Chapter 4

Telling the stories (1)
Gift: Finding my joy in theatre and drama

Introduction

In Chapters 4, 5 and 6, I seek to expose the qualitative contexts in which teaching and learning takes place inside schools and classrooms in Zimbabwe by looking at the stories of three teachers – Gift, Ruva and Edwin. The teachers’ stories are a response to calls for research studies that focus at the micro level, on teachers and pupils. In these three chapters I provide detailed accounts of teachers’ lives inside schools and classrooms. In each chapter I allow Gift, Ruva and Edwin the space to tell their stories. They tell their stories in the first person so as to convey a smooth and uninterrupted narrative of the lives of teachers in and around the school. In the side bar, I reflect on my feelings and experiences of the research process.

This chapter tells Gift’s story, Chapter 5 tells Ruva’s story, and Chapter 6 tells Edwin’s story.
Life in the orphanage

It is a beautiful Wednesday afternoon and the sun is shining brightly. I walk out of Mathew Rusike Children’s Home with a plastic bag containing the few belongings that I own. I have known all along that this day would come and have been secretly dreading it. I had seen it happen to others when they turned eighteen, and had avoided thinking about my own fate. Having turned eighteen the previous day; I am now considered an adult, beyond the age limit of the orphanage. That’s the rule; the orphanage looks after you until you are eighteen. I walk into the surrounding community carrying my whole life with me. In that moment I realise I am on my own.

I was born in Gweru in 1970. My mother was a single parent and she had other children from an earlier marriage. My father also had children from another marriage, and I was the only child from their union. This union did not last long. My mother was working as a housemaid for a white family so I grew up among white people for the first ten years of my life.

After years of working as a housemaid my mother did a Red Cross Nursing Course after which she became a nurse’s aide. She got a job at Ruwa Rehabilitation Centre. After some time she started experiencing mental health problems and she had to leave her job. Up to now I do not know what happened to my mother; she just disappeared. My older brother told me that she left for South Africa.
but I never heard from her to this day.

The internationally accepted definition of childhood is a person below the age of 18. For me this age-based definition of childhood is problematic because by the time I was fourteen I was no longer a child, having endured hardships that no one my age should have gone through. My mother became mentally ill when I was twelve. I remember there were times when she would just disappear from the house, leaving me on my own. I had to fend for myself in between periods of looking for her in the high-density suburb where we lived. My search would always end with me finding her looking dirty and dishevelled, with no idea what was happening to her.

The last time my mother disappeared I searched for her with the help of neighbours and her friends from church; our searches proved fruitless. I was taken in by the Department of Social Welfare as a child in difficult circumstances and they placed me in an orphanage, Mathew Rusike Children’s Home. I was to continue my schooling at the orphanage with the Department of Social Welfare paying for my living expenses. Life in the orphanage was tough and there was never enough food or blankets to keep us warm in the cold season. In spite of all the hardships, I was happy to be there because I had no one else.

I left the orphanage having achieved seven Ordinary Level passes, and my main concern was to try to survive. Although I was not an exceptional student, I had worked hard to achieve good O-Level passes because I knew my future depended on it. I was determined to leave the orphanage with good passes as that was the only chance I had of making it in the

Gift looks frail, possibly as a result of his illness, but he admits during the interview that he has always been underweight, even as a child. He ushers me into a sparsely furnished office in the Student Services Centre. He seems at ease with himself and ready for the interview. Although I might have appeared calm on the outside, inside me there was turbulence. I was overwhelmed with the responsibility of getting the interview right. I worried about leaving the room without getting enough information, about the possibility of offending Gift with my questioning. Inside me I had this fear that I could misrepresent or dishonour my research partners that I so greatly admired for their courage to narrate their lives to a total stranger, to subject their lives to public scrutiny.
As Gift narrates his story of growing up in an orphanage I find myself comparing his background with my own, which now seemed privileged compared to his. Each time he spoke of his mother I could detect pain and maybe regret in his voice. I am left with too many questions. Why would a mother abandon a teenage child? Is she still alive? And if she is, why has she not been in contact with him for all these years?

I went into the surrounding rural community where I met other young people who had left the orphanage. Together we formed the Mathew Rusike Children's Association, for which I was secretary. One of our main aims was to try to lobby the orphanage authorities to think about how they could support or at least equip the young people leaving the orphanage with livelihood skills so that they could make it on their own in the real world. It was not easy.

