

OBSTACLES TO THE IMPLEMENTATION OF THE HIV/AIDS CURRICULUM IN GURUVE DISTRICT SECONDARY SCHOOLS IN ZIMBABWE

RITTAH KASOWE

SENIOR LECTURER: FACULTY OF ARTS AND EDUCATION: ZIMBABWE OPEN UNIVERSITY

Abstract

The aim of this present study was to investigate constraints faced by secondary school teachers in the teaching and learning of HIV/AIDS education in Guruve District in Mashonaland Province of Zimbabwe. Specifically, it focused on HIV/AIDS content, evaluation of the subject, teacher qualifications, availability of resources, methodology as well as syllabus interpretation. The quantitative methodology was used and the descriptive survey design employed. The population consisted of all the 840 secondary school teachers in the district. Random sampling was used to select the 200 respondents. Data were collected using a questionnaire. The study revealed that teachers were finding it very difficult to discuss sex related issues with children. The study also revealed that teachers lacked the knowledge and confidence to teach HIV/AIDS education. The study recommends that teachers should be given proper training in the teaching of HIV/AIDS education. There is also need for teachers to be provided with relevant and adequate resources to effectively guide pupils on this subject.

Key words

Constraints, secondary school teachers, HIV/AIDS education teaching, learning

1. Introduction and Background

In 1991, the Government of Zimbabwe introduced HIV/AIDS education in all primary and secondary schools in an effort to foster HIV/AIDS awareness and prevention among children of school going age (Chikoko, 2010). A Chief Education Officer's Circular No. 16 of 1993 formalised the compulsory teaching of HIV/AIDS education in all schools in Zimbabwe from Grade 4 up to Advanced Level (Form 6). (Kasambira, 2003). As Dube and Moyo (2009) state, the Curriculum Development Unit (CDU) with the help of the UNICEF prepared resource books for teachers to use.

In many African countries where AIDS is at epidemic levels, HIV/AIDS education is seen by most scientists as a vital public health strategy (Jones, 2006). Chikoko (2010) argues that the

best teachers to teach HIV/AIDS awareness to pupils are the class teachers. However, as Kasambira (2003) postulates, there are certain qualities, resources and skills that teachers need to possess in order to talk about this sensitive subject and that teachers have to be trained in the subject content in order to be effective. Teachers, who spend the longest time of the day with children, should be assigned the responsibilities of educating the kids about HIV/AIDS so that they take care of themselves (Mhloyi, 2012). It is on account of this background information that this study set out to investigate the actual constraints that teachers experience as they attempt to teach HIV/AIDS in their classrooms.

Statement of the problem

HIV/AIDS is a relatively new phenomenon in the education sector. Teachers were not trained to teach the subject during their college days. This subject needs analysis and a practical approach which demands an understanding of the history causes effects and prevention of the disease. It is therefore important to investigate the constraints that secondary school teachers face in the teaching of HIV/AIDS education.

Purpose of the study

The study investigated the major constraints that secondary school teachers experienced during the teaching of HIV/AIDS in order to come up with suggestions to improve the situation. It is important that the teachers' constraints are exposed so that the subject is taught better to protect pupils from the pandemic of AIDS.

Objectives of the study

- To identify the qualifications of teachers understand the concepts on HIV/AIDS in the syllabus.
- To establish whether teachers understand the concepts on HIV/AIDS in the syllabus.
- To explore the challenges faced by teachers in the provision of teaching and learning materials for the teaching of HIV/AIDS education.
- To establish the extent to which teachers value the teaching and learning of HIV/AIDS education.

Research questions

To find answers to the main research question the study sought to find answers to the following research questions:

1. What qualifications do teachers who teach HIV/AIDS possess?
2. Do teachers understand HIV/AIDS concepts in the syllabus?
3. What challenges do teachers encounter in the provision of teaching and learning materials for the teaching of HIV/AIDS education?
4. To what extent do teachers value the teaching and learning of HIV/AIDS education?

