HIV stress in primary school teachers in Zambia
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A study was made of stress factors experienced by primary school teachers in Zambia after they had attended a course on stress management and counselling skills. Their pupils were significantly affected by poverty, death and illness of parents, fellow pupils and teachers, teenage sex and pregnancy, violence in the home and, among girls, low self-esteem. The HIV epidemic had a major bearing on these factors, and there were wide-ranging effects on the teachers' own lives. Despite the training they had been given, many teachers felt that they could not adequately counsel their pupils on these matters. The teachers were in need of continuing support and training to enable them to cope with this aspect of their work.

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In Zambia, where the per capita annual income is one of the lowest in southern Africa, 20–35% of women attending antenatal clinics in urban areas are infected with HIV (1). Studies on saliva samples in Lusaka and Kapiri Mposhi District have shown that 20–50% of men and women aged 25–35 years are HIV-positive (2). Only 56% of children aged 7–13 years attend school and less than 30% proceed to secondary school. There are estimated to be 140 000 orphans in the country and it is expected that there will be 600 000 by the end of the century (3). At least one orphan is cared for in 37% of households.

It was decided to investigate the extent to which these and other factors were responsible for stress among primary school teachers. Two teachers from each of 16 schools in Lusaka participated in a stress management and counselling course lasting two weeks. Between six and eight months later, 19 of the teachers were given semi-structured interviews lasting from one to two hours. Two-thirds of the teachers interviewed were female, reflecting the ratio of the sexes in the profession. A majority were aged 30–40 years, and on average they had qualified eight years previously. They taught grades one to nine and the average class sizes for the different schools ranged from 40 to 49 pupils.

Poverty
All the teachers said that poverty was a major problem for many pupils, and all had pupils who came to school hungry. All cited cases where pupils had stopped coming to school because their parents or guardians were unable to pay their school or examination fees, or to provide them with uniforms, shoes, or notebooks and pencils.

Illness and death of parents
The care of people with terminal HIV-related illnesses in Zambia largely takes place at home. In Lusaka, home-based care teams visit people with HIV, many of whom, however, are reluctant to seek such support because of the associated stigma. In any case the teams have limited resources and much of the care for sick adults is provided by their children. If a parent is unwell the older children are expected to look after the younger ones and perform housework. This is emotionally stressful and disrupts their education.

Poverty and violence
"One of the brightest girls had to drop out because she couldn’t get money to pay for the grade 7 examination. It was a shame because she was very good in class and I was certain she would pass with flying colours... It’s not easy to teach children who are hungry. They daydream and can’t concentrate on lessons."

"A boy whose parents had passed away never concentrated in class and his performance was very poor. He did not interact with other pupils. After several weeks, when I had gained his confidence, he told me that he was regularly beaten at home and often went without food. He was being looked after by an uncle who kept telling him that he could not afford to keep him much longer."

I know that some of my pupils have a difficult time from beatings. This school has pupils from a very rough area. The headmaster does not allow us to go to the homes so there is nothing I can do about it."

Every teacher mentioned pupils who had lost both parents and suffered the emotional and practical consequences. Some children had been taunted
because of the perceived shame associated with a diagnosis of HIV. Orphans often dropped out because their guardians were unable or unwilling to pay fees or other charges. Many families felt unable to cope with the increasing number of orphans, who were occasionally resentful and even ill-treated as a result. Sometimes teachers were unable to provide financial and emotional support for orphaned pupils. In many instances, however, a significant impact could not be achieved because the needs were too great.

Low self-esteem of girls
Girls often felt inferior to boys. This feeling was reinforced at home, where parents saw the education of boys as more important than that of girls. In general, girls in Zambia do less well at school than boys, and fewer complete their primary education.

Teenage sex and pregnancy
Many teachers talked about the problems of unwanted pregnancy and some explained that they had been able to help their pupils in this matter. In Zambia, 15% of 16-year-old girls have had one pregnancy. Unprotected sex is responsible for a 20% HIV infection rate among teenage girls in Lusaka. Family planning services are not widely available for schoolchildren. Sex education is inadequate in schools and, traditionally, parents do not talk to their children about the subject.

Support for girls
"I have attempted to show my pupils that boys and girls are equal. It is something I had not thought about until we had a session on equality. I realize that I had lower expectations for the girls and did not encourage them as much as the boys. I am now trying to get the girls to work harder to show them that they can get as good grades as the boys... The traditional teachings in our society, even in the urban areas, reinforce the inferior position of women. Girls usually assume that they should just try to marry or get pregnant so as to secure a future for themselves."

