



Chapter 6

Telling the stories (3) *Edwin: Alone in a world where no one understands*

Today I finally met Edwin, after weeks of fruitless searches. Getting hold of Edwin had not been easy; repeated calls to the school had been futile as he was frequently absent from work because of his illness.

Edwin's story is different in that it chronicles a lone struggle to cope with HIV/AIDS. Although he has occasional support from family and a few friends, for the most part his is a lone battle with HIV/AIDS. Unlike that of Gift and Ruva, Edwin's story is one of despair and loss of hope.

My struggle at school

I stood outside my classroom door, watching the children play happily in the playground. Inside I was seething with anger. In a way, I wanted that feeling of anger to stay with me. Feeling angry with the school head meant that I would not feel the dull ache in my heart, an ache that had been with me through the months of Susan's illness. With Susan's condition deteriorating, my own health became a major concern. I was aware of the noise coming from my unattended class but I did not want to go indoors. I was angry and I wanted to rebel against the school head, Mr Musa.

That morning I had gone to Mr Musa's office seeking permission to leave school early as I wanted to go to Kwekwe to see my partner, Susan. She had been ill for almost three months and every Friday I made the trip to Kwekwe to be by her bedside. Kwekwe is four hours away from Harare by bus and I had planned to leave around midday so that I could be in Kwekwe before nightfall. Mr Musa refused; he did not want me to leave my classroom unattended for a whole afternoon.



After I had interviewed three teachers who are members of support groups and whose stories reflect hope and victory against HIV/AIDS, I realised that this is just one side of the coin. I needed to look at the other side of the coin; at teachers who are fighting, and in some cases losing, the battle against the disease. I knew such teachers were the majority and I also knew that gaining access to them would be difficult for many will not come out in the open, preferring to struggle in silence.

I approached the Progressive Teachers' Union of Zimbabwe (PTUZ) for names of possible candidates to interview, and they promised to get in touch with me once they found someone.

Going to Kwekwe on a Friday also meant that I would miss the interschool games that were being held the next day. According to Mr Musa, I had missed too many classes and school events, and other teachers were beginning to complain.

I walked back to my classroom feeling dejected. I felt all alone in a world where no one understood me. I knew Susan was expecting me that weekend and it was now clear that I was not going to make it. The interschool games ended at 4:30 on Saturday and by that time it would be too late to make the trip to Kweke. There was no point in going to Kwekwe on Sunday only to come back the same day. I was frustrated.

Who is Edwin?

I was born on 18 May 1968 in the town of Mutare, the third-born in a family of five. My father was an Executive Officer at the Rural District Council and my mother worked for the Zimbabwe National Family Planning Council as a Programme Officer. When I was growing up, life was good for me. My family was relatively well off in comparison to others in my neighbourhood. We had most of the material things that we wanted and we ate well compared to other children in our school. I was one of the few children in my class who had school shoes and uniforms and who carried a packed lunch to school. I remember my father would drive me and my sisters to school every morning, but we insisted on walking home after school so that we



I waited to hear from PTUZ for a week but they did not get in touch. A week later, when they had not called, I decided to pay them a visit. The officer apologised for not calling as they had been busy. Of the four teachers that he had contacted, only one had shown any interest in talking to me. His name was Edwin and he was a primary school teacher in Epworth, a peri-urban suburb in Harare.

I left PTUZ armed with the phone number of another teacher at the school. Edwin did not have a phone so he had given another teacher as his contact. I was optimistic.

would have time to play with our friends.

In 1976 the family relocated to Bakwe and later Nyanyadzi when my father changed jobs. I completed my primary schooling in Nyanyadzi and then I did my secondary education at Mutambara High School. I was a very bright pupil but my teachers always remarked that I was a playful boy capable of doing better with more effort. I managed to scrape 5 O-Level subjects, to the surprise of my teachers and parents who thought I would not make it.

After completing my secondary education I joined the Forestry Commission, where I worked as a security officer. After a few months of working I found the job boring and too routine. Although I did not enjoy the job, I liked the money and the security that came from having my own money which I could use as I pleased. Every day after work I liked to go out and drink with the boys, and sometimes we would watch soccer. After a year, I had had enough and I quit my job. I wanted to do something more interesting.

One of my sisters is a teacher and she encouraged me to join the teaching profession. In those days it was easy to join teaching as an untrained or temporary teacher. I worked as a temporary teacher in Rusitu Valley from 1986 to 1989. I found myself enjoying teaching; it gave me immense pleasure. There is a lot of satisfaction that one gets when you teach and your pupils do well. I loved watching the growth in my pupils by the end of the year.



I phoned the teacher on the contact number given and she told me that Edwin had not been coming to school that week because he was sick. She did not know where he lived. I had to wait for her to contact me when Edwin came back to school.

She got in touch after a few days, and for the first time I managed to speak to Edwin. It was a Thursday and we agreed to meet the following Monday.

On the phone Edwin did not sound too enthusiastic about our meeting. If anything, he sounded like someone with a lot on his mind. I was just happy that he agreed to meet me.

There were also a lot of challenges, such as dealing with difficult pupils and fulfilling school duties, but these were part of the job. I enjoyed it because it kept my brain active as I had to keep reading. The hours were not too long and I managed to have time for a drink with the boys every afternoon.

After three years I applied to go for formal teacher training. I joined Morgenster Teachers College in 1990 to study for a Diploma in Education. I thoroughly enjoyed my years in college. We had the freedom and the money to do what we wanted. We studied hard and played harder. Sometimes we started drinking in the morning and the drinking would continue until nightfall. I remember incidents where I was too drunk to attend lectures the next morning. In spite of all this, I managed to pass my diploma and graduate with the rest of the class, much to the surprise of my peers and some lecturers.

After completing my Diploma in Education I was deployed to Beitbridge, where I was assigned to teach at Old Ntuli Primary School. I enjoyed teaching in Beitbridge. As a border town, it was always a hive of activity and I was at home there. I was not in a steady relationship because I had left my girlfriend, Susan, back home in Nyanyadzi. I had multiple casual relationships. In 1996 Martha, one of the girls I was seeing, got pregnant. I was not very happy with that because I was not ready to settle down. After much consideration, I decided to marry her as it seemed to be the proper thing to do at the time. I went ahead with the marriage although I knew deep in my heart that I was still in



On Monday I was anxious. It would be the first time to meet Edwin and I was not sure how the meeting would go. I drove to Epworth to Edwin's school. We had made an appointment for midday.

