

An Assessment of the Implementation of the HIV/AIDS Education Programme in Schools in Harare, Zimbabwe

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Abstract: The first confirmed case of HIV/AIDS was reported in 1985 in Zimbabwe. Since then there have been reported cases of increases in the number of people who are said to be HIV positive with the majority of them succumbing to the AIDS pandemic. Although the discovery and use of ARVs is a welcome development, HIV/AIDS remains a threat to human development. It has to be acknowledged that the interventions such as the use of ARVs have alleviated the challenges and threats imposed by HIV/AIDS, but it remains a threat to human life. It is within this context that the values, perceptions and attitudes of people have to be changed. Education becomes critical in bringing about that change in people's values, attitudes, perceptions and life styles. As an intervention measure, the Ministry of Primary and Secondary Education in Zimbabwe introduced HIV/AIDS Education in schools. In addition to this, the Zimbabwe government introduced the AIDS levy on all workers in Zimbabwe in 2002. The National Aids Council (NAC) was also established to help in the fight against HIV/AIDS nationally. Despite these efforts AIDS remains a scourge in Zimbabwe. The purpose of the study was to assess the implementation of the HIV/AIDS Education programme in secondary schools. This has been prompted by the reported cases of an increase in sexually transmitted diseases in institutions of higher learning. The study aimed at assessing the knowledge levels, values, perceptions, attitudes and practices of teachers and pupils in five secondary schools in Harare, Zimbabwe. In addition to assessing the different attributes in the teachers and pupils, the study also examined HIV/AIDS Education curriculum used in schools. The study used the mixed methodology and the descriptive survey design. Data was collected through the use of structured questionnaires, open-ended questionnaires and face-to-face interviews. Data was collected from five school heads, twenty HIV/AIDS Education teachers and fifty students from the five selected secondary schools. Data was qualitatively analysed. The study concluded that teachers who were teaching HIV/AIDS Education in the selected schools were not trained to teach the subject and this to some extent contributed to the negative attitudes they had towards HIV/AIDS Education as a subject. The issue of stigma was also affecting the teaching and learning of HIV/AIDS Education in these schools. Most students, while they noted that they were aware of the dangers caused by HIV/AIDS they were influenced by what they called 'youth needs'. It was also noted that HIV/AIDS Education was not taken seriously in the selected schools since it was not an examinable subject. The study recommends that teachers need teacher development courses in new areas such as HIV/AIDS Education. HIV/AIDS Education should also be an examinable subject for school heads, teachers and students to take it seriously.

Keywords: HIV/AIDS Education, programme, implementation, curriculum, behaviour change.

Background to the study

Concerns on the scourge created by the HIV/AIDS pandemic since its discovery in the early the 1980s has been growing globally. Governments have reacted differently to the impact of HIV/AIDS in their countries. In Zimbabwe the first HIV/AIDS positive case was reported in 1985. The advent of HIV/AIDS has had tragic effects on families, communities and the country in a number of ways. Families have lost bread winners, children have been orphaned, and the countries have lost skilled personnel due to the prevalence of HIV/AIDS. The country at large has lost human capital

due to HIV/AIDS and loss of valuable working hours due to ill health. Attempts have been made by governments to come up with policies that were expected to curb the spread of HIV/AIDS. Since it is a pandemic which caught many nations unaware, there have been over-reactions in some cases and in other cases stigmatisation of those affected and infected became common as there was no proper treatment until the introduction of Ant Retroviral Therapy (ART). Since then the government of Zimbabwe has come up with a number of strategies to curb the spread of HIV/AIDS. Among other strategies the Government of

Zimbabwe established the National AIDS Council (NAC) in 2000. The NAC was mandated with the task of spearheading the fight against HIV/AIDS. In order to support the NAC to achieve its mandate the Government introduced the AIDS levy on all workers in 2002. This levy is calculated as 3% of every worker's salary.

In addition to the programmes initiated above, the Government of Zimbabwe through the Ministry of Primary and Secondary Education has come up with programmes that are targeted at the youths. An example of a programme that is targeted at bringing awareness of HIV/AIDS to the youths is the HIV/AIDS prevention education programme in schools. Such a programme included the teaching of HIV/AIDS Education in schools [1].

