

Chapter 8

How is education possible when there is a body in the middle of the room?

Introduction

In this chapter I analyse the narratives of teachers living with HIV and AIDS in an attempt to offer a detailed exposition of their experiences inside schools. By focusing at the micro level, I seek to provide a window to how real teachers infected and affected by the virus experience life inside real schools. While the previous chapter focused on the disjuncture between policy images and teacher identities, this chapter centres on the classroom experiences of teachers living with AIDS.

I borrow Lebaz-Luwisch's metaphor of the *body* to analyse how teachers affected by HIV and AIDS negotiate their lives in the context of the pandemic (Lebaz-Luwisch 2004). By using the body in this way, I aim to draw attention to the physical, emotional, moral and religious presence of real humans living with AIDS in the school context. I argue that before any meaningful teaching on HIV/AIDS and Life Skills takes place in the classroom it is necessary to take account of the emotions, fears, vulnerabilities and anger of the teacher. Like Lebaz-Luwisch (2004), I underscore the centrality of paying attention to the *body* that carries these feelings and experiences.

I follow this by placing this *body* of the teacher in the midst of the classroom, and exploring the experiences with HIV and AIDS in the classroom and school at large. By considering the *body*, and its experiences and feelings inside schools and classrooms, I am drawn to ask: *how is education possible when there is a body in the middle of the room* (Lebaz-Luwisch 2004)? In using the metaphor of the body, I seek to shift the gaze away from teachers as mere professional actors dealing with

stringent curriculum demands, and acknowledge that HIV/AIDS is a reality that teachers struggle with both inside and outside the school environment.

I concur with Jansen (2007) that teachers are not simply bodies to be counted or targets of behaviour change programmes. They are bodies who demand that their emotions be acknowledged, their illness be accepted, their fears be allayed, their jobs be protected and their humanity be restored. Throughout the chapter I follow a line of inquiry suggesting that there are limits to what education systems can deliver without recognising the complexities of the public place called school and the complexities of the bodies that inhabit such schools. I make the case that simplistic interventions that seek to alter the sexual behaviour of those who occupy schools and classrooms are inadequate, and that they need to be worked through and mediated within the multilayered reality of the school and its inhabitants.

I conclude the chapter by suggesting that in order to reduce the gap between policy and practice in the implementation of HIV/AIDS and Life Skills policy, it is important for policy not to assume normality, defined as healthy teachers and learners (Jansen 2007). It is necessary to imagine a different school to the one currently conceived in policy – a school where teachers, administrators and pupils may be either affected or infected, a school in a community in the midst of HIV and AIDS, where school activities are constantly disrupted as a result of illness and death. For meaningful education to take place, schools will have to be redesigned to be responsive to the pandemic.

The body that carries the feelings and the emotions

When I examined the stories of the three teachers – Gift, Ruva and Edwin – I found the accounts of their lives and work full of bodies. The body was evident in their physical descriptions of themselves, in their articulation of their feelings and emotions, and in their experience with illness. In my mind I am taken back to the body of the teacher as I encountered it during my interviews. First there is Gift – tall, dark and lanky with a face that betrays the hardships that he has gone through in the past. Gift is humble, soft-spoken, with visible signs of illness in his emaciated frame, although his voice is lively and full of passion for life. Then there is Ruva – tall and elegant as a horse. Ruva is bubbly, energetic and full of life, portraying a picture

of good health. Finally there is Edwin – tall, dark and lean, with worry lines etched across his face. He has a dark scar over his left eye and part of his forehead, possibly a result of a previous bout of herpes zoster. As they carried me through their stories I found it impossible to ignore the *body*; it looms large in each teacher's story.

The teacher narratives and my own perceptions evoke visions of the body of the teacher as one carrying intense feelings and emotions brought about by the HIV and AIDS illness. I realise that it is not only undesirable, but impossible to separate the feelings and emotions from the body. It is difficult to conceive of the body without the feelings and emotions it carries. My attention is drawn to the fact that illness, and in particular HIV-related illness, brings with it considerable physical and emotional suffering. The physical manifestation of HIV/AIDS illness forces the reality of its existence on the person. Physical changes on the body attest to the presence of illness, and the illness becomes an intolerable psychological and emotional burden.

A search through the literature reveals that little attention has been given to understanding the emotional well-being of people living with HIV and AIDS. This is so despite the fact that emotions impact on people's sense of purpose and value, and ultimately on their ability and resolve to hold livelihood and family responsibilities together (Thomas 2007). In education, a number of studies have alluded to the centrality of emotions in the teaching and learning process (Hargreaves 2001; Spillane *et al.* 2002; Lebaz-Luwisch 2004; Van Veen *et al.* 2005; Jansen 2007). However, none of the studies focused on emotions and teaching in a context with HIV and AIDS.

For Gift, Ruva and Edwin, the diagnosis of a life-threatening illness brings considerable physical and emotional suffering. The HIV diagnosis marks an important turning point in their lives, where their perception of self and perception of reality changes forever. For all three teachers, the presence of AIDS brings about internal and external changes to the body. Outwardly, the teachers experience physical changes in their bodies due to illness, typically in the form of weight loss, silky hair and loss of energy. These bodily changes become distinguishing marks that separate them from others, and in most cases become a cause for stigma and discrimination. Internally, the body suffers from severe emotional turmoil as the teachers try to come to grips with their situation. The news of a positive HIV

diagnosis produced different emotional reactions at different times for all three teachers. As Ruva says:

I had days of anger, blame, panic and feeling betrayed. Acceptance came slowly.

Elizabeth Kübler-Ross (1969) conceptualised five stages that one goes through when faced with terminal illness; these are denial, anger, fear, depression and finally acceptance. She recognised that the stages occur neither with predictable regularity nor in any order, and vary from person to person as detailed below.

