



# Courage & Hope

**Stories from teachers living  
with HIV in sub-Saharan Africa**

Printed for the 15th International Conference on AIDS and  
STIs in Africa (ICASA) December 2008



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# Table of contents

<b>Abbreviations and acronyms</b>	<b>2</b>
<b>Acknowledgements</b>	<b>3</b>
<b>About the book</b>	<b>5</b>
<b>Story summaries</b>	<b>7</b>
Setting the scene	9
What the scribes saw, heard and scribbled	11
The experiences from the teachers	14
<i>Burkina Faso</i>	15
<i>Cameroon</i>	20
<i>Ghana</i>	25
<i>Kenya</i>	29
<i>Mozambique</i>	41
<i>Rwanda</i>	45
<i>Senegal</i>	48
<i>Tanzania Mainland</i>	52
<i>Zambia</i>	59
<i>Zanzibar</i>	64
What can we learn from the teachers' voices	71
How can the teachers' voices inform future action?	75
Courage and Hope: The documentary	79



# Abbreviations and acronyms

AATAZ	Anti-AIDS Teachers Association of Zambia
AEDA	Association for the Development of Education in Africa
AIDOS	Associazione donne per lo sviluppo (NGO)
AIDS	Acquired Immune Deficiency Syndrome
AJAAT	Association of Journalists Against AIDS in Tanzania
AMPATH	Academic Model for the Prevention and Treatment of HIV&AIDS
AMREF	African Medical and Research Foundation
AMWIK	Association of Media Women in Kenya
ANCEFA	Africa Network Campaign on Education for All
ARVs	Antiretrovirals
CCJ	Committee of Concerned Journalists
CD4	Cluster of Differentiation 4
CEF	Commonwealth Education Fund
CHAMP	Comprehensive HIV&AIDS Management Programme
CNN	Cable News Network
EDC	Education Development Centre
EFA	Education for All
EFAIDS	Education for All AIDS
EI	Education International
GIPA	Greater Involvement of People Living with HIV
GNAT	Ghana National Association of Teachers
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
INE	National Statistics Institute
KENEPOTE	Kenya Network of Positive Teachers
KENWA	Kenya Network of Women with AIDS
KNUT	Kenya National Union of Teachers
MAC	Ministerial AIDS Committee
MDGs	Millennium Development Goals
MINESEC	Ministry of Secondary Education
NETWO+	Network of Tanzanian Women with HIV&AIDS
NGO	Non-Governmental Organization
PCD	Partnership for Child Development
SNEAB	National Union of African Teachers of Burkina Faso
SNESS	National Union of Secondary and Higher Education Teachers
TAA	Teachers Against AIDS
TACAIDS	Tanzania Commission for AIDS
TSC	Teachers Service Commission
UBSA	United Brothers and Sisters Association
UIS	UNESCO Institute for Statistics
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
VCT	Voluntary Counselling and Testing
VOA	Voice of America
WHO	World Health Organization
ZAMCOM	Zambia Institute of Mass Communication Educational Trust
ZAPHA+	Zanzibar Association of People Living with HIV&AIDS
ZEHRP	Zambia-Emory HIV Research Project
ZNUT	Zambia National Union of Teachers

## Acknowledgements

This book was only possible due to the generous contributions given in time and effort made by the teachers whose lives are the theme of this book.

This book was written by a network of journalists from nine sub-Saharan African countries, with support from a technical team. Financial support was kindly provided by the World Bank and the Partnership for Child Development (PCD).

The development of this book was coordinated by David Aduda, the lead journalist from Kenya, with individual contributions from him and the following journalists: Ramata Soré (Burkina Faso); Thomas Tchetmi (Cameroon); Rosemary Ardayfio (Ghana); Arão José Valoi (Mozambique); Clément Musangabatware (Rwanda); Habibatou Gologo (Senegal); Erick M.N. Kabendera (Tanzania Mainland and Zanzibar); and Henry Kabwe (Zambia).

Technical support was coordinated by Stella Manda of the World Bank in collaboration with the following: Alice Woolnough (PCD); Andy Tembon (World Bank); Bachir Sarr (UNESCO-Breda); Donald Bundy (World Bank); Lesley Drake (PCD); Margaret Wambete (KENEPOTE); and Virgilio Juvane (Commonwealth Secretariat). Editorial support was provided by Anastasia Said (PCD). The French translation to this book was provided by Michèle Mahler.

The original idea for this book arose following a presentation by Margaret Wambete at the ADEA Biennial Meeting in Libreville, Gabon in March 2006 with subsequent advice from Birger Fredirksen (World Bank) and Mamadou Ndoye (ADEA). This idea was subsequently worked on during the Positive Teachers Consultation held by the ADEA Working Group on the Teaching Profession, in Nairobi in May 2006 and the East and Southern Africa Forum for HIV-positive teachers, in Nairobi in November/December 2006, with particular inputs from: Delphine Sanglan (Education International); Dhianaraj Chetty (ActionAid International); Gaston De la Haye (Education International); Hamidou Boukary (ADEA); Susan Nkinyangi (UNESCO); and Wouter Van der Schaaf (Education International). A first draft of the book was presented and commented on during the Meeting of the African Networks of Ministry of Education HIV&AIDS Focal Points in Nairobi, in November 2007.

Many others have contributed to the development of this book and we would particularly like to acknowledge the contributions of: Michael Beasley (PCD); Anthi Patrikios (PCD); Beatrice Abade (World Bank); Birger Fredirksen (World Bank); Claire Risley (PCD); Dzingai Mutumbuka (World Bank); Fahma Nur (World Bank); Leah Ochola (World Bank); Mamadou Ndoye (ADEA);



Monica Ndung'u (World Bank); and Tara O'Connell (World Bank).

We would also like to thank the Networks of HIV&AIDS Ministry of Education Focal Points in Central, Eastern, Southern, and Western Africa for their support.

### **Data Sources**

The following data sources were used for the Country Fact boxes and for estimates given throughout the book:

1. WHO 2008. *The Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections*. WHO: Geneva. Global HIV/AIDS Online Database: <http://www.who.int/globalatlas/> (for population figures; number of people living with HIV; HIV prevalence; number of people receiving antiretroviral treatment; and coverage).
2. UIS 2008. *Statistics in Brief: Education country profiles*. UNESCO: Paris. UNESCO Institute for Statistics: <http://stats.uis.unesco.org> (for enrolment figures).
3. Risley, C.L., and D.A.P. Bundy 2007. *Estimating the impact of HIV&AIDS on the supply of basic education*. PCD: Imperial College London. Paper presented at the second meeting of the World Bank/UNAIDS Economics Reference Group, November 2007. <http://www.schoolsandhealth.org/> (for estimated numbers of primary schoolteachers, both total and HIV-positive; and for current estimates of HIV teachers in sub-Saharan Africa).

## About the book

It is estimated that there are currently around 122,000 teachers in sub-Saharan Africa who are living with HIV, the vast majority of whom have not sought testing and do not know their HIV status. Stigma remains the greatest challenge and the major barrier to accessing and providing assistance to these teachers.

The idea of collecting stories from teachers living with HIV evolved between the ADEA Biennial Meeting in Libreville, Gabon in March 2006, and the Positive Teachers Consultation held by the ADEA Working Group on the Teaching Profession in Nairobi, in May 2006.

In order to emphasize the human dimension of these stories, this activity was undertaken by journalists rather than researchers. A seasoned education journalist in Kenya led a team of eight journalists from across sub-Saharan Africa in compiling, editing and publishing these stories.

The stories documented here give voice to the real life experiences of 12 HIV-positive teachers, five of whom are women, from Burkina Faso, Cameroon, Ghana, Kenya, Mozambique, Rwanda, Senegal, Tanzania (both Mainland and Zanzibar) and Zambia. The teachers recount their experiences of discovering their HIV-positive status and how this has affected them in their families, their communities, and their professional lives.

The voices of these teachers suggest that a number of obstacles are commonly faced by teachers living with HIV. Paramount among them are stigma and discrimination, both within their families and communities as well as their workplaces and in society more generally. The difficulties of overcoming stigma and discrimination are further exacerbated by a failure to ensure confidentiality in the workplace.

The voices of these teachers also suggest that these obstacles could be usefully addressed by:

- Fully implementing existing national and institutional policies.
- Increasing involvement of teachers living with HIV in setting policies and giving practical advice.
- Providing universal access to voluntary counselling and testing, care and support.
- Addressing HIV issues during teacher training activities to reduce stigma among teachers and to equip teachers with the skills to:

- Avoid infection;
- and teach young people about HIV, including avoiding infection and focusing on stigma and discrimination reduction.
- Helping Teacher Unions to support their members living with HIV and to combat stigma and discrimination.
- Creating effective national and regional support networks for teachers living with HIV.
- Increasing national and institutional recognition of the social impact of HIV on teachers, in particular female teachers, living with HIV.

Each teacher presents a unique story demonstrating a wide range of challenges as well as insights and successes and, individually as well as collectively, displaying extraordinary **courage and hope**.

# Story summaries

## **Burkina Faso**

This story shares the experiences of Ouedraogo, a 44 year-old Head Teacher and Sawadogo, a 33 year-old Teacher from Burkina Faso. The teachers narrate sharing their HIV status with family and friends, telling of mixed reactions. They explain how stigma and discrimination have hindered them from disclosing their HIV status in the workplace.

Both teachers explain that HIV is affecting many teachers, resulting in chronic absenteeism. This is exacerbated by the absence of a teacher relief system. The teachers go on to highlight the positive role that Teacher Unions can play, explaining how two unions empowered teachers with the skills to respond to the HIV epidemic.

## **Cameroon**

Laura, currently a 33 year-old Senior Official in the Ministry of Secondary Education, discovered that she was HIV-positive while she was training to be a teacher 11 years ago.

Laura explains how HIV awareness is changing for the better in Cameroon. The Ministry of Education has set up an HIV unit and introduced HIV prevention education into the school curriculum. Laura calls for HIV campaigns to address stigma and to focus on helping people to understand that being infected is not synonymous with death.

## **Ghana**

Hassan, a 40 year-old Primary Schoolteacher, discusses the disclosure of his HIV status, highlighting the lack of institutional confidentiality. He explains how both his sister and the District Director of Education learnt of his HIV status from others (his sister's source was a counsellor).

Hassan has not disclosed his HIV status to his colleagues or students because he is scared of

the stigma and discrimination. He explains that HIV awareness does not necessarily translate into acceptance, and discrimination is high in the community in which he lives. Hassan also notes the 'teacher' dimension of school health and nutrition, highlighting the importance of nutrition for teachers living with HIV.

## **Kenya 1**

Beldina, a 38 year-old Senior Teacher, describes how she has overcome discrimination, including being thrown out of her marital home after she disclosed her HIV status to her husband.

Beldina discusses how she used good rapport with her pupils to address HIV issues – she counsels some of the older pupils who share their anxieties as adolescents with her and organizes sessions on sexuality with her pupils. As a founding member of a teacher support group, Beldina actively sensitizes and counsels teachers, encouraging them to go for HIV testing and counselling.

## **Kenya 2**

Martin, a 34 year-old Graduate Teacher in English, and his wife are both HIV-positive. Martin shares how they both decided to live positively and how their experience has brought them closer.

Martin recounts how he has been obliged to disclose his HIV status to two people he otherwise would not have shared it with: his younger brother who has access to patients files as a TB monitor, and his School Principal to avoid being transferred to a remote school without easy access to medical facilities. Martin describes the support he received from the Kenya Network of Positive Teachers and highlights the importance of involving HIV-positive teachers in the formulation of policies that affects them.

### **Mozambique**

Luis, a 35 year-old History Teacher, initially visited a “witchdoctor” after he found that he was routinely falling ill. However, his condition continued to worsen and he eventually visited a voluntary counselling and testing (VCT) centre on the advice of a friend where he was diagnosed as HIV-positive.

Luis describes financial difficulties and the problems he has encountered in finding financial support. He also explains that he visits the VCT centre for medical support and advice.

### **Rwanda**

Charles, a 39 year-old Secondary School-teacher is in charge of Discipline and Physical Education at his school. Since being diagnosed HIV-positive, he misses the long runs with his students – his favourite pastime – to avoid exhausting himself.

Charles’ health has improved since he has been taking antiretrovirals (ARVs), for which he receives financial support. While his expenses have increased, he does not take advantage of the free food subsidies offered to people living with HIV in hospitals, as he prefers to leave them to those poorer than him.

### **Senegal**

Etienne, a 49 year-old Principal was infected in his early years as a teacher and stresses the importance of starting HIV prevention programmes for teachers early.

Etienne describes school as the ‘best social vaccine’ because children can be informed about HIV and can learn how to protect themselves from the HIV virus. Etienne believes it is difficult for teachers known to be HIV-positive to teach due to the stigma that they face from pupils who refuse to be taught by them.

### **Tanzania Mainland**

Theresa, is 53 years-old and took early retirement as a result of the stigma at the primary school at which she worked. A founding member of the National Network of Tanzanian Women with HIV&AIDS, she now spends her time working for the Network, volunteering and supporting her three grandchildren.

Theresa highlights the needs of the HIV-positive children and AIDS orphans at the primary school at which she taught. Only a few of these children secured support for uniforms, food and ARVs. She suggests school health and feeding programmes to assist such children.

### **Zambia**

Jennifer is a 40 year-old Teacher. She is an active member of a team of teachers sensitizing their colleagues and pupils about HIV issues.

Jennifer teaches her students about HIV in her lessons, during assembly time and in Anti-AIDS Clubs. She uses entertainment, including drums and dance, to engage her pupils. Jennifer also appears on radio talk shows, visits churches and additional schools to discuss issues on HIV.

### **Zanzibar**

Sara, a 28 year-old Primary Schoolteacher is separated from her husband and lives with her parents. In addition to teaching, Sara spends her time explaining the risks of HIV infection to people and working with them to appreciate and assist those living with the HIV virus. In the evenings, she plaits women’s hair and uses the time to discuss living with HIV. Sara believes that teachers should be encouraged to teach about HIV both in the school and the community.

## Setting the scene

The idea to collect stories from teachers living with HIV was inspired during the Association for the Development of Education in Africa (ADEA) Biennial Meeting in Libreville, Gabon, in March 2006. At the conclusion of the meeting, Margaret Wambete shared a moving account of her life as a teacher living with HIV in Kenya.

Margaret's presentation alluded to the fact that teachers living positively, in part due to their leadership role and in part due to their visibility in society, experience a unique set of challenges related to their HIV-positive status. In response to this presentation, the Kenya Network of Positive Teachers (KENEPOTE), of which Margaret is an active member, along with ADEA, the Commonwealth Secretariat, and the World Bank suggested documenting first-hand stories from teachers living with HIV throughout Africa. A technical team comprising of the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO)-Breda, the Commonwealth Secretariat – ADEA Section, KENEPOTE and the Partnership for Child Development (PCD) committed to taking this project forward to its completion.