As members of the Mathew Rusike Children's Association we helped and supported each other through the difficult times we faced in the community. We were like a big, extended family. True, we had some happy times, but when I look back now this was a time of great difficulty for us. Through my interest in theatre, we formed the Rusike Theatre Production, made up of young people from the orphanage.

We performed for the community and at times for the members of the orphanage, charging a small fee. The money was shared among the group and it became my source of income, although it was not enough to live on.

As time went on, I realised that I was not going to be able to survive on the small pittance I made through theatre. I also had many people discouraging me to make theatre a profession, given that I had no other forms of support. Theatre in Zimbabwe does not pay well and one needs a means of supplementing one's income. Although I went into teaching, it was
Given the hardships that Gift has faced, I am surprised that he had the courage and strength to lobby for better conditions on behalf of other young people who are still in the orphanage. I am amazed that he could think of the fate of other young people in the orphanage when he is in dire straits himself. I admire this quality in Gift.

As Gift talks about his early teaching years he oscillates between presenting an image of self as ‘victim’ and self as ‘victor’. On the one hand, he felt he was a target of commercial sex workers and other community members, while on the other hand he portrays himself as victor in chasing after the young girls in the community.

Playing the ‘victim’ and the ‘victor’

My first teaching job was at a primary school in Mrewa. I felt young and ready to face the world. For the first time in my life I felt free from the poverty that had always been a part of my life since my mother left. 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.

To the young girls and their mothers, the male not out of choice as that was not my passion. My interest had always been in theatre and the arts. However, at that time teaching was the only way of escaping the trappings of poverty which I had grown up with all my life, and which worsened after I traded life at the orphanage for life in the real world. In 1989 I applied to the Bulawayo United College of Education and I was accepted to train as a primary school teacher. At the back of my mind I always thought I would leave the teaching field after a few years. I remember the years in college as being particularly tough. I lived on the grant that I got from the government and that was not enough. Not only was it inadequate, it sometimes came very late, which meant that I could go for weeks with no decent meal and sometimes I would miss classes because I was working part-time manual jobs. I really felt that if my mother had been around my situation would have been different. I persevered and three years later I graduated.
teachers were potential marital candidates. They did their best to bring their daughters to our attention. We were young, single and financially stable, and to the mothers we would be the ideal husbands for their daughters. To the daughters we represented security for the future, and for many we would be their ticket out of poverty. We played the situation to our advantage; we went along but ducked before making a serious commitment. We were not ready to be tied down. We were after a good time. While we pursued the young girls, we were pursued by the ladies of the night. We were targets of transactional sex from the commercial sex workers. They targeted us because we were young and they knew we had cash on us. Even though one tried to resist, at times the influence of alcohol would just make one susceptible to their prowess.

At the school there were incidents of teacher-pupil relationships with the older girls in the school. As bachelors we would ask the girls to perform various household chores at our houses. They would come to clean, wash and cook, and this is usually how it all started. 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.

As Gift reflects on his early years, he acknowledges that the multiple sexual relationships that he engaged in during those years possibly exposed him to HIV infection.

From the literature a number of studies have postulated that teachers are at a higher risk of contracting HIV than the general population. Kelly (2000a) argues that it is teachers’ higher social status and disposable income which gives them more power and enables them to engage in high-risk behaviour.

As a young teacher in a rural area, Gift finds himself in a position of power for the first time in his life. As a teacher, he was a respected member of the community and he used this to his advantage in pursuing the young girls in the community.

As Gift reflects on his early years, he acknowledges that the multiple sexual relationships that he engaged in during those years possibly exposed him to HIV infection.

During this time I was young and carefree and I engaged in multiple sexual relationships. At that time there was very little information on HIV/AIDS filtering to the rural areas. The few times that I came across such information I would always think that it would happen to someone else. I was too busy enjoying my youth. It was during this time that I could have been exposed to the virus.
I fell in love with a teacher from the nearby secondary school. Her name was Stella and we got married after a year of dating. We had two children in the four years that we were married. They were both girls. For various reasons our marriage did not work out so we decided to go our separate ways. Stella got custody of both children as they were still young. I continued teaching in Mrewa for two more years before moving to Harare.

In Harare I got a job at a primary school in Hatcliffe. At that time Stella decided to take a live-in job as a hostel mistress at a boarding school and as she could no longer look after the children, she brought them to me. I stayed in Hatcliffe with my two daughters.

