



Chapter 5

Telling the stories (2) *Ruva: The positive self, the ideal other*

The first teacher that I interviewed, Hope, had led me to Ruva. They were both members in a drug trial programme at Parirenyatwa Hospital, titled the Development of Antiretroviral Therapy for Africa (DART) programme. Hope had spoken to Ruva about my research and she had seemed interested. She had given me Ruva's telephone number. I phoned Ruva and introduced myself and, although she had sounded hesitant on the phone, she agreed to meet me.

“The results came back positive and I was alone.”

I am HIV-positive, I am HIV-positive. The doctors' words kept coming back to me. I had come back for my test results and I was told that I tested positive. It was unbelievable; I was devastated. I did not take a taxi home; I walked. Maybe I wanted to burn it out or get time to compose myself. I was angry at my predicament. I started thinking about my son who was only a month old. I could not understand how this could happen when my son was still so young.

It was a Friday and I was on maternity leave in Bulawayo. I had just given birth to my son and second-born child, Farai. I remember waking up that morning to severe pain around my waistline. The previous day I had just been feeling tired and thought I was developing a cold. By the time I took my bath I had developed an angry rash which covered half of my waist. It was so painful I decided to go to the hospital. The doctor who attended to me started talking to me about HIV and suggested that I take the test. At that time I had no clue what was happening or why they wanted to test me for HIV but I accepted anyway.



I drove to a primary school in Norton, 70 kilometres out of Harare. I walked into the office of the school head and asked to see Ruva. I had not met her before; we had just spoken over the phone. She was called in and we were introduced.

'Bubbly, energetic and full of life' is how I would describe Ruva. In the few minutes we took to walk from the school administrative block past the classrooms to the teachers' houses, she chatted with me as if she had known me all her life.

She explained to me that she is teaching the morning shift, and she excitedly points out her classroom to me. Along the way we meet school pupils who come to greet us, and I notice that she is very attentive to the pupils.

The results had come back positive and I was alone, with no one to share my sad news. Daniel, my partner and father of my son, had remained in Gokwe when I went to give birth in Bulawayo. We had agreed that I would give birth in Bulawayo where my sister lived because there were no good hospitals in Gokwe. When I got my test results I knew my sister would be supportive, but I was not ready to share my sad news with her. I needed time to reflect on my situation.

"I kept my HIV status a secret."

I was born in Kwekwe in 1970, the fourth-born in a family of seven girls. I remember that when I grew up our life was marred by the fact that my mother gave birth to only girl children. My father, like all African men, wanted a son. He was a typical African husband, who thought that for him to be respected among society he had to have son. As a result, he did not give us the love and respect that we deserved. I cannot think of a time when I got a chance to talk to my father and relate to him like his daughter. In fact, none of us girls had a relationship with him.

My father was under pressure from the extended family to take on a second wife who would give him sons. The family thought it was a waste of resources to educate girls. Fortunately, my mother was very firm when it came to our education, and her seven daughters got a chance to go to school.

I recall that during the time I was growing up things



On the outside Ruva's house looks old and in need of paint, like all the other teachers' houses in the compound. On the inside it is perhaps a reflection of Ruva. She has made it into a warm and inviting home. My attention is drawn to a vase with mainly yellow flowers on the small table and the bright orange curtains with a flowery pattern. A set of comfortable, worn-out sofas and a small TV complete the small living room. The living room, although sparsely furnished, is warm, clean and comfortable.

Ruva explained that there was no electricity due to a power cut and apologised that it might affect our interview.

were tough; there was never enough money in the house. My parents firmly believed in sending children to boarding school, and I got my chance to go when I was in Form 3 and when my sisters had completed their O-Level education. In boarding school there was never a time when my father came to visit me the way other fathers used to. It was always my mother visiting me alone, with one excuse after another as to why my father could not make it. I always believed that one day he would come and I would fantasise about that day.

After I completed my O-Levels I got two job offers. One was at Edgars, a local department store, and I was also accepted at the local airline to work as a flight attendant. I was delighted. However, my parents, especially my mother, was not happy for me to go on to a job without formal qualifications. She wanted me to get a college degree or diploma to become a teacher. With my father's assistance I got a job as a temporary teacher in Gokwe, a town which is about 300 kilometres from Harare. [How does she explain this assistance when he did not seem to be interested in educating girls?] In those days it was easier to get into a teacher training college if you had temporary teaching experience.

In 1989 I met Mark at the school where I was working as a temporary teacher. We fell in love. He was great, and I loved being with him. With Mark by my side I enjoyed my temporary teaching days. After a few months of going out I was convinced he was the one I wanted to get married to. We both knew that at some point we were likely to be separated when I went to study for my teaching



By the time we sat down to start the interview, I felt at home with Ruva. If she felt uncomfortable or curious as to the purpose of my visit, she did not show any signs. The hesitation I had sensed on the phone, I did not detect at any point during our meeting. I introduced myself and explained the purpose of my visit, and she consented to take part in the research.

Ruva responded happily to the initial questions I asked her about how she grew up. She seemed happy to talk about her childhood. However, she sounded wistful as she recounted her story of growing up in a family of seven girls in a society that clearly placed more value on the boy child. The lack of love and affection from her father is an issue that hurt Ruva and that she is still bitter about.

diploma. We were happy and we both agreed that we would face the moment when it came.

In 1990 I got a place at Mary Mount Teacher's College in Mutare to study towards my teacher training diploma. It was only after I had started college that I realised I was pregnant. I was expelled from college and I came back home. At the time, colleges of education did not accept students who were pregnant. I came back home and I got married to Mark. He was happy to have me back and I was also happy to be back. Together we looked forward to our first-born child.