Despite different efforts and strategies employed to curb the spread of HIV/AIDS in Zimbabwe the number of people infected with HIV/AIDS remains very high. Similarly the Ministry of Health and Child Care in Zimbabwe notes that as of 2013 the HIV prevalence rate was about 15% for the 15-49 years age group. According to the Ministry of Health and Child Care, the number of adults and children living with HIV was 1.4 million, AIDS related death in 2012 was 66 052, and 63 853 in 2013 [2]. This appears to demonstrate a decline in AIDS related deaths between the years 2012 and 2013. The decline may be due to a number of factors which include the use of ART. The ART programme was launched in April 2004 in Zimbabwe with the objective of reducing morbidity and mortality. Despite the noted decline the number of deaths remains relatively high. The same report notes that the number of orphans in 2012 and 2013 was 934 707 and 889 539 respectively.

Apart from the strategies noted above, another intervention that was expected to change the attitudes, norms, values, beliefs and practices of people on sex was the introduction of sex education in schools. This was to be done through the introduction of the HIV/AIDS programme in schools. The introduction of the HIV/AIDS programme in schools in Zimbabwe was meant to provide an awareness of the dangers of HIV/AIDS to the youths in schools before they go for tertiary education. In spite of this knowledge about HIV/AIDS that the youths are expected to acquire through the HIV/AIDS education programme the youths continue to engage in risky behaviours. However, according to UNESCO, tertiary institutions remain HIV/AIDS high risk areas despite the education received at school on the dangers posed by HIV/AIDS. UNESCO notes the risk is high because of high rates of sexual experimentation, prostitution and unprotected casual sex. The HIV/AIDS education programme in school places emphasis on abstinence, and safe sex through the use of condoms. Furthermore, UNESCO observed that the other risk factors on the part of

students at tertiary institutions were closely related the vulnerability of female students, and limited knowledge on basic facts on HIV/AIDS. While the vulnerability of the female student can be explained in terms of poverty and limited resources that expose female students to exploitation, the lack of knowledge on the basic facts on HIV/AIDS at that level is difficult to comprehend as these basic facts are expected to be covered at school level. There are a number of issues that are most likely to arise to explain this scenario. This can be explained in terms of the attitudes of students that may be negative when the HIV/AIDS education programme is introduced at school level and that the HIV/AIDS programme may be lacking in some basic facts that are supposed to help the youths in real life situations. It may be explained in terms of the youths to take any interventions seriously.

Statement of the problem

The Government of Zimbabwe has implemented different strategies to curb the spread of HIV/AIDS. These include the introduction of the AIDS levy in 2002, the National HIV/AIDS Policy of 1999, the creation of the NAC to spearhead the fight against HIV/AIDS and the implementation of the HIV/AIDS education programme in schools. The statement of the problem can therefore be expressed in question form: How is the HIV/AIDS programme being implemented in secondary schools in Zimbabwe?

Purpose of the study

The purpose of the study was to assess the implementation of the HIV/AIDS Education programme in five selected secondary schools in Harare, Zimbabwe.

Research questions

The study was guided by the following research questions:

- How do teachers support the implementation of the HIV/AIDS Education programme in secondary schools in Zimbabwe?
- Have teachers been trained in the teaching of HIV/AIDS Education?
- What are the attitudes of the teachers and pupils in the implementation of the HIV/AIDS Education programme?

Delimitations

The study sought to assess the extent to which the HIV/AIDS Education programme was being implemented in five selected schools in Harare. The selected secondary schools were two council schools and three government secondary schools. It focused on the practices at the schools on the implementation of the HIV/AIDS Education programme. It was concerned with activities at the schools that contributed to the implementation of the HIV/AIDS Education programme, the attitudes and practices of school heads,

teachers and pupils in the implementation of the HIV/AIDS Education programme.

Limitations

The study had to rely on a small sample that is manageable due to limited resources and as such the findings relate specifically to the five selected secondary schools in Harare. The findings may not be generalised to other schools outside the selected sample.