As per Ministry regulations, my first port of call at the school was the administration block. I went to the headmaster's office, presented my research clearance, and explained the purpose of my visit. I asked to see Edwin but was told that he had not reported for duty.

When I asked for Edwin's home address, I was told that it was against school policy to disclose personal details of staff members. It was clear from the way Mr Musa spoke that Edwin's absenteeism had become an issue of concern in the school. I went back home feeling frustrated but more curious about Edwin.

love with Susan.

Martha and I had a son but we were just not compatible. We were two very different people, brought together by circumstances. We tried for two years, until in 1998 we agreed the marriage was not working out and we went our separate ways. Martha is now married again and our son Brian stays with her mother. I try to keep in touch with my son, sending cards on Christmas and birthdays. In the beginning I used to send child support every month. However, of late I have not been able to send him anything because of my financial situation.

I started having problems with the school administration at Old Ntuli School where I taught. The school head wanted to control all the teachers in the school. It was as if he was an army general and we were his soldiers. And yet it should not be like that according to the Ministry of Education, Sport and Culture's Code of Conduct. What made it worse is that we all lived on the school compound, so he could come and knock on your door whenever he wished. We had no free time; during weekends and school holidays we had to take turns to do school duty. I hated that and I fought with him on several occasions. It was a frustrating time for me. I loved my job but I also wanted to have time to myself outside working hours. I decided to move to Harare in 2002. I knew that in towns conditions of service would be different from the rural areas. In towns things are more relaxed and there is not too much control from the school authorities.



“I was not ready to know the truth about my HIV status.”

The next day I called again and Edwin had not reported for duty. I called every day after that, and finally on Friday he was in and I spoke to him. I asked if I could see him that day, and he agreed to meet me during his lunch break.

When I got to the school Edwin was waiting for me in the administration block, and the moment he saw me he introduced himself. I was happy to finally meet him.

To picture Edwin, think of a typical black middle-aged male teacher. He is tall, dark in complexion and well-dressed. He has a scar on his left eye and part of his forehead, possibly from herpes zoster.

During the time I was married to Martha my love for Susan did not wane. She was still in my mind and she had a place in my heart. I had met Susan when I was only eighteen and she was my first love. We never broke up, but I moved to take up my teaching job in Beitbridge. In 2004 I went home to Manicaland to spend time with my parents. While at home I met Susan and it was love all over again. I remember the butterflies I felt in my stomach on seeing her again. I was happy to learn that she was not married, and was staying in Kwekwe with her sister. We resumed our love affair, and we were both happy. Although she lived in Kwekwe and I lived in Harare, we did not mind the distance. We used to talk on the phone every day and tried to see each other at least twice a month.

We started talking of getting married but this did not happen because in January 2005 Susan fell ill. She started losing weight and she had a bad chest. She was diagnosed as having tuberculosis and was put on treatment. Unfortunately, she did not respond well to the treatment and her condition got steadily worse. Every weekend I tried to be by her bedside, and it was painful to watch her die.

This was a very stressful time for me. I was travelling up and down, I was in trouble with the school authorities and I was behind in my work. To complicate matters, I suffered a bout of herpes



Edwin suggested having the interview in the classroom as the pupils were on lunch break.

As we sat down to start the interview, I noticed that he was very tense. He had worry lines that were deeply ingrained on his forehead and he struck me as being someone who did not have much to smile about.

I started the interview by introducing myself and the purpose of my visit, in the hope that he would relax and open up to me. Instead, he seemed suspicious of my very presence. I was puzzled by his reaction.

It was not an easy interview, also because of the noise coming from the pupils outside. We kept being interrupted every few minutes by pupils coming to talk to him until he locked the classroom door.

zoster which affected my left eye and forehead. I was at home for two weeks in excruciating pain, and during that time I was unable to visit Susan. We just spoke on the phone but I could tell from her voice that she was giving up the fight. I found the situation overwhelming.

I was happy when one of my sisters came to visit me, I poured out my heart to her. She advised me to get tested and to encourage Susan to also get tested. I decided to take my sister's advice because I could tell that there was something wrong with me. I waited for the lesions on my eye to get better, and then I went to the Public Service Medical Aid Society (PSMAS) Clinic to get an HIV test. Although I received counselling, I think in my mind I was not ready to know the truth. I was in a room with the doctor who was about to tell me my results when his phone rang. He excused himself and went into another room to answer the phone. I took the chance and ran away. Today when I think about it I laugh at myself.

However, I might have run away but this thing was eating me inside. I wasn't getting peace and I was worrying about my status, wondering what was happening to me.

The next weekend I went to Kwekwe to visit Susan. Like I had detected on the phone, she was losing hope. I almost did not recognise her; her cheeks were hollow and her eyes just stared into space with no sign of life in them. She was just skin and bone. I was hurt; we hugged and cried for a long time. She was very concerned when she saw my scars from the herpes zoster, but in my view



In this first interview I found that it was not easy to get Edwin to open up to me. He only responded to the questions I asked him, and he would not volunteer any information unless I asked. Even then, his answers were always brief.

I was very disturbed by this because I really wanted to hear his story. In that first interview, I made the decision not to talk about HIV but to just talk about life – his life in general – as I thought this would get him to relax.

At the end of the hour I had some information about Edwin, how he grew up and that was all. I did not think I had gathered enough information in my first session, as I had with the other teachers.

I went home and tried to deal with my frustration. I sat down and recorded everything in my diary.

that was mild compared to her situation.

We spent the whole night talking because she could not sleep. We went back to how we met, the time we were apart and meeting again. I tried encouraging her to talk about our future but she refused, preferring instead to go down memory lane. This was the closest I have ever felt to another human being. Susan did not want to get tested; she argued that in her situation there was no benefit of knowing her status. She would rather struggle with the TB until that battle was lost or won.

When I left for Harare that Sunday, Susan cried and said she did not want me to leave her. I had just been on sick leave and I could not take any more time off given the problems I had been facing with the school authorities. Susan's condition did not improve and she passed away in August 2005. I was away in Harare when I got a call that she had died. Her death was very painful to me. I felt that a part of me had died with her. At the same time, with Susan gone I was now worrying about my own status.

In September, a month after Susan died, I decided to go back to the Public Service Medical Aid Clinic to get tested. I was determined that this time I would leave the clinic knowing my status. I remember that when I went to the PSMAS Clinic I was not feeling too good; I was feeling dizzy and I was really unwell. They administered the necessary tests and the HIV test came back positive. My CD4 count was 58.