I gave birth to a bouncing baby girl and we named her Josephine. Josephine was a beautiful and happy child and I loved being a mother. My mother kept encouraging me to go back to college for my teaching diploma. While part of me wanted to go, it was hard for me to leave my child behind. I only accepted the proposal when my mother offered to look after Josephine while I was away. With my mother, I knew my child would be in safe hands. I went back to Mary Mount Teachers' College in 1991 and completed my teaching diploma two years later.

I graduated in 1993 and I was happy to finally reunite with my family. The Ministry of Education deployed me to teach in Gokwe, although not at the same school as my husband. I had hoped finally to be together with Mark, but we remained separated. This prolonged separation, which had started when I was in college, proved strenuous for our relationship. I later discovered that during the time I was in college my husband was involved with



As Ruva spoke about the birth of Farai she sat across the table from me with her head to one side and her voice lowered. Her eyes had that far-away look of someone remembering past times. I could see pain etched on her features; I could detect it in her voice and from her posture. I felt my own tears burning the back of my throat.

As a woman and mother I could relate to her pain. I understood her worries about her children and their future, her decision to hold back the sad news from her husband. For a brief moment, I felt the line between the researcher and the researched become hazy and disappear. In its place was two women united by their love for their children, and the need to protect their loved ones from pain.

someone else and their relationship continued even after I came back. This was the breaking point of our marriage. I found that I could not cope with that situation and we divorced. I got custody of Josephine.

In 1997 I met Daniel and fell madly in love with him. Daniel was running a grocery and liquor business in Gokwe where I was teaching. He was a carefree person who enjoyed having a good time. Daniel did not mind that I had a child from another marriage. He treated Josephine like she was his own child.

Although I fell pregnant early in the relationship we did not want to rush into marriage. When my time was due I went to give birth in Bulawayo where my sister lived. Daniel came to visit me in Bulawayo when Farai was born. He was a very proud father and he doted on Farai. I couldn't have been happier.

Just after Farai was born, I developed herpes zoster¹ and that was when I tested HIV-positive. I went through serious emotional turmoil. I remember waking up and the first thing that would hit me was worry. I worried about what kind of tomorrow I would have. Would I be sick? Would I die? How would my children take it? What was going to happen to them? How were they going to view their lives when they grew up? How were they going to feel in relationships when they grew up knowing that their mother had died of AIDS?



In the time I sat with Ruva I shared her experience with HIV. In listening to her, I had a glimpse into one HIV-positive woman's life. Concurrently, Ruva was faced with her own illness and that of her child. Just listening to her, I was overwhelmed by her situation, and I could not contain my own emotions.

This was not an easy time for Ruva, with Daniel abandoning her when she needed him most. And yet, despite what Daniel put her through, Ruva still referred to him lovingly as "my Daniel". Listening to Ruva, it is clear to me that she is a woman capable of deep love.

At the end of my maternity leave I returned to Gokwe. I could not bring myself to talk about my status to anyone. I was still in a daze, not fully in control of my situation. I could not bring myself to tell my husband about the HIV test. I needed time to think it through, and I was not sure how he would handle it. I decided to wait for the right moment to tell him about the HIV test.

The right moment never presented itself, because a week after I got back home my son became very ill and he had to be hospitalised. He was diagnosed as having meningitis. Because I was still breastfeeding I had to go into hospital with Farai. The hospital had no accommodation for parents so the nurses made a bed for me on the cold floor so I could be near my son at all times. The cold must have affected me because I also got very sick, so that I ended up being admitted in another ward. I was tested and confirmed positive for tuberculosis, and I was immediately put on treatment. I was away from work for three months.

This time was really difficult for me. I was sick and nursing my sick son who was also admitted in the children's ward. This is one phase of my life that I will never forget. Without anyone else to turn to, I lived by the day. I know that the illness also took its toll on my daughter who was staying at home with my Daniel.

The situation was overwhelming for Daniel; he could not handle it. He had also been put on anti-tuberculosis treatment; he was in a panic. When I was in hospital he could not even get into the ward to see how Farai was doing. He would just wait at



As Ruva detailed the events leading to the death of Daniel, I experienced various emotions. I felt anger at Daniel for letting her down in a time of need; I blamed him for his refusal to go for testing, and for his failure to take better care of himself when he was ill, and for his premature death which could have been avoided.

reception and ask the nurses to call me so he could ask after the child. He was disturbed by the fact that all three of us were sick. The doctor suggested that we all be tested. I did not tell them that I had already tested positive for HIV.

Daniel refused to take the test. No matter how much I tried talking to him about it, he did not change his mind. It was as if he was in denial about the whole situation. He started withdrawing from the family and spending most of his time at work. I forced myself to be strong as I was the only one the children had.

While I was in hospital the nurses had alerted me to the fact that my son could have developed a disability. He was now eight months old, yet he seemed not to hear and he could not cry very loudly. Initially the doctors thought he had ankyloglossiaⁱⁱ and they performed surgery. When the situation did not improve they asked me to take him to have his speech and hearing tested.