Shock/denial

For Ruva and Edwin the first reaction was shock and disbelief; they could not believe that this was happening to them. Ruva laments:

It was unbelievable; I was devastated. I could not understand how this could happen when my son was still so young.

Although Edwin already suspected that he was HIV-positive, he admits that:

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.

While Ruva and Edwin were shocked by the diagnosis, Gift's test results came at a time when he was still mourning his wife and child, and as such the implications were not as apparent. Gift was already overwhelmed by his situation and he could not confront the implications of his test result:

As such, the implication of my own test results did not sink in immediately. I was in denial, in panic mode, and could not accept my situation.

Kübler-Ross (1969) defines denial as a conscious or unconscious refusal to accept facts or information relating to the situation concerned. In Zimbabwe, denial about HIV and AIDS is not only found at the individual level but is duplicated at all levels of society. No one's life has been untouched by AIDS, yet not many people are willing to discuss it openly. According to Duffy (2005), people still search for every possible reason to explain the high morbidity that is tearing apart families and communities.

Gift, who admits he does not go to church, shares his sentiments on the church in Zimbabwe:

When I get into a church I feel the church is still in denial about HIV/AIDS, and I do not feel comfortable. I feel that the church perceives HIV as a punishment from God for sinners.

Throughout history, many serious illnesses have been accorded religious significance (Zapulla 1997). Because of its association with immorality, AIDS is considered a manifestation of evil or wrongdoing. As such, people perceive the disease as a punishment for immoral behaviour and the ill person becomes the culprit and the sinner.

Anger and blame

Following the initial shock and denial of the diagnosis, all three experienced feelings of anger and a sense of grief for what they were likely to lose. For Ruva, the period after her diagnosis was a period of anger and confusion:

I was angry at my predicament; I asked God, why me?

While Gift felt anger because of his positive diagnosis, he took responsibility for it. He did not blame anyone for what had happened to him:

I do not know if I can say that I have anybody to blame, looking at the life that I have lived before I met Ruth.

Similarly, although he initially blames Susan, Edwin realises that he could have been infected before they met:

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.

According to Kübler-Ross (1969) the anger can manifest in different ways and can be directed at oneself or at those close to one. Because HIV is a communicable disease, it is easy to direct the anger at one's sexual partner. Gift and Ruva in particular see themselves as victims; this is evident when Gift says:

... the discrimination you encounter is always subtle but as the victim, I felt it.

Ruva sees herself as the victim especially because she feels that there are others who could have been infected:

I wanted to know why it was all happening to me. What had I done to deserve this? I knew many people who were promiscuous but who seemed not to have been infected, so why me?

Fear

For all three teachers, the fear of death was the most obvious and the most powerful, although they also feared the suffering that they were to endure before they died. In Zimbabwe, life-prolonging antiretroviral therapy is not readily available and a positive diagnosis is commonly associated with prolonged illness and death.

Gift, who had just gone through a difficult period with the death of his wife and child, describes the period as one of fear, where he went through “every imaginable emotion”:

As I look back now, I remember that this was a period of intense fear for me, fear of what was to become of me and my family.

In most of the developing world, HIV/AIDS is strongly associated with premature death, and for the teachers the diagnosis most certainly meant an early death. This is evident in Ruva’s story when she says:

Each headache, rash or bout of cold had me worried that my end was near.

Similarly, Gift also started anticipating a premature death:

I felt that I was not the same person and I had problems coming to terms with my situation. It was as if I had a death sentence hanging over me.

Gift and Ruva in particular fear that they will not live to see their children grow up. As Gift says:

I had my children to think about and I worried about how my situation was affecting them.

Ruva's fears quickly turned to 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?

Fear is also promoted by other community members who worry that they might contract AIDS through contact with the infected person. This sometimes results in isolation of those infected, as evidenced by Ruva when she says:

I found that other teachers started moving away from me.

When Edwin came back to work after a period of illness, he found that the workplace was not the same place any more:

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.

A pronouncement of AIDS almost always evokes judgement on the moral character of those afflicted. People with AIDS are subject to moral judgement, and this has a negative impact on their self-image. In the eyes of others, such people are held morally responsible for their condition (Zapulla 1997).

Gift found himself facing remarks from pupils as a result of his health status, and this accelerated his anxiety and emotional turmoil:

The problems I faced at school put me under a lot of stress, and this must have affected my immune system.

Ruva was on her own at a time when she needed people around her the most:

People started moving away from me at a time when all I needed was someone to talk to who would understand my situation.

Life-threatening illnesses are often fraught with meaning, and AIDS in particular is fraught with moral undertones and values (Zapulla 1997). This is because it is a sexually transmitted, blood-borne disease, and as such it is given meaning that is

invariably moralistic. Like many others infected with HIV, the three teachers endure the burden of illness, physical suffering and the threat of a premature death. They frequently experience the judgment of others, and this only adds to their suffering and fear of rejection by those close to them.

Loneliness/regret

As a result of their positive diagnosis, all three teachers feel alienated and disconnected from the world. They carry the burden of the diagnosis as a terrible secret that they are unable to share with anyone. Edwin felt that he was alone in a world where no one understood him. Although he had his drinking buddies, the loneliness got to him and he admits:

...but I am human, and at times it really gets me down.

Ruva, who was alone when she received news of the diagnosis, describes her grief:

Being alone with my problems made my situation worse.

Gift had just moved to a new school and he felt alone on the HIV island, dealing with the illness and then death of his wife and his own positive diagnosis:

I was basically alone with my social problems.

Because they fear to disclose their status within the workplace, the teachers suffer in silence, bearing the terrible secret of their illness on their own. The loneliness often fills them with hopelessness and despair.