During subsequent meetings, including the Positive Teachers Consultation held by the ADEA Working Group on the Teaching Profession in Nairobi in May 2006 and the East and Southern Africa Forum for HIV-positive teachers in Nairobi, November and December 2006, the project was further defined.

***A statement from Margaret Wambete, from the Kenya Network of Positive Teachers (KENEPOTE), whose story was the original inspiration for this book.***

I feel greatly honoured to be associated with this project. HIV&AIDS have impacted heavily on the education sector in sub-Saharan Africa and efforts towards addressing the epidemic are highly welcome. Discussion around teachers living with HIV is essential when addressing the pandemic since they are on the ground and they are the ones greatly affected by issues of stigma and discrimination. It is therefore important that they are directly and meaningfully involved in all efforts aimed at addressing the issue.

From the experiences highlighted in the book, teachers living with HIV also require attention in matters of nutrition, drug availability and adequate training in HIV&AIDS management.

I hope that the outcome of this project will go a long way in addressing issues such as stigma and discrimination in other sub-Saharan African countries. It is also important for documentation of the real life experiences to serve as a reservoir for future reference.

My belief is that "HIV-positive teachers are part of the solution in fighting HIV&AIDS in the education sector and not a problem."

*Margaret Wambete can be contacted at: [hivteacher@yahoo.com](mailto:hivteacher@yahoo.com)*

In order to emphasize the human dimension of these stories, the technical team worked with journalists rather than researchers. A seasoned journalist responsible for the Education Section of a major Kenyan newspaper led eight local journalists in documenting these stories. Working with Teacher Unions and networks of HIV-positive teachers in various countries, a number of HIV-positive teachers were identified as willing participants for this project. The journalists each interviewed teachers living with HIV from their home country and recorded their stories. Once collected, the stories were vetted for accuracy of interpretation and then reviewed more widely at the Meeting of the African Networks of Ministry of Education HIV&AIDS Focal Points in Nairobi in November 2007.

The voices of 12 HIV-positive teachers, 5 of whom are women, describe their experiences from Burkina Faso, Cameroon, Ghana, Kenya, Mozambique, Rwanda, Senegal, Tanzania (both Mainland and Zanzibar) and Zambia in this book. The teachers represent a diversity of sub-Saharan Africa's geographic, linguistic and religious groups as well as countries with both high and low HIV prevalence.

The teachers' moving stories raise many interesting and important issues. The questions to consider while reading these personal accounts include:

- 1) Are the teachers affected by stigma and discrimination?
- 2) Are care and support, including voluntary counselling and testing (VCT), available to the teachers? If so, is their confidentiality respected?
- 3) Are there distinctive roles for the different institutions within the education sector in the response to HIV? If so, are the responses of these different institutions in competition or complementary?
- 4) Do the teachers feel that the education sector is doing enough to address the issues highlighted in the stories?
- 5) What are the real life experiences of the teachers on finding out that they are HIV-positive? And, given the teachers' prominence in society, does disclosure of their HIV status present particular issues in their families, their communities and their professional lives?

## What the scribes saw, heard and scribbled

This section, by the lead journalist David Aduda, describes *'what the scribes saw, heard and scribbled'*.

The journalists who contributed to this book went through diverse experiences as they sought to interview and document accounts of teachers living with HIV. In all, the exercise offered a unique chance for journalists to talk not only to individuals infected and affected by this epidemic but to engage and interact closely with a group with multiple roles in society. Teachers are professionals; they are perceived in a different way and are expected to lead a different lifestyle. But they are also parents, husbands or wives and members of a community. While the tendency is to view them as professionals or opinion shapers, hence insulated against the vagaries of nature-like diseases, our interaction with them demonstrated that they also have their frailties, which are rarely open to the public.

The media in sub-Saharan Africa is replete with stories on HIV. In most cases, the stories are reported in general terms. At times, the situation is exaggerated and made to look too gloomy. Those affected are treated as statistics; figures without faces; and facts without flesh and blood.

Whereas in the past, HIV was a captivating, in fact, a compelling story, it has become a common subject in recent years. Journalists no longer treat it with the seriousness it deserves. Not that it should be handled differently from other stories, but it ought to be reported continuously and most importantly, the facts put across in a sober manner.

Despite the challenges brought about by HIV, sub-Saharan Africa has made remarkable progress in tackling the pandemic. No longer is HIV infection a life sentence. Many people are living positively with the virus and going about their activities unhindered. Death rates have declined and so have new infections. Many infected people talk about the HIV virus quite openly and provide inspiration to others. Such stories have not been told in reasonable depth. Journalists who would ordinarily help in telling the stories do not get the chance and time to do so.

Of course, the old game of 'cat and mouse' relationship between journalists and news sources still persists. Many people avoid journalists like a plague for fear of being misrepresented or misquoted. And such fears are not unfounded. Incidents abound where journalists quote people out of context; blow things out of proportion or selectively put out half-baked information. But the converse is also true. Many people are ready to bare it all to



journalists. They want their experiences and worldviews reported and expounded to a wider audience.

This dichotomy was at play when journalists set out to interview and write the stories of teachers living with HIV. Some teachers, unions and employers who were approached to assist in identifying teachers living with HIV, were reluctant to do so, while others were willing. There were teachers who were ready to bare it all; quick to tell their stories and ready to stand to be counted as pillars in the fight against HIV.

Teachers living with HIV are vulnerable and disadvantaged in many ways. When they contract HIV, they are blamed for being careless. How can an educated and enlightened lot contract a virus that is associated with the lesser mortals? If they keep quiet about their condition, they are never at peace with their conscience. Yet, when they disclose their HIV status, they are subjected to stigma and discrimination.

The teachers interviewed, however, had experienced and overcome many of these contradictions. They were open, straight talking, empowered and decisive. Listening to them while they discussed and explained their circumstances, challenges and triumphs, the journalists were humbled and abundantly enriched mentally.

Living with HIV is emotionally exacting, financially debilitating and socially exhausting. When for instance, journalists write about the nutritional needs of those living with HIV, little do they ever appreciate the costs involved, the discipline required to adhere to the strict rules and the hardships of sourcing some of the foodstuffs.

It is easy to talk about stigma and discrimination quite casually. But when faced with a situation where a teacher has to take early retirement because of the mental and emotional torment he or she goes through at the workplace, or where parents threaten to pull out their children from school because a teacher is HIV-positive, the matter takes an ominous dimension.

Although awareness about HIV is presumably high in sub-Saharan Africa, evidence from the interaction with the teachers demonstrated that there was still a long way to go. The majority of people were aware, but their behaviour and attitudes told a different story. The fact that some teachers resorted to traditional medicine for the HIV cure, or treated their peers living with the HIV virus as pariahs, amply demonstrated the mismatch between knowledge and practice. The same is true for parents and communities who treated HIV-positive teachers with disdain.

Due to stigma and discrimination, journalists had difficulties in getting teachers to be interviewed. Some teachers agreed to be interviewed, but insisted that their names be changed to mask their identity. Indeed, only a few agreed to have their names and even photographs included in the book. So, as journalists found out, stigma and discrimination are real.

Despite the gloom, there was bloom. Most teachers that were interviewed were resolute in their determination to beat the odds against them. They had overcome fear, anxiety and panic. They gave hope and inspiration – life does not come to an end just because one has been infected with HIV.

A startling lesson, though, was the disaffection and cynicism about responses towards HIV. Teachers were brutally honest as they condemned individuals and organizations that have turned HIV into an industry for making quick money. Such groups were good in writing proposals and soliciting funds from development agencies under the guise of helping those living with HIV, while in actual sense, they simply pocketed the funds.

From the interactions, the journalists learnt that news conferences, reports or press statements they rely on for information about HIV are not enough. Understanding the HIV challenge requires close association with those living with the HIV virus. These individuals have moving personal testimonies that cannot be captured through hard facts and figures. They only come out through close interaction. It is through close interactions that they can express their fears, needs and aspirations.

Listening to teachers giving their personal accounts opened a new vista in the journalists' professional pursuits. They were able to appreciate the sacrifices the teachers make on a daily basis, hence, relate and appreciate their situation. The journalists were able to review, reflect and reconstruct their perceptions about those living with HIV. Such transformation could not have happened without interacting with teachers living with HIV.

All said, the experience was insightful, educative and humbling. When people face adversities with courage and conviction in the way the teachers living with HIV have, then there is hope. This is a lesson the journalists could not have forcefully learnt without undertaking a project such as this.

Personal testimonies from the teachers are a powerful tool for spreading the message on HIV. Facts and figures are important, but listening to those who have lived through the experiences telling their stories, the message is potent. The lessons journalists learnt from the exercise will surely help them and readers of this book in redefining their perception about HIV and especially in relation to professionals such as teachers.

## The experiences from the teachers



***"[I]t is only the story that can continue beyond the war and the warrior. It is the story that outlives the sound of war-drums and the exploits of brave fighters. It is the story ... that saves our progeny."***

Chinua Achebe, *Anthills of the Savannah* (1987)

***"I will tell you something about stories ....They aren't just entertainment... They are all we have...to fight off illness and death. You don't have anything if you don't have the stories."***

Leslie Marmon Silko, Epigraph to *Ceremony* (1977)

## BURKINA FASO



### Painful and fatal silence

**Story by Ramata Soré**

The voice is trembling. The look is depressing and the mind is disturbed. He recollects the misfortune that has befallen him. Ouedraogo Noaga\*, a 44 year-old Head Teacher who lives near Ouagadougou, relives what has happened to him in the past 8 years.

Ouedraogo narrates with pain the announcement of the results from the tests he had undergone, saying it sounded like a bad dream.

"I suffocated and sweated all over my body. In fact, I got the impression that I had a cardiac arrest," he says.

Before going for the test to check about his HIV status, Ouedraogo suffered from recurrent diseases. But he was not alone. There was another teacher, Sawadogo Tendaogo\* then aged 33 years, who was also in a similar situation.

Sawadogo, a youthful teacher, had also just discovered that he was HIV-positive after 6 years of unending ailments. He had been working since 1995 and had endured endless pain and suffering without establishing the cause. Thus, both teachers were sailing in the same boat - living with pain whose cause they never understood.

## BURKINA FASO

### FACTS AT A GLANCE

- Burkina Faso has an estimated population of 13,227,000
- The approximate number of people living with HIV is 150,000
- The HIV prevalence (adults aged 15 to 49 years) is 2%
- An estimated 8,136 people were receiving antiretroviral treatment by the end of 2005 (an estimated coverage: 32.4%)
- The net primary enrolment in 2005: total 45% (50% male, 40% female)
- The net secondary enrolment in 2005: total 11% (13% male, 9% female)
- Estimated number of primary schoolteachers: 23,402
- Estimated number of primary schoolteachers living with HIV: 400

“One day a friend asked me to go for the test to establish what my problem was so that I could seek appropriate treatment,” says Ouedraogo, whose spouse and one child have since died of AIDS-related complications.

Ouedraogo, had always thought that HIV only infected others and not educated people like him. But as it came to pass, he turned out to be ‘this other’ he had always created in his mind – the one he did not want to associate with.

For Sawadogo: “AIDS is a chronic and devastating ailment, let alone the stigma associated with it. HIV attacks the body and affects the mind and kills.”

Once Sawadogo was told about his HIV status, he went ahead to discuss the matter with his wife, who although was shocked and petrified at first, she understood the situation. Ouedraogo also did the same, but his wife never came to terms with the condition. “She could not imagine that I was HIV-positive and that the scourge had hit the family. She was convinced that if I was sick, she was sick too. She went into denial and cried for days on end,” he says. And that affected both of them.

### Living with discrimination

Both teachers resolved to live positively with their condition. But the going was tough and painful. They faced stigma and discrimination at work and within the community. Some people looked down upon them and considered them as evildoers. Matters were worse when they were attacked by opportunistic diseases, putting them down and making it difficult for them to work.

With time, they have learnt to face the world with courage and accept their condition. For example, Ouedraogo says he had to open up and tell his close family members and friends about his condition.

“Since I kept getting sick frequently, I had to tell a few family members and friends about my condition. Some were surprised and affected, but others were sympathetic and showed a lot of compassion to me,” he says.

He adds: “The family members now treat me like the rest without any bad feeling. My friends have also remained faithful and supportive,” says Ouedraogo.

Even while the two teachers maintain that HIV is not a taboo subject, they have never had the courage to talk about their condition to their school members for fear of stigma.

## **From teachers to fighters**

Apart from close family members, Ouedraogo and Sawadogo have not made their HIV status known publicly. Nonetheless, they try to lead normal lives. According to Ouedraogo: “Since I recovered from that stage of denial and helplessness, I have become a fighter,” he says.

For Sawadogo, he has become a champion for the cause of those living with HIV. Together with other teachers, they have set up an association to champion the cause of those living with HIV, which currently has 7 teachers, 72 other professionals and 124 orphans.

Both teachers reported that they have not received any support from the government. They noted that the procedures set by the ministerial committee against AIDS was very slow in initiating programmes to support teachers, including providing medical care. Also, the measures to care for teachers living with HIV were few and far apart.

“Even if there are some arrangements to help teachers living with HIV, it is really difficult to get the support on time and regularly,” says Ouedraogo, the head teacher.

Considering the weak caring system and the difficulties caused by AIDS in Burkina Faso Ouedraogo notes that: “AIDS is not only a disease, it is a development challenge.”

## **Losing professional touch**

Both Ouedraogo and Sawadogo confirmed that HIV is affecting many teachers. They pointed out that chronic absenteeism by teacher's living with HIV, along with psychological stress, trauma and stigma, made it difficult for the teachers to complete syllabuses on time or offer remedial teaching to weaker learners. This impacted negatively on the quality of education.

In sum, both teachers have said that HIV-related disease reduces access to education, contributes to high school dropouts and compromises the quality of education. They added that the decline in quality, combined with loss of confidence in the school system by parents and students, could lead to further decline in enrollment rates.

## **Are programmes a burden or an investment?**

The teachers reported that the government had set up a Ministerial AIDS Committee (MAC) to sensitize the people on the pandemic. In addition, the Committee was working with both the Ministry of Basic Education and Literacy, and the Ministry of Secondary and Higher Education to support teachers living with HIV and their families. In 2006, the Ministries supported 139 HIV-positive teachers and 200 others who were affected by it. Among others, they were given money to buy drugs and food.

“Besides the economic support, teachers living with HIV need comprehensive, medical and psychosocial care. It is certain that teachers in rural areas living with the virus will experience difficulties receiving support,” say the teachers.

They also reported that the two Teacher Unions – the National Union of Secondary and Higher Education Teachers (SNESS) and the National Union of African Teachers of Burkina Faso (SNEAB) – were involved in a project to prevent HIV infections in schools, which was supported by Education International (EI) and the World Health Organization (WHO).

The project involved equipping teachers with skills to enable them to teach young people about sexually transmitted infections, including HIV. They reported that the programme had empowered teachers and enabled them to overcome cultural barriers that made it difficult for them to discuss sexuality with children.