It was just one thing after the other. I felt like the world was collapsing on me. I also realised I was losing Daniel, who was slowly distancing himself from me. His visits to the hospital became more and more infrequent, such that by the time I was discharged from hospital the distance between us had grown. When I mentioned Farai's situation, I was shocked by his response. He clearly told me that there were no disabled people in his family and he was beginning to doubt that he was Farai's father. I was shocked; I never expected to hear this from my Daniel. His response really hurt me, and for the first time since we got together I saw him



But mostly I felt for Ruva. I felt sorry for her loss. For the second time in her life, she lost her partner and love of her life. I could see tears forming in her eyes. I felt my own tears coming, and I wanted to reach out and touch her and give her words of comfort, but no words came as I was still trying to absorb her story.

for what he really was – a coward who runs away at the first sign of problems.

The situation between Daniel and me deteriorated; we argued about everything. Daniel still refused to go for HIV testing. I could see that his health was deteriorating but he did not want to confront his situation. Despite being on anti-TB treatment, he continued drinking heavily. In June 1999 he was diagnosed with liver cirrhosis and he died two months later. I was devastated. It felt as if I was on a roller coaster ride. Nothing was going right in my life.

The death of Daniel filled me with a deep sense of regret – regret for what could have been. I knew in my heart that he could have lived longer if he had accepted his situation and taken better care of himself. I understood what people mean when they say it never rains but it pours. The happiness I experienced with the birth of my son was brief compared to the grief that followed. After Daniel died, I lived one day at a time. Every day I thanked the Lord for seeing me through that day. Amidst all this, I still had to come to terms with my own HIV-positive status. I worried about what would happen to me. Each headache, rash or bout of cold had me worried that my end was near. I kept my HIV status a secret that I dared not confront or reveal.

“What could I have done differently?”

When Farai was one year old I took him to Jairos Jiri Children’s Home, where they confirmed that he



For Ruva the identity of 'Ruva the mother' takes centre stage in her life. She sees herself as an ideal mother, and it is clear from listening to her that she loves her children and she will do anything for them. Ruva is very protective of Farai and she feels the need to shelter him from the world.

Ruva suffers from guilt, as she blames herself for her son's disability. She feels that her HIV status changed not just her life but also that of her son.

was deaf. As a result of his condition, he lacks the sense of hearing and ability to speak.

From Jairos Jiri I was referred to Harare Hospital, where I was advised to attend workshops for children with disabilities. This really helped me to start accepting my son's handicap. When I looked at other children with disabilities who were in the wards, I realised that my son was in a much better position than many of them. The doctors told me that my son's disability was most likely a result of the meningitis that he suffered when he was three months old.

The implications of this were daunting for me. I felt guilty; I felt as if it was my fault that my son was born deaf and mute. I knew that it possibly happened because of my HIV-positive status. In my mind I played over and over how I could have done things differently to avoid this happening to my son. I loved my son wholeheartedly and I always felt this urge to protect him, to shelter him from any more pain and suffering.

I loved my daughter Josephine as well, but I felt that she was stronger and able to face the world on her own compared to my son. I was also aware and still am of the effect on Josephine of her brother's disability. Like me, she also tries her best to shelter her brother from the world. While Josephine is a very strong and independent girl, I sometimes sense her frustration at not getting enough attention from her mother, and she sometimes expresses disappointment at the lack of a father figure in her life. She goes through periods of asking about her father and asking why I never



Each time Ruva speaks about her son, her whole face lights up. However, I can detect that she is worried about her son, worried about his status. She has not worked up the courage to get her son tested for HIV as she feels that she will not be able to handle a possible positive diagnosis.

Given that Farai is already handicapped, it is as if that would be a double blow that she would not be able to handle. While she worries about herself falling ill and dying, her main concern is the fate of her son should she die. Her son is clearly an inspiration and a reason to continue living. As a parent it is difficult for me to listen to Ruva's story and not feel heartache, tears and, at the same time, hope.

remarried after Daniel's death.

In 2000, when Farai was three, I decided to send him to nursery school. As a mother I yearned for him to have as normal a childhood as was possible. I wanted him to be able to socialise with other children. His initial experience at the school proved frustrating for both of us. The nursery teachers reported that because of his failure to communicate, he tended to become violent if he felt people did not understand him. The other parents started complaining that Farai was violent towards their children. However, the teachers at the school were very supportive and they made sure that Farai was accommodated in the school. As time went by, other parents accepted Farai and the other children understood that he was different. Farai himself seemed more accepting of his situation, although he still had episodes of intense frustration and he would take it out on anyone in close proximity.

In 2001 he was admitted to Emerald Hill School for Children with Disabilities in Harare. Although it was a boarding school, all parents had to take their children for weekends every fortnight. I found this difficult because I was still teaching in Gokwe; travelling to Harare every two weeks was too expensive for me. I requested a transfer to a school in Harare. Getting a transfer proved to be a frustrating experience. I applied using the argument that I needed to be near my son as I could not afford the fortnightly trips from Gokwe to Harare on my teachers' salary. I took countless trips to the Ministry of Education offices in Gokwe



Focusing my mind on Farai, I am plagued by many questions. Is it morally right for Ruva not to have her son tested? Is it fair to deny him life-saving medication which he might need if he is found to be HIV-positive?

At the same time, another voice says to me, who defines what is right? Should she test him even though she is not ready to know the results, even though she will not be able to afford medication for him should the results come out positive?

I do not have any answers.

and Harare, and it was all in vain. I was frustrated almost to the point of giving up. Fortunately, I met an old friend who referred me to someone who could help me. That was how I finally got the transfer. It had taken me two years. In 2002 I moved with my daughter Josephine from Gokwe to Norton, which is about 70 kilometres from Harare. My son was in a school where I knew his needs were being covered. Despite my HIV-positive status, I was in good health and somewhat recovered from the episode in Gokwe. Life was good. I secured accommodation at the school in Norton and so my expenses were minimal. I could afford to visit my son and take him home with me as required by the school. I secured a place for my daughter at a boarding school in Gutu, and she enjoyed it there. I was able to pay her a visit twice every term.

