

**The impact of HIV/AIDS on primary school teachers: an investigation
into HIV/AIDS linked support systems and resource material that
promote positive attitudes**

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Declaration

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly other stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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Abstract

This study sought to determine the impact of HIV/AIDS on teachers, and examine the effects of providing adequate HIV/AIDS support systems and resource material in promoting positive attitudes in teachers to teach HIV/AIDS prevention education. The study focused on five Zimbabwean Primary schools. Teachers are personally affected by HIV/AIDS. It is therefore important to find out what HIV/AIDS support systems are available to help teachers cope. The same teachers are used as the main tool to educate learners on HIV/AIDS prevention. The research sought to find out whether teachers are provided with adequate resources and teaching material that enable effective dissemination of HIV/AIDS prevention to learners. As teachers try to cope with the personal effects of HIV/AIDS and delivering HIV/AIDS prevention education, their attitude is a major determinant of success in carrying out the task. In view of these factors the study also investigated whether there is HIV/AIDS knowledge transfer to learners. The study also sought to find reasons for the reported increase in cases of sexual abuse in schools these schools.

Data collection was done through triangulation of three tools: a questionnaire, focus group discussions and interviews. The information gathered was analysed using the Minitab data analysis software as well as through coding of qualitative data.

It was clear that HIV/AIDS linked support systems for teachers are hardly available in schools. Teaching material for HIV/AIDS prevention education is left as the teacher's responsibility to find ways to effectively disseminate. This has led to a negative attitude with some teachers handling the subject as an extra burden on an already overloaded curriculum. The research determined that the key to creating positive attitudes in teachers is the provision of resources to teach the subject as well as the provision of HIV/AIDS linked support systems for teachers. Schools should be identified as the teacher's workplace hence reasonable HIV/AIDS accommodation should be put in place. Learners have definitely benefited from the HIV/AIDS prevention education although gaps were identified in the knowledge and more can still be done if teachers are adequately resourced. Issues of stigma and discrimination are still evident in schools as well as cases of abuse.

Opsomming

Hierdie studie het gepoog om die impak van MIV/VIGS op onderwysers vas te stel, en die effekte van die voorsiening van geskikte MIV/VIGS sisteme van steun en hulpmiddels vir die bevordering van positiewe houdings onder onderwysers om MIV/VIGS voorkoming onderwys te ondersoek. Hierdie studie het op vyf Zimbabwiese laerskole gefokus. Onderwysers is persoonlik deur MIV/VIGS geaffekteer. Dit is dus belangrik om uit te vind watter MIV/VIGS sisteme van steun beskikbaar is om onderwysers te help om opgewasse te wees. Hierdie onderwysers is ook die hoof instrument om leerders oor MIV/VIGS voorkoming in te lig. Die navorsing het gepoog om vas te stel of onderwysers met geskikte hulpbronne voorsien word. Terwyl onderwysers probeer om die persoonlike effekte van MIV/VIGS te hanteer en voorkomingsvoorligting aan te bied, is hul houding 'n beslissende faktor vir die sukses van hierdie taak. Dus het hierdie studie ook die kwessie van MIV/VIGS kennis-oordrag aan leerders nagevors, asook die redes probeer bekom vir die waarskynlike toename in gevalle van seksuele mishandeling in hierdie skole.

Data insameling het plaasgevind deur die volgende drie metodes: 'n vraelys, fokus groepe en onderhoude. Die ingesamelde data is geanaliseer met Minitab data analise programmatuur sowel as deur die kodering van kwalitatiewe data.

Dit is duidelik dat MIV/VIGS-gekoppelde sisteme van steun vir onderwysers in skole skaars is. Materiaal vir MIV/VIGS voorkomingsonderwys is die onderwyser se verantwoordelikheid. Dit het gelei tot 'n negatiewe houding onder verskeie onderwysers waar dit as 'n bykomende las in 'n alreeds oorlaaide leerplan gesien word. Hierdie navorsing wys dat die sleutel om positiewe houdings in onderwysers te skep is die verskaffing van hulpbronne om die vak te onderrig, sowel as die voorsiening van MIV/VIGS-gekoppelde steun sisteme vir onderwysers. Skole moet gesien word as die onderwyser se werksplek en dus moet billike MIV/VIGS akkomodasie in plek wees. Leerders het wel voordeel getrek uit die voorkomingsprogram al is daar leemtes in hul kennis identifiseer en meer kan gedoen word as onderwysers geskikte middele kry. Kwessies van stigma en diskriminasie is in die skole voor die handliggend, asook gevalle van seksuele mishandeling van leerders deur onderwysers.