The various emotions that the teachers experience exert an impact on their bodies. At the same time, the physical illness wears the body down to an extent where the teachers fail to perform their daily functions. It is this same body that walks into the classroom with the expectation of imparting knowledge to pupils. Johnson (2000) proposes that the bodies of human beings are the locus of their complex interactions with their environment, and that our bodily experiences influence the way we are able to understand and know our world, and ourselves as part of that world. This implies that the physical and emotional changes in the body influence the way teachers interact with other players within the school environment.

The body that lies in the middle of the room

Vanderstraeten and Biesta (2001) conclude that it is not the educator who educates; rather what educates is the educational ‘situation’ – that is, the in-between space resulting from the difference between educator and student. However, as Lebaz-Luwisch (2004) argues, how is education possible when in between that space lies a body? In an AIDS context, this body carries fear, anxiety, depression, disappointment, guilt, desire, hope and dread. It is this body, with all its physical and emotional changes, that enters the school and classroom to face other teachers and pupils who are also affected and infected by HIV and AIDS.

In the classroom, Gift, Ruva and Edwin found that repeated illnesses impacted on their physical health and ability to perform their teaching duties. They slowly recognised subtle changes in their bodies, their energy levels and their physical strength. They all reported finding it more and more difficult coping with a classroom full of energetic pupils who expect the teacher to be always in charge. With the continuation of illness came guilt and worry about their pupils, who they felt were being disadvantaged.

Ruva reported how her illness affected her teaching duties:

When I was sick I found that my illness had a negative impact on my teaching. Sometimes I just felt unwell and wanted to rest.

Gift found his energy levels going down during the time when he was ill:

My performance in school was affected. The workload of a teacher is tough.... After teaching for a few hours I would feel very tired and had to sit down. I was no longer able to walk around class looking at my pupils' work or observing them as they did group activities.

For Edwin, coping with his Grade 4 class became a challenge:

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. In Grade 4 they are full of energy and sometimes I cannot keep up.

Gift expresses his feelings of guilt over his decreasing capacity:

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.

When symptomatic illness begins to impact on their physical health, this affects the way they perform their duties. The teachers are aware of this and they feel guilty about the impact their decreasing capacity has on their pupils. They also fear the reaction of other members of staff should they find out about their illness. With continuing illness, the teachers find that absenteeism becomes more frequent. At the same time, they start experiencing stigma from other members of the school community.

Absenteeism and the response of the school community

In Zimbabwe absenteeism emanating from ill health is a labour matter regulated by education labour laws and policies (Government of Zimbabwe 2000b). While the instruments protect the employee's job and security, they equally protect the employer to ensure that the business of the employer does not suffer from undue losses. As their illness progressed the teachers found themselves unable to cope and they needed to take time off to recuperate. Their illness becomes noticeable to other staff members, and it became difficult to continue with normal duties.

According to the Zimbabwe Public Service Regulations Statutory Instrument 1 of 2000 (Government of Zimbabwe 2000b), teachers have an annual entitlement of 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 the person is able to resume duty. Teachers are also entitled to twelve days special leave on full pay, which is to be used for urgent private affairs such as funerals. A public service employee is not allowed to be absent from work for a period of more than three days without a letter from a medical doctor.

After repeated episodes of illness, Edwin found the regulations problematic. After being away for ninety days, the school head did not allow him to take time off as he

had already missed too many classes, thus disadvantaging his pupils. Because of the phase of his illness, he had started developing opportunistic infections so he would go to work for a few days and then get sick again. The situation was frustrating for all concerned:

I knew this was disturbing for the pupils because there was no 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.

While Gift did not face a similar challenge from his school head, he had problems taking a few days off as he could not afford the doctors' fees required before he could be issued a letter excusing him from work:

I did not find the school system very supportive when I was sick. Sometimes I just wanted to rest but the system would not allow me to be absent without a letter from a doctor. Because of my financial situation, I was not able to afford doctors' fees.

While the teachers' on-and-off illnesses disadvantage pupils, they also affect the teacher who in most cases will remain in position when they are already incapacitated. Thus the situation has negative implications for teachers, pupils and colleagues who have to cover for sick teachers. As Edwin's story shows:

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.

The solution for all concerned seemed to be for the affected teacher to go on ninety days' sick leave. For Edwin, this time away helped him to recuperate without worrying about his absenteeism. In situations of regular illness, three months is adequate time for recuperation, but for Gift and Edwin their health had deteriorated to such an extent that they needed more time away. As Gift says:

After the three months' leave I was still not well but I could not get any more time off work without losing my salary. I would just drag myself to school. I remember, on very bad days I just used to leave the class in a hurry and would never make it to the men's toilet so I would just vomit outside, in full view of pupils and other teachers.

Similarly, when Edwin came back to work his illness started again:

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.

It is at this point that the continued illness becomes problematic for all concerned. First, teachers just drag themselves to school because they fear that they will lose their salary at a time when they need it to purchase medication. All three teachers felt that they could not afford to take any more time off as this would affect their salary. Edwin's case was extreme in that, after continued absenteeism, he was struck off the payroll and he had to go through the long process of applying to be reinstated. During this time, pupils lost valuable learning time and parents started complaining about the loss of teaching time. As Edwin says:

Parents were bitter about my absenteeism. Some phoned the headmaster and some phoned the Ministry of Education offices.

Similarly, Gift revealed that:

... during the time when I continuously missed school, some parents had started to complain to the school head about my absenteeism.

With progressing illness and increasing absenteeism, there is a conflict between the children's right to an adequate education and the rights of the educator to get medical attention. This conflict is well illustrated by Edwin's story:

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.

In all three cases the children's rights to an adequate education is in direct conflict with the rights of the HIV-positive teachers. The school head in each case weighs the teachers' decreasing performance and its impact on the children's performance, and ultimately the rights of the children outweigh those of the teacher. The result is that the sick, emaciated and emotionally exhausted body of the teacher plays second fiddle to that of the pupil.