For the second interview we had agreed to meet at the end of the week on a Friday. When I got to the school I asked Edwin if he had an alternative venue where we could meet in a quieter environment without too many disturbances. He proposed that we go to the house where he lived. We got into my car and headed for his house.

When I went for testing I already suspected that I was positive; still the diagnosis left me paralysed. I did not know what was going to become of me. I felt that I had no purpose in life. Part of me blamed Susan, but when I thought about it I realised that I must have been HIV-positive before my encounters with Susan. Because my CD4 count was very low, I was immediately put on ARVs. In fact, at that time it was not explained to me that the medication I received was ARVs.

“My absenteeism became a point of conflict.”

The time following Susan’s death was very traumatic for me. I was stressed because the headmaster wanted me at work and I had to attend to my health. At times I had to tell the headmaster that my health has to come first, and if I die there will not be anyone to teach my class. I did not want to sit in the classroom when I was feeling unwell. As a result, I had plenty of conflicts with the headmaster when he would not allow me time off to go to see the doctor.

It felt like I was having a series of misfortunes: in June 2005 I developed herpes zoster, in August 2005 Susan passed away, and in September I tested HIV-positive. Throughout all this, I was mourning Susan and trying to deal with my own illness. I started developing opportunistic infections. I would go to work for a few days and then get sick again on and off. I knew this was disturbing for the pupils because there was no



To my surprise and happiness the moment we exited the school gate Edwin was a happier and more relaxed person. He started recounting his early days at the school and how things had changed since then. He talked about the surrounding community and its relationship with the school. We chatted all the way from school to his home, and I began to get a glimpse into the life of a man called Edwin.

continuity. At the same time, my absenteeism became a point of conflict with the school authorities. The headmaster felt that it was better for me to go on sick leave because I was missing too many classes.

I took sick leave for the three months, from October to December of 2005. This time away really helped me to start coming to terms with my situation. I had a lot of time to reflect on my situation, and I even attended a few counselling sessions at the PSMAS Clinic. Going for counselling was an eye-opener for me, and it made me change the way that I perceived the disease. I learned that I should view HIV as just another chronic disease, like high blood pressure or diabetes. By the time my three months were coming to an end, I was feeling much better.

I came back to work in January 2006 when schools opened. Then it began again; I started suffering from the side-effects of the ARVs. I was very depressed and I was diagnosed to be suffering from organic psychosis. The doctors said the hallucinations that I had were as a result of the ARVs that I was taking. It was terrible; I did not want to be in front of the pupils in my condition.

My attendance at school became erratic and I had serious problems with the school administration. Almost every fortnight I was applying for sick leave, and they claimed that I was abusing the sick-leave facility. I tried to explain to them that my requests for leave were genuine, but from their point of view it was becoming counter-productive. Parents were bitter about my absenteeism; some phoned the headmaster and some phoned the Ministry of



Edwin directed me to his home, a cottage at the back of a big old house. We did not go inside, as he suggested having the interview outside. I was comfortable to sit and chat with him outside his cottage.

Once we were seated he admitted to me that he had been uncomfortable about my visit as he had worried that I had been sent by the Ministry of Education, Sport and Culture to investigate the reasons for his erratic attendance at school. It was then that I understood his reluctance to meet and talk to me.

Education offices. Sometimes when I was on sick leave I would get depressed sitting at home by myself and I would go to the local beer hall to take my mind off my illness. When parents would see me there they would be angry that I could go a beer hall when their children had no one teaching them at school. They would go and confront the school head about this, and before I knew it my absenteeism had become a big issue.

The school head reported the matter to the District Education Office and I was charged with abuse of sick leave. The charges have been recorded in my files at the Ministry of Education. All this stress got to me and my health continued to deteriorate. The charges of misconduct came because I had been continually absent from work. The school head was unhappy with my behaviour and he did not offer any support when I was brought before the District Education Officer. On the day of the disciplinary action, I looked so ill that even the District Education Officer showed some sympathy for me. He advised me to go on indefinite sick leave and I got away with a warning.

In February 2006 I went again on indefinite sick leave, which was to end on 28 May 2006. By the end of May I was still sick so I continued into June. I then applied for medical board, and I was granted leave in excess of 90 days which allowed me to be away from work up to 30 June 2006. By the time June came, I had exceeded the mandatory ninety days. I was now a candidate for medical boarding. Because I had taken leave in excess of



In class Edwin found himself face to face with sick pupils, and this affects him. He admits that being HIV-positive affected the way he taught the subject of HIV and AIDS. Despite his personal situation and the lack of support that he got from the school, Edwin showed concern for the pupils under his care. I am touched by this.

I found the situation ironic because Edwin is expected by the policy to care for the young people under his care. But the policy says nothing about caring for Edwin or others in his situation.

ninety days, I was no longer on the government payroll. I came back to work on 1 July 2006. As I was no longer receiving a salary, I had to go through the formalities again so that I could go back on the payroll. I was told the process would take some time before I was back on the payroll. On the bright side, my health was improving and when I came back to school everyone remarked that I was looking much better. With the ARVs that I was taking, my health had improved greatly.

“I just try to teach normally.”

I have enjoyed my years as a teacher. When I am in front of the class I am the master, and I get immense satisfaction when my students do well. For the five years I have been teaching in Harare, I have taught Grade 4 pupils. In the school I am somewhat of a loner; I don't interact a lot with other members of staff.

As a Grade 4 teacher, the policy stipulates that I should give one HIV/AIDS and Life Skills lesson to my pupils once every week. To my knowledge, it is being implemented by most teachers because at this school the headmaster is very particular about it. In my opinion we give pupils a lot of biological facts around sexual and reproductive health; they need to know about real life and what could be happening to them at home. Children need to be aware of what is happening in their context in relation to HIV.

In addition, I think the 35 minutes allocated to each lesson is not enough; it is something that should be



According to Zimbabwe Public Service Regulations, teachers have an annual entitlement to ninety days sick leave on full pay in addition to the normal vacation leave. Should illness continue, teachers are entitled to a further ninety days on half pay, which is subject to a medical board opinion on whether a person is able to resume duty. Teachers are also entitled to twelve days special leave on full pay, which is used for urgent private affairs such as funerals.

In cases of prolonged illness such as Edwin's case, it becomes difficult for teachers as they now have to survive on a reduced salary at a time when they need the money the most.

happening continuously. I feel that parents should be sensitised to teach their children about AIDS so that they can also help us teachers. It should begin at home. We should work together with parents; that way we can reinforce the messages and avoid giving young people conflicting messages.