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CHAPTER 1: Introduction

1.1 Problem statement

Statistics on Zimbabwe show that annual deaths due to AIDS in the productive age group reached 143,000 per annum in 2003 and will increase to 148,000 per annum by 2018. AIDS is now responsible for nine out of every 10 deaths in the same age group (National AIDS Council, 2004). These statistics include Zimbabwe's Education sector employees who are also at risk of HIV infection. Teachers are among the three groups infected at the highest rate in Zimbabwe (the other two being the army and police). This has led to loss of experienced personnel and a decline in the quality of education (ZIMTA, 2002).

While teachers' colleges train teachers in HIV/AIDS, the demand for teachers trained to discuss HIV/AIDS with students is still unmet and growing. It is also suggested that the training programmes do not provide concrete guidance as to what teachers should do to protect themselves from HIV/AIDS (ZIMTA, 2002). One study with teachers and managers suggested that many teachers and managers are generally ignorant about HIV/AIDS, its aetiology and implications (HIV/AIDS in Education Assessment Team, 2002).

The Ministry of Health and Tertiary Education (2004) added HIV/AIDS as a subject to the school curriculum and it is taught to students from nine years old. Teachers are the tool used to disseminate HIV/AIDS prevention education to learners. Regardless of this very important role, teachers have been called poor educators of HIV/AIDS. It is suggested that they lack the necessary knowledge on HIV/AIDS issues, and most HIV/AIDS material is designed for students rather than for teachers (ZIMTA, 2002).

Despite being tasked with educating learners, teachers have to deal with the personal effects of HIV/AIDS, the same effects, which to a certain extent may affect the way they carry out their duties. It was observed that teachers ill from AIDS do not adequately perform their duties as a result there is poor performance and decrease in time with students (ZIMTA, 2002).

The introduction of HIV/AIDS lessons to the school curriculum was an additional subject that required a change on the part of the educators to incorporate the subject. Introduction of any new approach is usually problematic because it entails a paradigm shift for all stakeholders especially the teachers (Defeng, 1998). A paradigm shift by definition involves change in attitude which is why it is relevant to consider positive attitudes in teachers to effectively implement HIV/AIDS prevention education.

It was noted that when teachers are favourably disposed to an approach they are also likely to support its implementation, but when they are unfavourably disposed they may prove resistant to the change in attitude required to implement the new approach (Hall & Hewings, 2001). Not much information is available on HIV/AIDS linked support systems available for teachers to help them cope with the personal effects of HIV/AIDS. Though resource material for teaching HIV/AIDS prevention education is available since it is part of the curriculum, not much research has been done to investigate its availability to teachers to effectively execute the subject.

It is of paramount importance to investigate what the provision of HIV/AIDS linked support systems in the teachers' workplace would do in creating positive attitudes towards teaching HIV/AIDS prevention education. There are two independent variables in the problem 'HIV/AIDS linked support systems' and 'HIV/AIDS resource and teaching material'. The dependent variable is 'positive attitudes'. There is a relationship between the variables as follows: it is possible that teachers who have HIV/AIDS linked support systems as well as resource material to teach HIV prevention education will have positive attitudes towards the HIV/AIDS prevention subject and hence be more committed to teaching it. On the other hand, non availability of support systems and resource material may make teachers develop negative attitudes and hence lack the commitment to teach HIV/AIDS prevention. The non availability of HIV/AIDS linked support systems may also contribute to the sexually abusive relationships between teachers and their students (Christensen, 2004).

The problem will be addressed by pursuing the following objectives:

- To determine if the provision of HIV/AIDS linked support systems in the workplace promotes positive attitudes in Teachers delivering HIV/AIDS prevention education.
- To determine if the provision of HIV/AIDS prevention education teaching material, promotes positive attitudes in teachers to effectively disseminate HIV/AIDS prevention education.
- To find out when presented with the above factors if there is any HIV/AIDS prevention education knowledge transfer to the learners.
- To investigate the reasons for the existence of sexually abusive relationships between teachers and students which contribute to the spread of HIV/AIDS amongst primary school children.

1.2 Method of research

An extensive review of literature on HIV/AIDS and Teachers in Zimbabwe was carried out. The review included finding out what resources are available to teach HIV/AIDS prevention education as well as the support systems that are available for teachers to cope with the personal effects of HIV/AIDS. A questionnaire was drawn and administered in order to investigate teachers' attitudes according to the four objectives. Forty Zimbabwean primary school teachers were asked to respond to the questionnaire comprising of thirteen attitudinal questions.