Stigma

Stigmatisation is a dynamic process that arises from the perception that there has been a violation of a set of shared attitudes, beliefs and values. This can lead to prejudicial thoughts, behaviours and actions against those perceived to be infected (Zapulla 1997). In many societies, people living with HIV are blamed for their condition, with many believing they could have avoided the HIV infection if they had made better moral decisions. Because of its association with immorality, HIV infection fits the profile of a condition that carries a high level of stigmatisation.

Ervin Goffman (1963) describes stigma as an attribute that is deeply discrediting within a particular social interaction. His definition focuses on the public's attitude towards a person who possesses an attribute that falls short of societal expectations. According to Goffman (1963), the person with the attribute is reduced in our minds from a whole and usual person to a tainted, discounted one. Because the stigmatised person is thus seen as 'not quite human', as substandard, it is easier to discriminate, resulting in reduced opportunities for that person (Goffman 1963). Herek (1999) argues that the discrimination and devaluation of identity associated with HIV-related stigma are created by individuals and communities who mostly generate the stigma as a result of their own fears.

According to UNAIDS (2000), stigma may manifest itself externally or internally and may have different effects. Internal stigma is the shame associated with the fear of people living with HIV/AIDS of being discriminated against. It is usually a survival mechanism to protect oneself from being stigmatised by others and often results in the refusal or reluctance to disclose HIV status and unwillingness to seek help. Internal stigma is characterised by self-exclusion from services, low self-esteem, social withdrawal and fear of disclosure (UNAIDS 2000). All three teachers were victims of internal stigma.

Ruva, who regrets lost opportunities, laments the decision she made not to further her education after she tested positive:

I did not pursue my dreams because I had lost hope, thinking that I would not survive for another five years.

For Gift, self-stigma is evident when he says:

I was not yet comfortable with my own situation. I always felt that if society was thinking in that way then that should be the way for me to think as well. If you have not accepted your situation, you will accept what society is saying.

UNAIDS (2000) defines external stigma as the actual experience of discrimination, which may include domination, harassment, categorising, accusation, blame, ridicule and resentment. External stigma may sometimes lead to violence towards people living with HIV and AIDS (UNAIDS 2000). External stigma is a common theme in all three stories. As the teachers experience several episodes of illness, it shows in their bodies and they endure comments and suspicions about their health from the school community.

Gift narrates his discomfort from the knowledge that people are talking behind his back:

After my wife died, I was developing a lot of AIDS-related illnesses. At that time I used to get so many 'bus stop diagnosis' where people can just look at you, diagnose you, then start talking behind your back.

For Ruva the external stigma she experienced came from colleagues withdrawing from her and talking behind her back:

In the early days I would overhear them talking behind my back. Some even stopped talking to me.

Similarly, Edwin found other teachers quite hostile after his illness:

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.

Gift felt that he was a 'victim of discrimination' although the discrimination was always subtle:

In my view, I felt that I was excluded from a lot of activities that other teachers took part in. For example, I was never nominated to travel on tours with pupils and I was never put in charge of any of the sporting activities.

Schools are well known for sorting people into all kinds of categories and possibilities, and thriving on difference (Jansen 2007). Inevitably, in a school environment HIV/AIDS will carry the stigma of identification. Because the school environment is intolerant of difference, the stigma, discrimination and resulting isolation mean that people do not easily, if ever, disclose their diagnosis. It appears that within a school the stigma associated with HIV/AIDS is more serious for teachers who, as the supposed moral authority, should have known better (Jansen 2007). The stigmatisation brings with it a corresponding level of denial and secrecy that supports the silence. For all three teachers, the onset of HIV symptoms on the body is a powerful marker of their difference from others, and the more visible the symptoms the harder it becomes for them to keep their status a secret.

Disclosure

According to the National Policy on HIV/AIDS for the Republic of Zimbabwe (Government of Zimbabwe 1999), an employee is under no obligation to disclose his or her status in the workplace. Should they disclose their status, the person to whom the disclosure is made is legally bound to keep it confidential unless the HIV-positive person concurs. All three teachers felt compelled to disclose their HIV-positive status to the school head. As the leader, the school head is responsible for ensuring the interests and welfare of the school community, including the HIV-positive teacher. By alerting the school head to their situation, they felt that it would be easier to be granted time off when they were sick and when they wanted to collect their medication.

Gift disclosed to the school head on the advice of the school counsellor. However, he reported that the disclosure only served to amplify his problems within the school. He had never been on good terms with the school head and he felt that his disclosure worsened the relationship with him. Gift expressed feelings of hurt at the lack of confidentiality he encountered within the school environment:

When I told my headmaster about my status he asked, 'Is that why you wanted us to close the door? Well everyone knows about your status here; there was no need to close the door.' I felt hurt by this statement, which to me implied that my status was no secret and so there was no need to talk in private.

Gift found that his disclosure to the school head served to make life at school more difficult for him. As the representative of the institution, the school head's character plays a significant role in setting the moral tone of the school (Zapulla 1997). His behaviour influences the way the school will react towards those living with HIV and AIDS. Gift felt that he had become a victim of discrimination, excluded from a lot of activities that other teachers took part in:

... I was never nominated to travel on tours with pupils and I was never put in charge of any of the sporting activities.

While disclosure did not help Gift's situation, Ruva worried that if she disclosed her status to her current school head it would affect their working relationship. She felt that disclosing her status might disadvantage her and that it might affect the way others in the school saw her:

If I fail to do something it will always be about my status, even though it could have been a genuine mistake.

However, by not disclosing she faced challenges in that each time she asked to go to the doctor people raised their eyebrows as they thought she was just trying to get some time away from work for other things. After she received counselling, Ruva felt more confident about her HIV status, and she disclosed to the school head and other teachers in the school. At this point she felt happy about her decision to disclose. Ruva was happy to use her positive status to help other teachers and pupils in the school:

Disclosing is good because you open up, share experiences with others and find the strength to move on.