In the school I feel that HIV/AIDS issues are handled in a way that does not consider that there might be some people within the school environment who are infected and affected. Nothing is being done; it is as if there are no HIV-positive people in the school community. No one gets any support within the school, except maybe in the form of counselling.

Being HIV-positive has definitely affected my teaching. When children come to me for counselling on HIV-related issues, I can relate to their pain. I see the pain that I felt long ago reflecting in their eyes. Just this past week a child in my class, Maria, came to me for help. Her father had passed away and her mother is very sick. Being the eldest child she has to look after her mother and her siblings, making sure there is food to eat at home and medication for her mother. So far she had been using the money that her father had left. Now that money was finished and she had no source of income to support the family. This child was one of the brightest in my class and my heart went out to her. At eleven she was already faced with a burden that children her age should not have to face. She confided to me that her situation was forcing her out of school.

My heart went out to Maria. As a school the only support we could give her was a referral letter that she could take to the Department of Social Welfare.



Edwin's story takes me through the emotional, physiological and physical hardships that he endured as a result of his illness. It reveals his experiences as a victim of fear, loneliness, isolation, judgement and shame. His body tells the story of a body that has been shaken by many bouts of illness. The emaciated frame and the marks on the face and hands tell the story of a body in a constant battle with AIDS.

I am touched by Edwin's willingness to let me into his life as a witness to all the hardships he was facing.

In my heart I felt that I had failed my pupil. Yet at the same time I realised that there was not much more I could do for her. She still attends school, although not regularly, and I know that one day she will disappear and end up on the streets like some of her peers.

In class I feel that the way we teach our HIV/AIDS syllabus does not consider the fact that there might be people in the school environment who are infected or affected by HIV/AIDS. There is silence; it is as if there are no HIV-positive people in the school community. No one (pupils, teachers or other staff members) gets any support. The only support we give pupils is in the form of counselling.

As a teacher, I am expected to teach children regardless of my own personal situation. I do not get any support from the workplace. All teachers are expected to teach children, when some have not dealt with their own personal situations. I feel that something should be done to assist teachers deal with their own issues before they can deal with the children. There is really no support for teachers in the workplace. Personally I feel that there are ways in which my school could help me. Schools can and should do more to assist teachers to deal with their own issues before they can deal with the pupils.

Ever since I tested HIV-positive, I just try teaching normally and I hope that nothing much has changed in my teaching. It is the on-and-off illness that really affects continuity with my class. I am aware that I do not have a good reputation with parents, other teachers and pupils because of my repeated absences at school. I also know that my absence



As I drive away, mulling over Edwin's story in my head, thinking about his loneliness, about his lack of support in the school, about his battles with the school authorities and about the consequences of his erratic attendance at school, I am left wondering whose rights come first?

Is it the rights of the children to an adequate education, or the rights of the teacher to get treatment? What about the rights of the other teachers?

affects the pass rate of my pupils, because each time I go they are given relief teachers who are sometimes not trained and who do not know how to teach. Now we have a new, challenging syllabus and often they cannot teach this.

I am now finding the whole school environment, from pupils to staff, very stressful. The stress I get from children is mainly because children are playful; at times you need to have a bit of peace and quiet and rest, but they do not allow you to do that. In Grade 4 they are full of energy and sometimes I cannot keep up. When you try to tell them that you need rest, it really gets you worked up. We have double shifts, which we change after a fortnight. Personally I prefer the morning shift so that in the afternoon I can have enough rest. When I come in for the afternoon shift I find it difficult because we finish at 4:00 p.m. At that time I will be hungry and tired and I need to eat something substantial before I take my medication.

The Ministry of Education, Sport and Culture policy does not say anything about teachers living with AIDS. Government has not even considered giving teachers free ARVs, even though teachers pay the AIDS Levy every month. We do not know who is benefiting from this levy but it is certainly not us teachers. Government should do something about the sick-leave policy. Most of the people who are taking ninety days' sick leave are HIV-positive. If the ninety days elapse, the teachers face problems because they will not be able to buy their treatment. I think instead of cutting 100% salary, they should give the teacher 50% of their salary.



My second interview with Edwin also took place at his house. By now he is more relaxed around me as he talks about the stress that he faces in school and his challenges to source the life-saving medication that he requires.

Talking to Edwin, I understand the physical and emotional suffering that AIDS brought him. I understand how in a context such as Zimbabwe Edwin faces major challenges in accessing the medication that he needs.

The Ministry of Education, Sport and Culture and the Teacher Unions are also not doing enough for us teachers. When I was sick I did not get any sympathy. Instead I got a bad record and I am in bad books with the authorities. I feel that I have been a victim of insensitive policies. One time at the PSMAS Clinic I met a teacher who offered to resign after continued confrontations with the authorities because she was being labelled unproductive.

I agree that as a teacher I am supposed to be productive because I am being paid. However, it is within my right as a teacher to go on leave when I am sick, to access medication and come back to work when I feel better. My experience was that when I came back, the environment was different; I was in bad books with the head teacher. I felt that the other teachers were not very friendly because of the extra load that I gave some of them, teaching my class in my absence.

Coming to work after my illness, I found that the workplace was not the same place anymore. I felt that other staff members did not really accept me, and sometimes I thought the other teachers were laughing at me behind my back. This made it very difficult for me to disclose my status to anyone in the school because I felt that no one would understand.

I was forced to disclose my status to the school head and his deputy when I continued having episodes of illness. I also told two other teachers about my status. They were very supportive and I remember one of them assured me that they



As I listen to Edwin, I am struck by how lonely he seems. I think of the school, how busy and alive it all seemed when I visited – the children playing happily in the playground, teachers chatting in the sun, while some sat in the staffroom. It was all full of life; it seemed as if there was no room for loneliness.

I am amazed by how Edwin could be lonely in the middle of a bustling, energetic place like a school; it hardly seems possible.

would cover some of my school duties if ever I felt unwell.

I do not regret disclosing my status to the school head and his deputy because I think that since I disclosed they have become more understanding of my situation. Sometimes I think that my disclosure was too late. Maybe I could have avoided all the misunderstandings and the disciplinary hearings had I disclosed early.

“I am human; at times it gets me down.”

A lot of things have changed in my life since I was diagnosed. I have a lot of stress and I am having problems coping with my situation. Stress for me usually comes when I fail to get what I want – for example, when I know my drugs are finishing and I don’t have the money to buy the next month’s supply. I cannot cope with buying drugs with the meagre salary that I earn. Drugs cost me around four million Zimbabwe dollars a month (USD40). That was last month’s price, and the price always goes up. You can buy the drugs on medical aid, but you have to pay the cash up front and then claim a percentage of it. Under this system, you never get all your money back.