2. Review of Related Literature

The study reviewed literature in the area of teaching and learning HIV/AIDS education under the four sub-questions.

Why teaching and learning HIV/AIDS in schools?

According to Mbananga (2004) schools play a very critical role in providing HIV/AIDS education for young people. Not only do schools have the capacity to reach a large number of young people, but school students are particularly receptive to learning new information and therefore, schools are well established points of contact through which young people can receive HIV/AIDS education (Ngomanyuni, 2011). As Bandura (2006) posits, as young people are at high risk, it is vital that they are educated about HIV transmission before they are exposed to situations that put them at risk of HIV infection before they are sexually active. Schools also play a pivotal role in shaping the attitudes, opinions and behavior of young people and therefore are ideal environments for teaching the social as well as the biological aspects of HIV/AIDS.

Providing young people with basic AIDS education enables them to protect themselves from becoming infected (UNAIDS, 2007). Young people are often particularly vulnerable to sexually transmitted HIV, and to HIV infection as a result of drug-use and therefore acquiring knowledge and skills encourages young people to avoid or reduce behaviours that carry a risk of HIV infection (Mukoma and Flisher, 2004). Even for young people who are not yet engaging in risky behaviours, AIDS education is important for ensuring that they are prepared for situations that will put them at risk as they grow older (Mbananga, 2004). AIDS education according to Jackson (2010) also helps to reduce stigma and discrimination, by dispelling false information that can lead to fear and blame and this is crucial for prevention, as stigma often makes people reluctant to be tested for HIV and individuals that are unaware of their HIV infection are more likely to pass the virus on to others.

Teaching qualifications and teaching of HIV/AIDS

A teacher is viewed as the major player or vehicles in terms of imparting HIV/AIDS knowledge and skills in students (Kelly, 2000). As Chiweza (2007) postulates, the teaching of HIV/AIDS education is not about what a teacher knows but how to use different techniques for the art of teaching to be understood by learners. In other words, as Gruendel (2009) argues, teaching qualifications contribute immensely to a pupil's performance and understanding in HIV/AIDS education. Teacher training is fundamental to the successful delivery of AIDS education in schools, and yet efforts to train teachers are often inadequate, if in place at all (Land, 2010).

One of the most common conceptions of the role of a teacher is that of a giver of information, perhaps because of the instruction on the elementary and secondary levels and in higher education traditionally has involved the presentation of information (Madhavan, 2010). The process begins with the teacher, who has been seen as the primary source of wisdom; and if all goes well, the process ends with the student, who has often been a passive receiver (Operario, 2009). The teacher is rapidly becoming a director of learning experiences due to his/her changing role (Obanya, 2005). If a teacher is to play the role of a learning coordinator successfully in today's school, he or she must possess the basic knowledge and concepts of a subject matter and must know what he or she wants to teach; that is the teachers must be able to select content (Obanya, 2005).

AIDS education requires detailed discussions of subjects such as sex, death, illness and drug use (Bellany, 2012). Teachers are not likely to have experienced dealing with these issues in class and require specialized training so they are comfortable discussing them without letting personal values conflict with the health needs of the students (Operario, 2009). Awareness of cultural and religious beliefs enable AIDS education to sensitively, yet effectively, deal with issues in a way that does not conflict with the values of young learners (Mbananga, 2004).

HIV/AIDS education resources

The efficient use of resources in order to achieve HIV/AIDS education goals in a cost effective manner is very vital. As Operario (2009) states, the four major resources required for HIV/AIDS education include, human, material, financial as well as time. In teaching of HIV/AIDS education, Stones and Morris (2011) argue that the teacher must be well read and informed in the subject area to be able to teach effectively; that is, one has to be sharp in the field through reading a wide range of books from many publishers so as to keep abreast of developments in the subject area. Chingono (2004) posits that HIV/AIDS teachers should be in a position to read journals on the subjects area because this would enable them to acquire some knowledge on recent developments in the subject area. The possession of adequate knowledge in the subject creates confidence in the teacher, and therefore a wide reading of relevant books increases ones knowledge of HIV/AIDS (Mukoma and Flisher, 2004). The teacher should be aware of the

experiments that researchers have conducted on HIV/AIDS education which are based on causes, transmission and ways of reducing the spread of HIV (Bellamy, 2012).