In Hatcliffe I got involved in a relationship with Fadzai and although we did not get married we had a child together. It was a boy and naturally I was very happy to have a son. At that time I couldn’t think of getting married again given the problems I had faced in my first marriage. When my son was about a year old we went our separate ways, and Fadzai now lives in Inyati with my son who is now seven.

Pursuing my dream through teaching

Even though teaching was not my initial passion, I loved my job and I loved interacting with my pupils. Teaching still gave me an opportunity to pursue my love of theatre and drama. In every school that I taught in, I formed a theatre club where we would do traditional dance and drama to educate and
entertain the school and surrounding community. It is in theatre and drama where I find my joy.

I am also interested in writing stories and films. It is a pity that the Zimbabwean film industry is in its infancy, as one of my dreams had been to direct films at a national level. My dream was to really make an impact in Zimbabwe in the theatre and film industry. I have always believed that by using theatre I would be able to share my thoughts with the nation and influence the audience. When I became a teacher I used theatre to influence the minds of children on particular issues.

Living with my fear

While I was teaching in Mrewa I started experiencing health problems. I put this down to the fact that the area where I taught was malaria-prone and every now and then I would be down with what I thought was malaria. As I look back now I am conscious of the fact that I could have been HIV-positive even at that time. That was during the late 1990s, and they were coming out about HIV/AIDS in the media. I did not allow myself to think about it. I was underweight, but I had been ever since I was young, and I remember my friends had even nicknamed me ‘mosquito’.

In 2001 I decided to give marriage another try and I got married to Ruth. We were living
together in Glen Norah and she worked as a housemaid. After a year of dating we decided to get married. Ruth had two children from a previous marriage but her husband and one child had passed away before we got married. Ruth was a beautiful woman with a bubbling personality. She was the sort of person one wanted to be around, always infecting others with her happiness.

The early days of my marriage to Ruth remain memorable in my mind to this day. We were both happy and my health improved very much. I have never been a big man but during those few months even my cheeks started filling out. I felt like I was finally getting my life together, creating a warm home for myself and my daughters. However, our happiness was marred by the death of Ruth's second child a month after we got married. This was really traumatic for both of us. I did not suspect anything when the little boy died. I concentrated my energy on trying to console Ruth on her loss.

After some time we both thought that she was pregnant, and this was very good news. It was as if we felt that the pregnancy could replace the child that we had lost. But when we went to the doctor for a scan we were told that she did not have a baby but she had water in her stomach. They had to drain the water from her stomach. She never recovered from that procedure and two months later she passed away in my arms. I was devastated. The pain of that moment remains real in my mind even to this day.

From the moment Ruth passed away, a lot of things went wrong. It was a living nightmare for me. I had not paid *lobola*, and according to African tradition I
As Gift spoke, describing the pain that he went through with the deaths and then with his own test result, I tried to understand what he went through, and to empathise with him. In that moment, I realized that I could never understand what Gift went through. I could never relate to the pain of losing a child, a spouse, and receiving an HIV-positive diagnosis within a short space of time. As I listen to Gift’s story, I am aware of my own limits. As an outsider, I am cognizant of the fact that I am a mere spectator, in a story which is not mine.

I had just gone through a lot; the experience of the illness and death of Ruth’s child followed by Ruth’s own death, all in five months, was more than I could take. 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. I believe that I went through every emotion ever imagined and perhaps some emotions which are yet to be defined. 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.

I was still in a period of fear and my mind was not focused solely on my own situation. I had my children to think about and I worried about how my situation was affecting them. I realised that I had to come to terms with my situation before moving on as an individual. On a daily basis, I was now conscious of the fact that I was HIV-positive. I

had to do that even if she had died. Ruth’s parents required a huge sum of money and I had to sell off some of my property to raise that money. I had no one to offer me assistance. When I got divorced from my first wife I had lost some of my property, and when Ruth died I lost the property that I had acquired again. This experience was really stressful for me and my health started deteriorating. I started developing opportunistic infections.

After the tragic death of Ruth and her son, coupled with my own illness, I started developing a clear picture of what was happening in my life. Exactly three months after her death I went to get tested for HIV. The results came back positive.
Gift went into an emotional state as he chronicled the unfolding of events after Ruth’s death. It seemed nothing was going right for him, and this was exacerbated by his own HIV test results coming back positive.

By mutual consent, we ended the interview at the point when Gift received his test results. It was an intensely emotional session for both of us. For Gift, telling the story brought back the pain and the feelings of loss.