As it is I am in a tight spot. I have not been getting my salary since July when I went on indefinite sick leave. As of today I am only left with three days’ supply of ARVs, and I need to contact my sister to help me buy medication.



The next time I went to see Edwin for what was to be our third and final interview, he was not at school. The school head informed me that they suspected he was ill. He had not been coming to work for two days. As he was not contactable by phone, I went to his house. He was not there. A neighbor told me that they had not seen him in two days. Further efforts to follow up with him were fruitless. The school head later informed me that he had received communication from the Ministry that Edwin had applied for medical board, and that Edwin had gone to Manicaland while awaiting the decision of the board.

When I come to work I get a lot of stress, from the kids and the school management, and that is not good when you are in my condition. I have a lot of problems at work. I know people talk behind my back about my situation. Those attitudes from other people get me down. The way I cope with it is not to think about it. But I am human, and at times it really gets me down.

These days I am on and off, and I was not like this before. I am getting a lot of opportunistic infections. In the early 1990s, once a year I would get a dose of malaria, especially if I go to my home area which is malaria-prone. Now I am more prone to infections, and I run fevers three or four times a month.

My family has been very supportive. They sometimes help me to buy drugs. As far as my friends are concerned, nothing has changed. I have told my two drinking buddies and they have been very supportive. They took me as I am and did not discriminate against me. This somewhat helped me to cope with my situation. When I am in the beer hall, I have developed 'shock absorbers' because people say a lot and I cannot always be getting upset by what people say. At times I encourage my friends to go and get tested. I sometimes see familiar symptoms in friends, and I always try to assist where I can.

I have accepted that this is what God has given me. I grew up in a religious family. Once in a while I go to church but I cannot say that I am very religious. I have been thinking a lot about my future and I have come up with two plans. One



I am frustrated by the fact that I am unable to complete my interviews with Edwin, but in my heart I wish him well.

plan is to resign from teaching because I cannot afford ARVs on my salary in Zimbabwe. I would like to relocate to another country where I can freely access medication. I know relocation is not easy, especially given my health.

If the relocation plan fails, I would like to go back home and look for a place to teach in Nyanyadzi, my home area. I would be near my parents where life is slower and cheaper for me. My doctors are supportive of this. My mother would look after me and I would be surrounded by my family. My mother has been giving me a lot of support and encouragement. Sometimes she even sends me money to buy drugs. It will be easier for her to support me when I am living with them.

Chapter 7

Teacher as role model and ideal citizen versus teacher as HIV-positive person

Introduction

In earlier chapters I told the stories of Gift, Ruva and Edwin separately in an endeavour to give space and individual attention to each story. In the following chapters I bring together the three stories in an analytic frame. My aim is to identify commonalities and idiosyncrasies that could extend our understanding of the experiences of teachers living with HIV and AIDS. I seek to expose new knowledge that I believe will bring some depth to understanding the experiences of teachers living with HIV and AIDS. I intend to juxtapose the self-inscribed identities of the HIV positive-teacher against prescribed and inflicted identities, and to analyse how these play out for the HIV-positive teacher within the school context. I use the following three themes that emerged from my data analysis as a guide in answering my research questions:

- the teacher as a role model and ideal citizen versus the teacher as an HIV-positive person;
- the impact of HIV illness on the body of the teacher;
- the teacher as an emotional actor.

In this chapter I follow a line of inquiry which suggests that *policy images* of teachers make demands that conflict with their *personal identities* as practitioners (Jansen 2001). I start the chapter by unpacking the dominant images of teachers embedded in the HIV/AIDS and education policy documents in Zimbabwe. Through a synthesis of the key HIV/AIDS policy documents, I show how the policy narratives construct teacher identity and how policy makers perceive education, teaching and

learning in a context with AIDS. I demonstrate that where policy envisions teachers as role models and ideal citizens, society places expectations on teachers to act as role models for the young people in their care, and the teachers in turn envision themselves as role models. I argue that the moment the teacher tests HIV-positive, the perfect harmony of role models and ideal citizens imagined in policy is overturned. The result is that the HIV-positive teachers see themselves as failures who can no longer be role models, and they face an internal conflict between self as ideal teacher and self as HIV-positive teacher.

I propose a conception of teachers' personal identities that organises them around three categories of analysis – teachers as professional, social and emotional actors. I then suggest a deeper exploration of the personal identity of teachers if one is to understand the identity dilemma they face in high-prevalence countries as they strive to implement HIV/AIDS and Life Skills policy. I suggest that policy should take perceptions of teachers beyond the professional, and not promote prevention at the expense of care and support. I argue that it is through looking beyond prevention that policy can begin to deal with issues of the emotional and personal circumstances of individual teachers. I conclude that the successful implementation of HIV and AIDS policy rests on the degree to which policies and programmes take into account the socio-cultural realities existing in classrooms in HIV/AIDS contexts.

Policy images of teachers

By policy images I mean the official projections through various policy texts of what the ideal teacher looks like (Jansen 2001). The HIV/AIDS and education policy documents that I analysed contain powerful images of the ideal end user of the education policy. They confront teachers with descriptions, regulations and expectations on how to conduct their job and how to see themselves. It is these messages from policy makers, transmitted through policy documents, that determine the curricula messages that filter down to the classrooms. A documentary analysis offers various policy conceptions of the end users of policy – that is, teachers. I will analyse the various policy images of teachers in the next section.

Teacher as *facilitator* of the learning process

Teacher as facilitator is one of the dominant images in Life Skills Education policy. In this image, teachers move back from taking centre stage to a marginal position in the classroom, where their role is to facilitate the learning process with students taking the lead. This role of teacher as facilitator is a prerequisite for Life Skills Education. According to Gachuhi (1999), life skills are best learned through experiential activities which are learner-centred and designed to help young people gain information, examine attitudes and practice skills. Examples of such activities include discussions, group work, role plays, games and story-telling.

With the participatory method, teachers find that, instead of being the dominant force in the classroom, they are now re-imaged to become facilitators of a new pedagogy (Jansen 2001). The miscalculation with this method is that it does not take into account the reality of classrooms in the developing world. Teachers lacking in subject knowledge and professional confidence will feel challenged if relegated to the margins of an overcrowded classroom (Jansen 2001). Expecting teachers to adopt a different style of teaching within the confines of the same classroom has proved problematic, particularly in Sub-Saharan Africa. In Zimbabwe, as in the rest of the developing world, teaching tends to be didactic, non-participatory and teacher-led, although Life Skills Education is intended to be participatory and responsive. Several evaluations found that the realities of such a formal education system were in conflict with the recommended participatory methodologies (Seabrooke 2000; Baxen and Breidlid 2004; Boler and Aggleton 2004).