It was during this time that I started thinking of disclosing my status to the rest of my family. I wanted my sisters to know my status so that when I got ill they would be prepared. I went home for my sister's wedding in August 2002, and I made my plan to disclose to them. A day after the wedding we had a chance to sit and catch up with each other's lives. It was fun, just like the old days when we were younger.

When it was my turn to share about my life, I just said plainly, I tested HIV-positive five years ago. There was a deadly silence in the room. Then my older sister from Bulawayo stood up and hugged me, saying it was going to be all right. There were tears and more tears until I assured them that I



For Ruva a life-threatening illness such as AIDS is more than a medical or biological problem; it is fraught with meaning. Ruva felt that she had lost control of her life and she struggled to make meaning of HIV in her life.

To me, Ruva's struggle with AIDS is a poignant reminder of how frail our lives are. I understood the pervasive nature of HIV. It changes everything, from the food she chooses to eat to the friends that remain...

Ruva spends some time hiding from her HIV status, dreading the onset of illness up to a point where she realized she just could not keep hiding any more.

She has many questions for God and she sees herself as a victim. She knows many people who were promiscuous who did not get AIDS, and asks God why she had to be the one.

was still in good health and there was no need to worry. Still, I could tell that they were worried about me. We agreed that we would not tell my mother about my status as it would break her heart. All my sisters were very supportive and they always check on me to see how I am coping. I have always been close to my sisters, and in my heart I knew that if I fell ill they would look after my children. I was sure that my daughter would have a loving home to go to. My worry was my son., Farai needs special care and I know that it would be unfair to ask one of my sisters to take him in as they all have their own families.

“Dear God, why me and why now?”

My newfound happiness did not last long. In 2003 I fell sick again. It was not anything specific; it would be a high-grade fever today and diarrhoea tomorrow. Most times I had no appetite, so I lost weight. At school I felt terrible; by break time I would be feeling so tired I couldn't wait for the school day to end.

I started losing weight until I resembled a moving skeleton. I loved my job and I did not want to leave my pupils, but I found it very difficult to continue in my state. I applied for sick leave and it was approved. I was lucky because the school head managed to find a relief teacher to cover my class.

I had many questions for God. I wanted to know why it was all happening to me; what had I done to deserve this? I knew many people who were



*Ruva's asking God **why me** touches my heart. I understand her anger towards God. Part of me feels guilty because of Ruva's situation. Why did it have to be her, why could it not have happened to someone else?*

promiscuous but who seemed not to have been infected, so why me? I tried to avoid worrying as this would make my situation worse, but it was not easy. It was difficult not to get stressed with the state of my health. I had several episodes of thrush and each one was worse than the previous one.

I had been avoiding going to a doctor because I felt I was not ready to confront the demons I had locked up in my closet. I feared to open the can of worms. I had known all along that the illness would come and I had avoided worrying about it. With each new opportunistic infection, I realised there was no way out. I went to a private doctor and told him of my condition and my status. I also informed him that I could not afford expensive medication so he had to prescribe something that I could afford on my teacher's salary. He referred me to an herbalist in Harare.

The herbal treatment made me feel much better and I went back to work after sixty days. Although I also had a prescription for drugs, I could not afford them and so I just concentrated on the more affordable herbs. I had been given a lot of different herbs, some of which I had to take during the school day. I would just take them in the staffroom, often in full view of the other staff members. This caused quite a stir among the teachers, who would be talking behind my back, speculating on the cause of my illness.

My doctor in Norton was a very good doctor and counsellor. When I went to him I was convinced I was dying, but he always managed to instil hope in



As I drive home I take time to ponder Ruva's story. The question 'who gets AIDS' keeps coming back to me. Is it just those who are promiscuous? Why are some people more susceptible than others?

me. I did not tell him that I could not afford his prescription for antibiotics; I just took it home and did not buy anything.

I had been advised to eat well and to eat unrefined foods. The problem was that while the food was readily available I could not afford to buy it. I did not want to burden my mother, as she had problems of her own. I was very sick this time, so one of my sisters came to stay with me.

Fortunately, I had my housemaid Thandeka at the time and she looked after me when I was very ill. Thandeka had lost her husband to AIDS, and even though we did not discuss the cause of my illness I think she suspected it. She was very caring and always at my bedside when I needed her. I do not know how we would have managed without her.

After some time I found myself unable to afford the herbs that had been working well; it was now too much for my meagre teachers' salary. I still had to pay school fees for my children and meet other living expenses, so I had no money for medication. I went back to my doctor and we talked about anti-retroviral therapy.ⁱⁱⁱ At that time there were very few programmes offering free ART. There was one in Mtoko but this was too far and I knew no one in that area. Another programme was being run in Harare for Harare and Chitungwiza residents; I did not qualify as I lived in Norton, which is out of Harare. My doctor asked me to use a Harare address so that I could at least qualify for the free ARVs in the Harare programme. It also meant I had to be referred by a doctor in Harare.



In a context of poverty such as Zimbabwe, HIV/AIDS results in considerable suffering for those in need of treatment. It is not possible for Ruva to afford treatment on her teachers' salary, and so schemes such as the DART programme remain one of the very few options available for those in the low-income bracket.