I simply needed a break. I felt emotionally drained. During that second interview I realised that it was not possible for me to go into another person’s life story and come out unchanged.

started trying to make meaning of my own situation.

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. If she knew her status, she probably assumed she was marrying another HIV-positive person, although we never talked about it. I cannot say I have felt anger or asked myself why this happened to me. No, certainly not in terms of my HIV status; maybe about my background. I grew up with a single mother and she was the only person I was close to and she just disappeared. To this day I have never heard from her. I have gone through difficult times and sometimes I feel that this is what has strengthened me. Sometimes I even wonder at the fact that the fright that other people go through did not happen to me. I feel my experiences have made me a stronger person.

It was tough; I had to depend on my small teachers’ salary and I had no family to help me. I was never hospitalised, although I was really ill. I used to frequent private doctors for the opportunistic infections. There are times when I needed to be hospitalised, but I could not leave my children alone. There was no one around to look after them so I had to be there for them.

When I tested positive I started worrying about the health of my children. I had always been concerned about the health of my younger daughter. Since the time she was born she has always had problems with her health, and even her teachers always commented that this affected her performance in school. I am not sure whether she is HIV-positive.
Stella refuses to take her for testing because she believes that I became HIV-positive after we separated. She does not want to look at other possibilities. At one time my daughter was admitted to Parirenyatwa Hospital and the doctors did not come out to tell us what they thought was wrong with her. They recommended that we take her for testing. I would like to do this with the full consent of the mother.

Alone on the HIV island

After teaching for two years I transferred from Hatcliffe to a new school in Glen Norah. This is the time when I met Ruth and we moved in together. I had only been teaching in the new school for about two months when Ruth's son died. Soon after the death of her son, she fell ill. Things were definitely not going well for me. When I went into class I could not leave behind my personal problems, they were a part of me. The illness of my wife weighed heavily on my mind. I was in and out of school trying to take her to doctors to get the medical attention she required. I did not get much support from the other teachers because I was new and they did not know me well. I was basically alone with my social problems.

During the time when Ruth was sick, although I had suspicions, I was not aware of my HIV status. I recall that once I punished a pupil, and she went home and told her mother and the mother passed the comment, “That HIV-positive teacher of yours,
As much as I tried to get out of Gift’s story and back into my own life, I failed. The emotion I felt was too intense, I kept reflecting on our interview.

The more I thought about it, the more I began reflecting on my own place in the research. I felt this dull nagging concern: Was it my place to peer into the lives of others? Did I have the right to venture into the private spheres of other people’s lives?

why does he take his problems out on pupils?"

The pupil came back and shared the comment with the class, and I remember that this was a difficult moment for me. Because I had my own suspicions regarding my status, comments like that just served to confirm my own suspicions and heighten my anxiety. I knew that my health was not good but I could not afford to get the medical attention that I required.

I started developing opportunistic infections. I remember I developed herpes three times, and at that time I did not have enough information or an understanding of what was happening to me. The problems I faced at school put me under a lot of stress and this must have affected my immune system. Some colleagues would laugh and pass nasty comments about my health. It was quite depressing, and at times I contemplated suicide. What kept me going was the thought that I had to be there for my children.

The time immediately following the death of Ruth was very difficult for me. My own status had now been confirmed. It was a stressful time for me. When I walked in public places I used to get a lot of what has been called ‘bus stop diagnosis’, where someone can just look at you and diagnose you HIV-positive. There was a lot of whispering behind my back and this used to make me feel very uncomfortable.
In school Gift faced a conflict between the image of ‘self as role model’ and ‘self as person infected with HIV/AIDS. He felt that he had fallen short of his own ideal and that of society.

As he struggled with his personal problems, Gift found that teaching HIV/AIDS and Life Skills became very difficult. He had not yet come to terms with his own HIV-positive status, and at the same time his wife was ill. He found it difficult to separate ‘Gift the husband and father’ from ‘Gift the teacher’. When he went to class he carried his problems with him.

Teaching HIV/AIDS: a constant reminder of my own status

I considered myself a good teacher and a role model for the young people under my charge. How could I still live up to this image when I was now confirmed HIV-positive? How could I talk to the children about HIV without thinking about or referring to my own situation? How could I be an HIV-positive person and a good teacher at the same time? I had problems coming to terms with my own situation and I worried about what the school community would think about it.