The image of teacher as facilitator did not result in new ways of teaching and learning at the classroom level as envisaged by policy. Instead, teachers find themselves reluctant to teach HIV/AIDS and Life Skills, and they often avoid some elements of the curriculum. Ruva reported resorting to selective teaching of topics:

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/AIDS. It felt like I was opening up and exposing myself to the pupils, and this would make me uncomfortable.

Similarly, Gift found that:

Talking about the signs and symptoms of HIV and AIDS to a class of pupils was very difficult. In my own mind I felt that the pupils could see some of the symptoms on me.

The image of teacher as facilitator did not seem to translate neatly into teachers' personal identities because it did not consider teachers as producers, interpreters and mediators of safe sex messages who work within fields where that knowledge may be contested (Baxen and Breidlid 2004). Edwin sums it up well when he says:

As a teacher, I am expected to teach children regardless of my own personal situation.... something should be done to assist teachers deal with their own issues before they can deal with the children.

Baxen and Breidlid (2004) argue that it would seem that it is assumed that if teachers have the necessary knowledge about and skills to teach, they will teach, notwithstanding how they position themselves within the HIV/AIDS discourse. The reality is that teachers do make decisions about what knowledge to teach, when and how. This is echoed by Semali (2006), who argues that teacher knowledge is largely surrounded by complex socio-cultural contexts that are at the crossroads of poverty, inadequate infrastructure, a school curriculum that teachers do not own and a devastating epidemic. A deeper exploration and consideration of these realities is essential if HIV/AIDS and Life Skills programmes are to be implemented successfully.

Teacher as role model and ideal citizen

The image of teacher as role model and ideal citizen provides yet another powerful image of what teachers should be like and how they should behave. Parents and others usually see teachers as responsible for fostering much of the overall development of young people so that they might achieve personal fulfilment and become significant members of society (Kelly 2008). Because of this, teachers tend to hold positions of respect and special status in society, even though they may not be recompensed proportionately. As Gift says:

As a teacher I was a respected member of the community. The fact that we had more disposable income than most of the community members put me and other teachers in a position of power.

The importance of role models in fostering desired behaviour change is an important component of Bandura's theory of social cognitive learning, which states that new behaviours are learned either by modelling the behaviour of others or by direct experience (Bandura 1994). Society places an ethical and moral obligation on teachers to act as role models for young people in their care by holding teachers accountable not just for imparting knowledge and information but for imparting values (Zapulla 1997). Society expects teachers to have higher standards of behaviour than people in other occupations, a presumption based on the conception of teachers as role models (Strike and Ternasky 1993).

Teachers teaching in an AIDS context play multiple roles, and in most cases these go unacknowledged. Ruva finds herself forced to take on multiple roles in the classroom:

In class I find myself forced to take the role of a counsellor, mother and sister, and at times I am taken as a confidante.

Semali (2006) argues that, the roles of leader, elder and sage that classroom teachers fill in educational circles is almost absent in educational policy documents. Little or no attention is paid to the discourse on everyday sexual practices among teachers and how this impacts their role as role models for pupils in an AIDS context.

Teacher as *mentor and counsellor*

The image of teacher as mentor and counsellor is implied in HIV/AIDS and Life Skills policy documents, although it is not outlined explicitly. Both policy and curriculum make scant provision for counselling or ministering to the emotional needs of students. Due to poverty and orphan-hood, schools are sometimes the only places where children might expect to find any level of care. Bhana, Morrell, Epstein and Moletsane (2006) argue that the lack of resources, an overloaded curriculum and multiple complex demands on teachers mean that such responsibilities are very difficult and may go unperformed.

In most Zimbabwean schools many of the teachers are in some way or other involved in care work, but the conditions of schools determine the nature and extent of the care work that teachers are called to deliver. Bhana *et al.* (2006) argue that although this work does not fall within the curriculum and cannot easily be measured, it is this work that is cushioning learners from the trauma of loss that many experience. It is thus vital for the well-being of schools, even as it is hidden from public recognition.

At school level the reality is that almost unnoticed teachers are dealing with the consequences of HIV/AIDS in their schools and communities. Teachers are going the extra mile to cater for learners who are either infected or affected, what Bhana *et al.* (2006) referred to as the “hidden work of caring”. That teachers are involved in care work is evidenced by Ruva when she says:

In class I find myself taking on the role of a counsellor, mother and sister, and at times I am taken as a confidante; I am expected to be an all-rounder.

Edwin also stated that pupils in his class confided in him when they faced problems in their homes:

Maria confided in me that her situation was forcing her out of school so she could get an income to support her family.

However, while many teachers find themselves involved in some form of care work, many have received little or no training and not all teachers have the personal insight and strength to undertake care work. This is illustrated by Ruva when she says:

I realise that I need different skills to relate to different pupils, but the teacher training that I received did not equip me to deal with children that 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.

While Ruva and Edwin immediately took up care work, feeling that it was their responsibility, Gift responded differently on the matter, as he found that his own personal situation was reducing the attention he gave to pupils:

The level of my engagement with students was really going down. During this time my pupils suffered because even though I was there physically I was not giving them the attention that they deserved, and I think that my pupils felt and were affected by my situation.

This suggests that the way teachers act in schools and in classrooms is uneven, depending on their personal aspirations and their expectations, which are determined by their own personal situations. Teachers' personal aspirations and expectations are also in constant negotiation with policy. Hoadley (2002) posits that teachers' work must be viewed against their agency in contesting, negotiating and co-opting broader policy directives.

How do teachers see themselves?

Teachers' identities refer to teachers' sense of self as well as their knowledge and beliefs, dispositions, interests and orientation towards work and change (Spillane 2000). According to Clandinin and Connelly (2000), identities are constructed by the way people relate to the world and to other people, the choices they make, their practices, their use of language, and the narratives they hear and tell about others and themselves. In this study I categorise teacher identities as the way teachers feel about themselves professionally, emotionally and socially.

Teachers as professional actors

Jansen (2001) defines teacher professional identity as the way teachers understand their capacity to teach as a result of their subject matter competence, levels of training and preparation, and formal qualifications. As professionals, the teachers understood their professional role to include imparting knowledge on HIV/AIDS and Life Skills to pupils, in order to facilitate behaviour change. All three teachers considered themselves to be good teachers who had an important role to play in Life Skills Education. However, when the teachers tested HIV-positive, they felt that they had fallen short of this image, as testing positive went against the moral values that they were supposed to pass on to the pupils.