Review of related literature

Conceptual/Theoretical Framework: HIV and AIDS Management

The different reactions by governments and non-governmental organisations (NGO) have been efforts to manage HIV and AIDS. Any management of HIV/AIDS has to take into consideration the views and feelings of the people who are affected. Management of HIV/AIDS has to be inclusive by nature. Such inclusivity has to focus on those who are affected and infected with HIV and AIDS, service providers and the community at large. Another form of management involves the provision of treatment drugs such as ARVs. In that regard the government and community have an active role to play in terms of resource mobilisation, coming up with policies that guide the implementation of related programmes, educating the community about the dangers of HIV and AIDS. Introduction of the HIV/AIDS Education programme is another way of managing HIV/AIDS as this is expected to equip the youths with basic survival skills that contribute to behaviour modification and change. In view of an HIV/AIDS management programme Jackson [3] identifies critical areas and issues that have to be addressed in the management of HIV/AIDS. These include proper coordination of the programme, policies which have clearly defined implementation actions, well stated goals and support and oversight from different agencies including the government. The school is therefore viewed as a support system that has to provide life skills education. Such life skills education has to lead to the empowerment of the youth at school level and should have an everlasting impact on the youths as they graduate into adult life. In this regard, an HIV/AIDS programme should empower the youths in terms of the ability to fight the temptation to engage in casual sex, identify the dangers of engaging in sexual activities that can pose a challenge to their health, abstain from risky behaviour and be in a position to handle different forms of pressures that are at times exerted on them.

Education and the management of HIV and AIDS

Education is a critical component in the management of the HIV/AIDS programme. In this regard the school as a social system has to provide guidance and counselling on HIV/AIDS. The 1999 National HIV and AIDS policy document provides guidelines in the implementation of the HIV/AIDS

education programme. The policy document emphasizes the importance of teaching the youths to abstain from sex. It appears that the emphasis on abstinence has not been received by some of the youths as demonstrated by the high number of youths living with HIV/AIDS in sub-Saharan Africa. UNAIDS [4] estimates that there are about 11.8 million young people living with HIV and AIDS in sub-Saharan Africa. These are between the 15-24 years age group. While it can be noted that there are other modes of transmission of HIV and AIDS, the main transmission mode is through sexual intercourse. The main questions that have to be addressed are: Why do some youths find abstinence from sex difficult? and Why do some youths ignore protected sex?

The questions above present a demand for change and reform in the school curriculum. The role of the teacher in the teaching and learning of HIV and AIDS education is critical. The role of the teacher now goes beyond focussing on prevention of HIV and AIDS but caring for those living with HIV and AIDS. The roles of the teachers go beyond teaching, as teachers have to provide counselling to students living with HIV and AIDS. Within that context the school has to be a centre for teaching about HIV and AIDS and providing guidance and counselling beyond the school. There is need for a paradigm shift in terms of how we view the role of education and that of a teacher in managing pandemics such as HIV and AIDS.

A number of concerns have also been raised in connection with the skills that teachers possess in order for them to be able to manage the situation. While teachers are viewed as important in the management of HIV and AIDS Education programmes fears have been expressed as to whether they possess the requisite knowledge and skills to manage the situation. This therefore becomes a challenge to Teacher Education Colleges in terms of revisiting the teacher education curriculum. Boler [5] argues that the role of the teacher is paramount in teaching young people about HIV and AIDS, but also notes that teachers' attitudes and behaviours have to a large extent been influenced by minority parents and some pressure groups that are opposed to the implementation the HIV/AIDS Education programme. Such opposition has been influenced by religious beliefs, cultural beliefs and other forms of beliefs. Some areas of contestation have been around the role condoms play in the control of the transmission of HIV and AIDS. Some religious groups have condemned the use of condoms, arguing that exposing children to condoms was like encouraging them to indulge in sex.

Other concerns have been raised in relation to the HIV and AIDS curriculum. Apart from the challenges related to the dearth in teacher development in the area of HIV and AIDS Education there are

problems related to lack of clarity on the status of the HIV and AIDS curriculum and lack of formal syllabus to guide the teacher in some instances. Other challenges noted refer to lack of involvement of teachers right from the planning stage. As noted by UNAIDS [6] failure to involve teachers and community groups at the design stage contributes to implementation failure. Other challenges that are most likely to emerge are the teacher's status in the community that he/she serves. If the teacher is seen as a role model, the teacher's behaviour has to be in agreement with what he/she teaches otherwise he/she will not be taken seriously. On the same note Jackson [7] noted that there are a number of factors that have worked against implementation of the HIV/AIDS Education programme in Zimbabwe. These include lack of monitoring and evaluation, apathy in schools from the school head and the teachers, inadequate monitoring and supervision, and no clear policy on HIV and AIDS Education.