According to government policy, it is compulsory for all teachers from Grades 4 to 7 to teach HIV/AIDS education to pupils. This is to ensure that young people develop behaviours that will reduce their risk of contracting HIV/AIDS. After I tested positive, I found that teaching HIV/AIDS and Life Skills became a challenge. 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. I was in denial and I did not want to be reminded of my own status. When you are in denial all you want to do is forget. Teaching HIV/AIDS and Life Skills meant that I was constantly reminded of my own status.

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. Within the school I did not
Gift found himself alone with his problems. Being new in the school, he had no one to share his problems with. Ruth was sick and her illness deeply affected him. Gift was not able to compartmentalise his life, to separate his personal from his professional life. He found himself carrying his personal problems with him into the classroom.

In addition to his wife’s illness, Gift had concerns about his own health. His own suspicions regarding his health were confirmed by the comments and reactions of other teachers and pupils in the school.

My heart went out to Gift when he narrated his discomfort when he spotted colleagues talking or laughing behind his back. This stigma affected him so much that at times he contemplated suicide.

find any remarks that were supportive of people living with HIV and AIDS. In my school we had a motto that we used to make pupils recite during school assembly: “AIDS kills; avoid premarital sex.”

This message was blind to the fact that there were pupils in the school who could have been born HIV-positive. As educators, what were we saying to them with such a message? How about the male and female teachers who were infected and affected? It was as if we were saying that 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?

The emotional turmoil that I went through during this time really affected my teaching. I felt that I was not the same person and I had problems coming to terms with my situation. In class sometimes my mind would just drift away and I became a slave of my own thoughts. Most of all, I wondered what would happen to me. It was as if I had a death sentence hanging over me. 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.

My performance in school was affected. The workload of a teacher is tough; you are talking about young children full of energy who expect the teacher to be always in charge. The level of my engagement with students was really going down. After teaching for a few hours I would feel very tired and had to sit down. I was no longer able to
Schools are driven by the need to prevent HIV infection at an early age, thus preserving the Window of Hope. As a result, most school-based messages are focused on prevention, and do not acknowledge the fact that schools are home to the affected and infected. There is silence around coping with HIV and caring for the affected and infected.

Gift found this silence discomforting and it became difficult for him to come out and openly declare his status.

**Failing to get support from the school community**

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. Things were difficult for me. I was a single parent looking after my two daughters and I could barely make ends meet. When I got paid I used to go for a medical check-up and to have my CD4 count measured. In the time following Ruth’s death my CD4 count had fallen to 185. The doctor informed me that I had developed AIDS and I had to start taking anti-retroviral therapy.
I suffered terrible side effects from the ART medication. I was allowed to take three months off from work. At that time I felt it would have been good to be hospitalised, but this was not possible as I had no one to look after my children. I stayed at home. 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. These were side effects from the drugs that I had no control over.

The school counsellor advised me to explain my situation to the headmaster so that I could get time off when I was sick. I faced a brick wall with the headmaster; instead of solving my problems it amplified them. When I went into his office his door was open. I asked him if I could close the door as I wanted to tell him something in confidence. He agreed. After I explained my situation to him his response was, “Is that why you wanted to have the door closed? Well your HIV status is no secret in the school; everyone knows about it, so there was no need to close the door.”

To say I was hurt by this statement would be an understatement. I felt violated, exposed and hurt by the lack of confidentiality in the school environment. I was a victim of malicious gossip, and in my heart I was convinced no one deserved the kind of treatment I was being subjected to.
My relationship with the school head had never been good. We had had a number of confrontations. Firstly, it was because I had several episodes of absence as a result of illness when I was still very new in the school. He argued that I was spending too much time away from pupils and threatened to charge me for abusing the sick leave facility. Secondly, I used to challenge a lot of the administrative decisions that he used to make. He did not welcome people challenging his authority and he liked his style of centralised decision making. The way he reacted to my situation was like he was saying it was pay-back time for him. In my case, I really felt that telling him worsened the situation. I had been advised that telling him about my status would make it easier for me to excuse myself each time I went to collect my monthly medication. There would be no need for me to come up with a lie about my illness each time I had to miss class. The disclosure to him really did not help my situation. I am convinced that the response of the school head to teachers living with AIDS is very important in setting the tone on how that teacher is treated within the school.

I remember at one time the school compiled a list of all the orphans and children in difficult circumstances who are entitled to receive assistance through the Basic Education Assistance Module. This is a government programme of support for Orphans and Vulnerable Children (OVCs). In the staffroom, the school head was excitedly saying that he now knew all the children whose parents had died, or were living with HIV and AIDS. He was very happy that he knew their
Gift forced himself back to school even as he battled with the side effects of the drugs. In my mind I wondered what impact his illness had on the pupils, and how it impacted his relationship with the other teachers in the school.