Ruva faces a challenge when HIV comes into her life:

...now HIV affects my teaching space in ways that I never thought possible.

The three teachers' stories show how the presence of HIV in their lives dramatically changes their teaching spaces. The changing of teaching space is not just confined to the external but occurs as a result of internal changes. They experience internal changes due to the extensive psychological and emotional turmoil that they undergo. However, this does not remain confined within the self, as it also reshapes the external space of the teachers. In other words, what the teachers feel internally determines how they interact with HIV in the classroom. I argue that this complex interaction between internal and external spaces influences the way teachers contest, negotiate and co-opt policy directives. I further argue that while policy cannot account for these levels of interaction and perceptions that operate in the teaching space, it could strive to create an environment where teachers feel that their internal spaces are catered for. This is evidenced by Edwin when he says:

Schools [read policy] can and should do more to assist teachers to deal with their own issues before they can deal with the pupils.

The teachers' dilemma is further complicated by the moralistic discourses around sexuality and HIV/AIDS that prevail in schools. The dominant discourses assume a causal relationship between infection by the HI virus and allegedly immoral, mostly sexual behaviour such as promiscuity and homosexuality (Erevelles 2006). In Gift's school, they used to make pupils recite the motto, "AIDS kills; avoid premarital sex." As Gift says:

This message was blind to the fact that there were pupils in the school who could have been born HIV-positive. It was as if we were saying schools are immune to AIDS, and our main effort as educators is to maintain that status quo. As educators we have a task of shaping young minds. How then do we let young people see HIV as a curse?

It is such discourses that feed into the culture of silence around HIV that prevails in schools. HIV/AIDS and Life Skills Education becomes more than just giving biomedical information to students, but also encompasses issues around moral values, sexual knowledge, and the nature of childhood and adolescents. Maile (2004) argues that the HIV-related silence is not natural, but is a creation of individuals, organisations and communities. In general, schools are characterised by a deafening silence, particularly around HIV/AIDS care and support, and this silence is

replicated at the institutional, academic and personal level. Gift illustrates this when he says:

I was struck by the failure to acknowledge the possibility that there could be pupils, teachers and other staff who are infected and affected by HIV/AIDS.

Edwin also alludes to the silence:

There is silence; it is as if there are no HIV-positive people in the school community.

I suggest that policy's lack of acknowledgement for those living with HIV translates into the dangerous silence and secrecy that surrounds HIV at school level. As policy shades into planning, and planning into implementation, it is evident that the presence of HIV in teachers and pupils remains a reality to be concealed. Perhaps this allows school communities to imagine that they might remain untouched by the disease. Kelly (2001) makes a similar case about universities in Africa when he talks of a thick cloak of silence that surrounds the presence of the disease, a cloak which is amply lined by layers of secrecy, silence, denial, fear of stigmatisation and discrimination.

Teachers as social actors

By teachers as social actors, I refer to how teachers understand their role in society regarding HIV and AIDS. As reflected in policy, society places a moral obligation on teachers to act as ideal citizens and role models, as this is seen to be in the best interests of the children. The image of self as an ideal teacher and role model is an important theme running through all three teachers' stories. All three teachers see themselves as role models, as evidenced by both Ruva and Edwin describing themselves as ideal teachers. Gift illustrates the conception of self as role model when he says:

I considered myself a good teacher and a role model for the young people under my charge.

This is echoed by Ruva when she says simply:

I see myself as an ideal teacher.

Once they found out that they had AIDS, all three teachers feared that others would think they had fallen short of this ideal. Because of the perception of HIV as an immoral disease, the teachers viewed themselves as flawed, tainted victims. This poses a direct conflict with the teachers' image of self as ideal teachers and role models. This conflict between self as an ideal teacher and role model and self as an infected person is a common theme in the teachers' stories, which is perhaps most explicit in the stories of Gift and Ruva. As Gift laments:

How could I still live up to this image when I am now confirmed HIV-positive? How could I talk to the children about HIV without thinking and referring to my own situation? How could I be an HIV-positive person and a good teacher at the same time?

Because they see themselves as ideal teachers, they are aware of society's expectations of them, and they become anxious about how others will see them. They feel that they have fallen short of society's expectations and their own perceptions of self (Zapulla 1997).

Kachingwe *et al.* (2005) identified teachers' personal behaviour as one of the factors impacting on teachers' capacity to be role models. Personal risky behaviour not only increases the risk profile of teachers but also undermines their value as role models. Teachers in Sub-Saharan Africa are often cited as having a higher risk of HIV infection, although credible empirical evidence is often lacking (Bennell 2001). While there is a general lack of statistics to compare teachers' HIV-related morbidity and mortality to that of other professional groups, HIV prevalence rates among teachers remain a cause for concern. Badcock-Walters and Whiteside (1999) suggest that teachers are at greater risk of infection due to higher disposable income, spouse separation and frequent change of stations, all of which encourage multiple sexual relationships. The stories of the three teachers highlight some of the factors that have been cited as leading to increased risky behaviour for teachers. For Ruva, it was the prolonged separation from her husband that eventually led to her divorce:

The prolonged separation which had started while I was in college proved strenuous for our relationship.

Edwin found that being a single teacher in a border town was a huge catalyst:

As a border town, it was always a hive of activity and I was at home there. I was not in a steady relationship because I had left my girlfriend, Susan, back home in Nyanyadzi.... I had multiple sexual relationships.

As a young teacher in a rural area, Gift found himself in a position of power and he engaged in multiple sexual relationships which increased his risk profile:

As a teacher, I was a respected member of the community. The fact that we had more disposable income than most of the community members put me and other teachers in a position of power. As teachers we had the upper hand and the school girls would always obey.....

Teachers enjoy high status, authority and power in the school and in the community. Bennell (2001) argues that teachers sometimes use their status, authority and power to abuse students, thus increasing their own risk profile. Kakoko, Lungoe and Lie (2006) assert that risk factors for HIV infection among teachers are embedded within their working and living conditions as well as their behavioural repertoire. A number of studies have found that some teachers asked their own students for sexual favours (Kelly 2000b; George 2001; Bennell *et al.* 2002; Leach and Machakanja 2003). This is echoed by Naylor (2002) when she asserts that the bodies of students and teachers are often entangled in a deadly embrace. Gift illustrates this when he says:

At the school there were incidents of teacher-pupil relationships with the older girls in the school. As teachers, we had the upper hand and the girls would always obey. To this day I am convinced of the vulnerability of the girl child.