Edwin found that disclosure to school management helped because after his disclosure they became more understanding of his situation. In fact, he wished he had disclosed early to avoid all the misunderstandings he went through with the school authorities:

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.

While Ruva and Edwin are ultimately happy with their decision to disclose their status within the school, Gift found that his disclosure facilitated his exclusion from the staff and from other school activities. Although he had never been close to the other teachers, he found that his situation got worse when they became aware of his illness. Gift's disclosure resulted in his isolation within the school and this served to amplify the emotional and physical challenges that his body was facing.

Getting the strength to move on

While all three teachers are aware that accepting one's situation is the key to moving on, Gift and Ruva seemed to have more success moving on with life than Edwin. Although Edwin claims to have accepted that this is what God has given him, he still finds the school environment stressful and his illness overwhelming, such that he plans to relocate to his home area where his parents can take care of him. He also admits to developing shock absorbers to help him cope with people's comments when he is in the beer hall. For Edwin, alcohol seems to be a form of escape from his situation, although alcohol is contraindicated for people on ARV therapy. Being without a family, the beer hall is the one place which he mentions frequently and where he gets support from his drinking buddies, who do not discriminate against him.

Unlike Edwin, both Ruva and Gift go through a period of change which symbolises the beginning of a new life and the shedding of the old ways. As Ruva says:

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.

For Ruva, becoming more conscious of her body and diet represents a change from the old ways to a way of living that will ensure her continued health.

Gift, on the other hand, feels that he has become more cautious about life's choices as he realises that his past life made him vulnerable to HIV infection. With the life-prolonging medication and better health, Gift feels he has been given a second chance at life:

I feel that I have a second chance to live my life; I have been given the gift of life.

He now feels that he has a purpose in life and decides to further his studies despite the occasional illness:

I wanted to get a degree at whatever cost.

Ruva regrets her decision not to further her studies, and she plans to enrol for a course in systemic counselling so that she can help others in her situation.

Anti-retroviral therapy is the recommended treatment option for effective HIV/AIDS care. If a person is on ART, HIV replication and immune deterioration can be delayed, and survival and quality of life is improved. For Gift and Ruva, ART gives them a new lease on life, where the physical symptoms of illness disappear and their bodies slowly regain their strength. The body's emotional state also improves with better health and the support that they receive from support groups. They feel as if they have been given a second chance, and time becomes an important commodity not to be taken for granted.

Support groups

Gift and Ruva found that belonging to a support group helped them to cope with their situations. They both joined support groups operating outside the school, and this gave them the strength to move on. Ruva talks positively about how she became more confident about herself after joining a support group:

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.

Similarly, Gift found that the support group gave him the energy to move on:

... It was a rallying point where people in the same condition move ahead. I met other teachers and together we shared what we went through at school and in the communities.

Edwin, on the other hand, did not join any support group. Instead he laments the lack of support from the school:

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.

While Edwin did not find any support, Ruva and Gift found support groups to be a rallying point where people in the same condition got the strength to move ahead. Because of their experiences with HIV, they wanted to help others going through similar experiences. Ruva uses her knew knowledge to help the young children she teachers to learn about HIV:

Now I take every opportunity that I get to talk to my pupils about HIV/AIDS. 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.

Gift went on to start a club aimed at fighting stigma and discrimination on campus. He became the first student to disclose his status on campus:

I know that there are other students on campus who are HIV-positive but who are not willing to come forward to get assistance. I am trying to advocate for such students to get help.

Through the counselling and support they received from the support groups, the three teachers become more confident about their status and they find a purpose in life – using their positive status to help others in the same situation.

Conclusion

In this chapter I have sought to shed qualitative light on schools as communities within which the bodies of teachers navigate and negotiate their lives in the midst of the HIV/AIDS pandemic. I have detailed true accounts of three teachers' experiences with HIV inside the school in an attempt to answer the research question: *what are the narratives of teachers living with HIV and AIDS?* Through the teachers' stories, I have drawn attention to the suffering, shame, silence and stigma that confront teachers living with HIV and AIDS.

Haddad (1995) observed correctly that misjudging the ease of implementation is probably the most frequent error in policy making. Successful acceptance and implementation of policies often depends on whether the policies are seen as

relevant to context and congruent with the situations of the implementers. The stories of Edwin, Gift and Ruva have highlighted the policy consequences of ignoring the *body* as a critical resource for educational change in HIV and AIDS contexts. I will argue that policy implementation is marked by complexity, and that it is important to understand the situation of the implementers and the context within which policy will be implemented.

I conclude the chapter by suggesting that policy needs to take account of the body in the middle of the classroom in order for education to be possible in a context with AIDS (Lebaz-Luwisch 2004). Policy assumes that teachers will be ready and willing to teach HIV/AIDS and Life Skills. On the contrary, the three teachers' stories reveal that it is impossible for teachers to divorce themselves from their emotions, given that they take part in the teaching process as whole beings. As a result they carry their emotional baggage to the classroom, thus negatively impacting on the teaching process. This implies that policy making and subsequent policy implementation needs to take account of the emotions, fears, vulnerabilities and anger of teachers and students before any dialogue is possible in the classroom.

Chapter 9

Teachers as emotional actors

Introduction

In the two previous chapters I examined the themes that emerged from the stories of the three teachers – Gift, Ruva and Edwin. The teachers' stories bring to the fore the reality obtaining in today's schools and classrooms. They tell of school systems which are struggling with a moral discourse of AIDS, sin and immorality. They demonstrate how all three teachers repeatedly confront the belief of others that AIDS is a result of immoral behaviour, and how others hold them personally responsible for their condition. The teachers' stories reveal school systems that have yet to come to grips with the HI virus and its impact on both staff and pupils, systems which are characterised by silence, denial and stigma. They challenge the notion of schools as HIV-free by showing how the virus travels in and out of the school gates every day in the bodies of students and teachers, how the disease of the physical body affects the personal standing of the ill person, and how the person rather than the disease carries the blame. The stories show that teachers are lonely despite being in the middle of the bustling and energetic space called school. At the same time, the teachers' stories speak of hope and new dreams, a second chance to make better life choices, to fulfil dreams, appreciate life and make life better for others living with AIDS (Jansen 2007).