Research methodology

The study used the mixed methodology. The mixed methodology enabled to use structured and open-ended questionnaires to collect data. The study also used face-to-face interviews that allowed the researcher to probe to seek clarification. The mixed methodology allowed for the use of methods that are used in quantitative research and qualitative research. The use of the different methods was an advantage to the study.

Research design

The study used the descriptive survey design. As noted by Borg and Gall [8] the descriptive survey design makes use of questionnaires and interviews to collect data, and such data can be about characteristics, experiences, knowledge or opinions of a sample. This view is supported by Merriam and Simpson [9] who further note that the descriptive survey design represents a broad category of techniques that use questioning as a way of eliciting information. The study was interested in studying events and experiences of pupils, teachers and school heads in the implementation of the HIV/AIDS Education programme in their schools.

The sample

The study used two different sampling procedures. In order to select the sites, thus the five secondary schools the researcher used the purposive sampling. The school heads of the five purposively selected secondary schools became participants in the study. Twenty HIV/AIDS Education teachers and fifty students were randomly selected.

Data analysis procedures

Data collected through the use of structured questionnaires, open-ended questionnaires, and interviews was qualitatively analysed. It was analysed

based on the themes that emerged from the data generated from participants.

Presentation of findings

Data was collected from fifty students selected from O'level classes. These comprised twenty five female students and an equal number of male students. The sample also comprised twenty HIV/AIDS Education teachers. Out of twenty teachers, twelve were female and eight were male. Out of the five school heads three were male and two were female. On qualification and experience all the school heads and teachers had experience that ranged from one year to more than twenty years in their respective positions. The teachers and school heads had qualifications that included a Masters in Education as the highest professional qualification and a Diploma in Education as the lowest professional qualification.

On training of HIV/AIDS Education teachers, all the teachers indicated that they had not received any formal training in the teaching of HIV/AIDS Education at teachers' colleges and universities. In fact they all noted that they had specialised in subjects that were not in any way related to the teaching of HIV/AIDS Education. The position by the teachers was also supported by all the school heads who observed that their teachers had not received any formal training in the teaching of HIV/AIDS Education. Teachers and school heads noted that HIV/AIDS Education teachers were capacitated to teach HIV/AIDS Education through school based staff development sessions and workshops organised by the District Education Officers. Two (10%) of the teachers indicated that they had not received any form of training. Four (20%) of the teachers noted that they had attended school based staff development sessions and fourteen (70%) of the teachers said that they had attended workshops organised by the District Education office. The responses by the teachers showed that the commonly used method to train HIV/AIDS Education teachers was the use of workshops. The reliance on workshops as a capacity building mechanism cannot be compared to the need to have trainee teachers specialising in the teaching of HIV/AIDS Education as a subject at college. Such an approach would provide an in-depth knowledge in the teaching and learning of HIV/AIDS Education as a subject.

Teachers were asked to indicate the materials they used in the teaching and learning of HIV/AIDS Education. Two (10%) of the teachers noted that they used textbooks in the teaching of HIV/AIDS Education. Four (20%) relied on handouts, six (30%) used posters and eight (40%) of the teachers said that they used pamphlets as teaching and learning materials in the teaching of HIV/AIDS Education. The responses by the teachers appear to suggest that there are no prescribed text books for the teaching and learning of HIV/AIDS

Education in the selected secondary schools. Most of the teachers relied on materials from UNICEF in collaboration with the Ministry of Health and Child Welfare. It would appear that the Ministry of Primary and Secondary Education had left the selection of materials to be used in the teaching of HIV/AIDS Education to schools. This therefore suggests that teaching and learning materials differed from school to school and teacher to teacher. This becomes a challenge on the part of the skills and knowledge that students are most likely to acquire and develop. On the part of the teachers this demonstrated a limited source of knowledge.

