)



about teachers' deaths? No it is not. This study illustrates that, while at a personal level HIV/AIDS is a reality for many teachers because of the sickness or death of a family member, friend, or colleague (see graph), not all teachers are fully aware of the (potential) impact of the disease on their schools and communities.

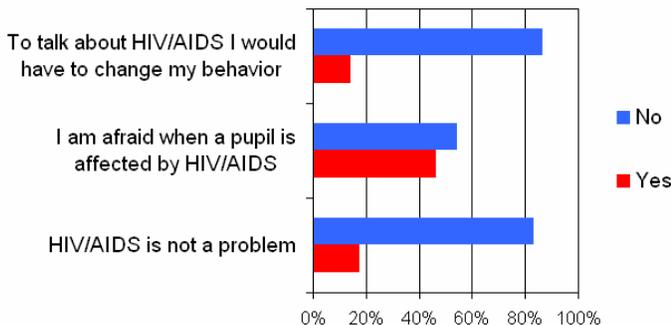
A question to you:



According to this study six percent of the teachers are living with family members who have HIV/AIDS. How do you think this affects their perception of the disease?

Some teachers firmly state that HIV/AIDS is a problem, while others say that they have heard of the disease but see very little or no evidence of it in their school environment. Why such a differing perspectives on what is happening? Here are some of the explanations for these differences that emerged during the discussions with teachers. It is important to understand these differences because if teachers don't believe that HIV/AIDS is a problem they may not feel motivated to address the issue.

Fig2: Opinion of teachers about HIV/AIDS (%)



Large class sizes and multiple shifts in urban areas make it more difficult for teachers there to know their students well enough to realize whether they are affected. One teacher in Xai-Xai echoed the feelings of many of his colleagues in urban areas: "We don't have the capacity to know anything about our students, even in meetings we only deal with pedagogical issues, and we don't know anything about the health of their families, nor of the students themselves".

Urban communities are large and more disperse compared to rural environments, which makes it difficult to know people well and so HIV/AIDS cases may seem less obvious. In rural areas this is different because communities are so small. A teacher from a rural school in Bilene put things in the following terms: "In rural areas we know everyone and it becomes hard to hide what is going on. Even if people don't say that it is that thing (referring to HIV) we still speculate, "is she like that because the disgrace is affecting her too?". And that makes us aware that something is happening".

Differences in prevalence rates make the disease more or less obvious to teachers. A very particular case in this respect was Chókwe and the surrounding area, where HIV has become so prevalent that many teachers say it has become impossible to ignore. The presence of the hospital where tuberculosis patients are treated has contributed substantially to the visibility of the disease (according to sources at the hospital 60% of the tuberculosis patients are HIV positive).



Patient at the tuberculosis hospital in Chókwe during a lecture

- Many teachers say they are simply not sure whether the disease is really affecting the people around them. Because no-one talks, and because they find it difficult to recognize the illness, they prefer to think of other explanations for colleagues, students and friends who are not well. As one teacher put it: “It is difficult to see which of our colleagues are sick. Many people have, for example, fallen for the vice of consuming alcohol. They don’t look well at all, their body is not healthy, neither is their skin, but it is not because of AIDS, it is because of what they drink. So the doubt remains, is it because of what they drink or is this cursed disease going to take them too”.
- Teachers who have personal experience with HIV/AIDS because they have a friend, a colleague or a family member who is sick appear to be able to identify HIV/AIDS cases more easily and will see HIV/AIDS as more of a problem. The example of the teacher in Chókwe that was presented above illustrates this clearly.

Question to you:

Do you think that different levels of perception of the impact of HIV/AIDS will affect teachers’ intention to address HIV/AIDS? Why and in what way?



■ Observing, experimenting and interacting: different ways of making a difference

Can local initiatives by teachers, schools and communities contribute in some way to mitigating the impact of HIV/AIDS in a meaningful way? Possibly, yes. Here are examples of some initiatives that we came across during this study.

Observing and writing

The young teacher who prefers to remain anonymous shows us his notes. They are more like loose comments, a few paragraphs, and some things that look like diagrams. “I have this idea that I really want to write a book. Something that would

make other teachers and people in my community realize what is happening. I just need to find a way to publish it. My brother died of AIDS, and I want to warn other people. His life was very difficult in the end and all he would say was ‘If I had a gun I would kill myself’. It is something that I don’t want to see happen ever again”.



An example of a local initiative to create AIDS awareness

For now, this teacher has not done anything with his notes, and maybe he never will. But there are many stories similar to the one of his brother that could serve as examples for teachers and other people working with HIV/AIDS. This is especially important because it is the absence of this kind of personal and context specific examples that limit teachers in getting the message across. Finding and making available realistic examples relevant to the Mozambican context is a much felt need. Such examples should also address myths and misconceptions and other issues related to HIV/AIDS. “Abstract talking”, said one of the older teachers who participated in the study, “is not going to get us anywhere”.

Playing the part...