"There was a rumour that one of the girls was pregnant, so I spoke to her and she agreed that this was so. She was very upset and thought she would fail her exams because she could not concentrate. This would have been sad because she was a good pupil. We discussed what to do and she decided to pay for an abortion. My advice was that this was a satisfactory solution if she used the right doctors and had the abortion at the right time. I told her to ignore the other girls when they gossiped about her.

Violence in the home
Some teachers reported parental violence and said they usually felt unable to intervene in such cases.

Sickness and death of teachers and pupils
HIV is causing increasing losses of teachers (4), with adverse consequences for pupils. Although a majority of children with HIV have acquired it neonatally and die before the age of five, increasing numbers are surviving longer and becoming ill or dying at school. Furthermore, a recent study by Care International (Lusaka, unpublished) has indicated that incest and sexual abuse of children are common. This is bound to result in HIV infection in schoolchildren, and some can be expected to become symptomatic during their school lives.

Barriers to use of counselling skills
Although the majority of the teachers were using their counselling skills, some mentioned constraints. The layout of schools sometimes made it difficult to obtain privacy. Moreover, staff shortages meant that some teachers lacked the time necessary for giving emotional support to pupils, and some felt inadequate because they could not help their pupils in a practical way.

Many teachers who had been trained in counselling felt that their colleagues did not understand its importance and consequently were not supportive. The teachers thought that more of their colleagues should be offered training in this sphere and that all teachers should at least be aware that it was an important aspect of teaching. Others said it would be beneficial if they made their skills available to pupils in classes other than their own, provided that their colleagues were kept informed.

Using the skills
It became evident to the course lecturers that the teachers had many stresses and worries in their own lives, in addition to those in the classroom. Much of the first part of the course was therefore redesigned to take this into account. A majority of teachers said they had used or tried to use their skills at home, notably in their relationships with their own children. The teachers openly discussed difficulties they had encountered when doing so. Although they usually said they had found the course useful, many considered that they needed further help.

Teacher-student relationship
I try and talk about AIDS whenever I can. I encourage them to use condoms whenever they are having sex. I talk to them about other health issues and about relationships and how to respect the opposite sex. I try and tell them the facts about HIV just as for other diseases, and also how they should relate to sick relatives."

"I was very sad when two of our teachers became sick and died. I never thought much about the effects on the pupils but they must have been sad too because sometimes pupils are close to their teachers."
Since taking the course, 17 of the 19 interview teachers had become more interested and involved in health education in the classroom. Thirteen had talked about HIV with their pupils, and the others usually said they had not done so because they felt their pupils were too young. The areas covered depended on the individual teacher and the ages of the pupils. Some teachers talked about the use of condoms, whereas others considered their pupils too young for this subject to be broached. Two teachers had formed "Anti-AIDS" clubs in their schools, to inform pupils about HIV.

Seventeen teachers had discussed emotional problems encountered in the classroom with their pupils, and five had found it easy to do so. The others either experienced difficulty in this area or felt they needed additional help.

Seven teachers said that educational materials on HIV and health were available for them to use. Commonly mentioned were Obiti and Dr Kalulu, basic HIV education leaders produced by the Family Health Trust, a Zambian nongovernmental organization. Reference was also made to literature on first aid and child-to-child education. The other teachers lacked educational materials and considered this to be a great drawback.

**Impact of HIV on teachers’ personal lives**

A majority of the teachers had relatives, friends and colleagues who had died of AIDS, and four were looking after the children of dead relatives. Most were worried about friends or family members, especially their own children. Only one teacher mentioned a relation who had spoken openly about being HIV-positive. Some teachers were unable to talk about HIV because AIDS-like illnesses were attributed to witchcraft by their families. Taboos, fear of stigma, and a reluctance to upset persons with AIDS also tended to inhibit discussion. However, some teachers said they were able to talk about HIV more easily after attending the course.

Fifteen teachers were concerned that they might be HIV-seropositive or that they might be exposed to HIV infection. Four said they did not worry about HIV, either because they were in stable sexual relationships or simply because they felt there was no point in doing so.

HIV, being closely linked with sexual behaviour, poses difficulties for teachers who have not been trained to talk to their pupils about such sensitive subjects. Following the course, however, this difficulty was largely overcome. In order to avoid giving pupils conflicting messages, an agreement is necessary between teachers and the Ministry of Education on teaching about HIV and safer sex.