It becomes clear that sexual relationships between teachers and students further contribute to a very dangerous liaison in the school. As Jansen (2007) puts it, students are older and teachers are younger, making such liaisons appear reasonable outside of the professional expectations of educators. HIV/AIDS is therefore not only what infected adults and children bring into the school; it is also a pandemic that recreates itself within the school (Jansen 2007).

Teachers play an important role in relation to the pandemic in that they are not only victims at the end of a viral cycle but they also participate in the transmission of infection in and out of the school context. The stories of the three teachers provide

ample demonstration of this. The story of Gift, for example, shows how he moves from being a person of considerable influence and social status in the community to someone almost on the margins of society. Because he was once considered a role model and a source of admiration, he finds it very difficult to reconcile this with the image of a tainted, infected person. This forces him to keep his status secret.

Teachers as emotional actors

Jansen (2001) defines this as the way teachers understand their capacity to handle the emotional demands placed on them by the policy in the context of existing stresses and pressures. Many aspects of teaching involve the personal dimension of teaching, and yet this dimension is often neglected and overlooked by policy. It is the personal beliefs, attitudes and emotions of teachers which often determine the decisions that they make in their classrooms. Teachers are continually faced with the emotional trauma of HIV/AIDS for themselves and from the pupils who are either infected or affected by the disease. Both Ruva and Edwin admitted to being affected by the problems facing their pupils. Ruva was affected by the illness and death of one of her pupils:

I remember the pain I felt when Robert, one of the pupils in my class, died. This really affected me because I had been there and I knew what it was like to be sick like that.

Similarly, Edwin laments:

When children come to me for counselling on HIV-related issues, I can relate to their pain. I see the pain that I felt long ago reflecting in their eyes.

There has been protracted debate as to whether teachers are the most appropriate people to transmit HIV/AIDS messages to pupils (Seabrooke 2000, Bennell 2001). The reality is that teachers find themselves taking on a pastoral role in schools, and in most cases this will go unacknowledged. Bhana *et al.* (2005) maintain that there are three quite distinct challenges that HIV and AIDS present to teachers – raising awareness and preventing infection, assisting the infected and affected, and dealing with the trauma of illness and death of significant others. To date much of the research and intervention work has concentrated on the first challenge, with the

other two being ignored or, at best, inadequately addressed. As a result schools have continued to promote prevention at the expense of care and support.

By focusing on prevention while remaining silent on issues of care and support for those infected, schools perpetuate the perception of AIDS as an immoral disease. The AIDS messages in schools are heavily biased towards prevention, and it is as if schools are immune to HIV. This view is shared by all three teachers:

Ruva: *The HIV syllabus is too factual and it does 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.*

Edwin: *In the school I feel that HIV/AIDS issues are handled in a way that does not consider that there might be some people within the school environment who are infected and affected. Nothing is being done; it is as if there are no HIV-positive people in the school community.*

Gift: *As a result of my positive status I felt that schools [through the HIV/AIDS policy] had a strong bias towards prevention. I was struck by the failure to acknowledge the possibility that there would be pupils, teachers and other staff who are infected and affected by HIV/AIDS.*

Underpinning this focus on prevention is a downplay of the discursive nature of the pandemic and the social practices in which it is embedded, a portrayal of schools as safe havens where pupils are protected from any HIV-related risk, a presupposition of pupils (in particular primary school pupils) as being asexual, and an assumption that teachers are able to teach deeply private topics in a public space which brings their own sexuality and sexual practices into the spotlight (Baxen and Breidlid 2004). The reality is that schools are not HIV-free institutions, that sexual interactions occur within and outside the school, and that teachers face challenges in dealing with HIV and AIDS in their own lives and in the classroom.

Teachers are expected to counsel and minister to the emotional needs of students, but they are also affected and they face challenges dealing with their own emotions. This is evident in Gift's story when he speaks of carrying his emotional baggage into the classroom:

When I went into class I could not leave behind my personal problems; they were a part of me.... The emotional turmoil that I went through during this time really affected my teaching.

Ruva elaborates this point:

How can I be there for pupils and effectively teach them when no one is thinking about my own status?

Similarly Edwin says:

I feel that something should be done to assist teachers deal with their own issues before they can deal with the children.

The above examples from Ruva and Gift demonstrate that teaching HIV/AIDS does not only demand physical time from the teachers; it also absorbs massive emotional energies from them. It calls upon the personal dimension of teaching, a dimension that is often neglected and overlooked by policy. And yet it is the personal beliefs, attitudes and emotions of teachers which often determine the decisions that teachers make in their classrooms.

Conclusion

In this chapter I have posed as problematic the relationship between policy images and the personal identities of teachers. I have argued that the policy images make demands that conflict with the personal identities of teachers (Jansen 2001). Through the stories of Ruva, Gift and Edwin I have demonstrated that policy images of teachers do not transfer neatly into the teachers' personal identities. I found that all three teachers, while understanding the expectations of policy, felt that they fell short of those expectations because of their HIV-positive status. They did not feel empowered to teach and talk about intimate relationships when their training and orientation merely focused on the biomedical aspects of this disease, but they did feel that policy did not acknowledge the emotional demands they encountered in the school context.

I have shown that teachers live their lives and see themselves in a variety of different roles. They have a personal life and a professional life within the school context, and HIV/AIDS means different things to teachers in each of these roles (Kelly 2008). It becomes important to develop teacher capacity to get in touch with what HIV/AIDS means in teachers' lives, and to examine and deal with the

challenges that being HIV-infected or affected presents for them as persons. Developing this capacity, Kelly (2008) argues, would lead to a more authentic understanding of the epidemic, something that would help teachers take better charge of their own lives in a world with AIDS. It would also equip them better to guide the young people entrusted to them in an ethical, human response to the epidemic.

Throughout, I have followed a stream of thinking that suggests that unless we understand the identity dilemma facing teachers, we cannot begin to unravel the challenges they face in implementing HIV/AIDS and Life Skills Education policy. I propose that policy's assumption of an even, linear and uncomplicated terrain is not only naïve but also undesirable. Policy needs to be cognisant of the complexities on the ground and how these shape and define the outcomes of policy implementation. While it is true that policy cannot account for interactions that occur in the teaching space, it should strive to create an environment in which teachers feel that their personal issues are catered for. I conclude that a deeper exploration of the personal identities of teachers by policy makers is essential if one is to start unpacking the complex problems facing teachers in a context with AIDS.