The training also prepared teachers to advocate for VCT and antiretroviral treatment. The main project goal is to have in each school a teacher with good knowledge on HIV.

## Bringing more teachers on board

All teachers have not benefited from the training. Many are not aware of the programme.

“The education sector does not have school health training programmes for teachers. Programmes currently taught to pupils do not include HIV.” explains Sawadogo, who is married and has a 5 year-old daughter.

Considering the weaknesses of existing HIV strategies, the duo calls for in-service training for teachers, head teachers and administrators to help them acquire the skills that will lead them to make the right choices to minimize infections, and transform schools into a friendly environment for infected or affected children and teachers. For Sawadogo, there is a need to put in place an efficient system of social security for workers. Teachers should be protected from discrimination in terms of promotions and insulated against retrenchment on the account of their HIV status.

They both further add that measures must be part of a national education plan and should be elaborated by Teacher Unions and Non-Governmental Organizations (NGOs). Ultimately, what is needed is sound policy that helps to minimize infections, provides care and support, and promotes access to quality education for all.

Unless the HIV challenge is eliminated, Burkina Faso may not achieve the Millennium Development Goals (MDGs) and Education for All (EFA) by 2015, the teachers concluded.

\*Names changed to avoid identification.

### **Ramata Soré, Burkina Faso**

Ramata Soré is the Editor of the Journal *Fighting HIV&AIDS and Promoting Peace in Africa* published by an organization of African youth - OJA Burkina Faso. Among others, she works as a Journalist at L'Evenement, a bimonthly newspaper in Burkina Faso. She holds a Master's degree in Journalism and in Environmental Economics from the University of Ouagadougou, Burkina Faso. She also has a Bachelor's degree in Multimedia and Information and Communication Technologies from the University of Le Mans in France.

She has participated in various international conferences and workshops on health communication, including a training workshop organized by Cable News Network (CNN) MultiChoice in collaboration with the Henry J. Kaiser Family Foundation for Journalism on HIV&AIDS. She also participated in workshops on combating female genital mutilation, reproductive health and combating HIV organized by Associazione donne per lo sviluppo (AIDOS, an Italian NGO) and the Association of Media Women in Kenya (AMWIK).

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## CAMEROON



### Discovered her status by chance

**Story by Thomas Tchetmi**

Thirty-three year-old Laura\* discovered that she was HIV-positive while studying at a teacher training school. But this did not deter her. She worked hard to complete her studies and then got a job as a teacher and with time, rose to become a Senior Official in the Ministry of Secondary Education (MINESEC) in Douala. She strongly believes that the problems faced by people living with HIV stems from society's ignorance about the pandemic.

Her story started in December 1999, when Laura went to Laquintini Hospital in Douala to see an ophthalmologist. Once there, she found a number of people queuing in front of the hospital.

"I enquired about what was going on and was told that the people wanted to take an HIV test. The following day I was back and found the same large number of people. Why not me too? I asked myself."

Laura decided to join the group to undergo the HIV test. When she came back for the results, Laura was welcomed by a very courteous nurse, who asked her if she was ready to receive her results. Laura panicked and told the nurse "I will never go back to school if the results turn out to be positive." Laura was then given an appointment outside the hospital to visit the nurse's home at the weekend.

## CAMEROON

### FACTS AT A GLANCE

- Cameroon has an estimated population of 16,321,000
- The approximate number of people living with HIV is 505,000
- The HIV prevalence (adults aged 15 to 49 years) is 5.4%
- An estimated 17,156 people were receiving antiretroviral treatment by the end of 2005 (an estimated coverage: 22%)
- The net primary enrolment in 2005: total 117% (126% male, 107% female)
- The net secondary enrolment in 2005: total 44% (49% male, 39% female)
- Estimated number of primary schoolteachers: 55,266
- Estimated number of primary schoolteachers living with HIV: 2,000

Laura faithfully went for the appointment on a Saturday. Always courteous and understanding, the nurse took time to discuss with Laura about HIV, its mode of transmission and how to live with it. “She talked about the condition, how people get it and how to live with it. She told me that being positive did not mean that one would instantly die,” says Laura.

But all this left Laura pretty disturbed. Several questions ran through her mind. “I was dismayed. I was wondering why she was talking so much about AIDS and with details. What did this have to do with me anyway?” she adds.

“For 3 hours, the only thing we talked about was AIDS and I still didn’t know what all of this was about. She gave me another appointment, this time around, at the hospital. At this point, I was convinced that I was HIV-positive because there was no reason why the nurse took so much time discussing with me about the subject.”

### Facing an uncertain future

Laura did not sleep that night. She kept thinking about her future, as a student without a salary. “How would I survive with so limited resources, and how would I get through life if I proved to be HIV-positive?” she says.

When Laura finally went to the hospital for her results, it was a mere formality because she was already convinced that she was HIV-positive. The doctors carefully explained the result and made every effort to calm her down and allay her fears. Fortunately for her, she met with many other young people in the same situation and this comforted and reassured her that she was not alone.

Laura decided to keep the information about her HIV status to herself, but the load was too heavy for her to bear. So, she decided to share it with her sister who lived in England.

“I called her to tell her that I had something very important to confide in her. She got anxious and guessed that it was something terrible. I told her right away that I had gone for an HIV test and was diagnosed to be positive,” she says. Her sister calmed her and promised her full support. Laura explained that she could not reveal her HIV status to everybody, but only to people who were informed about AIDS and knew what it was all about, and not to those who would automatically reject her.

## **Infected at college, but survived to scale greater heights**

Throughout her training, Laura kept the information a secret until she graduated. When she was finally employed as a teacher in a village in the Littoral Province, she realized that many people did not even know about the HIV virus. Even her own colleagues knew little about AIDS. This made it difficult for Laura to disclose her condition. She kept wondering what they would do if they came to learn that she was HIV-positive; would they understand and accept her situation or reject her.

“You can only discuss your HIV status with someone who understands the condition, not everyone,” she says. “In our discussions on AIDS, I realized that the people were negative about those infected with the virus and so, if ever they knew about my case, they would not only divulge it, but would reject me. At some stage, I was tempted to open up to one of my colleagues but I restrained because I realized he was not very different from the others; they were all uninformed about the issue,” says Laura.

She said that one teacher in her school was very ill and everybody ‘suspected’ he was HIV-positive but nobody dared to talk to him about it. “With such an attitude, you are bound to keep your illness to yourself and to those you trust,” says Laura.

She regrets that in those days the curriculum for schools did not cover HIV. Some teachers, at best, took advantage of national holidays such as February 11th, corresponding with the National Youth Day in Cameroon, to sensitize the young about the HIV condition, its mode of transmission and prevention.

## Teaching AIDS lessons in the classroom

Laura is happy today that things have changed for the better, with high levels of awareness about HIV becoming a reality. As an example, she explained that the Ministry of Education has set up an HIV unit to sensitize teachers on the condition. The Department has been taking part during the celebrations to mark the Women's day on 8th March, every year.

Secondly, she says HIV education has been introduced in the school curricula to equip the pupils with knowledge on the subject. "This is the first time we are going to have a special course on HIV, which is a major step in the campaign against the scourge," she says.

Laura suggests that "the Ministry of Education should popularize voluntary HIV tests among students and teachers. If you test positive, you'll also be better placed to start on a medical and nutrition course that would enable you to live healthily."

However, she is extremely unhappy that some HIV-positive teachers engage in sexual intercourse with students.

Laura proposes that teachers living with HIV need to form an association to champion their cause and sensitize others about the HIV virus. She also notes that Teacher Unions have a duty to support teachers living with HIV, by among others championing their rights for access to medication, promotion and other benefits.

## Marital bliss

Laura lives with a man she met at UBSA (United Brothers and Sisters Association) – the oldest association of people living with HIV in Cameroon. She says her HIV status has not affected her professional or marital duties. She regularly talks to children from her neighbourhood about HIV and how they can avoid infection.

Laura says that she takes her medication religiously, which inevitably draws attention from some close relatives. "There are some people who repeatedly ask me questions about those medicines I take, why I take them all the time, but I do not reply," she says.

One thing that Laura is particularly alarmed about is stigma, which she says is prevalent everywhere: in the family; in the workplace; and in the community. She says: "The campaign on HIV&AIDS should focus on helping people to understand that being infected is not synonymous with death. One can live

with HIV&AIDS provided that he or she follows strict dietary and medical rules.”

\*Name changed to avoid identification.

### ***Thomas Tchelmi, Cameroon***

Thomas Tchelmi is a seasoned Journalist who has worked extensively on education, HIV and social issues. He has been involved in a number of HIV projects supported by various international agencies. Currently, he is coordinating a project funded by the Canadian Embassy in Cameroon on Community Radio and HIV. This involves developing strategies on how the community radio can be used to prevent HIV infections and mitigate its impact on the communities.

He is working on a publication *Handbook for Journalists on HIV* which seeks to help journalists understand and articulate the issues surrounding HIV in a way that helps communities to deal with the challenge.

He has also worked with UNESCO and the Ministry of Education on the impact of HIV in the education sector.

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## GHANA



### Disclose and face stigma or keep quiet and perish?

**Story by Rosemary Ardayfio**

Haruna Ibn Hassan, is 40 years-old, qualified as a certificate 'A' teacher in 1995 and was employed by the Ghana Education Service immediately thereafter. He teaches primary schoolchildren, Grade 4, in a basic school in Accra, the capital of Ghana, and in line with the national policy, he handles all subjects in the curriculum.

"I got to know my HIV-positive status in 2002, when my wife was hospitalized. She had been ailing for a while and was not responding to treatment. The hospital had to do several tests, including HIV, and she was diagnosed to be positive," says Hassan.

It did not take long before she succumbed to AIDS. Upon the advice of the doctor, Hassan also took the test and was also found to be HIV-positive.

"My immediate thought was to travel out of the country and die outside in order not to bring shame to my family. But I never did that. Presently, every member of my family is aware that I am HIV-positive although I did not tell anybody," he says.

## GHANA

### FACTS AT A GLANCE

- Ghana has an estimated population of 22,112,000
- The approximate number of people living with HIV is 266,851
- The HIV prevalence (adults aged 15 to 49 years) is 2.03%
- An estimated 4,500 people were receiving antiretroviral treatment by the end of 2005 (an estimated coverage: 5.7%)
- The net primary enrolment in 2005: total 65% (65% male, 65% female)
- The net secondary enrolment in 2005: total 37% (39% male, 35% female)
- Estimated number of primary schoolteachers: 89,278
- Estimated number of primary schoolteachers living with HIV: 1,800

It was a counsellor who broke the news to one of his sisters, who in turn approached him to confirm if it was true. Although he was hesitant at first to disclose his HIV status, the sister was not only persistent but assured him of the family's support whatever his HIV status was. The family members have been very supportive, giving him all the help he needs. Besides, they have kept their pledge not to disclose his HIV status to other people.

"I have not disclosed my status to fellow teachers or students for fear of stigma," he says, adding: "When they get to know, I will have to leave my school and I dread the financial hardship that might follow since I am the only breadwinner for my family."

### To disclose or not to disclose, that is the question

Even then, the game of silence was wearing him down. He was disturbed by the fact that he lives a life of lies; that he has kept vital information about his HIV status from people he interacts with on a daily basis.

"I have to deal with a feeling of guilt, because each day I interact with the students, teachers and other members of staff, I know I am not doing the right thing. Ideally, they should know my condition, but again the odds against that are far too many," he adds.

For one, how would they react towards him once they get to know that he is living with the HIV virus? The thought of stigma and discrimination that is likely to ensue clearly negates his desire to open up. And this is not without basis.

## **Self-denial comes quite naturally**

Although the level of HIV awareness in the school and community is high, quite often, he says, he has heard people making derogatory and offensive remarks about those living with the HIV virus.

“In order not to make them suspect that I am carrying the virus, I have made a few of those remarks myself. How then can I reveal my status?” he says.

Somehow, the District Director of Education found out his HIV status and offered to transfer him to the district office, where there was less work and the working environment was friendlier. He is yet to take up that offer but is seriously considering it, as it is a better option away from the school.

He also notes that the level of discrimination against those living with HIV among the community members was quite high, which militated against openness.

So, although the level of HIV awareness was generally high in the country, this did not translate into acceptance. Many people talked about their knowledge on HIV but would not easily accept one of their own living with the HIV virus. It is for this reason that Hassan categorically states: “I would rather not disclose my status than deal with the pity and discrimination.”

## **The ‘teacher’ dimension of school health and nutrition**

Hassan is not on antiretroviral therapy, but is conscious about his eating habits, focusing on a balanced diet with a lot of fruits. Periodically, though, he takes medication to treat opportunistic infections and multivitamins to improve his appetite.

By and large, he says, teachers living with HIV have to deal with their situation on their own, as there are no special programmes or interventions to help them live positively or to reduce stigma and discrimination in the school community.

The General Education Service has initiated HIV programmes, but the focus is mainly on awareness creation. Little has been done in terms of providing support, care and treatment and generally mitigating the impact of the pandemic.

He states that there are a number of times when teachers living with HIV



are invited to address workshops and to talk about their conditions as a way of demonstrating the reality of the HIV virus.

Hassan belongs to the National Network of People Living With HIV, which provides financial and moral support for those living with the HIV virus. He says that he only recently found out that the Ghana National Association of Teachers (GNAT) had developed a draft HIV policy and had set up a VCT centre. Apparently, these initiatives are not widely known among the teachers and as a result have not been beneficial to the potential target groups.

He also says a group of teachers living with HIV have started a process to establish an association to support each other and create a platform through which they can be supported nationally.

“I wish the education sector would be more proactive in dealing with HIV&AIDS. Awareness creation is not enough. Teaching of sex education should be intensified and not covered under family life education,” he says.

Equally important, he says, is that a fund should be created to support teachers living with HIV, as well children orphaned due to AIDS.

### ***Rosemary Ardayfio, Ghana***

Rosemary Ardayfio works with Graphic Communications Group in Ghana as the Deputy News Editor. She holds a Bachelor's degree in Journalism and Public Relations from the Ghana Institute of Journalism, Ghana, and a Certificate of Primary Health Care Management from the Liverpool School of Tropical Medicine, Liverpool, UK. Rosemary also studied Health Communication at John Hopkins University, Maryland, US.

She is a member of various organizations, including the Media Network on HIV and the President of the Communicators Against Tobacco.

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## KENYA



### Stepping up the campaign

**Story by David Aduda**

She is dark with an imposing round figure and adorning a well-made kitenge dress. She is Beldina Atieno, 38 years of age, and separated from her husband of 11 years. Looking at her pictures in some of the magazines she carried with her, one gets the impression she has a taste for dressing well – she is exquisite and immaculate. She exudes confidence and her face is a mark of determination. Her physique and gait is a perfect demonstration of her past struggles with failing health.