In one of the sub-urban schools of the town of Macie, a group of HIV/AIDS activists consisting of three teachers, a few students from the school and young people from the community organize different activities including plays which

they perform at the school or in the community. One of the young men explained his motivation to be part of the group in the following manner: "Does what I do make a difference? Well, I get encouraged when I see that it makes at least some people realize that there are things you can do to prevent this disgrace. It also helps me personally, because we make up the plays ourselves and so it makes us think about these things too, much more than we used to". The other members of the group of activists agree with him. Their work is not easy, though, because there are so many misconceptions around HIV/AIDS. But, by putting things out in the open in a playful way, at least some form of dialogue is started. As another member of the group said: "We can say things during our plays that people would never allow us to say out loud in a regular conversation. And when we are done, you can hear that the people who watched our play have so many things to comment about what they saw and heard". There are constraints to their work, however, because they don't get nearly enough materials and condoms to distribute. The fact that they are not paid but spend long hours on this activity is also a major constraint and, they confess, demoralizes them at times.

Experimenting with solutions

Joaquim says he has cured two HIV positive people with a medicine that he made from a rare plant that is found in a very remote part of the province. He explained that the people he cured had both tested positive and are now leading normal lives. Joaquim is a teacher and supervisor in one of Gaza's most populous districts. He is very serious about his investigations, and wants to test his medicine on other people. Although he acknowledges that maybe it was just luck, he firmly believes that there must be local solutions to HIV/AIDS that we don't know about, and he will not give up looking for them.

Living positively with reality

Teachers at the secondary school in Chókwe are uncommonly open and frank about what is happening in their school and in their community. Many people are sick and dying in Chókwe and the surrounding areas, but these teachers are convinced that they are witnessing the beginning of a gradual attitude change. They cite examples of students offering condoms to the teachers, of couples who have an AIDS test before deciding

to have children, and of people commenting openly about friends and family that are HIV positive or that have died of AIDS. These teachers firmly believe that it is the pervasive impact of the disease that has contributed to this change. As one teacher puts it: "Things started changing when the Tuberculosis Hospital here in Chókwe started taking in more and more sick people. Even colleagues come here from other districts to die. It was because of this reality that we realized that living next to the cemetery should not mean that we have to die. It is better that the hospital receives guests from elsewhere than that we should end up there". These teachers were the only ones among those interviewed who were clear in advocating the message that being HIV positive does not mean an immediate death but that there are various ways of living positively with the impact of HIV.

Finding alternatives for providing education

In the less densely populated districts of Gaza province a new program is underway that allows children who cannot carry on studying because there are no schools in their area to do so anyway. The program is run by the Provincial Directorate of Education with support from a local organization UDEBA. Pupils in the upper two grades of primary level (grades 6 and 7) meet in small groups under the supervision of an adult (not a teacher) on week days and have sessions with a teacher every Saturday. Interestingly, as one of the section heads in the Provincial Directorate of Education remarked, the program has a potentially enormous but unforeseen benefit: It is through this program that the Province is learning to provide education to children while economizing on teacher input. As the number of teachers who are affected by HIV/AIDS continues to rise and the impact of the disease becomes more evident this may prove to be a very useful lesson.

Question to you:

Have you come across initiatives in schools and communities that reduce the impact of HIV? Is so what is your opinion of these?



■ What can be learnt from these examples?

These examples illustrate that there are initiatives being taken that aim at addressing the impact of HIV/AIDS in some way. Some of these are part of a broader institutional effort, such as the theatre group, others are entirely the work of individuals. Some additional important characteristics of these initiatives is that they do not wait for solutions from outside, they require relatively little financial input, and do not necessarily propagate a particular message or solution. The theatre group tries to stimulate people to think and ask questions, the teachers in Chókwe listen to their students and try to give them a positive message.



Poster advocating the use of condoms

A second common thread through the examples above is the issue of visibility. The point of departure for the people in the examples is that as long as the disease remains underground it will be ignored – just as we recognized earlier in this paper that some teachers are ‘ignoring’ what is going on around them. Whether it is through theatre, writing, talking or experimenting, or a combination of all of these (or even other activities that were not

mentioned above) most of the initiatives share the belief that making the disease visible creates a platform for starting to address it.

A further important lesson that we can learn from these examples is that HIV/AIDS is a very complex issue and that in order to address it, its complexity needs to be recognized. As the disease becomes more visible, people will have a lot of – complex – questions.

The interventions presented here are diverse and illustrate that no single solution will be the best, and that only a combined effort will really make the difference. The people in the examples above had a vision and a commitment to addressing a problem that they believe will have grave consequences for others as well as possibly for themselves.

Question to you:



In your opinion, what can be done to create an environment within the education system that would make it possible for more local initiatives to unfold? What issues of sustainability may need to be addressed?

What will the future hold?

We asked teachers what their schools will be like 10 years from now. Here are some of their answers:

“AIDS is the greatest catastrophe and some people say it could mean the end of the world. But we have survived the war and the floods and we have learnt many lessons. If HIV/AIDS is one of those challenges, we will survive HIV/AIDS too.” – a primary school teacher, Chókwe.

“If the behavior of people does not change, everything will be so much worse five years from now. Students will drop out like flies, there will be deaths, and teachers and students will disappear” – a secondary school teacher, city of Xai-Xai.

“The school will still be here, but will I be here to talk to you?” primary school teacher, Chókwe.

“The only good part of it is that things are changing, it is because we see so many dying that our own behavior has become less flexible, and that we have become more careful. Maybe it will not be over, but things will get better as people learn to listen” - primary school teacher, Mandlakazi.



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.

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