For Ruva, joining the programme was a huge achievement; it meant that she could access free anti-retroviral therapy, and have access to support groups where she could meet and socialise with others who are also living with AIDS

I was referred by my doctor to join a programme in Harare which was offering free anti-retroviral therapy, the DART^{iv} programme. To my disappointment I was disqualified because my CD4 count at 295 was still higher than their cut-off point, which is 250. I was expecting to get automatic entry into the programme because of my positive status. I felt I had reached the end of the world. I was devastated. I went back home in a depressed mood. I stayed at home and during this time I almost lost hope. I did not take care of myself well and my health was not good. I still had not managed to buy the prescription for antibiotics that the doctor had given me.

When I went back to my doctor after a month, he was shocked to see how much my health had deteriorated. I explained to him my disappointment at my failure to join the programme. He gave me a note to go again for blood tests. To my surprise and happiness, my CD4 count had gone down. I was happy with this development because it meant I could get on to the programme and receive free ART. In less than four weeks my CD4 count had gone down to 145. This was ironic because normally a reduction in CD4 count is not news to be happy about. This news is normally depressing, but for me it was good as it meant that I now qualified for free ART.

Finally I qualified to join the programme, and I was excited at the prospect of joining. I went early in the morning, started with the counselling, and then they did blood tests. At the end of the chain was where I was supposed to get my medication.



While Ruva happily shared with me news of her acceptance into the programme, my mind started thinking of the long-term implications. The DART programme is a five-year programme. What happens to people like Ruva, who are on medication for life, when the programme folds?

Part of me wants to bring this to Ruva's attention, but another part of me realizes that Ruva is aware of the facts, and in her situation it is better to live for the day and face the challenge of tomorrow when it comes.

However, the nurse on duty informed me that she was closing for the day. Their next intake would be in two months as they did not recruit on a daily basis.

I was devastated; I was now expecting to get medication. The joy that I had been feeling since that morning evaporated. This really affected me psychologically; I felt helpless. My expectation was that I would just join and get medication without many complications. This really upset me. Fortunately I had established a good relationship with my doctor, who phoned the doctor in charge of the programme. He talked to the nurse, asking her to assist me. I was started on anti-retroviral therapy in May 2003.

I was fortunate that I did not have adverse reactions to the ART, but I was still very sick. When I went back to work I could feel that people were talking about me behind my back because I had lost a lot of weight; I was wasted. I told my school head about my HIV-positive status because I wanted her to know that I would be going to the doctor for my monthly supply of drugs. I disclosed my status to her because I wanted her to understand my situation and allow me time off to seek medical attention when I needed it. I had already taken two months sick leave, and I felt that if I continued taking days off the school administration would find that unacceptable.

The school head was speechless; it was as if she was afraid to say something in case it was not the right thing to say. I was puzzled by her reaction, I had expected her to say something in response, but



For Ruva, falling sick exposed her to stigmatisation from other teachers in the school. Ervin Goffman (1963) described stigma as an attribute that is deeply discrediting within a particular social interaction.

Because of its nature, HIV infection fits the profile of a condition that carries a high level of stigmatisation. In many societies, people living with HIV are often blamed for their condition, with many believing they could have avoided the HIV infection if they had made better moral decisions.

Ruva found that because of the support that she received through the DART programme, she was able to stand her ground despite the stigmatisation that she faced from other staff members in the school.

all she said was thank you for letting me know. As time went on, her health started to deteriorate but she tried to be very secretive about it. She was clearly unwell, but she dragged herself to work and tried to do her duties. When her situation deteriorated even more, she went on medical retirement and she died in her rural home a few months later. It was then that I understood her reaction when I had disclosed my status to her. She must have been struggling to come to terms with her own illness. Somehow a part of me felt guilty, as if there was something I could have done to prevent the situation from happening.

I found that other teachers started moving away from me. Often I heard whispers behind my back. I was showing visible signs of illness and I had become very sensitive to people's reactions. At times I noticed people avoiding me or avoiding eye contact with me. People started moving away from me at a time when all I needed was someone to talk to who would understand my situation. Instead, people moved away.

The counselling that I received during this time helped me to come to terms with my situation. I owe a lot to the counselling that I received from the herbal clinic and the DART programme. Through the counselling, I was able to slowly understand my situation and come to terms with my status. It did not happen overnight. I had days of anger, blame, panic and feeling betrayed. Acceptance came slowly.



Listening to Ruva' story, one thing is clear to me; Ruva sees herself as an ideal teacher. She enjoys her job, and her love for her pupils is a consistent factor throughout her story.

I realised that the more confident I felt about myself and my situation, the more people started accepting me. Some colleagues I had been close to withdrew from me but, with my new-found confidence, I did not mind. I just went on with my life. Other teachers would come and ask me indirectly about a cousin or sister who had certain symptoms and what they should do about it. No one would come out in the open and tell me that it was they who had the symptoms; they were always hiding behind someone.

In addition, I think that my background of having a disabled child helped me to quickly accept my situation. Through the counselling that I received then, I learned that God can never give you something that you cannot handle. I learned that instead of questioning why something bad has happened to me, I will have less anguish if I accept my fate and move on. I feel that I am alive today because I know my status. I believe that had Daniel been tested, he would have done something about his status and he would possibly be alive today. I talked to everyone who wanted to talk to me, and in this process I made new friends and lost some old ones. I developed an attitude of not caring what people thought or said about me. I stood my ground and people got used to me. It took a lot to get to that stage, but I owe a lot to the counselling that I received from the herbal clinic and the DART programme.