In countries such as Zambia, where the HIV seroprevalence rate among the sexually active is high, teachers have an important role in preventing infection among schoolchildren. It has been demonstrated that sex education in schools delays the onset of sexual activity, increases condom use and reduces the incidence of teenage pregnancy. Teachers should therefore receive continuing training and support so that they can contribute towards reducing HIV infection in this vulnerable group. They also need help so that they can give emotional support to many of their pupils whose families are affected by HIV. By giving factual information about its transmission and positive messages on care they can also help to remove the stigma associated with HIV, an obstacle to AIDS prevention.

Outside the classroom many of the teachers had anxieties: the majority had lost relatives, friends and colleagues to HIV, and they worried about the possibility of their children being or becoming infected. They needed help in the acquisition of counselling skills so that they could overcome the barriers to discussion of HIV.

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Résumé

Le VIH, source de stress dans les écoles primaires en Zambie

L’objet de la présente étude est de cerner les problèmes et les facteurs de stress qui sont le lot des enseignants, et d’étudier l’incidence du VIH sur leur vie privée et dans les classes. À Lusaka, des enseignants choisis au hasard, qui avaient suivi un cours sur la gestion du stress et les activités de conseil, ont été interrogés de manière approfondie par le groupe d’étude. Cinq d’entre eux seulement ont déclaré qu’il avait été facile d’évoquer des questions affectives avec leurs élèves. Tous pourtant ont reconnu l’importance des activités de conseil et de la gestion du stress. Dans l’ensemble, les enseignants interrogés ont cité le VIH comme étant un problème majeur à l’école. Tous avaient des élèves dont les parents étaient morts du VIH ou encore qui avaient cessé de suivre les cours à la suite du décès d’un parent, les proches ne pouvant assumer les frais de scolarité ou les dépenses de fournitures. Sept seulement ont déclaré avoir accès aux matériels éducatifs sur le VIH, ajoutant que ces matériels étaient souvent trop simplistes. En ce qui concerne leur vie privée, sur les 19 enseignants interrogés, 18 avaient un parent et 16 un collègue qui avait le SIDA ou qui avait été décédé du SIDA. Cinq seulement avaient pu parler du VIH avec des amis ou des parents et 15 ont avoué qu’ils avaient peur d’être eux-mêmes infectés par le VIH. Le VIH a un impact sur les enseignants, tant au niveau de la classe que de leur vie personnelle. Ils devraient pouvoir compter sur un soutien durable et aussi sur des matériels de formation et d’éducation afin de pouvoir faire face au stress du VIH provoqué par le VIH. Tous les enseignants ont reconnu que la formation suivie les avait aidés mais qu’ils avaient besoin d’un soutien durables et que leurs collègues devraient également pouvoir en bénéficier.

Resumen

El VIH como causa de estrés en las escuelas

El objeto de este estudio era determinar los problemas y tensiones que experimentaban los maestros y examinar los efectos del VIH en sus vidas y en el aula. El equipo de estudio entrevistó a fondo a un grupo de maestros de Lusaka elegidos al azar, que habían recibido formación básica en materia de control del estrés y de orientación. A pesar de la formación recibida, sólo cinco de ellos dijeron que les resultaba fácil hablar de problemas emocionales con sus alumnos. Sin embargo, todos consideraban que el apoyo psicológico y el control del estrés eran importantes. Todos los maestros entrevistados señalaron que el VIH era una de las principales causas de problemas en sus escuelas. Todos ellos tenían alumnos cuyos padres habían muerto a causa del VIH. Los alumnos habían dejado de asistir a clase tras la muerte del padre o la madre porque los familiares no podían hacer frente a los gastos de matrícula u otras exigencias de la escuela. Sólo siete maestros dijeron que tenían acceso a material didáctico acerca del VIH, que por otra parte era a menudo demasiado simple. Con respecto a su vida personal, de los 19 maestros entrevistados, 18 tenían algún familiar enfermo de SIDA o que había muerto de esta enfermedad, y 16 tenían un colega en esas mismas condiciones. Sólo cinco se habían sentido capaces de hablar del VIH con amigos o familiares. Quince maestros dijeron que les preocupaba la posibilidad de contraer ellos mismos la infección. El VIH tiene repercusiones en los maestros, tanto en el aula como en su vida personal. Es preciso proporcionarles apoyo continuo, formación y material didáctico para ayudarlos a afrontar el estrés suplementario que causa el VIH. Todos los maestros pensaban que la formación recibida les había ayudado, aunque les faltaba un apoyo continuo, que debía facilitarse en forma más amplia a sus colegas.

References