As Mbananga (2004) postulates, financial resources have to be made available for the training of HIV/AIDS education teachers to hold seminars and staff development courses where information related to HIV/AIDS is shared. There is also need for the provision of finances for materials development which range from text to non-text and semi-text (Jackson, 2010). Non-text materials include videos, tapes or models to highlight specific issues which would enhance the teaching learning process. Time is another key resource which should be adequately allocated if the teaching and learning of HIV/AIDS education were to be effective. Jones (2006) argues that every teacher should be in possession of a current syllabus on the subject, adequate teachers' resource books as well as adequate pupils textbooks.

3. Research Methodology

The study used the quantitative methodology and made use of a survey research design. According to Anderson (2011), the descriptive survey design looks with intense accuracy at the phenomenon of the moment and then describes precisely what the researcher sees. The questionnaire was the major instrument for collecting data. As Bell (2013) observes, the questionnaire increases reliability as an instrument for collecting data because of its greater impersonality. The sample consisted of 200 teachers of which 102 were female and 98 male. All the respondents were given the questionnaires to increase on the rate of return of the instruments. Non-returns according to Phillips and Pugh (2010) introduce a bias in as much as they are likely to differ from respondents in many ways, thereby adversely affecting reliability and validity of the findings. Data collected from the questionnaires produced descriptive statistics around the variables under study.

Data presentation and analysis

The study set out to investigate the constraints faced by secondary school teachers in the teaching and learning of HIV/AIDS education in Zimbabwe.

Table 1: Respondents by gender

Gender	Frequency	Percentage
Female	102	
Male	98	
Totals	200	100

As table 1 reveals, female respondents were slightly more than the male ones (51% and 49% respectively). Since respondents were picked through random sampling, this may suggest that there were more female teachers in secondary schools.

Table 2: Distribution of respondents by age

Age in years	Frequency	Percentage
Below 26	32	16
26 – 35	60	30
36 – 45	76	38
46 – 55	32	16
Over 55	0	0
Totals	200	100

Table 2 above shows that most of the respondents were forty-five years and below (84%). Those above forty-five years constituted 16% of the respondents.

Table 3: Professional qualifications of respondents

Professional Qualifications	Frequency	Percentage
Diploma in Education	68	34
Certificate in Education	10	5
Bachelor of Arts Degree	56	28
Bachelor of Education	32	16
Bachelor of Science	22	11
Other	12	6
Totals	200	100

The information on table 3 above shows that 34% of the respondents were in possession of the Diploma in Education, followed by those with the Bachelor of Arts (28%), and the Bachelor of Education, Bachelor of Science and other qualifications constituted 16%, 11% and 6% respectively.

Table 4: Respondents views on whether HIV/AIDS should be an independent subject on the timetable

Response category	Frequency	Percentage
Strongly Agree	15	8
Agree	12	6
Disagree	79	39
Strongly Disagree	94	47
Totals	200	100

On whether the subject HIV/AIDS education should be allocated special time in the time-table, the majority of respondents indicated that it should be integrated into the other subjects (86%). Those who stated that it should appear as an independent subject were 14% of the respondents.

Table 5: Respondents' views on the adequacy of their understanding of the HIV/AIDS education

Responses Category	Frequency	Percentage
Totals	200	100

The information on table 5 above shows that the majority of the respondents did not adequately understand the content of HIV/AIDS education (78%). Those who stated that they adequately understood the content were 22% of the respondents.