HIV status; that is the person that he was. I imagined him saying in the staffroom that he now knew my HIV status, as I had indeed told him about it.

I do not think I had direct confrontations with any of the teachers in the same way that the school head reacted, or that pupils would talk about me and laugh in class. With the other teachers I felt that I was a victim of discrimination. The discrimination was always subtle but I was not blind to it. 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.

I was someone who always kept my distance from people, and I spent most of my spare time with the school pupils, working with them in the arts. The fact that I never had close relations with any of the teachers created a gap when I started getting ill. I had no colleagues who were close to me, who would understand my situation and maybe share my burden. In a way I understood the reaction of the other teachers. It is very difficult for someone to establish a relationship with you when you are ill. In a way some maybe saw it as a drain on their resources and it also meant serious commitment in terms of visiting when one is ill.

The person who helped me to come to terms with my situation was the school counsellor. She was the first person within the school that I opened up to. When I was sick she tried to mobilise other teachers to come and visit. She had knowledge
Finding the energy to move on

When I tested positive I went to church and talked to the pastor. We talked, and then he referred me to the Centre, an organisation working with people living with HIV and AIDS. I first went to the Centre in 2001, and the first person I met there was a man living with HIV/AIDS, Elliot Magunje. Today Elliot is my main source of inspiration, even though he is late. I believe I should carry the torch for him because he helped me accept my situation and we shared a common vision.

He later referred me to a support group. I have always enjoyed active work with groups. With the support groups I found the energy to move on. It was a rallying point where people in the same condition move ahead. At that time I was still about ART, and she helped me understand that the side effects I was having were normal reaction to the drugs and that they would pass. My relationship with the parents was not badly affected by my illness. In an urban setting teacher-parent relationships are not as close as they would be in a rural area. In rural areas you get all your provisions from the community and you are a member of that community. In Glen Norah Township my interactions with parents were minimal and I did not experience any situations with them. However, during the time when I continuously missed school some parents started to complain to the school head about my absenteeism.
My interactions with Gift bring out various emotions in me. I feel anger, sadness, pain and loss of hope as I listen to his story. Sometimes my anger is directed at schools for being so intolerant of others who possess attributes that differ from others in the community. I always wonder how I would have coped had I been in Gift’s situation.

At the end of each interview I sit and write down whatever comes to my mind or what I recall thinking about or jotting down during the sessions. I find the process somehow therapeutic.

teaching and the support I received helped me to move on, especially at school. I met other teachers and together we shared what we went through at school and in the communities.

When the doctor informed me that my CD4 count was going down, he advised me to go on antiretrovirals (ARVs). As a teacher, buying ARVs on my salary was not possible. I informed the doctor and he helped me to join a programme offering free ARVs that was running at Parirenyatwa Hospital in Harare. I went there at the end of 2003 and they accepted me. On 1 January 2004 I was on medication. Although I suffered serious side effects, after taking the medication for about six months I was feeling much better. Even my CD4 count started going up.

With the new knowledge and strength I was now acquiring I felt better about myself. I was now in a position to help others. My empowerment came as a result of talking to others and attending support groups. I experienced a complete revolution in my teaching. Before testing positive I did not consider HIV/AIDS and Life Skills an important subject, hence I did not give it much emphasis. Our curriculum is examination-driven, so I would mainly focus on the examinable subjects. I changed my way of teaching as I realised how important the subject was to the life of pupils.

At the school where I was teaching, I introduced The AIDS Education Programme as an after-school club. It was aimed at fighting stigma and discrimination within the school. I had many students and members of staff coming to join the
Today is my last interview with Gift. Together we have gone through the sad, emotional moments of his life. We are having the interview outdoors in the university green because our usual venue is occupied.

Throughout the years, I have known many people (male and female) who are living with HIV/AIDS. I have also lost a number of close relatives and friends to AIDS. One thing that I had come to closely associate with the disease was loss of hope.

As a result, my assumption before the interviews with Gift was that I would be talking to someone who is sick, probably depressed, or someone who no longer sees a purpose in life.

I would like to say the truth; I have been in and out of church. I believe in God and I speak to him every moment and I thank him for what he has done for me. But I have not been really sticking to church, especially after I disclosed my status. 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.