“The ideal teacher”

When HIV came into her life Ruva began to find teaching the subject HIV/AIDS very challenging. She struggled to make meaning of the disease in her life and the effect it has on her pupils. She reported that she resorted to selective teaching of some topics in the syllabus.

I see myself as the ideal teacher. Looking back to the time before I tested HIV-positive, I can say that I really enjoyed teaching, and found the conditions of service good. I developed bonds with the children that I taught. I taught second grade and the children really looked up to me. I recall one child writing during creative work that when she grew up she wanted to be like me. I was flattered and I remembered that I also used to admire my secondary school English teacher, Mrs Museve. She always came to school looking smart and she was a good teacher. She inspired me, and I always make it a point that whenever I go to work I am well-dressed. To this day the young children I teach love me and they always want to be around me. I miss them when they go on holiday. Some get particularly close, and when they move to other grades they always come back to chat and catch up with me.

Before I tested HIV-positive I did not give much attention to teaching HIV/AIDS and Life Skills. Now HIV affects my teaching space in ways that I never thought possible. I remember that when I was sick I found delivering lessons on HIV/AIDS very tough. When you teach pupils in that state, you worry about how the pupils look at you and how and whether they accept you. Sometimes I ended up avoiding teaching some topics in the syllabus. For example, I would not be comfortable delivering a lesson dealing with the signs and symptoms of HIV and AIDS. It felt like I was opening up and exposing myself to the pupils, and this would make me



The result is that Ruva faces a conflict between her image of 'self as ideal teacher' and that of 'self as person infected with HIV'. As if being infected herself was not enough, she had to face pupils who were infected and affected by HIV. Ruva expressed frustration at her training, which she feels has not prepared her to deal with such situations in the field.

uncomfortable.

When I was sick I found that my illness had a negative impact on my teaching. I used to take time off work to go for medical treatment. Sometimes I just felt unwell and wanted to rest. There are also some things I was not able to do because of my illness. For example, when I was unwell I would be forced to deliver lessons from the chair. In cases where I was required to illustrate or demonstrate something, I was not able to do so. I used to react to chalk dust; it gave me a bad cough so I avoided writing on the board. I was not able to take part in sport; I did not have the energy for it. I felt like I was in need of special treatment all the time. I worried about how my illness was impacting on my pupils. Sometimes I would hear my pupils whispering to others that our teacher is sick.

I remember the pain I felt when Robert, one of the pupils in my class, died. He had been sick for some time and was always in need of love and care. I thought Robert was not getting enough support from his family. He was only seven, and he loved school. When he was well, he performed very well in class. He walked a long way to school and by the time he arrived he would be very tired. This really affected me because I had been there and I knew what it was like to be sick like that. I developed a close relationship with him. I wanted to make his mother understand and try to give him more love and maybe give him bus-fare for school on the days when he was ill. Sometimes he would feel too tired to walk back home at the end of the day, so he would just rest in the school grounds. His mother



At this point in the interview, it becomes very clear to me that there is a silence around HIV/AIDS in our schools. It is as if HIV and AIDS and related illnesses do not exist, and it should be business as usual. In the absence of an HIV/AIDS workplace programme, it is left up to individuals to help each other in situations of illness.

never came to find out where he was. If he was unable to walk home, I took him to my house to rest and then phoned the mother to come pick him up.

The mother clearly had other problems and could not afford to get him the medical attention he deserved. I was struggling with my own situation and there was not much that I could do to help him. One Monday he just did not turn up for school, and this was rather unusual. I called his house and I remember hearing cries in the background as I waited for his mother to come to the phone. She told me that Robert had died on the Saturday. His death was a very painful experience for me; I felt like I had let him down, that I could have done more for him. The other pupils in the class were also affected by his death, and because they are seven-year-olds I had to break it to them very gently and explain what HAD happened to him. This was not easy for me as I was also trying to come to terms with the death. Nothing in my teacher training had prepared me for moments like this.

I also felt that I was to blame when two teachers at my school died of HIV-related illnesses. I thought that if I had done something to help them, I could have saved their lives. When one of them had been ill, I had talked to her and shared my experiences. I talked about how I had been so ill to the point of losing hope and how ART had saved my life. She was very wasted, and always short of breath, having suffered from tuberculosis for months. I think by the time I talked to her it was too late, for a



When I focused the interview to look at HIV/AIDS in the school, I noticed that Ruva made a deliberate shift from talking about Ruva the HIV-positive person to Ruva the teacher. Her identity is now centred on being a teacher.

I can think of two possible explanations: a) she is simply tired of talking about HIV-positive Ruva; b) perhaps more likely, when she is in class she sees herself as Ruva the teacher and this is the image she reflects back to me.

week later she died. I feel that if I had been better equipped I should have talked to her earlier and she could have done something before it was too late. For days on end, I carried this guilt with me, and I blamed myself for her death.

The other, male teacher continued coming to school despite being very ill. When I asked, he told me that he had used up his ninety days that he is entitled to for sick leave. If he continued on sick leave, he would lose half his salary. Because he was a widower, he could not afford to survive on half of his salary. He also felt better if he was at school, surrounded by the schoolchildren, than just being at home by himself. And yet one could see that walking to school and spending the day was a struggle for him.

In class I find myself forced to take on the role of a counsellor, mother and sister, and at times I am taken as a confidante. Sometimes a child just comes up to me and cries. I need skills to counsel such a child or to get information from them. Decreasing performance of children in class is usually a pointer that something is wrong. When you really ask the pupil, usually there is something happening at home. Some pupils will not talk; it is only when you ask other pupils that you are told they are staying on their own or are looking after a sick parent.