A holder of a P1 Certificate with 18 years of service with Kenya's Teachers Service Commission (TSC), Beldina is currently a Senior Teacher at her school. Sometime in February 1990, her 12 month-old daughter went down with malaria and was hospitalized. On the doctor's advice, her daughter needed to be given blood because she had become anaemic.

Upon testing, Beldina's daughter was diagnosed to be HIV-positive. As a result of denial about her own probable HIV status, it was a while before Beldina opted to go for an HIV test following her daughter's HIV-positive test. When she tested, her worst fears were confirmed, she was HIV-positive too. And with this revelation, both mother and daughter were to begin walking a completely different path.

## KENYA

### FACTS AT A GLANCE

- Kenya has an estimated population of 34,255,000
- The approximate number of people living with HIV is 1,300,000
- The HIV prevalence (adults aged 15 to 49 years) is 6.1%
- An estimated 66,000 people were receiving antiretroviral treatment by the end of 2005 (an estimated coverage: 23%)
- The net primary enrolment in 2005: total 79% (78% male, 79% female)
- The net secondary enrolment in 2005: total 42% (42% male, 42% female)
- Estimated number of primary schoolteachers: 149,893
- Estimated number of primary schoolteachers living with HIV: 7,300

### The challenge of being a female teacher living with AIDS

Without forewarning, her in-laws promptly stepped into their domestic affairs and after discussing with her husband, whom she had told about her HIV status, the in-laws moved in and took the children and everything in the house to “safety” away from their now “sick” mother. The husband also departed immediately and this marked the start of her tribulations. She soon started falling ill, on and off, and by 2002 her condition had developed into full blown AIDS.

“I was literally thrown out of our matrimonial home by hostile relatives. When I got tested in 2000 and my husband’s relatives got to know about my status, they just came to the house and took the children and everything. Soon after, my husband left after discussing this with the family members,” she says.

For Beldina, the results of the HIV test and the subsequent events thereafter were simply a nightmare. When she got to know about her HIV status after the test, her immediate reaction was that of shock, bitterness and anger. The first person at school to whom she revealed her condition was the head teacher of her school. However, with the benefit of hindsight, Beldina believes that the head teacher, the teachers and other people she knew were already aware of her condition long before she had told them.

“I had been sick on and off - at this time it was a case of full blown AIDS. I could not attend school regularly, so I had to seek permission every time I was absent and that required that I explained what actually the problem

was with me. In fact, when I started seeking medical attention and having been advised to get in touch with AMREF [The African Medical and Research Foundation] in Kibera, I had to go through a procedure to establish my food security levels. Having established that, I had to seek financial assistance from the head teacher to cater for my nutrition and that meant that I had to tell him about my status," she says.

At the time she had developed symptoms that left no doubt in the minds of many people about her HIV status. The resulting stigma led to her subsequent withdrawal and she was soon bedridden.

"From 2000 when I knew my HIV status, it affected my performance because I could not go to school owing to stigma," she says.

## Empowered and soldiering on

Asked what challenges she faces today as a result of her HIV status, Beldina is emphatic that she has weathered some of the most frightening challenges such as stigma and discrimination which she faced at the height of her tribulations at a time when she was ill and bedridden.

"I have fought stigma to an extent that I do not see any serious challenge about my condition. My only challenge is how to get teachers to know their status so that those who are [HIV-]negative would stay so, and those testing positive could learn to live positively. The challenges I had before, like being discriminated against, is no more – I have overcome those," she says.

Her condition no longer affects her performance at school. She carries out her duties with dedication like any other teacher, if not better. She says:

"I do not take advantage of my condition. If I fall ill I'm treated the same way any other teacher is treated. I take the normal workload [lessons] like others. Before I became a Senior Teacher, I used to handle 34 lessons. As a Senior Teacher I handle 17 lessons [for a Senior Teacher – this is the normal work load] – I do not ask for less load because of my status. Since I started taking the drugs in July 2003, I have never fallen sick."

Beldina says she has very good rapport with her pupils. As a result of this closeness and



Beldina Atieno

good relations with the pupils, some of them, especially the grown up ones have developed trust in her to confide with her on some of their anxieties as adolescents. In school, she also organizes sessions where she talks to pupils on sexuality with an aim in helping the pupils appreciate the value of abstaining from sex.

“I have a very good relationship with the pupils; some come to me (the older ones) for counselling. I also organize sessions where we sit and talk about sexuality with the pupils, my aim is to see how pupils can abstain until marriage,” she says.

“For pupils I do not talk about condoms or faithfulness, I only talk about abstinence. Having known how to relate with them, we discuss a lot,” she says.

## **Reunited as a family**

Beldina has since reunited with her children, who had been taken away by her relatives and they are now living together in harmony. However, her husband who departed in 2000 has never returned, nor has shown any signs of doing so in the near future.

“At this point I lead a very normal life. I take full responsibility of my house – since my husband took off, he has not come back. I single-handedly take care of my family, I have the children back and the first-born is in Form Three,” she says.

In Beldina’s view, there are few initiatives in Kenya to assist teachers living with HIV. She knows that the Ministry of Education has an HIV policy, but the implementation has been difficult because most stakeholders have not been fully involved in the process. For example, she says, major stakeholders in the teaching profession, namely the TSC and the Kenya National Union of Teachers (KNUT) are yet to implement their own HIV policies.

She understands the essence of support groups in efforts to mitigate the challenges of HIV. She is a founder member of a support group, Teachers Against AIDS (TAA), which meets regularly to share experiences and to support one another.

“As a support group, we have started income-generating activities. We print T-shirts with messages on HIV&AIDS that we sell to generate funds for our activities. The items that we produce are exhibited at the Nairobi International Show every year,” she says.

## Reaching out, radiating hope

At an individual level, Beldina says that her single biggest contribution is having gone public about her HIV-positive status and having participated in various forums and documentaries about living positively with HIV. Beldina also visits schools in Nairobi together with her TAA group members to talk to teachers about avoiding HIV infection.

During these visitations, the TAA group members talk about their real life experiences, encouraging teachers to establish their HIV status. She also assists those who come to her after testing HIV-positive for advice, telling them of where they can get medication. Beldina works closely with AMREF, which offers support, care and treatment for those living with HIV.

Asked about the results of her efforts, Beldina says that the results are encouraging, as she has managed to make teachers change their perception about HIV. In fact, many teachers have gone for HIV testing after listening to her and those who are diagnosed HIV-positive have subsequently received support from her. Many teachers, she says, now understand that testing HIV-positive was not synonymous with death, which was the case in the past.

“I have made people realize that testing [HIV-]positive is just starting a new life,” she says.

Beldina says that teachers, parents and community members were aware about HIV. The problem, however, is that people do not talk about HIV due to the stigma that is still associated with it. It is for this reason, therefore, that together with her support group, they visit schools to disseminate information on HIV and in particular, encouraging teachers to talk freely about the subject, to break the silence and to eliminate stigma associated with it.

“I live near a slum area, where there are many cases of HIV infections. Through the Kenya Network of Women with AIDS (KENWA), we have created a lot of awareness on the pandemic and that has helped to reduce new infections and as well, assisted those who are positive to get medication and lead a healthy life. Interestingly, when I visited some middle class residential areas sometime ago, to talk to the youth about the subject, some of them were shocked when I told them that I was HIV-positive and was talking freely about it. That illustrated to me that many people still want to remain silent about the matter,” she says.

Beldina, however, believes that although the level of HIV awareness is appreciably high among all socioeconomic groups, perceptions about the disease differ from one economic class to another. Most people feel that HIV is for the poor. Moreover in many instances, groups carrying out HIV awareness campaigns only go to poor neighbourhoods.

## **Sensitizing teachers, students and the community**

Beldina says a lot needs to be done to sensitize teachers and to help them overcome the challenge of stigma. So far, she says, the TSC and the Ministry of Education concentrate on sensitizing their staff and gives less focus on teachers. She says it is the KNUT that has started a programme to sensitize teachers on HIV. Started on a pilot basis, she hopes the programme will eventually reach all teachers.

In her view, very little was being done to sensitize pupils in primary schools. This is probably because pupils at this level were generally assumed to be low risk groups.

“Sensitizing pupils? No, no stakeholders are doing it. It is only our support group TAA doing it without support [external]. And we also try to reach the teachers but our finances are limited,” she says.

At the community level those who benefit from sensitization are women groups and the youth groups. However, the common woman at the household level has also not been reached.

## **Looking into the future**

Beldina believes that TSC has a lot to do to create awareness, prevention and mitigation for HIV among teachers. In her view, TSC should create awareness to teachers through the Greater Involvement of People Living with HIV (GIPA) Principle. In this strategy Beldina proposes that TSC can use teachers who have declared their HIV status so as to sensitize others.

She proposes that KNUT should set up a fund for teachers living with HIV to support the provision of medication and nutrition. Since the union deducts 2% from teachers’ salaries, she suggests that some 10% could be allocated from that vote to support HIV-positive teachers. Beldina estimates 10% of their monthly contributions to be KSh2.4 million, which the union can put into the HIV kitty and then divide among KENEPOTE support groups.

Further, she recommends that head teachers should treat teachers living with HIV just like any other teachers. The head teachers should avoid

sympathy but instead empathize with them. Head teachers should accept HIV-positive teachers and allow them to teach in their institutions – there are cases where such teachers are locked out of certain schools because of their HIV status. “Before a policy was developed head teachers could recommend transfers for teachers living with HIV,” she says.

## **Creating a favourable environment at the workplace**

Although she has no problems relating to pupils in her school, Beldina feels that more needs to be done by the schools, the parents and the rest of the community to make the working environment more conducive to teachers living with HIV.

As the interview comes to a close it is now clear why Beldina kept looking at her watch, she has another appointment with organizers of a seminar on HIV in town where she is a guest speaker on living positively with the HIV virus. Her schedule for the day is very tight, every minute counts and off she dashes to her next call of duty.

What sets Beldina apart from the ordinary teacher is her determination to make a difference in the fight against stigma and discrimination that comes with HIV.



## KENYA

### Birth of the second child changed his life

Story by David Aduda

Mr. Martin Ptoch, is a 34 year-old Graduate Teacher of English at Moi High School Sirgoi, Nandi North District. Martin had a serious urge to check his HIV status when his wife Celestine aged 30 years of age, when expecting to deliver their second-born in a few months time, had to be put on medication for prevention of mother-to-child transmission. Celestine was given the news to be put on medication in August 2006 at a local health clinic she used to visit for her usual prenatal tests.

Martin says he confirmed his HIV status the following day at Mosoriot Health Centre, about a kilometre from the school, where there is a VCT centre. Deep in his mind he was convinced that he was HIV-positive.

“The following day, I gathered courage and visited the VCT centre where I was counselled and then tested. My worst fears were confirmed when I was told about the results of the test. Despite my preparedness, it took me some minutes to compose myself and walk out of the centre. Many things crossed my mind as I walked home. How will I share the information with my wife? How will she take the matter?” Martin says.

“I got to know about my condition in August 2006. Prior to that, I had had a prolonged spell of coughing but I never imagined that I could be HIV-positive,” Martin says.

He says that it took him 2 months to gather courage to go for a comprehensive HIV test due to the fear of being put on antiretrovirals (ARVs). However, another bout of coughing in September 2006 compelled him to go for the HIV test at the Academic Model for the Prevention and Treatment of HIV&AIDS (AMPATH) at Moi Teaching and Referral Hospital in Eldoret.

The organization provides ARVs to about 38,000 people in Western Kenya. Back at home, Martin believes his HIV status is only known by his uncle and younger brother (who works at AMPATH) and his wife. Much as he wanted to, he could not hide his condition from his younger brother, who had access to all the records for HIV-positive people who visit AMPATH. Martin equally felt obliged to open up to one of his trusted uncles.

"I was not ready to let my brother working at AMPATH to know about my status because, as an elder brother, I was a role model to him. However, the doctor advised me to let my brother know about my status since he would get to know about it anyway because he deals with patients' files given his job as a TB monitor," he says.

The doctor summoned his brother and broke the news to him. "I could see the shock in his face [Martin's brother] but he composed himself and offered his support and understanding," he says.

Martin believes that he must have been infected when he was a student between 1995 and 1999.

"I don't drink and I never had casual sex. I had only one girlfriend, who I believe infected me," he says.

Martin, who has two children, aged 12 months and 5 years, says he is not sure about the HIV status of their first-born. Born in November 2001, their first-born child has never been sick and he hopes she is HIV-negative. As his first-born who is now 5 years-old is very active at school this gives him the impression that she is healthy.

Having known his condition, Martin had to open up to his principal because he was about to be transferred to another school in a remote place, where he would not easily receive medical services.

"I had not applied for the transfer and it looked like some individuals wanted to take advantage of my situation. This was a very challenging moment, as I had never wanted to use my status as a bargaining chip. However, I had to fight against the transfer by informing the head teacher about my status and the need to be near a medical facility," he says.



Martin Ptoch

## **Advising others on how to cope with HIV**

Martin states that the TSC should be cautious when transferring teachers, especially when individuals have not requested this. He reports, that his principal has been very supportive, always letting him go for medical check-ups or allowing him to rest when he was unwell. Even then, he is yet to share

the information of his HIV status with other staff members and the students, though he has been at the forefront of discussing matters on HIV.

“I wouldn’t mind if my status was known, but I’m concerned about stigma that may affect my family. Many people consult me on health matters and I am not sure how they will react if they know that I am HIV-positive,” he adds.

Martin admits that although he felt strong and prepared the first time he went for a HIV test, the results left him emotionally disturbed. He suffered severe depression and for a while he could not work.

“For the first few days after I had known my status, I found it hard to perform my duties because I was afraid that other teachers and students would know of my status. For the entire third term of 2006 I could not work and I am sure this affected the students’ performance,” he says.

One of Martin’s main challenges is to keep a healthy diet. He does not yet need ARVs, but he has to eat well to keep his immunity strong. However, this has been a tough challenge due to financial constraints he has had to face.

## **Family obligations must be met even when sick**

Martin pays fees for a brother at a Teacher Training College and a sister pursuing catering studies. “These and other obligations have made me unable to consistently adhere to a healthy diet resulting in the compromise of my Cluster of Differentiation 4 [CD4] count” he says.

Another problem Martin faces has been coping with the normal school routine. He has to ensure that he fulfils all his responsibilities despite his condition.

“As the Boarding Master there are times when I have to wake up very early to ensure that the students attended to their morning duties before they go to class. This sometimes puts my health at risk of diseases like pneumonia,” he says.

## **Talking openly with your wife provides relief**

Martin says he discussed the issue with his wife and they decided to live positively. With the revelation of their HIV status, Martin and his wife have developed even greater understanding for each other.

“I have managed to cope with my condition by being open and close to my spouse. We have accepted the situation and decided to live positively because at the end of the day we are in charge of our destiny,” he says.