In this final chapter I explore the theoretical positions outlined in my conceptual framework in light of the findings of my study. After an analysis of the various models of policy making in my conceptual framework, I examine the extent of teacher involvement in the development of HIV policy. I then move on to explore the extent to which the identity of teachers as emotional actors can be proposed as an explanation for teacher behaviour during HIV policy implementation.

In this final chapter I will make two central arguments. Firstly, I maintain that in a context with AIDS there are limits to what education policy can achieve if it remains out of touch with a real world in which school is attended by children and teachers whose bodies are either infected or affected by HIV. Secondly, I use the stories of teachers living with AIDS to show that emotions, traditionally considered as private individual feelings, are an inextricable aspect of educational practices and discourses.

In order to demonstrate these two central points, I first examine the idea of HIV policy being out of tune with realities prevailing in schools. Here I highlight the ironies and contradictions embroiled in HIV policy, which result in teachers being called on to implement a policy that conflicts with their personal situations. The thrust of my argument is that while the HIV/AIDS policy is about *bodies* and about *emotions*, it is blind to the bodies and the emotions of those implementing it. I contend that it is this oversight that creates the wide gap between policy intentions and outcomes.

I then examine my second core argument, which focuses on the centrality of emotions in the implementation of HIV policy. I do this by showing the uniqueness of HIV/AIDS policy and its implementation, which, unlike other education policies, brings to the fore the *bodies* and *emotions* of the implementers. I demonstrate how teaching the subject of HIV/AIDS demands an intense amount of emotional labour, and how the teachers' emotional well-being takes a central role when teachers are discharging their duties within the school and the community.

Building on my conceptual framework, I argue that because the policy-making process did not incorporate teachers' opinions and emotions the result was that the images/visions of policy makers did not reflect the personal situations of the front-line implementers. Through the study I have reaffirmed that teachers' emotions are a unique but key ingredient in the implementation of policy on a sensitive topic such as HIV/AIDS and Life Skills.

In describing the three teachers' stories, I attempted to capture episodes and events *as they are* or as they were experienced by the three teachers living with AIDS. However, like Zapulla (1997), it is my aim to take this research a step further and to explore how things ought to be. In essence, describing things as they are becomes a

prelude to an argument as to *how things ought to be*. The task of this chapter, then, becomes two-fold: to analyse the research evidence against my conceptual framework, and to discuss how education systems ought to be organised – in other words, to outline the implications of my findings for HIV policy and practice. Lastly, I propose some unresolved questions which could form the basis for future research.

The challenge of policy implementation in a context with HIV and AIDS

By reiterating the problematic relationship between education policy and practice, I seek to place in doubt the presumed rationality and linearity of the policy-making and policy-implementation process. Revisiting my conceptual framework, I argue that the evidence gleaned from this study contradicts Harman's (1984) definition of policy making as being underpinned by a value consensus. Instead what I found was a policy-making process more in line with Taylor *et al.*'s (1997) elite/mass model of policy making. In this model the dominant groups had more formalised access to the policy-making process and the less powerful actors such as teachers had to adjust their expectations of the policy (Sutton and Levinson 2001). As the stories of Gift, Ruva and Edwin demonstrate, the teachers, with no access to the policy-making process, found that they could not relate to an HIV/AIDS policy that did not speak to their own situations. The result was that implementation of the policy often emerged as a conflict process as teachers tried to reconcile the policy requirements with their own identities.

Through the study I provide an important platform for understanding the limits and possibilities for education policy to initiate change in the context of HIV and AIDS. I argue that the current assumption of policy – that schools are serving healthy learners and teachers who are physically and psychologically well – is out of tune with the realities of today's schools in a context with AIDS.

I highlight the contradiction embroiled in the HIV/AIDS policy, that while the policy is about *bodies* it fails to recognise the *bodies* of those at the implementing end. While the teachers' physical presence is necessary to the implementation process, policy does not acknowledge the physical state of the bodies of the would-be implementers, and this has consequences for the reform process. The three teachers' stories demonstrate that the teachers in the classroom are not simply

statistics to be counted or minds to be changed so that behaviour is altered; they are *bodies* that carry fear, guilt, anxiety, worry, anger, disappointment, hope and desire. These *bodies* enter the classroom to confront the bodies of pupils, some of whom are also sick, and to teach a subject that not only reminds them of the state of their own *bodies* but that also brings their *emotions* to the fore.

In analysing the stories of Gift, Ruva and Edwin, I developed a renewed sense of the implementation dilemma in educational reform (Hargreaves, 1998; Sayed and Jansen, 2001). I found that an important answer to the question “*Why are policies not implemented as planned?*” takes on a new dimension in a context with AIDS. It is difficult for teachers who are HIV-positive to bring themselves to implement a policy that does not acknowledge that schools are home to HIV-positive teachers and pupils, that associates HIV and AIDS with sin and immorality, and that preaches abstinence. It is problematic for them to deal with the demands of policy when staying alive and healthy overshadows every other aspect of their lives. In reality, because of their HIV status the teachers themselves become a contradictory embodiment of the very policy they are called on to implement.

The teachers’ stories demonstrate that the policy images of teachers do not transfer neatly into teachers’ realities. These discordant images and identities of teachers have implications for education reform. The stories of Gift, Ruva and Edwin provide ample demonstration of the distance between policy visions and implementer realities. This dislocation between policy visions and practical realities in schools and classrooms has been well documented in the literature (McLaughlin 1998; Jansen 2001). From the study, policy expected the teachers to guide and counsel the young people under their care. In reality, the teachers were untrained and therefore unprepared for this role; furthermore, they themselves wanted to receive care and support before they could assist the pupils.