One thing that has changed in my life is the fact that I am more cautious in my choices in life. I realise now that the kind of life that I used to live really made me vulnerable. As a teacher in a rural area, because of my position in society I used to take
advantage of a lot of things and get carried away. What I realise now is that I am what I am because of the choices that I made in life. Basically I am no longer a man who would do things without being cautious.

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. My goal in life has always been to have a national impact. It was not really about having material things such as cars, or a big house. I want people to say Gift was in Zimbabwe from 1970 to _____, and this is what he did. This vision has now been strengthened. When I look at my HIV status I think that maybe the Lord has given it to me for a purpose. I am now focused on my vision and I know that I can contribute meaningfully to society and make a difference in someone else’s life.

Despite the fact that I had progressed to AIDS, I still wanted to pursue and fulfil my dreams. I decided to go to university, and by August 2004 I had enrolled at the University of Zimbabwe for a degree in Sociology. Although I had enjoyed being a teacher, I just felt that I needed more capacity for the vision that I was now carrying. I chose Sociology because it deals with personal relations and life skills, and would enable me to understand and come up with comprehensive strategies for my vision. I did not leave the education field, behind because one needs education to fight stigma and discrimination.
Before I joined University, I had become very sick. I remember that in 2003 I was really down in terms of health. I needed to further my studies, to attain Advanced Levels as this is a prerequisite for any university degree. I went through hard times trying to read because I wanted to do a degree. My resolve to continue pushed me on. I continued reading even when I was seriously ill. I remember when I wrote my Divinity exam I had a severe bout of diarrhoea, which meant I spent a lot of time out of the exam hall but I continued. I did not want to think of issues of death. I did not allow myself to be overwhelmed by my situation. I wanted to get that degree and I was going to get it at whatever cost.

When I came to University I secured accommodation with relatives who lived close to campus. I lived for free with my uncle and his family. They knew my status. I realised that the family had problems sharing utensils and everything else with me. My uncle was supportive but his wife and children had problems with me and my status. It was difficult for me to live in the house so I decided to move.

I managed to secure accommodation on campus. However, I am not very happy and I am contemplating moving out. Life on campus is very expensive for me and the kind of food that I am getting is not suitable for someone living with AIDS. The canteens are not able to make meals for people with special dietary requirements.
Finding closure through disclosure

I decided to disclose my status on campus. For me disclosing meant I would live a realistic life where I would be able to access things that would help me. I did not feel that pretending to be like any of the other students would help me. I was on ARVs, with a chronic disease, and there are certain things that I would require. Doctors had made recommendations for my diet. I needed to strictly adhere to my ARVs, and the situation on campus is not easy. I realised that without help I was not going to be able to complete my university education. I did not want to give up my degree and go back to teaching. So I was in a tight situation where I had to be realistic; otherwise I would not be able to fulfil my dream. At that time I was not living on campus. I had to wake up early, get transport and have my meals on time. That whole routine did not suit me very well, with me being on treatment. I told the authorities about my situation and that I needed help. I was given accommodation on campus.

I told the University Counselling and Advisory Services that I am prepared to go out in the open about myself but there was an outcry from the members of staff. Some even felt we should have a debate: “Is the University of Zimbabwe ready for disclosure?” It was difficult to get them to accept, and there was lots of talk, especially within the Student Services division. Eventually we agreed that we would first visit a small group – for example, the UZ peer educators – and disclose and then move on.
In the end it was a process where we disclosed to small groups until most people knew. I must say the whole experience was actually much better than I expected. It went better than the way I had imagined.

I was the first student to go public about my status. The disclosure was a process; it did not happen overnight. I started disclosing in 2004, and today I think many people on campus are aware of my status. When we started it was because of the coordination I had with people in the student affairs department.

I know that there are other students 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. I think that it is not good for me to just enjoy and not help others who are in my condition.

The way I look at it, there are probably HIV-positive students whose resolve I have strengthened, although they might not come out in the open about their status. At least they can look at me and feel that there is hope. I remember, when I started doing programmes there was hesitation about whether students would join, but the reality is that many students participate and many indicate that they want to continue coming to the programmes. We invite people who have been living with HIV for some time to share their experiences with us. I am of the view that on campus there are many students living with HIV/AIDS and any programme that ignores that is not addressing the reality.
At this point in time some lecturers are aware of my status and some are not. The University runs workplace programmes and sometimes I am invited to speak. The University is a large institution, about 15 000 people, but I think that word has gone round that there is a student openly living with HIV, and many try to investigate and come and talk to me. I get a lot of people who ask me about the programme I am doing and when I am finishing my programme. You can see they are looking at me and gauging time to see if I am going to make it to graduation.