Table 6: Respondents' views on adequacy of information in the HIV/AIDS education syllabus

Response Category	Frequency	Percentage
Strongly Agree	20	10
Agree	56	28
Disagree	88	44
Strongly Disagree	36	18
Totals	200	100

The majority of respondents (62%) felt that the content covered by the HIV/AIDS education syllabus does not have adequate content on the subject. Only 38% of the respondents were satisfied with the content in the syllabus.

Table 7: Respondents' views on the challenges they faced in the provision of teaching and learning resources for HIV/AIDS education

Nature of Challenge	Frequency	Percentage
Finances	25	13
Textbooks	35	17
Bureaucracy in acquiring material	36	18
Lack of cooperation from heads	58	29
Lack of current literature	46	23
Totals	200	100

Table 7 above reveals that the main challenges cited by respondents were lack of cooperation from heads (29%), lack of current literature (23%), bureaucracy in acquiring material for teaching and learning of HIV/AIDS education (18%), shortage of non-existence of textbooks (17%) and lack of funds (13%).

Table 8: The respondents' views on the number of times they have attended workshops on how to teach HIV/AIDS education

Category of responses	Frequency	Percentage
Never	132	66
Once	42	21
Twice	20	10
Three times	4	2
Many times	2	1
Totals	200	100

Table 8 above shows that 66% of the respondents had never attended a workshop on how to teach HIV/AIDS education while 21% had attended to an HIV/AIDS education once, 10% twice, 2% three times and 1% for many times.

Discussion

The information from this study revealed that none of the respondents had a relevant qualification to effectively teach HIV/AIDS education. Teachers were generally in possession of professional qualifications relevant for other subject areas. For example, most of the teachers were in possession of general diplomas and degrees that did not include HIV/AIDS education. This corroborates observations by Chiweza (2007) who postulates that the teaching of

HIV/AIDS education is not about what a teacher knows, but how to use different techniques for the art of teaching to be understood by learners. In other words as Gruendel (2009) argues, relevant teaching qualifications contribute immensely to a pupil's performance and understanding in HIV/AIDS education. Teacher training is fundamental to the successful delivery of HIV/AIDS education, and yet efforts to train teachers are often inadequate, if in place at all (Land, 2010).

Evidence from the study also reveals that the majority of the respondents felt that HIV/AIDS education should not be an independent subject, but should be integrated into other subjects. As Mukoma and Flisher (2004) postulate, HIV/AIDS education cannot be isolated from a comprehensive health education program addressing whole range of problems such as use of alcohol and other drugs, teenage pregnancies, poor living conditions, violence and unemployment. Thus, HIV/AIDS sex education should be an integrated part of the larger Life Skills education program aimed at adoption of healthy life style skills enabling a student to deal effectively with the demands, challenges, dangers and pressures of everyday life (UNAIDS, 2007).

Teachers did not adequately understand the content of the HIV/AIDS education. They also revealed that the HIV/AIDS education syllabus did not extensively cover the relevant content that would help pupils understand the dangers of HIV/AIDS adequately. As Obanya (2005) states, if a teacher is to play the role of a learning coordinator successfully in today's school, he or she must possess the basic knowledge and concepts of a subject matter and must know what he or she wants to teach, that is, the teacher must be able to select content.

Information from the study reveals that the majority of teachers teaching HIV/AIDS education had never attended workshops on how to improve the teaching and learning of the subject. It was assumed that all those teaching the subject had adequate knowledge to impart to the pupils and yet this was not the case. As Chingono (2004) posits, teachers should be staff developed on HIV/AIDS education like in any other subject so that they are in a position to acquire some knowledge on recent developments in the subject area. This will help them create some confidence in the teacher.

Conclusion and Recommendations

Conclusions

Given the background of the above findings, the researchers make the following conclusions:

- Teachers teaching HIV/AIDS education in secondary schools did not possess relevant professional qualifications to teach the subject effectively.