This always affects me and I have problems distancing myself from the situation. I always find myself getting involved and trying to find solutions for my pupils. I realise that I need different skills to relate to different pupils. When I teach some



One assumption of the Life Skills policy is that teachers are knowledgeable about HIV and its transmission, and that they are willing to talk about it with their students.

topics, I know it is important to know the situation of children in my class and to adjust my lesson to include everyone. I remember in one lesson, when I asked pupils to draw their fathers, this little girl just drew circles. When she went home she started demanding to know who her father was and where he was. The mother came to school the next day to find out what was happening and why the child had this sudden need to know her father. The mother informed me that she was a single parent and the pupil had never known her father. While I felt bad for putting them through that situation, part of me just felt helpless because there is no way you can intimately know all the young people you teach.

The classes we teach are large and often I do not find time to give pupils individual attention. My experience is that children with problems are usually withdrawn in class, and it is up to the teacher to find out what is affecting them. I remember a very quiet boy who would never say anything in class. One day we were reading about Jesus and this little boy had a worried expression on his face. When I asked him what was on his mind, he hesitated at first. I kept probing until finally he said, "I know Jesus does not accept me because I am an orphan."

That statement said a lot to me, about how children affected by AIDS feel and how as a teacher I need to be able to talk to my pupils and make them feel accepted, whatever their circumstances.

In class a lot of the young people are in need of support. The HIV syllabus is too factual and it does



It is apparent to me from interviewing Ruva that she feels that the training she received was inadequate. Furthermore, she worries about not getting any support to deal with her own personal situation.

I am struck by the insensitivity of the policy.

not address psychosocial issues for children who are infected and affected. It does not go into the experiences of those who are affected and infected. In addition, the teacher training that I received did not equip me to deal with children who are infected and affected. A lot of the children we teach are orphaned, and the only adult guidance is what they get at school. I know that as a teacher I do not have the skills to fill the void left by the parents.

According to the HIV/AIDS and Life Skills policy, my role is to impart knowledge, the way I do with Mathematics or Science. I know that one cannot teach HIV/AIDS and Life Skills in that way. We are not empowering pupils for the future by just giving them basic facts about HIV. We need to make them aware of their surroundings and equip them with skills to make better decisions about their lives. HIV/AIDS does not affect only pupils but their teachers as well. How should teachers deal with abused, neglected or orphaned children? It would seem that we have no room for such children in our education system. In our culture, the girl child often finds herself withdrawn from school to nurse sick relatives, but our syllabus does not acknowledge this reality. It does not equip girl children with the skills they need to protect themselves. The syllabus is centred more on facts and it is detached from everyday reality. What is happening on the ground does not match what we read in our school books.

Life Skills has remained very theoretical. We have not created a situation where the children can transfer their skills to the home situation. In the



I have come to the conclusion that the school is not an easy place to be for those possessing attributes that are out of the norm, such as HIV. What makes the situation difficult for those infected is the silence that still persists round HIV.

Ruva's story touches my heart because, despite all the challenges she faced in the school, it seems to me she has been left unmarked by it all. She is a woman who makes the best of her situation.

early 1990s it might have been adequate, before HIV/AIDS prevalence became too high. Today's children often have little or no parental guidance and are exposed to a lot of influences. As a result quite a number start engaging in sexual activity very early in their lives. Children completing Grade 7 today are not equipped to face life and its challenges.

As a teacher I am expected to be resourceful because I was trained. I am expected to be an all-rounder. And yet I do not get any support to deal with my own situation. The support I get is from outside the school. How can I be there for pupils and effectively teach them when no one is thinking about my own status?

Teachers need to be well-equipped and trained so that they practice what they preach. As long as HIV/AIDS is treated differently from other diseases, we will not see the end of it. In my view, the Ministry of Education, Sport and Culture as our employer is not doing much to help teachers living with HIV and AIDS.

Even though I am on medical insurance, if I exceed my drug allocation I have to start paying cash for my medication. I remember a time when I was sick and I failed to buy medication. I had used up my allocation within the first six months of the year, and for the rest of the year I had to struggle with drug payments.

According to Public Service Policy, when I am sick I am entitled to ninety days' sick leave with full salary. If I exceed this time, I go on leave without full



Today is my last interview with Ruva. The journey we have been through has been emotional for both of us. Over the weeks of the interview, I feel we have become close and I am grateful to Ruva for having shared an important part of her life. Part of me, however, feels guilty for just being on the receiving end of the relationship. While I have empathised with her, I feel that I have not given anything of myself. I am troubled by this.

pay. This is frustrating because this is the time when I need the money the most. Teachers who go on medical retirement sometimes die before their funds are released. If the doctor gives me two days' sick leave it will contribute towards my ninety days. At times when you are sick you want to get time away and get treatment. In reality, sick teachers will not take time to rest because they fear they will use up their days, which they might need should their situation get critical. A lot of the human resource issues that affect me as a teacher today are not covered by the policy.

As a teacher, I worry that if I tell my school head about my situation it will affect the way he looks at me and the way we work together. If I fail to do something it is always about my status, even though it could have been a genuine mistake. Each time I ask to go to the doctor people raise eyebrows. They think I am trying to just get some time away from work for other things.