Fighting stigma on campus

In general I cannot say that I have experienced many incidents of stigma and discrimination on campus. There are isolated incidents but I try not to let it get to me. I have told myself that I do not have to think that each time I see people looking at me and laughing they are talking about me. I do not have time for that and I do not allow that to affect me.

In class I have been faced with difficult situations. I remember an incident when a lecturer was talking about HIV as if it was death sentence. The way he was explaining about HIV was more like he was trying to instil fear in students, not realising that there might be students in the class who are positive and who might be trying to move on with their lives. After the lecture I went to him and asked him how he could take hope out of students in his class who might be living with HIV/AIDS. I think he got the message.

In my mind I applaud Gift for the decision he made to go public on campus about his status. It is not an easy decision. When I speak to him he makes it clear that his goal is to help others, and not necessarily to have more people disclosing, because disclosure has to be a personal decision.
Gift has moved beyond the point where he worries about what people think or say about him. His experiences from his teaching days have strengthened him and he does not worry about isolated incidents of stigma. He is now determined to fight stigma on campus, and make campus a better place for other students and staff who might be suffering in silence.

Together with a few other students and with support from the Deputy Dean, we discovered that we needed a co-ordinated approach, bringing together student clubs and staff to try to create an enabling environment for fighting HIV/AIDS without stigma and discrimination. We started the Shedding off Stigma Campaign. In this campaign many stakeholders within and outside the University are involved in a united approach to fighting off stigma. The aim of the campaign is to fight stigma and to allow HIV-positive members of the University to live positively and get support from campus.

I started forming HIV/AIDS groups where students could get information and psychosocial support. The aim was not solely to get the students to disclose their status but for them to be able to access the services they wanted on campus. We used the Deputy Dean's office, the clinic and the counselling advisory for students as our base. So far no students have openly disclosed their status, but there are students and staff who have disclosed within shared confidentiality. Some students are actually getting help from the University and from the National AIDS Council. I can say that I am really starting to see the fruits of my labour through the Shedding off Stigma Campaign.

**Looking ahead**

I have learned that for us to move ahead as a nation in the fight against HIV/AIDS, we have to realise that a nation goes through denial, panic and
Gift takes on the role of a collaborator, facilitating the creation of a friendly environment for those who are living positively. He seeks to give awareness, support and hope to other students and staff who might be affected and infected by HIV/AIDS.

acceptance, and it differs with situations. Whenever we spend more time in a certain phase, we are doing it to our peril. Personally I view us as a people in panic, although there are still people in denial, and we need to move on. It's been about 25 years since the first AIDS case was discovered and it looks like Zimbabwe has not really made much progress. If I can be able to facilitate one small step for the nation, I will have made an impact.

I finish my degree in 2007 and I do not look forward to getting formally employed. I would like to continue with the advocacy work. I am the founder and director of the Shedding off Stigma Campaign, which is an ongoing programme. It is based at the University of Zimbabwe. It has become a coalition, and so far we have about 29 associate members. We found that it is difficult for one person to ask people to appreciate you and accept you in society. Hence we have taken a multi-sectored approach where we bring together people from the church, youth and non-governmental organisations (NGOs) to form a coalition for shedding off stigma.

We also have the AIDS Education Forum, where students get information on prevention, mitigation, care and support. We have seminars, workshops, videos, talks and edutainment. We also have an outreach programme. I believe in building alliances as opposed to isolating activities. I have realised that within a tertiary institution it is very difficult for people to disclose their status because of the high levels of stigma prevailing in these institutions. It is as if there are no tertiary students who are HIV-positive. And yet if you go to the new start centres
In the AIDS Education Forum we bring people living with HIV/AIDS to share their experiences. Our focus is not only to get people to come out, but to help those who know their status but are living in confidentiality so that they are able to move on positively. People who can share their experiences with you can help you deal with your own situation. This is what I learned, and this really helped me to move on.

Tertiary institutions in Zimbabwe are places characterised by high levels of stigma. Gift managed to overcome all that and find a purpose for himself. He dreams of making a national impact, and I believe that in his own way he has made an impact on the university community.

Through his love for drama, Gift manages to reach out to various groups of people who cross his life path – at the orphanage, in the community, at the schools where he taught, and at university.