Martin says whenever negative thoughts cross their minds; they usually sit down and discuss it. After the confirmation of his HIV status, he contacted KENEPOTE, which offered him solace. The organization champions the rights of HIV-positive teachers. He learnt about KENEPOTE through an article in the TSC Newsletter and knew that it was the only place where he would get comfort and support.

After a week’s search on the Internet, he obtained the contact details of the Chairperson, Ms. Margaret Wambete. Coincidentally, Ms. Wambete happened to live in the Eldoret town, which is within close proximity to Martin’s workstation in Nandi. Martin was grateful that the organization was quite welcoming, when he got in touch, which reassured him.

He says HIV-positive teachers usually meet at workshops organized by KENEPOTE where they share experiences and encourage each other. Martin’s first challenge after confirming that he was HIV-positive was how to cope with life with the condition. At the moment Martin’s CD4 count ranges from 350 to 400. This means his count is still above the 200 count level, below which, one is considered to be critically immune-compromised and placed on ARVs.

He says that though he is HIV-positive, the condition has not affected his performance. If anything, his condition has made him work even harder – he has the highest number of lessons in his department, 16 lessons a week.

“My duties in class are still as they were before I discovered my condition. I belong to various committees within the school such, as the Admissions Committee where I am the Chairman, and Head of the Boarding Department. I perform these duties diligently,” he says.

## **Keeping active on the tennis pitch**

Martin is also a Lawn Tennis Coach and his students have in the past proceeded to the Provincial Championships. “I have resolved not to use my condition as an excuse not to perform my responsibilities. I go the extra mile to complete my work on schedule,” he says.

He says AIDS lessons should be introduced to the school curriculum to create awareness at all levels of education. Martin says that although the awareness about HIV is high, those infected are still viewed with suspicion.

He adds: "In Kenya, the most educated people are the most difficult to accept, it is like they think that the disease is for the low class."

## Schools are not reached

Martin says the level of HIV awareness is higher at the primary level than at secondary schools in Kenya. He underscores the need to teach about HIV starting from the primary school level.

"We should not pretend that children are too young to understand matters of sex because at the end of the day they will learn about it through other ways," he says.

Martin has become an advocate of HIV education in schools and he uses any available opportunity to educate teachers and students on the matter. He is consulted by many people from the surrounding community on HIV issues.

## Joining hands together to tackle the scourge

Martin says TSC should support HIV-positive teachers and involve them in formulating policies affecting them. TSC should treat them with understanding and in particular, avoid disciplining HIV-positive teachers accused for absenteeism.

He says the KNUT should also play a key role in empowering HIV-positive teachers. It should mount awareness campaigns to sensitize teachers on HIV and work hand in hand with organizations like KENEPOTE to support HIV-positive teachers.

He says school heads and institutions should create a favourable environment for teachers living with HIV to enable them to perform their duties well. Martin believes that school heads can do this by ensuring respect for each staff member. They should support teachers living with HIV by giving them permission to go for check-ups and treatment. They must also maintain privacy and confidentiality for the HIV-infected teacher.

### **David Aduda, Kenya**

David Aduda is a renowned Education Journalist in sub-Saharan Africa. He holds a Bachelor's degree in Education, a Master's degree in Media Studies and a Postgraduate Certificate in Advanced Media Management.

He has conducted a number of researches and published widely on education, media, gender and HIV. He is on the board of the Africa Network Campaign on Education for All (ANCEFA) and is the founding member of the Network of African Education Journalists.

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# MOZAMBIQUE



## Living behind the mask

**Story by Arão José Valoi**

Luis Julião, is a 35 year-old History Teacher at Escola Secundária da Moamba (Moamba Secondary School), 70km from Maputo. He has been teaching there for 5 years. Moamba is a border district with many migrant workers and traders. This makes it a high risk area, as there is money and many people on transit. According to the National Statistics Institute (INE), 90% of the local business comes from the black market.

Luis' predicament began in 2003, when he started getting sick quite frequently and for long periods of time. He would routinely catch malaria and coughs, which took long to heal. But it was only in 2004 when he started getting strange marks on his body that he started thinking seriously about his condition.

For a while, he also started having sexual problems. "I started getting into a situation where if I wanted to have sex with my wife, I could not erect. If I got erect and had sex, I got tired very fast. I knew something was wrong," he says.

He discussed the matter with his wife and the first reaction was that he

should consult a witchdoctor – this is the common practice in Moamba, where the first port of call for any sick person is to visit the traditional healer or witchdoctor.

## MOZAMBIQUE

### FACTS AT A GLANCE

- Mozambique has an estimated population of 19,792,000
- The approximate number of people living with HIV is 1,800,000
- The HIV prevalence (adults aged 15 to 49 years) is 16.1%
- An estimated 20,000 people were receiving antiretroviral treatment by the end of 2005 (an estimated coverage: 7%)
- The net primary enrolment in 2005: total 77% (81% male, 74% female)
- The net secondary enrolment in 2005: total 7% (8% male, 6% female)
- Estimated number of primary schoolteachers: 54,721
- Estimated number of primary schoolteachers living with HIV: 6,700

### A captive of superstition

So in doing the natural thing – he visited a witchdoctor, who told him long tales about the cause of his illnesses. He spent a lot of money to pay for the services and medicines given by the witchdoctor, but never got any help. On the contrary, his condition worsened. He then moved to seek counsel from other witchdoctors, who like the first one, never helped him other than take his money, leaving him poorer.

However, late in 2004, a friend advised him to visit a VCT centre for an HIV test. At first, this sounded far-fetched, as he could not imagine that he could be suffering from the HIV virus. With time, however, he took the courage and visited a VCT centre and for sure, he was diagnosed HIV-positive. This marked a turning point in his life.

“When I received the news that I was HIV-positive, I was tongue-tied. But I had to accept the reality and deal with my situation,” he says, and adding: “It is true that it was a big blow, but I quickly resolved that life had to continue, so I took the matter in stride.”

“With time, I have learnt that getting HIV infection does not mean that one has got a ticket to die. It’s all about accepting the condition and learning to live with it,” he says.

## Living under the fear of losing a job

For a while, he didn't tell anybody at the school about his HIV status for fear of discrimination and stigma. In fact, as a contract member of staff, he thought he would be sacked if it was discovered that he was ailing. The only person he talked to about his condition was his wife, who apparently had all along been suspecting that Luis could be HIV-positive.

Indeed, it was due to fear of stigma and discrimination that he did not want his real name disclosed in this story. "I can lose my job if I say my name and besides, I'm not ready to face the stigma that comes when people get to know that you are living with HIV," he says.

Since he has not declared his HIV status publicly, it is difficult for him to get financial support from the school or from the Teacher Union to help him take care of himself. Neither has it been possible for him to network with other HIV-positive teachers to receive moral support. Unfortunately, this appears to be the situation with most of the teachers who are living with HIV – they continue with the culture of denial and silence and not being able to get the full support they need to lead a healthy life.

Luis is aware that HIV is prevalent in Moamba. He also knows there are quite a number of teachers living with the HIV virus, but are not willing to talk about it.

However, Luis goes to the local VCT centre where he gets medical support and advice to keep him in good shape. Indeed, he is grateful to the VCT centre because it has provided him with the support he needs to overcome his predicament. His plea is that a lot of work needs to be done to end the culture of denial and silence that is killing many Mozambicans.

## Living on a shoe-string budget

He is cognizant of the challenges facing teachers living with HIV, but is worried that little is being done to address them. Matters are made worse by the fact that teachers are underpaid and work under hard conditions, making it difficult for those living with the HIV virus to get medication and the food they need to keep healthy.

"Teachers in Mozambique work under difficult conditions and earn poor salaries that cannot allow them to lead a decent life," he says. He, therefore, urges the government and other employers to raise teachers' salaries and improve their terms of service. He thanks the members of the Moamba VCT



centre for the support they have given him and others who have not got the courage to go public about their HIV status.

### ***Arão José Valoi, Mozambique***

Arão José Valoi holds a Licenciatura degree in Public Administration from the Higher Institute for International Relations (ISRI), Maputo. He also has a Diploma in Journalism and Communication, from Maputo School of Journalism.

He is currently working at the International Organization for Migration (IOM). As a Journalist he previously worked at Quimera Media, who coordinated the Economic Magazine, called "Pequenos, Grandes Negocios". Before, he worked at Meianoite, an Independent Newspaper, where he was in charge of the Economic Supplement and where he won the CNN/MultiChoice Best African Journalism Award, Portuguese Category, in 2007. He has also worked as a Journalist for O País, the Independent Society of Communication (Soico, in Portuguese) Newspaper. But his first experience in journalism was at Miramar TV and Savana.

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## Rwanda



### HIV a threat to job security

**Story by Clément Musangabatware**

Born in the District of Nyaruguru, Southern Province, Charles Nyamwasa a 39 year-old, has been living with HIV since 2004. Openly available to comment on his experience, he told us that even before he was tested HIV-positive, he had a feeling that he had been infected. So, he was not surprised when he was tested and diagnosed HIV-positive. Although he is on ARVs, he faces serious challenges: the risk of losing his job; leaves of absence; and the lack of a Network of People Living With HIV, to name but a few.

Charles is in charge of Discipline and Physical Education at Notre Dame de la Paix Secondary School, Cyanika Parish, in the Nyamagabe District. Charles does not consider marriage because of his health status.

At the end of his secondary school studies in Section Normale Primaire (D6) in 1989, he was hired to teach at Notre Dame de la Paix Secondary School, which is sponsored by the Catholic Church, Cyanika Parish. Next to the school are a health centre and a primary school. About 300 metres is the Memorial Site for the 1994 genocide victims. The area is home to many people who were displaced from their homes during the genocide.

## RWANDA

### FACTS AT A GLANCE

- Rwanda has an estimated population of 9,038,000
- The approximate number of people living with HIV is 190,000
- The HIV prevalence (adults aged 15 to 49 years) is 3.1%
- An estimated 19,000 people were receiving antiretroviral treatment by the end of 2005 (an estimated coverage: 42%)
- The net primary enrolment in 2005: total 74% (72% male, 75% female)
- The gross secondary enrolment in 2005: total 14% (15% male, 13% female)
- Estimated number of primary schoolteachers: 28,254
- Estimated number of primary schoolteachers living with HIV: 800

Sometime in 2004, Charles was admitted to Kigeme Hospital, located about 12km from the school, suffering from various ailments. In his mind, he was convinced that he was HIV-positive. So he talked with one of the nuns at the hospital, who advised him to take the test.

The following morning he told his doctor that he wanted to be tested for HIV. The doctor took his blood for the test and as it came to pass, he was HIV-positive. But he was neither shocked nor dispirited. When he told the nun and his two older brothers, they took it positively and encouraged him to fight on.

### HIV keeps me away from sports

For Charles, the main challenge is opportunistic diseases that keep him from adequately performing his job. Every time he falls sick he has to take time off and consult his doctor at the Kigeme Hospital. He does not practice sports as he used to because his doctor advised him not to exhaust himself. As a Physical Education Teacher, he truly misses the long runs which used to be his favourite pastime at school with his students.

His expenses have considerably increased (almost doubled) because he does not take free food subsidies offered to people living



Charles Nyamwasa

with HIV in hospitals. He prefers to leave it to those poorer than him. He complains about the lack of associations of teachers living with HIV. Aside from antiretroviral medications, he does not receive financial support from any other source.

With antiretroviral drugs, his health has improved and he can hope to live as long as he follows his doctor's advice. He feels depressed when he hears people talk about having many girlfriends, saying that this was the surest way of getting infected. He is also worried about what students say about his health status.

His main concern is the risk of losing his job due to lack of higher qualifications – most secondary schoolteachers are now required to have a university degree while he only has a High School (D6) Certificate.

He suggests that governments should support untrained teachers to get university training. He also wants teachers living with HIV to form networks to support themselves. He is currently involved in campaigns on HIV.

### ***Clément Musangabatware, Rwanda***

Clément Musangabatware is a trained Journalist who currently works with the Rwanda National Commission for UNESCO, where he is in charge of Communication, Information and Documentation. He is responsible for the dissemination of educational issues throughout the country.

Previously, he worked with Radio 10 as the News Editor. He has also been involved in various programmes under the EFA campaign.

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# Senegal



## Living positively with HIV in the wake of general denial Story by **Habibatou Gologo**

Etienne\* is 49 years-old and is the Principal of a school in Kaolack, some 192km from Dakar. He is employed by the Senegal National Ministry of Education and he started his teaching career in October 1983.

No one can tell his HIV status at first sight. He has a confident composure and evinces serenity. While talking about his experience, he is reflective, thoughtful but forthright about his HIV status.

Etienne was tested in 2002 and found to be HIV-positive. Between 1997 and 1998, he suffered from recurrent illnesses. Earlier in 1992, while he was teaching at Ziguinchor, he had almost taken the HIV test. But he did not have the courage to do so then. Ten years later, he went for the test where he was diagnosed as HIV-positive.

His doctor never raised the possibility of him being infected with HIV when he treated him for the recurrent illnesses. He attributed them to hypertension, so Etienne lived with the HIV virus for a long time without realizing that he was HIV-positive.

When he discovered he was HIV-positive, he confided in his wife that same

day and asked her to also go for the HIV test. He thought he was not going to live for more than 5 years and was worried about his children, who were then very young at the time.

## SENEGAL

### FACTS AT A GLANCE

- Senegal has an estimated population of 11,658,000
- The approximate number of people living with HIV is 61,000
- The HIV prevalence (adults aged 15 to 49 years) is 0.9%
- An estimated 4,000 people were receiving antiretroviral treatment by the end of 2005 (an estimated coverage: 35%)
- The net primary enrolment in 2005: total 69% (70% male, 67% female)
- The net secondary enrolment in 2005: total 17% (19% male, 15% female)
- Estimated number of primary schoolteachers: 32,005
- Estimated number of primary schoolteachers living with HIV: 400

The test turned out to be negative for his wife. She was tested 3 months later and still remained negative which reassured Etienne.

He later shared the information on his HIV status with his brothers and sisters, his father and close friends. All of them showed compassion and understanding and gave him a lot of moral support. And even if a few of his family members resented him because of his HIV status, they still supported him. He used to be the main family care provider but now he is “excused” from responsibilities because of his condition.

He has not discussed the matter with his colleagues or students for fear of stigma. Many years have passed by since the discovery of HIV, but the attitude has not changed, especially in the education sector where people should be more open, says Etienne. So because of stigma, Etienne has kept his HIV status a secret from them.

### Disclosure to a select group of people

However, Etienne did not only stop at informing his family, he also spoke to his superiors such as the School Inspector and the Principal. Since then, he is often permitted to take time off for medical check-ups without any problems. He says special support programmes should be put in place for teachers living with HIV to help them cope with their condition.

HIV has changed the way he works because he does not teach anymore. He is limited to administrative duties.

Living with HIV is not easy, he says. ARVs cause pain and he finds it difficult to wake up in the morning. Living this long with the HIV virus has taken a heavy toll on Etienne's family. He has not been able to buy a house or go for training at the National School for Applied Economy where he wanted to pursue a Diploma in Economic Planning and Management.