I found parallels with McLaughlin’s (1998) Context Centre Research which, by providing different ways of thinking about relationships between macro policy strategies and the micro realities of teachers’ classrooms, suggested that micro was not simply the other end of macro. As this study demonstrated, teachers’ perspectives on teaching and learning at the micro level are rooted in different goals and realities than those of the policy maker at the macro level, and the teachers found that the policy, its demands and expectations were in conflict with their

personal identities as teachers living with AIDS. The resulting identity conflict had implications for the implementation (or lack thereof) of HIV/AIDS policy in Zimbabwean primary schools.

There are also a number of assumptions embroiled in the current HIV/AIDS and Life Skills policy. *Firstly, the policy advances the notion of schools as HIV-free institutions* where sexually innocent teachers transmit vital knowledge about prevention to sexually pure youth to protect them from infection that they might encounter in the real world. And yet, the reality is that the school actors – principals, support staff, teachers and pupils – bring and act out their sexual identities within the school (Jansen 2007). Schools are not HIV-free institutions; they exist in a dynamic relationship with the surrounding communities. As a result of the assumption of schools as HIV-free institutions, the policy focuses on prevention at the expense of care and support. The irony is that while the focus of policy is on prevention, it is often too late for pupils and teachers who are already infected. The prevention mode of policy is then out of sync with the care and support required by those at whom the policy is aimed.

Secondly, the policy implicitly expects teachers to be morally upright citizens who conform to particular forms of behaviour and morality. The policy is tacitly and inherently prescriptive in that it assumes a particular and confined understanding of morality. As the teachers' stories have shown, teachers struggle with issues of morality and at times are arguably not the best role models for pupils. Gift's story demonstrates how some teachers had the upper hand in the sexual relationships that they had with the older pupils. In the literature, there are a number of documented studies which have found teachers to be frequent abusers of the young people in their care (George 2001; Bennell *et al.* 2002; Leach and Machakanja 2003). This demonstrates the glaring differences between the prescribed moralities inherent in the policy and the real practice of the teachers. The danger with the policy taking on a moral stance is that it closes itself to the varied and complex moralities of teachers and pupils. In that way it chooses to be blind to the real practices of the very people in is meant to guide.

Lastly, policy makes the assumption that all classroom teachers have the capacity and will to implement the HIV/AIDS and Life Skills policy regardless of their own personal identities. In reality, the teachers demonstrated that they needed to have their own

emotions acknowledged and their fears allayed before they could assist pupils to deal with their own situations. The stories reaffirm Comb's (1965:70) concept of self as an effective teacher in arguing that a teacher must feel fulfilled or adequate enough to enter into a relationship with pupils because "it is only when a person feels adequate that self can be transcended and attention given to the needs of others".

It was only when the teachers had come to terms with their HIV status that they were able to talk openly about it and respond to the needs of others. As Ruva showed in the period prior to the acceptance of her own HIV-positive status, she was really affected by the illness of her pupils and she felt inadequately prepared for the role of counselling that she had to undertake.

I conclude this section by asking whether it is realistic to expect a policy conceived at the macro level to take into cognisance the interactions that take place at the micro level. I argue that for the HIV/AIDS policy to be relevant, it needs to be cognisant of the bodies and emotions of teachers, and how these shape and define the outcomes of policy implementation. It is also clear that, unlike other policies, implementing HIV policy for teachers with AIDS is an emotionally laden process that brings into question issues at the very core of teachers' existence. To that end, policies that tacitly assume the presence of perfect and healthy bodies in the classroom are likely to have little chance of being implemented. What this points to is a reconfiguring of the policy development process so that the real bodies and real emotions are written into the policy.

To what extent can the framework 'teachers as emotional actors' reconcile the difference between policy ideals and teacher understandings of their identities in HIV/AIDS contexts?

Through this study I offer the identity of 'teachers as emotional actors' as an alternative model for explaining teacher behaviour during reforms in a context with AIDS. To substantiate this argument, I revisit my conceptual framework and argue that because policy makers did not consider teachers' emotions in the policy-making process, teachers' opinions, feelings and emotions are not reflected in the policy. As a result, the teachers did not attach legitimacy to the policy, with negative

consequences for the policy implementation process. As Van Veen *et al.* (2005) argue, an understanding of teachers' emotions while implementing reforms can provide a deeper understanding of the ways teachers experience their work and educational change.

The study shows how teaching HIV demands an intense amount of emotional labour, and brings to light how the three teachers' emotional well-being affected how they discharged their duties within the school and community. I argue that these teachers struggled to cope with the already existing pressures and stresses which are common features in most third-world classrooms. For the three teachers, HIV and AIDS exacerbated their situation – firstly due to the emotional trauma resulting from their own illness, and secondly that of pupils and other teachers affected by the disease. In his story, Gift sums this up well when he says:

When I teach HIV/AIDS, it reminds me of myself.

Since the 1970s there has been blossoming research on emotions, but little of this work has informed current research on teachers and emotions (Sutton and Wheatley 2003). Furthermore, the existing literature has given little attention to understanding the emotional well-being of people living with HIV and AIDS. And yet it has been argued that emotions impact on people's sense of purpose and value, and ultimately their ability and resolve to hold livelihood and family responsibilities together (Thomas 2007).

If one considers teachers to be at the centre of educational change, then it follows that policy needs to be more attuned to the meaning that teachers will attach to it. As this study has reaffirmed, each individual teacher makes meaning of policy in different ways, often dependent on many factors, not the least of which are emotions.

The expectation of the HIV/AIDS policy was that the teachers would transform the policy visions, intentions and goals into real outcomes. However, the teachers found the HIV and AIDS policy to be an insensitive document that did not speak to their needs, priorities and concerns. It was inconceivable for the HIV-positive teachers to faithfully translate into action a policy that does not speak to their own emotions and that required them to pretend to be people they were not.