- Most teachers felt that HIV/AIDS education should be integrated into existing subjects instead of it to be a stand alone subject.
- The HIV/AIDS education syllabus did not extensively cover relevant content on the subject which left teachers failing to properly understand what to teach and how to teach it.
- Schools were not organizing staff development sessions or workshops to update teachers on new developments on the subject.

Recommendations

In light of the findings of the study and the conclusions the researchers would like to put forward some recommendations:

- Teacher training colleges should train all teachers in such a manner that they can teach HIV/AIDS education within their subject areas, instead of having the subject (HIV/AIDS education) taught by specialist teachers.
- The Ministry of Primary and Secondary Education in conjunction with the Curriculum Development Unit and other stakeholders should modify the HIV/AIDS education syllabus so that its content pervades most if not all subject areas in the secondary school curriculum.
- The schools should organize staff development sessions and workshops on the teaching of HIV/AIDS education for all teachers on a regular basis to keep them abreast with current trends on the subject.

References

- Anderson, C. (2011). *Research in education*. Boston: Allyn and Bacon.
- Bandura, A. (2006). *Self-efficacy: The exercise of control*. New York: Freeman.
- Bell, J. (2013). *Doing your research methods*. Buckingham, Open University Press.
- Bellamy, C. (2012). *Urgent action for children on the brink*. London: MacMillan.
- Chief Education Officer Circular No. 16 (1993). *Introduction of HIV/AIDS education in schools*. Harare: Government Printers.
- Chikoko, T. S. (2010). *An impending calamity*. Harare: Longman.
- Chingono, S. (2004). *AIDS is a reality*. Harare: University of Zimbabwe.
- Chiweza, D. (2000). *HIV and AIDS: The last stand*. Harare: Able City.
- Dube, N. and Moyo, H. (2009). *Causes of school dropouts in Tsholotsho*. Harare: College Press.
- Gruendel, S. (2009). *The crisis within the crisis: The growing epidemic of AIDS orphans*. New Jersey: Lawrence Elbaun Associates.
- Jackson, H. (2010). *Planning for education in the context of HIV/AIDS*. Paris: UNESCO 11EP.
- Jones, L. (2006). *Children in poor urban settlements in Swaziland in an era of HIV/AIDS*. African Journal of AIDS Research, 4(3): 161-171.
- Kasambira, K. P. (2003). *Teaching methods*. Harare: College Press.
- Kelly, M. J. (2000). *Planning for education in the context of HIV/AIDS*. Harare: UNESCO 11EP.
- Land, H. (2010). *Children and AIDS*. Journal of HIV/AIDS and Social Services, 9(4): 323-336.
- Madhavan, S. (2010). *Fosterage patterns in the age of AIDS: Community and change*. Social Science and Medicine, 29(3): 127-136.
- Mbananga, N. (2004). *Cultural clashes in reproductive health in schools*. Health Education, 104(3): 152-162.
- Mhloyi, M. (2012). *Knowledge beliefs and practices*. A baseline survey for the Government of Zimbabwe. Harare: UNICEF.
- Mukoma, W. and Flisher, A. J. (2004). *Evaluation of health promotion in schools: A review of nine studies*. Health Promotion International, 19(3): 337-368.
- Ngomanyuni, S. (2011). *How education can fight HIV/AIDS*. London: MacMillan.

Obanya, P. (2005). *General methods of teaching*. Lagos: MacMillan.

Operario, B. S. (2009). *The AIDS pandemic: A reality in our schools*. London: Longman.

Phillips, E. M. and Pugh, D. S. (2010). *Doing qualitative research*. London: SAGE.

Stones, E. and Morris, S. (2011). *Incorporating health education in school subjects*. London: Stanley Thorns.

UNAIDS (2007). *Impact of HIV and sexual health education in the sexual behavior of young people*. A review update. Geneva: UNAIDS.