HIV has affected his family life because the cost of treatment does not allow him to satisfactorily attend to his wife's needs. And despite her support and understanding, his wife sometimes used to threaten to reveal his HIV status to their children.

In fact, this forced Etienne to talk to their four children about his condition some 2 years ago. He first talked to his son who was in the fifth year of high school and who wanted to be a doctor. Etienne believes that this changed his son's perspective about life which forced his son to work harder, where he eventually passed his high school exams with flying colours.

He then spoke to his three daughters and believes that a climate of confidence and respect prevails since. While talking to them, Etienne used the opportunity to insist on prevention.

## **School is a "social vaccine"**

Etienne believes that: "School is the best social vaccine because that is where children can get better information about the virus and can learn to protect themselves to avoid infections." However, he believes that a teacher living with HIV and whose HIV status is known cannot continue to teach. He fears that stigma may result in pupils refusing to enter classes taught by a teacher they know to be HIV-positive.

"We need to pass messages that do not promote sexuality but encourage abstinence as the first mean of protection," he says.

As Etienne believes that he was infected in his early years on the job, he states that prevention programmes for teachers must start early. Uninfected people must be targeted because of their vulnerability, and counselling programmes must be mandatory before the new teachers are posted in rural areas.

Etienne is unaware of any support programmes initiated by the Teacher Unions. While it is true that he did not reveal his HIV status to his union,

and as HIV can potentially ruin the teaching profession, Etienne says the organization needs to put in place a support system for its members.

Finally, he underscores the need for family members and friends to support those living with HIV. "Discriminating against a sick person is a sure way of sending him or her to the grave earlier," he says.

\*Name changed to avoid identification.

### ***Habibatou Gologo, Senegal***

Habibatou Gologo is currently a Deputy Editor-in-Chief of *Nouvel Horizon*, a weekly magazine in Senegal dealing with politics, media and culture. Before, she was in charge of the pages on International and Social Issues.

She has written extensively on reproductive health, and has written stories of women living with HIV in the Central African Republic and the Democratic Republic of Congo. She is currently working on a report on human rights in Senegal.

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## TANZANIA MAINLAND



### Running away from work-based stigma

**Story by Erick M.N. Kabendera**

Theresia Hakili is 53 years-old and people who know her call her Mwalimu\* Hakili, meaning teacher Hakili, or Teddy. Until a few years ago she was a Primary Schoolteacher, but she took early retirement as a result of stigma in the workplace.

In 1999, some teachers at Ilala Primary School in Dar es Salaam, where she used to teach, started breaking her cups and discouraged pupils from getting close to her soon after she revealed that she was HIV-positive.

One particular day she recalls she went to a classroom to drink juice, but was shocked when she found that her juice had been poured out and the glass thrown into a dustbin.

“There was nothing I could do. The only option was to retire and do some other things. So I left in December 2005,” says Mwalimu Hakili.

She feared that things could have gotten extreme had she chosen to stay on. She spends most of her time volunteering now. She gives public talks on HIV and her experiences as a person living with the HIV infection. Mwalimu Hakili

supports three grandchildren who live with her in the outskirts of Dar es Salaam. She caters for all of their basic needs including education.

## UNITED REPUBLIC OF TANZANIA (MAINLAND AND ZANZIBAR)

### FACTS AT A GLANCE

- United Republic of Tanzania has an estimated population of 38,328,000
- The approximate number of people living with HIV is 1,400,000
- The HIV prevalence (adults aged 15 to 49 years) is 6.5%
- An estimated 22,000 people were receiving antiretroviral treatment by the end of 2005 (an estimated coverage: 9%)
- The net primary enrolment in 2005: total 91% (92% male, 91% female)
- The net secondary enrolment in 2005: data not available
- Estimated number of primary schoolteachers: 135,013
- Estimated number of primary schoolteachers living with HIV: 7,400

### A new calling: A fulfilling mission

Apart from her volunteering activities, she also works for an organization, which she helped to start with a friend 3 years ago. The organization is called the National Network of Tanzanian Women with HIV&AIDS (NETWO+).

She says she understands that HIV has hit hard on the teaching profession. "Many of my friends and colleagues have died. Many more are still dying without knowing," says Mwalimu Hakili referring to teachers she knows who have shown symptoms but are not ready to go for VCT.

"I know some who went for VCT, but ran away from the results. Some of them know their status but have not revealed it to their spouses or relatives. It is important to let others know that you are already infected so that you could be supported. But stigma is a problem; be it at home or the workplace," says Mwalimu Hakili.

From 1968 to 1969, Hakili was enrolled in Form One to Form Two but could not



Theresia Hakili

continue with education due to financial problems.

In 1970, she joined the military service in the Iringa Region and in 1972 her father, who she says wanted her to teach, sent her to Kasulu Teaching College in the Kigoma Region. She passed her exams and was awarded a Certificate in Teaching. Mwalimu Hakili then decided to study nursing in the Tabora Region for 9 months. In 1974, she was appointed as a Primary Schoolteacher in Tabora under the Unified Teaching Services Programme.

She got married in 1975 and never thought her marriage would one day end since they lived happily.

## **Forced to sleep out in the cold**

But soon things changed and there were constant beatings from her husband. Mwalimu Hakili says her husband would come home drunk and would start beating her or sometimes forcing her to sleep out in the cold.

She got tired and asked for a divorce in 1985 and took their five children with her. The salary of a teacher was meagre but she was confident she could educate her children.

“If my husband was not a drunk and wasn’t beating me, we would have stayed together. I tried to be faithful to him but that didn’t help. I could not give a good education to my children because I couldn’t afford the fees so they didn’t attain higher qualifications. One of them is a taxi driver and another one is married, but cannot afford to take care of her children. I am happy to live with them since they comfort me,” she says.

## **Beyond being caring and loving, there was much more**

A few years after her divorce, Mwalimu Hakili met another man, who was financially stable, loving and caring. He provided for the children as if they were his own. He provided everything she wanted and she did not have to worry anymore. A few months later, Mwalimu Hakili was surprised when the man proposed that they should go for an HIV test. She was baffled and questioned the motive.

“I was healthy and he looked healthy too. I didn’t think I needed any test. He tried to convince me for a number of days but I declined. Eventually, I agreed,” she says.

At the hospital where they went for testing, Mwalimu Hakili says the man

discussed the results with the doctor without involving her. When they arrived at home, she asked to see the results, but he refused. She says she convinced him to go to another hospital for another test but the same thing happened.

“He looked worried each time we came back from testing. He spent most of his time in bed. At that time, I started smelling a rat,” she says.

She later decided to go for a HIV test on her own and found out that she was HIV-positive.

“I knew it was him. I felt hurt and betrayed but I calmed down and kept it to myself. In the meantime, he was becoming weaker as days passed,” she says.

“After a while, I started attending a clinic and asked him to go as well. He protested and warned me not to tell anybody that he was HIV-positive. But as days passed, he lost weight and he could not work. He wanted to retreat to his home village, but I told him he would die soon, as there was nobody to look after him there. That was the time I decided to reveal my status to the public,” she says.

## **Testing by sight only, proved to be misleading**

In retrospect, she says, her desire for new love after her broken marriage led her to the path of HIV.

“My desire to have a new love, after years of colourless marriage endangered my life. But I must confess that he was the man who rekindled my life and activated my sexual desires. He took good care of my children as if they were his own but the big mistake I made was to test him with my eyes; we never went for HIV testing,” she says.

When she started teaching at Ilala in December 1995, she had disclosed her HIV status and the head teacher had agreed to reduce her workload, from five lessons a week to three. No sooner had teachers at the school known that she was HIV-positive, they started talking ill about her. She felt so bad but stood strong.

## **Isolating HIV-positive teachers**

As a teacher, Mwalimu Hakili says she was supposed to be close to the students but other teachers protested against this, saying she would infect the students with the HIV virus. She says the situation became bad and she decided to quit the job, after 32 years of service.

At Ilala Primary School, she had identified six HIV-positive children, who she supported very much. She gave them courage and hope and made them understand that they would grow up and lead a decent life.

“The day I left, they cried so much. But I am still in touch with some of them. The youngest is now on ARVs. The oldest has completed Grade 7. I still believe that if it wasn’t for the stigma, I would be teaching today,” she says.

She notes that there were several AIDS orphans at the school she used to teach, adding, some were living with HIV. Only a few, though, were being taken care of by the local government, which was providing them with food, uniforms and ARVs.

Even then, the uniforms and food given to the children was not adequate. It is for this reason that Mwalimu Hakili is asking the Ministry of Education to initiate school health and feeding programmes to help such children.

She says many teachers are infected with the HIV virus but they hardly talk about it. Many have died and those still alive fear disclosing their HIV status for fear of losing their jobs. “The working environment does not suit people living with HIV,” she says.

When she disclosed her condition, her friends and neighbours started treating her as if she didn’t deserve to live anymore. From the experience, Mwalimu Hakili believes people living with HIV need professional care and treatment. But few of them get such services, especially in rural areas.

“The reason I am saying this, is because people don’t want to accept the fact that they are infected and need to let other people know so that they can be helped,” she says.

## **Going public about HIV elicits negative responses**

She disclosed her HIV status in 2000 and started participating in different HIV campaigns, including appearing on talk shows both on the radio and television.

“I was trying to make the public understand that HIV&AIDS is like any other disease but the man I was with said people would know he is infected. That was self-inflicted stigma,” she says.

Mwalimu Hakili had also gone through the same experience when she first learnt about her HIV status. “I was asking myself, why me? And my head was aching for 3 months but I later got used to it,” she says.

“When my father saw me on TV declaring that I was HIV-positive, he collapsed and died,” she says.

According to Mwalimu Hakili, fighting stigma should start at the personal level, where she has accepted her HIV status and is now living a positive life.

“Most of the people later accepted me and started supporting me,” she says.

Mwalimu Hakili has not given up on life and the fight against HIV altogether. She says she wants to use her time to help the people especially the young. She travels to different parts of the country to sensitize people about HIV.

## **A national campaign to avert infection**

In early 2002, the Tanzania Commission for AIDS (TACAIDS) launched a campaign against the spread of HIV. The campaign involved an exercise in recognizing from a group of people, whether a person was HIV-positive. Mwalimu Hakili also participated.

“President Kikwete, the then Minister for Foreign Affairs, was the guest of honour. He encouraged us and we felt like other people,” she says.

The exercise was meant to show people how it is difficult to know the HIV status of a person just by looking at them.

Many NGOs involved in the fight against HIV have disappointed Mwalimu Hakili since, she says, most of them are meant to enrich the founders.

“Let students, teachers and all people working in the education sector wake up and take part in the fight,” she says.

Despite the shortcomings, Mwalimu Hakili says the Ministry of Education and Vocational Training is doing a good job by initiating a campaign on HIV that targets teachers and students.

“There is no reason why most of us should ignore this disease as many young people have lost their lives. This country cannot do without the young people,” she says, adding: “Young people need to be educated on HIV in schools so that they can make informed decisions. There are still weaknesses in the form of training facilities and the teachers themselves. Most of them don’t understand what they teach when it comes to sex education.”

Most children are pulled out of school to take care of their sick parents, while some are forced to start work at an early age to support themselves after losing their parents.

## An army of orphans

She refers to government statistics indicating that many students in secondary schools and colleges were getting infected everyday. These young people are likely to grow up and get married and ultimately give birth, only to die thereafter and leave behind more orphans.

“Their children will add to the number of AIDS orphans. The situation might get worse if the young people are not educated on how to protect themselves. They should know that it is important to test before getting married or giving birth,” Mwalimu Hakili says.

“The orphans on the streets are our sons and daughters. Their parents were professionals but died due to AIDS. The children are ours and we need to take good care of them,” she says.

Some of the problems faced by teachers living with HIV include poor pay, lack of promotion and an inflexible timetable that fails to give teachers infected with HIV time to take leave when they are ill.

The Ministry of Education and Vocational Training should therefore put in place policies to help address the problems faced by teachers living with HIV, their families and orphans.

\* Mwalimu is a Kiswahili word for teacher.

### ***Erick M.N. Kabendera, Tanzania (Mainland and Zanzibar)***

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## ZAMBIA



Herbal medicine has its allure, too

**Story by Henry Kabwe**

“The problem with my community is that they know about HIV and Voluntary Counselling and Testing, but they do not know ‘what next’ after testing positive,” says Jennifer Mushibwe, a 40 year-old Teacher at Chipata Basic School in Lusaka.

Despite campaigns to sensitize people about free antiretroviral therapy in Zambia, few believe that anyone with HIV can live for long.

Having lived with HIV for 10 years, it has been difficult for Jennifer to come out in public about her HIV status and she has been careful about disclosing her HIV status to teachers and pupils that go to her with HIV-related problems.

Her courage to even talk to a few people about her HIV-positive status came as a result of a workshop organized by the Comprehensive HIV&AIDS Management Programme (CHAMP) where there was a VCT on site and workshops organized by the Anti-AIDS Teachers Association of Zambia (AATAZ) with the Ministry of Education.

Now, Jennifer faces the challenge of making sure that she has a balanced diet on her table everyday, despite her meagre salary.



## ZAMBIA

### FACTS AT A GLANCE

- Zambia has an estimated population of 11,668,000
- The approximate number of people living with HIV is 1,100,000
- The HIV prevalence (adults aged 15 to 49 years) is 17%
- An estimated 49,000 people were receiving antiretroviral treatment by the end of 2005 (an estimated coverage: 26%)
- The net primary enrolment in 2005: total 89% (89% male, 89% female)
- The net secondary enrolment in 2005: total 26% (29% male, 23% female)
- Estimated number of primary schoolteachers: 46,414
- Estimated number of primary schoolteachers living with HIV: 6,300

### Paradox of donor dependence

In the past, the Ministry of Education used to provide a herbal medicine called 'alluwe' which is a supplement for people living with HIV whose CD4 count is above 200. In addition to that, the Zambian Government even gave transport refunds to teachers living with HIV that went to collect the herbal remedy.

The herbal remedy is meant for boosting the CD4 count and since Jennifer has not been on medication for the last 2 months, she is worried that this may affect her health. This, she notes, is the consequence of donor inconsistency.

To get involved in helping other people, Jennifer has been part of a team going around under the auspices of AATAZ to sensitize teachers on HIV. "We identify people living with HIV and we train them how to prepare cheap, but nutritious, traditional food," she says.

At school, Jennifer does what she calls, "telling the facts and truth" with a daring smile. She has innovatively incorporated HIV in her subject 'Office Practice' and she is actively involved in using an Anti-AIDS Club at school to tell children about the pandemic.

Her basic school caters for Grades 1 to 9 and due to the fear of being stigmatized a number of the pupils are not keen to go to any talks on HIV. To counter that, entertainment is provided, where Jennifer organizes a few of the 'faithful' to begin beating drums, to dance, or to organize a disco in order to attract the younger pupils to the talks.