As a result, when the teachers were confronted with an ‘insensitive’ policy designed to change how they functioned in terms of teaching HIV/AIDS and Life Skills, their emotions took centre stage. The consequence was that the policy was by and large ignored. Instead of putting the policy into practice as was expected, the teachers found themselves initially resisting, then transforming and adapting the policy to suit the school environment and their personal situations. In essence, it was the teachers who ultimately determined what the policy became. For instance, because teaching HIV reminded him of himself, Gift engaged in selective teaching of topics, thus determining what was taught and what was omitted. The consequence was that implementation of the policy unfolded as a conflict process as the teachers tried to reconcile the demands of the policy maker with their own personal identities. While this may be deemed to be a common path for policy, I contend that in the context of HIV-positive teachers teaching about HIV through a policy that is blind to this reality, this could have consequences for lives of pupils. In short, what is at stake is not simply a matter of policy adaptation, but it is about the counting of human lives.

Implications for policy

In this section I aim to outline the implications of my findings for the policy-making process. What does it mean for policy making when HIV/AIDS policy is about emotions and about bodies? Clearly the policy-making process needs to acknowledge the uniqueness of this policy and focus attention on the emotions and bodies of those at the micro level as a first step towards getting closer to the realities of would-be implementers.

The findings of this study have important implications for policy and practice as they point towards a shift from the input-to-output approach to policy implementation to one that is more sensitive to the physical and emotional presence of school-level actors. As Sultana (2008) suggests, lack of consideration for teachers’ situations in the reform process is generally detrimental to implementation, and ignoring teachers leads to ignorance about the conditions and contexts in which the implementation unfolds. I argue for the reconstruction of the policy-making process to inscribe the real bodies and real emotions of the teachers into the policy.

A policy insight from this study is that policy making is far from the scientific and rational exercise that it is touted to be, and implementers try to make sense of the demands made by policy makers by trying to reconcile them with their personal and professional world views. The stories of the teachers living with AIDS suggest that the education system needs to be restructured in order to come to terms with the pandemic. Specifically, it suggests the need for policy to relocate from a purely prevention mode to one that looks at the whole prevention-to-care continuum, acknowledging that a significant majority of school pupils and teachers are infected or affected. Similarly the organisation, content and delivery mode should reflect this reality. Curricula, in particular, will need to be more in tune with the situations of teachers, learners and other school staff.

Fundamentally, in an AIDS context teachers will need support so as to be able to, as Kelly (2000b) puts it, “stand AIDS on its head”. This support would include an acceptance of their illness, the creation of an environment where they can disclose their status, support for accessing life-saving medication, access to counselling services, protection of their jobs and restoration of their dignity. Without these conditions in place, one can expect to see very little positive change in the implementation of HIV/AIDS and Life Skills policy in the classroom. By creating opportunities for teacher input in the reform planning process, policy makers can begin to understand the support that teachers require for them to fulfil their obligations in a context with AIDS. In that way, teachers will become not just consumers of policy but ‘makers of policy’.

This argues for policy development which is organised in such a way that it is responsive to the realities of the HIV and AIDS crisis. Such a policy would recognise the limits of relying on statistical estimates and demographic projections, and acknowledge that schools are micro-ecologies in which real bodies of pupils and teachers navigate and negotiate their lives in the midst of the HIV/AIDS pandemic (Jansen 2007). The policy would work with a clear understanding of the interconnectedness between the school and the community; it would be cognisant of the sexual interchange that occurs between teachers and pupils; it would allow both teachers and pupils to come into the discussion as affected and infected individuals; it would focus on the whole prevention-to-care continuum, acknowledging that schools are already home to pupils and teachers who are infected and affected by AIDS.

Areas for further research

In this study I have attempted to expose the contexts within which the statistics on HIV and AIDS take on meaning in the daily routines of teaching and learning inside real schools and classrooms. I take an account of teachers' lives as a key mediating factor in the teaching of HIV/AIDS and Life Skills. Through the study I seek to provide a response to Baxen and Breidlid's (2004:24) critique that few studies have looked at what happens at the chalk-face in schools.

While the study has given comprehensive ethnographic accounts of teachers and teaching inside schools and classrooms in an AIDS context, researchers still need to ask different sets of questions in order to develop deeper understandings of a number of key elements which remained unaccounted for in research on HIV/AIDS and education. The questions below have rarely been debated, and yet they remain pertinent to research on HIV/AIDS in the education sector:

- Are schools the best place for HIV and AIDS education to take place?
- Should HIV and AIDS education be part of the work of teachers?
- Why do young people still find themselves unable to negotiate safer sex practices in the midst of readily available information on HIV/AIDS?

Significance of this research

The main significance of this research is that it is one of a few studies that have focused at the micro level of teaching and learning in a context with AIDS. The study answers Jansen's (2007) call for in-depth and sustained ethnographic research that fully and vividly documents life in school during and through the HIV/AIDS epidemic. Bearing in mind that in most studies on HIV and education teachers have been considered as objects rather than subjects of research, this research extends the knowledge by looking at teachers as individuals who work and live in contexts with HIV and AIDS. While there are a number of published works about AIDS in

schools, the educational literature has been silent about the experiences of teachers with AIDS.

By looking through the eyes of teachers with AIDS, I got a deeper understanding of the challenges they face in implementing the HIV/AIDS and Life Skills policy. In essence, this study provides another perspective as to why policy images rarely translate into the identities of the implementers. By allowing the teachers' stories to speak for themselves about the new kinds of policy, politics and research that should be pursued if education is to have a significant role in countering the pandemic, I sought to initiate debate on what kind of policy-making process should be followed to respond to the unique nature of the HIV/AIDS policy.