The counselling and support that I have received has made me more confident about myself and my HIV status. Now I take every opportunity that I get to talk to my pupils about HIV and AIDS. While the policy does not stipulate that HIV/AIDS and Life Skills be taught to pupils between Grades 1 and 3, I teach my infant classes about HIV. I know that these children are living with the reality of the disease every day of their lives, and they need to know about it. I always try to break it down in a way I know they will understand. In my view everyone needs to know about HIV/AIDS. Our education system should catch children early so



As I mull it over in my head I come to the realisation that there is no such thing as being outside of the epidemic; we are all a part of it in one way or the other. Ibanez-Carrasco's (1993) words come to mind; he states that, culturally speaking, everyone is at risk and we are all involved because sexuality is a collective phenomenon.

that they grow up knowing about it and are able to protect themselves. In my school I have disclosed my status to some of the teachers but not to school children. I am happy that I disclosed. I am now past the stage of feeling anger or blame about my HIV status. I still come across people who blame themselves or others for getting HIV.

They are always pointing fingers, and in some cases they build a wall around themselves. They get offended when people talk about HIV and become too sensitive about their status. I have been through this stage and I know it does not help. Disclosing is good because you open up, share experiences with others and find the strength to move on.

“Society associates HIV with someone who is sick.”

This is how society sees me. I am a teacher, I am a mother and I am HIV-free. In most cases I am asked to confirm my status because at the moment I am asymptomatic. The ARVs I have been taking for the past three years have helped me remain asymptomatic.

Society associates HIV with someone who is sick. They cannot believe that someone like me could be HIV-positive. I see myself as a whole person, and the issue of HIV does not come into it. Once in a while I might be reminded of my status but it does not occupy my mind all the time. However, there are times when I look back at lost opportunities with regret and this troubles me. I did not follow



Listening to Ruva's story I let my mind drift to the other interviews where she chronicles her struggle with illness. I realise that one thing that has helped her to cope is joining support groups. From support groups she has gained information and made friends, and she has become more confident.

Like Gift, Ruva has now carved a purpose for herself in life. Through counselling she wants to help others, including pupils who need information, support and counselling on HIV/AIDS. Ruva now uses herself to make others see that there is life after testing positive.

my dreams because I had lost hope thinking I would not last five years.

In particular, I wanted to further my education. My dream before I was diagnosed was to do a Bachelor of Education degree, but I never enrolled. I had lost hope. In the early days, HIV-positive people were given about five years to live, so I did not see the point. Now when I look back I realise that others who enrolled at that time have since completed their degrees and moved on. During that time I placed more importance on looking after myself, eating well and avoiding stress.

In the beginning I always used to ask God why this happened to me. As human beings we tend to compare ourselves with others. I remember I used to ask why other people who have had multiple sex partners are still alive and healthy. Why was I the unlucky one? What helped me is that I sought help early and the counselling that I received made a difference. I learned to accept that people are different.

One good thing that came out of my experience with illness is that it brought me closer to my children. It has also made me more sensitive to people around me. If I see my children getting sick I worry; when I see someone who is sick I can relate to what they are going through. When my daughter fell sick, what was wrong with her? I did all I could to make sure she received treatment on time. I worried about her and I wanted her pain to end because I know how it feels.

Up to this day I have not taken my son for testing. I



As I conclude my interview with Ruva I am filled with admiration for this woman who is very loving, who has managed to bury the past and look to the future. I admire the fact that she is willing to share her life story if it will help others in her situation.

do not think that I can stand knowing his status. I can stand my own sickness, but not the sickness of my children. I try by all means to get him proper medical care. Since the time he got meningitis he has not had any other serious illness. If I see him looking healthy, I thank God; I do not think I am strong enough to deal with the consequences of a positive test result for my son.

I have changed a lot. I am more conscious of myself and my body and what I do. I watch the food I eat; I prefer unrefined foods, lots of vegetables and white meat. I try as much as possible to avoid red meat. I have become more spiritual. I advocate for the empowerment of women so that they can control their own lives. I enjoy reading to get more information about HIV and AIDS.

I do not feel bitter, or feel any blame towards Daniel. Sometimes I think it could have been my first husband. It is normal to look back and blame. But now I realise that if they contracted it from somewhere, maybe they also did not want it. I have stopped that speculation. I am not bitter; I just face the present.

I believe that belonging to a support group has really helped me. I joined a support group because I wanted to find like-minded people to talk to. I feel very comfortable talking to other people in the same situation as myself. At times you give testimonies and at times you share ideas. If you know you are sharing with people who will not judge you, it builds your self-confidence and you do not feel any inhibitions. I know a lot of people who I have met from HIV/AIDS programmes and support



Part of me feels sad that my interactions with her are coming to an end. I had started looking forward to our interviews.

groups. If I feel the need to talk to someone, I can call someone from my support group who I am free to talk to, not necessarily about HIV/AIDS. We talk about our families, our lives, our weight, our finances and many things. I know that my friends support me in whatever I want to do.

My dream now is to do a course in systemic counselling because I have realised that I need counselling skills, as there are too many people who are dying not because their time is up but because they have no one to talk to who will understand them.

I think there is a need for a mindset shift, so that we see HIV as any other chronic illness such as high blood pressure or diabetes. As long as HIV is regarded as a disease of promiscuity, then we will not achieve much. People will continue to hide their status because of the stigma surrounding the disease. I talk openly about my status and I always want to share with others who might get inspiration from my story.

We need to create a forum for young people to meet and talk about issues of concern to them. At school we have AIDS clubs, but often children do not want to join for fear of being associated with AIDS. Teachers also need to have opportunities outside the school where we can share our experiences in a non-threatening environment. If we start engaging openly we are likely to see a change in behaviour and attitudes. People need to see the other side of the disease, where people who are living positively and who are healthy can offer hope.