During the show, when the children are engaged in the performance, Jennifer gets to the podium and talks about HIV in a sustained interesting manner; this gets children learning through entertainment.

“We have to be innovative because stigma is still prevalent in our schools,” she adds.

She is happy that her HIV campaigns, through AATAZ, have enabled her to help many people. Among other activities, she appears on radio talk shows, visits schools and churches to discuss issues on HIV.

She commands respect in her community which has helped her cope and reach out to the parents and children at the same time.

## **Diplomacy pays**

Her approach to reach other teachers has not been easy. She has to be strategic and diplomatic and due to her wise advice, she has seen a number of teachers go for VCT. With time, she has emerged as a source of comfort to many teachers and pupils. Her commitment to solving other people’s problems is highly appreciated; in fact, hardly does a day pass by without Jennifer receiving a grieving person.

At assembly time, she takes time to talk to the children about HIV, passing simple messages that attract many to seek personalized counsel from her.

“Many people have come to me mainly because of the way I talk to the pupils and teachers during the assembly,” she says, adding: “I have actually recommended some children who are on ARVs not to pay school fees so that they could reserve some money for food.”

For Jennifer, it took the counsel of a cousin to convince her to go for the HIV test. Although she went for the test at Zambia-Emory HIV Research Project (ZEHRP), Jennifer was not keen to find out the results. It was not until 7 years later, in 2004, when she became seriously ill and went again for the HIV test. She was diagnosed as HIV-positive and she had to tell her husband, who was against the idea of her taking the test.

“When he heard that I was HIV-positive, he changed completely. What made the situation worse was that my husband was [HIV-]negative,” she says.

Due to the pressure from her husband, Jennifer’s CD4 count decreased as she stopped eating and withdrew into a cocoon.

## **Talking to your children about HIV creates stronger bonds in the family**

She has, however, overcome those difficult moments and has told her children about her condition. In fact, the three children aged between 10 years and 18 years have taken it upon themselves to take good care of her.

“They are now my good friends. They know when I am tired and come to assist me in what I am doing. Sometimes they stop me if I work too much,” says Jennifer.

Apart from her children, her elder sister was equally shocked when she learnt that she was HIV-positive, but she has accepted it and is now contributing towards Jennifer’s medical care.

Jennifer reckons that she has developed a hot temper and suffers memory loss, which has at times affected her work, but she is trying hard to cope with her condition.

Her CD4 count now stands at 350 but she is not on ARVs (the drugs are given to people whose CD4 count is less than 200).

## **Union comes to the rescue for members living with HIV**

The Zambia National Union of Teachers (ZNUT) has been giving some help to supplement teachers living with HIV to get food. In addition, the union pays 50% of the fees for a teacher living with HIV to go for further studies.

The Ministry of Education used to give food supplements but they discontinued the supplements. However, the AATAZ has developed a garden where traditional crops are grown to sell to teachers living with HIV at a cheaper price.

Jennifer has accepted her HIV status and wants to fulfil certain projects in her life. “It is important for others to go for VCT before they get very sick like I did,” she says.

On teaching HIV and sex education in schools, she says it depends on the age of the pupils being targeted.

She recognizes the fact that stigma is still prevalent surrounding HIV. Most teachers who have openly disclosed their HIV status are not promoted to senior positions.

“They cannot be appointed because the management feels that they will fall sick. The Teaching Service Commission should go around schools instead of depending on reports from the head teachers,” she says, and adds: “Some teachers living with HIV may not be liked by the head [teacher].”

Stigma and discrimination discourages teachers from going for VCT for fear of being sidelined by the school management. Yet, the teachers living with HIV should be encouraged by being promoted to higher positions. She says head teachers should encourage teachers to go for VCT and stop discriminating those teachers living with HIV. Parents and the community should also encourage their children to join Anti-AIDS Clubs in schools.

### ***Henry Kabwe, Zambia***

Henry Kabwe is a Journalist who has worked with *The Monitor* and the *National Mirror* in Lusaka specializing on HIV, health, environment and human rights. He holds a Diploma in Journalism and Public Relations and Advertising, and is currently pursuing a Degree in Mass Communications at the University of Zambia.

He has also worked as a Correspondent for the *Voice of America (VOA)*, and as an Editor for the *Education Digest*, a newsletter published by Oxfam/Commonwealth Education Fund (CEF), Zambia. He has undertaken several courses on HIV and related issues, including one on *Telling Stories of Life and HIV/AIDS in Zambia* at the Zambia Institute of Mass Communication Educational Trust (ZAMCOM), Lusaka.

He is the Chairperson of the Zambian Chapter of the Media Institute of Southern Africa (MISA) and the Coordinator of the Media Network on Orphans and Vulnerable Children.

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## Zanzibar



### Taking HIV lessons beyond the classroom

**Story by Erick M.N. Kabendera**

About 40kms from the Unguja Island of Zanzibar, in a small village called Meli, Sara Abdi Mwita a 28 year-old Primary Schoolteacher, sat with her daughter on a mat as she prepared supper. She complained that her day had been hectic and tiring.

She had gone to attend a clinic where she met her doctor and collected a dose of ARVs. Thereafter, she proceeded to Kiaga Primary School where she was to teach two subjects but she only managed one. After teaching at school, she had to catch up with two other women who had booked to plait their hair at her house.

She completed plaiting their hair by 6p.m. and set to prepare supper. She was, however, happy that many young women were flocking to her house for hair-do's compared to the past when many avoided her because she was HIV-positive.

Apparently, they did not know then that Sara knew of her condition and in their own way, thought she was a health risk. In fact, they were worried that they could contract the HIV virus by simply having their hair done by Sara.

With time, however, they have learnt better. In the first place, Sara talks about her condition openly and her customers have got used to her. She is no longer stigmatized for her condition.

## UNITED REPUBLIC OF TANZANIA (MAINLAND AND ZANZIBAR)

### FACTS AT A GLANCE

- United Republic of Tanzania has an estimated population of 38,328,000
- The approximate number of people living with HIV is 1,400,000
- The HIV prevalence (adults aged 15 to 49 years) is 6.5%
- An estimated 22,000 people were receiving antiretroviral treatment by the end of 2005 (an estimated coverage: 9%)
- The net primary enrolment in 2005: total 91% (92% male, 91% female)
- The net secondary enrolment in 2005: data not available
- Estimated number of primary schoolteachers: 135,013
- Estimated number of primary schoolteachers living with HIV: 7,400

### Making the best out of a difficult situation

"I use the time when I'm plaiting the women to sensitize them about HIV. In the end, most of them have changed their attitudes about those living with the virus. In fact, they are now free with me and ask me a lot of things about HIV," she says.

When we visited Sara at home, she was preparing to go for a meeting for the Association of People Living with HIV. The house was quiet but a trembling voice could be heard from one of the rooms. That was Sara's aging mother.

Upon enquiring, she explained that her husband divorced her 2 years ago, after they had been diagnosed HIV-positive.

"I decided to go back to my parents after the divorce, and this is where I've been living since, and I have no regrets," she says. It was in 2004 when Sara and her husband were tested and found to be HIV-positive. Sara says it is hard for her to forget the day.



Sara Abdi Mwita

“My husband woke up in the morning saying he wanted to go for an HIV test at Zayadesa Health Centre in the neighbouring Miembeni Street,” she says.

“He was weak and suffering from chronic fever while he had been thinning muscles for a long time,” she says.

She let her husband go and take the HIV test although she was worried that he was suffering from a serious disease.

“I don’t know why I was suspecting that he was HIV-positive or any other bad disease, but I felt that something bad was about to happen. I remained home the whole day waiting for him to come back. As I continued waiting, I felt as if my heart was popping out,” she says.

“My second born child was almost 1 year-old and I was still breastfeeding her, and that worried me even more,” she says, adding: “I could not eat that day.”

## **Men find it hard to go for a HIV test**

Surprising though, her husband was not bothered even when it was clear his health was failing. He had not been able to eat anything for 2 days before going for the HIV test but when he came back from the health centre, he seemed happier than before. She felt relieved thinking he had tested negative.

Sara asked him for the results but he said the doctor had withheld the results, as he wanted to give them when the couple were together. The following day, they both woke up very early and went to see the doctor to get the results. All along, she had been suspecting that there was something wrong. If her husband was not HIV-positive, then there was no reason why she would be called to the health centre.

“I felt encouraged on the other hand. I was prepared to face anything, bad or good,” she says.

As soon as she arrived at the health centre, Sara was asked to take the HIV test, too. It was not easy to sit and wait for the results, as many things disturbed her mind.

“Minutes passed before a doctor who had taken the blood sample called us to his office. He asked me not to get shocked in case I was told that I was HIV-positive,” she says.

“I am sorry. You need to accept the results,” she repeats the doctor’s words, adding: “I cried and cried but I later felt the courage to handle the situation and went home.”

Pre-testing and post-testing counselling sessions that she went to helped her to tackle the challenges ahead.

“I stood up and asked my husband to go home. I was horrified. But my greatest worry was my children. I wondered who would take care of them supposing I died soon thereafter,” she says.

She is not sure whether any of her children are infected since she has not taken them for HIV testing. This is because she is afraid of being told the truth about their HIV status. “I haven’t even discussed the matter with the doctor. I don’t know what I will do if they are also infected,” she says.

Sara has disclosed her condition to her parents, who, although they were shocked at first, have come to accept her the way she is.

## **The truth shall set you free**

Sara shed tears as she recounted her story. She doesn’t want to talk a lot about the things that have happened in her life since she learnt about her HIV status.

“However, I feel better because I have accepted my condition. But I keep worrying about my children – what would happen to them if I die?” she wonders as she wipes tears off her face.

Although Sara lost hope in life at one time, she has since pulled herself together and has resolved to lead a healthy life and to carry on with her work.

“I have accepted my condition, but I am also lucky to have the support of my parents. My mother had once taken care of an AIDS patient and it was easy for her to accept me,” she recalls.

For Sara, it was time for her to look for people who had gone through the same situation to learn from their experiences. She also looked out for organizations that dealt with HIV-positive people.

However, they were very careful since they didn’t want many people to know they were infected, fearing stigma associated with the HIV virus.



“We didn’t want even our neighbours to know our status. Only very few colleagues knew that,” says Sara.

“I think my parents supported me a lot especially when they allowed me to seek membership in organizations dealing with people living with HIV,” she says.

Besides, she has other worries concerning her job. She holds a 2 year Certificate in Education which she attained at Nkrumah Teachers College in Bububu, but her qualification no longer assures her of continued employment, as there are more highly qualified teachers. While she is thinking of going back to the college for a diploma course, she is not sure she can cope given the numerous demands she has to attend to.

“I feel I still have many days to live. That is why I have decided to buy a piece of land for my children before I build a house for them,” she says. This is to secure a future for the children and ensure that they are not harassed by some exploitative relatives, as happens in many cases.

The Zanzibar Association of People Living with HIV&AIDS (ZAPHA+) is an organization of approximately 160 members, the majority of whom are women, who have been abandoned by their husbands.

ZAPHA+ advocates for people living with HIV in Zanzibar, and provides material and moral support to its members through peer counselling, home-based care, nutritional and psychological counselling and support.

In October 2006, the Zanzibar Parliament adopted its first HIV policy. The requests of some conservative Muslim lawmakers to close all bars and outlaw revealing clothing as part of the strategy was, however, turned down.

Lawmakers also rejected requests from some Muslim lawmakers to screen all visitors to the Zanzibar Archipelago for HIV and segregate HIV-positive people from negative ones.

Due to stigma, many people shy away from going for HIV testing and disclosing their status. Sara says many people are curious about how she was infected and when she gets sick, people ask what she is suffering from.

## **Pain of family split**

A year after joining the organization, she gave birth to another baby in December 2006, who she considers as her last child. After the birth of the child, quarrels between her and her husband started and he decided to

divorce her. She does not dwell much about their quarrels but she says it was due to her husband's behaviour. Although he knew he was already infected, he kept drinking heavily and started new relationships with other women.

"We divorced when the child was just 3 months old. It pained me but I could not do anything. I left with one child, the first-born, but two remained with my husband," she says.

Sara defends her decision to leave the two children with her husband, especially the last one who she was still breastfeeding, saying she could not afford to take care of the children on her own.

"My parents also cannot afford to take care of the children as neither of them has work to do," she says.

Two weeks before I met her, she says she had gone for her CD4 count at Mnazi Mmoja National Hospital and her CD4 count was 183 against 52, which was her count during pregnancy. She is using the ARV drug Triomune 40.

Sara says the public is not well informed on issues related to HIV, especially in Zanzibar, where she says many people don't know that they need to protect themselves from being infected. According to Sara, this is because of inadequate awareness campaigns on HIV.

Most people, she says, are shy and do not want to discuss HIV openly. Many people in Zanzibar prefer unsafe sex due to their religious beliefs. She does not give details but says the government and other campaigners should sensitize the people on dangers of unprotected sex.

## **Setting the record straight to end the blame game**

After her divorce, some teachers started blaming her for everything that had happened in her marriage. It was from the result of this blame that she decided to tell them the truth.

"I told them I was living with AIDS and I could not tolerate my husband's behaviour of sleeping around with other women," she says, adding: "I had told my husband that we should settle down since we were already infected and raise our children but he would not listen."

Since, she has been trying to sensitize other teachers on HIV, she has seen a significant change in their attitude about issues on HIV. She is pleased that many have understood the dangers of risky sexual behaviour and most importantly, appreciate and assist those living with the HIV virus.

She says teachers and students should be sensitized on HIV to enable them to

understand and appreciate the need to support those who are infected. Further, they should be trained so that they can handle the subject of HIV without fear.

“Teachers can save a lot of lives. They should be encouraged not only to teach the subject in school but also to community members,” she concludes.

***Erick M.N. Kabendera, Tanzania (Mainland and Zanzibar)***

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# What can we learn from the teachers' voices?

In this book we hear from 12 teachers about their personal experiences of living as a teacher with HIV. But it is estimated that there are presently some 122,000 teachers in sub-Saharan Africa who are living with the HIV virus, the vast majority of whom have not sought testing and do not know their HIV status. In this final section, we reflect on what the voices of the 12 suggest about a better future for them and the remaining 121,988 that are infected.

The teachers who contributed to this book are those who had the *courage* to volunteer their stories for publication. Yet, even among these courageous individuals there are those for whom society's judgment remains so harsh that they still dare not admit their HIV status publicly. Stigma remains the major challenge and the major barrier to accessing and providing care, support and treatment. Despite the wide and growing knowledge about HIV in all of the countries reported here, the teachers tell us that stigma and discrimination remain the first and most prominent elements of the community response to HIV.

## Box 1: Stigma and Discrimination

- The leading issue, covered in all the stories.
- The major challenges faced by the teachers and the foremost barrier to accessing and providing care, support and treatment.
- Occurs in all areas of their lives: family, community and workplace.