Students were asked to indicate whether HIV/AIDS Education teachers attended lessons. There are three responses that emerged. These were never, always and usually. Ten (20%) of the students noted that their teachers never attended HIV/AIDS Education lessons, another ten (20%) noted that their teachers always attended lessons, and thirty (60%) of the teachers stated that their teachers usually attended lessons. Some of the students further stated that some of their teachers used the HIV/AIDS Education periods to mark exercise books for other subjects in the staff room. The responses by the students suggest that some of the teachers did not treat HIV/AIDS Education seriously and as such neglected their responsibilities of conducting HIV/AIDS Education lessons.

School heads and teachers were asked whether they schemed, and planned for HIV/AIDS Education as a subject. All the school heads and teachers indicated that teachers schemed and planned for HIV/AIDS Education just like any other subject in the schools. However, when it came to written work only five (25%) noted that they gave students written work and the rest (75%) of the teachers did not give students written work. Most of the teachers did not give students any written work and such a practice was most like to impact negatively on the attitudes of the students on the importance of the subject. On a related note, it was observed that although the HIV/AIDS Education subject appeared on the time-table, it received the least priority in terms of teaching and giving of written work.

The question that was found to be contentious was on whether to make condoms accessible to students at secondary school. The question was premised on the understanding that the common age group at secondary school is the 13-18 years age group. This age group is sexually active. The major challenge is whether they have access to condoms or not as some students in this age group are engaging in casual sex. Four (80%) of the school heads strongly disagreed and one (20%) strongly agreed that students should have access to condoms. The teachers gave similar responses. Eighteen (90%) of the teachers strongly disagreed that students should have access to condoms, and two (10%) strongly agreed

that students should have access to condoms. They (10%) argued that students should have access to condoms so that they make their own informed choices. Contrary to the views of most teachers and school heads thirty five (70%) of the students strongly agreed that students should have access to condoms and fifteen (30%) of the students indicated that students should not have access to condoms. The responses appear to demonstrate the differences in perceptions and views between school heads and teachers as adults and those of students who represented the youth. It would appear that morale issues appeared to take precedence over issues of health.

Students were asked if they were aware of the dangers of HIV and AIDS. All the students noted that they were aware of the dangers of HIV and AIDS. They noted they had heard about the dangers of HIV and AIDS through a variety of sources. These included pamphlets they access at school and in the libraries. Other sources of information were through radios, televisions, billboards and other forms of advertisement.

Conclusions and recommendations

The study came up with the following conclusions and recommendations:

- There appeared to be lack of support by the Ministry of Primary and Secondary Education on the provision of teaching and learning materials as most schools did not have textbooks on HIV/AIDS Education as most teachers relied on posters and pamphlets from the Ministry of Health and Child Care.
- It can be noted that there have been wide ranging strategies to curb the spread of HIV and AIDS in Zimbabwe and education is one of them. While this is a welcome development in the fight against HIV and AIDS schools, teachers and school heads appeared not to take the teaching and learning of HIV/AIDS Education seriously as suggested by some teachers who did not plan for the subject nor attend lessons. There appears to be a propensity for teachers to focus on subjects that are examined at the end of a span. In that regard HIV/AIDS Education should be examined as a subject at O' level.
- The study concluded that HIV/AIDS Education teachers did not receive any formal training in the teaching of the subject. Teachers should be trained in the teaching of HIV/AIDS Education at college.
- There is need to revise the contents of the HIV/AIDS Education programme so that students are exposed to similar teaching and learning materials.
- On the use of condoms, there is need for a holistic approach so as to change people's attitudes and behaviours, as the role of safe sex

and protected sex goes beyond morale issues since it is a health issue. Whatever decisions have to be made, should take cognisance of the fact that the most affected groups in society are the youths. It can be generally concluded that the implementation of the HIV/AIDS Education programme had not progressed as intended due to a number of factors that include lack of support, and negative attitudes from different stakeholders within the school system. On the other hand, the study concludes that the fight against HIV and AIDS is a heavy burden that cannot be left to education alone, but requires mainstreaming in other ministries and departments.

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