## Box 2: Care and Support

### *Voluntary Counselling and Testing (VCT)*

- Stigma discourages timely testing.
- The need for popularization of VCT.
- HIV-positive teachers' role: counselling colleagues and encouraging VCT attendance.

### *Treatment*

- The importance of treatment, including antiretrovirals, and of healthy living.
- One reports using scarce resources on traditional care that does no good.

### *Economic support*

- Financial impact of HIV infection (treatment costs, nutrition costs and marriage breakdowns).
- Varying support provision in terms of medical care, transport costs and food costs.

### *Confidentiality*

- A lack of belief in the confidentiality of institutional services (including reports of institutions revealing teachers infection status without their consent).

The teachers' report that stigma is at the root of many of their major problems: it discourages them from being tested; it discourages timely testing; and it inhibits access to such care and support, including financial support, as may be available. Several of the teachers have stated that women may be particularly vulnerable targets of discrimination, even to the extent of being forced out of the matrimonial home and separated from their children. Men, on the other hand, are reluctant to break the silence and participate in VCT. We also hear from the teacher-trainees of the absence of systematic services, such as VCT, to support those at this level who greatly need assistance.

Given this climate of fear, there is even greater reluctance to seek testing and help if there is a lack of trust in the confidentiality of institutional services. The teachers have given several instances where their HIV-status was revealed to others without their consent; in one case the VCT counsellor himself informed a family member of their relation's HIV-positive status. We also learn about experiences of institutional discrimination at the workplace: of teachers who were demoted from positions of responsibility, or denied promotion and leave, and of teachers who were ridiculed by senior staff and made to feel like pariahs among their colleagues. The teachers' frustrations are exacerbated by the fact that they recognize that all of these institutional actions are contrary to the stated and official policies of the governments of the countries in which they live.

The importance of educating students about HIV is highlighted by the teachers, including the need for HIV prevention education to go beyond awareness creation. The teachers highlight HIV-associated absenteeism and attrition as negatively affecting the quality of education in their countries.

### **Box 3: Education-Specific HIV Issues**

#### ***Preventative education***

- The importance of including HIV prevention in the school curriculum.
- The need for HIV prevention to go beyond awareness creation.
- HIV-positive teachers' role in raising awareness and addressing stigma.

#### ***Teacher training***

- The importance of covering HIV during teacher training.

#### ***Education quality***

- The negative affects of HIV-associated absenteeism and attrition.
- Teachers determined to go the extra mile and work as hard, if not harder than their colleagues

#### ***Orphans and vulnerable children in school***

- Mentoring pupils affected by HIV to ensure they can continue with their schooling despite barriers such as school fees.

We also hear of instances where teachers do not help their own case. We hear of HIV-positive teachers who are either unwilling or unable to access adequate care, support and treatment. Of teachers who are reluctant to access the government's health services and instead spend scarce resources on traditional care that does little good. In one instance, we hear of an HIV-positive teacher who reportedly, sexually abuses his pupils.

Yet, in all of this, it is the positive and hopeful stories that are the most memorable. These are the stories of teachers with the confidence to tell their difficult journeys and how, through accessing effective care, support and antiretroviral medicines, they are able to live and enjoy full lives. Universal access to care and support is at the heart of an effective national response. We hear of families and spouses who have carefully considered the implications of living with HIV and have emerged stronger and more committed to each other. We learn of teachers who empower and equip colleagues with the skills to protect themselves and to teach young people about HIV prevention. We hear of teachers who mentor pupils affected by AIDS in order to ensure they can continue with their schooling despite barriers such as school fees. We hear of supportive institutional actions from the education sector too: of a district director of education who offers a transfer to a district office where the work is less demanding and the environment friendlier; and of at least two school principals who facilitate access to leave even while the teachers' HIV-positive status remains formally

#### **Box 4: Responses to HIV disclosure at different levels**

##### ***Spouse & family***

- Women can be particularly vulnerable targets of discrimination, even to the extent of being forced out of the matrimonial home and separated from their children.
- Other families and spouses emerge stronger, having thought carefully through the implications of living with HIV.

##### ***Community***

- Stigma and discrimination remain the first and most prominent elements of the community response to HIV.
- The positive role teachers can play addressing stigma and discrimination in their communities as prominent and respected figures in society.

##### ***Workplace***

- Varying management reactions to the HIV-positive teachers, including:
- Institutional discrimination: teachers demoted from positions of responsibility, or denied promotion and leave; and teachers ridiculed by senior staff and made to feel like pariahs among their colleagues.
- Supportive institutional actions: a district director of education who offers a transfer to a district office where the work is less demanding and the environment friendlier; at least two school principals who facilitate access to leave even while the teachers' HIV-positive status remains formally unacknowledged.

unacknowledged. These stories demonstrate that, when implemented effectively, institutional policies *can* make a difference.

A common theme emerging from these stories is the value of Teacher Associations. Organizations created specifically for teachers living with HIV have been established in many of the countries represented in this book and we learn that these organizations play a crucial role in sharing experiences and providing psychosocial support. The creation of such networks in all countries affected by HIV would be a valuable development. In addition to these organizations, Teacher Unions are repeatedly cited as key providers of practical care and support. As trusted representatives of teachers, they have organized VCT for teachers on a massive scale in some countries. They have used their national decentralized structures to share practical information with teachers, especially as part of the global EFAIDS (Education for All AIDS) initiative of EI, WHO and the Education Development Centre (EDC). They have also used their fund holding role to provide affected teachers with practical and financial support, and their political position to champion the rights of teachers to ensure that they are protected in the workplace. Nearly all the teachers in this book mention the role of the Teacher Unions, and, even while highlighting their successes, have asked them to do more.

## How can the teachers' voices inform future action?

Taken together, the voices of the teachers recorded here suggest that, among the many obstacles to supporting teachers living with HIV, the primary ones are stigma and discrimination, exacerbated by a general failure to provide institutional confidentiality. These obstacles operate both at the community and professional levels. The voices also suggest that these obstacles could be usefully addressed by:

### *Fully implementing existing national and institutional policies*

While eight of the nine countries represented here have workplace policies based on the International Labour Organization (ILO) Guidelines (as outlined in the book ILO Code of Practice on HIV/AIDS and the World of Work) that address HIV issues (either national or education sector specific) and eight of the nine countries have an education HIV strategy, many of the teachers are unaware of these policies. However, policies are only as good as their implementation and for teachers to benefit from these policies, they need to be widely understood, implemented and enforced. Awareness creation among education sector staff about the policy content can contribute to this, as can monitoring and evaluation of the policy implementation and enforcement. In addition to awareness creation among teachers about good programmes and policies, there is also an opportunity to scale up positive initiatives.

### **Box 5: Actions to Support HIV-Positive Teachers**

- Fully implementing existing national and institutional policies.
- Increasing involvement of HIV-positive teachers in setting policies and giving practical advice.
- Providing universal access to VCT, care and support.
- Addressing HIV issues during teacher training activities to reduce stigma among teachers and to equip teachers with the skills to:
  - Avoid infection; and
  - to teach young people about HIV, including avoiding infection and focusing on stigma and discrimination reduction.
- Helping Teacher Unions to support their members living with HIV and to combat stigma and discrimination.
- Creating effective national and regional support networks for teachers living with HIV.
- Increasing national and institutional recognition of the social impact of HIV on teachers, and particularly female teachers, living with HIV.



### *Increasing involvement of teachers living with HIV in setting policies and giving practical advice*

At a regional level, HIV-positive teachers' involvement in the response initially focused on sharing their individual accounts at regional meetings, such as the ADEA Biennial Meeting. In November/December 2006, UNESCO, EI, EDC and WHO held a forum entitled 'Supporting HIV-Positive Teachers in East and Southern Africa' for HIV-positive teachers to identify the types and levels of support they require. In November 2007, HIV-positive teachers played an active role in the African Networks of Ministry of Education HIV&AIDS Focal Points three-day annual meeting. The final day of the meeting was devoted to addressing the needs of HIV-positive teachers and the Networks developed an action plan at the end of the meeting.

This increasing involvement of HIV-positive teachers in meetings and events, is in line with the GIPA Principle. GIPA supports the greater involvement of people living with HIV at all levels to 'stimulate the creation of supportive political, legal and social environments' as agreed by 42 countries during the 1994 Paris AIDS summit. HIV-positive teachers meaningful involvement can be further strengthened to increase their input and contributions as policies are developed, from the regional to the district levels. This will ensure that policies and programmes are relevant and applicable.

### *Providing universal access to VCT, care and support*

The teachers' stories highlight the importance of providing universal access to VCT, care and support. In order for teachers to have universal access to these services, two things are required. Firstly, the services need to be in place and, secondly, the teachers need to know about them and have confidence in them. In fulfilling the first, the education sector can link with other key public sectors, such as the health sector, which are already providing such services. They can work together to ensure that existing services are expanded and are accessible to education staff (rather than running services in parallel). In fulfilling the second, with the services in place, the sectors can work together to ensure that education staff are aware of the services and how to access them. Issues of institutional confidentiality also need to be addressed.

*Addressing HIV issues during teacher training activities to: reduce stigma among teachers; equip teachers with the skills to avoid infection; and teach young people about HIV, including avoiding infection and focusing on stigma and discrimination reduction*

The teachers' voices emphasize their vulnerability at all levels – from the teacher-trainee through to the headmaster. This highlights the need to do more than simple awareness creation, but instead to ensure quality training at all levels through pre- and in-service teacher training on HIV. Involving HIV-positive teachers as resource people during such training can greatly strengthen the impact of sessions. As respected members of their communities, HIV-positive teachers can also play an important role in the community, combating stigma and discrimination.

*Helping Teacher Unions to support their members living with HIV and to combat stigma and discrimination*

As part of the global EFAIDS initiative, EI and the EDC have produced a toolkit *Inclusion is the answer: Unions involving and supporting educators living with HIV* to support the development and implementation of comprehensive initiatives in prevention, care, support and treatment, and addressing stigma and discrimination. The toolkit advocates for Teacher Unions and Networks of Teachers Living With HIV to work together, something already being operationalized in some of the countries represented. The toolkit is an excellent resource for Teacher Unions developing coherent packages for teachers living with HIV.

*Creating effective national and regional support networks for teachers living with HIV*

The presence of and size of these support networks varies greatly from country to country. Countries with small networks or without networks can be supported to develop such networks and can learn from experiences of other countries where these organizations are more developed. In building, strengthening and ensuring sustainability of these networks, the support of the Teacher Unions is critical. By working with the Teacher Unions, the networks' ability to address stigma and discrimination and to advocate for and support teachers living with HIV is greatly increased.

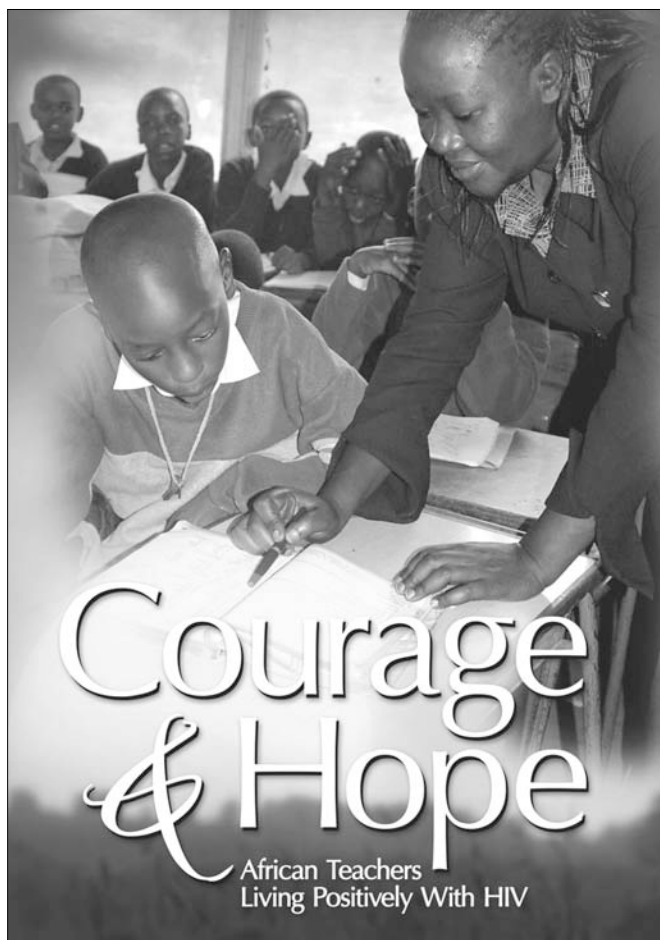
*National and institutional recognition of the wider social impact that HIV has on HIV-positive teachers and in particular the impact on female teachers*

The education sector is a key sector within the multi-sectoral response to HIV. When forming and implementing policies, the wider social impact that HIV has on HIV-positive teachers and, in particular, the impact on female teachers needs to be considered and taken into account.

The personal experiences from the 12 teachers presented in this book offer first-hand accounts of the difficult, and sometimes debilitating, challenges faced by teachers living with HIV. Yet, these stories also provide an insightful glimpse at possibilities for overcoming such challenges. The personal reflections of these teachers offer practical suggestions for behaviour change and policy decisions that might be implemented at the individual, community and national levels. Most of all, these 12 teachers offer *courage and hope* to the remaining 121,988 teachers living with HIV in sub-Saharan Africa.

## **Courage and Hope: The documentary**

Inspired by the extraordinary courage and hope evident in the candid accounts of these 12 teachers, a documentary was created in 2008 **Courage and Hope: African teachers living positively with HIV.**



**Courage  
& Hope**  
African Teachers  
Living Positively With HIV

# Courage & Hope

*Courage & Hope* is the remarkable story of four teachers living positively with HIV. It is an insight into the lives of ordinary, courageous people. We hear, in their own voices, how they discovered their HIV status and how this has affected their lives with their families, their schools and their communities. Each teacher tells a unique story of extraordinary courage and hope.



When Beldina Afeno learned she was HIV-positive, she lost everything – her husband, her children, her job. On receiving treatment and realizing that HIV does not have to be a death sentence, Beldina returned to teaching, reestablished her home with her children and now works to help others to face similar challenges.

On discovering that they were both HIV-positive, Martin Mlong Ptoch and his wife decided to live positively. Martin shares how the experience has brought them closer together, as well as describing the critical role of the Kenya Network of HIV-positive teachers.



Jemimah Ntudo lost her husband to AIDS and then lost her home. Having overcome these challenges, Jemimah now works to address HIV stigma and discrimination among students and staff.

Weak, ill and stigmatized at her school by pupils and staff, Margaret Wambete reached the lowest point in her life. Now on treatment, Margaret is teaching again and helping other teachers to access voluntary counseling, testing and HIV services.



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Produced for  
The Partnership for Child Development  
[www.schoolsandhealth.org](http://www.schoolsandhealth.org)

For further information please see the website:  
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