Two focus group discussions were also designed and administered on teachers and primary school children. The focus group with teachers was used to gain insights into the views of teachers guided by the four objectives. The discussion with primary school children was used to assess children's knowledge on HIV/AIDS as well as to understand other aspects such as stigma and discrimination from the children's perspective.

In addition, a structured interview was designed and administered on a representative of the Progressive Teachers Union of Zimbabwe (PTUZ). This was used to gain insights into

the views of the union regarding HIV/AIDS, the teacher and the coping strategies that have been put in place.

1.3 Structure of the study

This chapter identifies the problem that will be addressed in this study and provides a rationale for the research. The purpose, assumptions and objectives of the study are outlined and a brief explanation of the procedures is provided.

Chapter 2 provides a review of the relevant literature on the variables. The prevailing situation of HIV/AIDS and the Teacher is outlined. There has not been specific research on the effect of providing HIV/AIDS linked support systems for teachers in Zimbabwean Primary Schools but similar studies from other countries are given. The chapter will attempt to outline the challenges that teachers face in their endeavour to effectively implement HIV/AIDS prevention when they are also personally affected by HIV/AIDS. Attitudes are defined and conceptualised as well as their different dimensions explained in relation to the successful implementation of HIV/AIDS prevention education. The role of the teacher's attitude in the success or failure to teach HIV/AIDS prevention is examined.

Chapter 3 deals with the research method used in this study with specific reference to subjects, instruments and procedures. The three instruments used for data collection in this study are discussed and explained in detail as well as the analysis of data is outlined.

Chapter 4 is devoted to the presentation and discussion of the analysed data. The aim is to answer the objectives posed in Chapter 1. It also discusses and interprets the results in the light of previous research.

Chapter 5 contain conclusions on the findings and outlines recommendations. It also includes a brief on limitations of the study as well as areas for further research.

CHAPTER 2: Literature Review

2.1 Introduction

The study explores the effect of providing adequate HIV/AIDS linked support systems and resource material in promoting positive attitudes in teachers. It is important to explain how HIV/AIDS affects teachers. It is also important to look at the support systems that are available for teachers to cope with the effects of HIV/AIDS and what is available for teachers to implement HIV/AIDS prevention education.

Teachers' attitudes towards HIV/AIDS prevention education are a dependent variable and it is important to explain the definitions and dimensions of attitudes to determine how positive attitudes can be promoted for the effective implementation of HIV/AIDS prevention education. This study will also focus on the problem of sexually abusive relationships between teachers and pupils. Recent cases of sexual abuse on school children perpetuated teachers will be looked at.

2.2 HIV/AIDS and the teacher

Teachers, many of whom are part of an older generation who did not receive AIDS education in their younger years, are highly susceptible to HIV infection in Zimbabwe. One study found that 19% of male teachers and close to 29% of female teachers were HIV positive (Pembrey, 2006). According to Raymond Majongwe, President of the Zimbabwe Progressive Teachers Union, an estimated 25% of teachers were infected with HIV as of July 2002 (Price-Smith & Daly, 2004). Table 2.1 below illustrates the impact of HIV/AIDS on the school system in Africa.

Table 2.1 Impact of HIV/AIDS on the school system in Africa

Country	Number of primary school children who have lost a teacher due to the AIDS epidemic in 1999	Total of enrolment in primary school
South Africa	100,000	8,000,000
Kenya	95,000	5,600,000
Zimbabwe	86,000	2,400,000
Zambia	56,000	1,700,000
Malawi	52,000	2,800,000
Ethiopia	51,000	4,300,000
Cote d'Ivoire	23,000	1,700,000
Botswana	14,000	350,000
Namibia	9,500	350,000
Burkina Faso	7,400	700,000
Lesotho	6,200	360,000
Congo	3,900	450,000
Swaziland	3,600	210,000

Source: Dossier of Education International Magazine (2001)

In Zimbabwe as in other African countries AIDS is currently the main cause of death among teachers. Globally it is estimated to cost US\$1 billion annually to compensate for the loss and absenteeism of teachers from AIDS. It is also suggested that an infected teacher loses about six months of professional working time before developing full blown AIDS, while an average of one year lapses between the onset of clinical AIDS and death. Teachers experience about 18 months of increasing disability before leaving the school system (Buss, 2006). Coombe (2002) found that teachers are being lost through illness and mortality in Botswana and South Africa. Death or absence of a single educator is particularly serious because it affects the education of fifty or more children. This has resulted in a short supply of teachers and particularly in Zimbabwe with the rural areas being worst affected. Schools often depend upon a small number of teachers; if one is ill, or taking time off to care for family members or attend to funerals as a result of AIDS, it

can seriously disrupt classes (Pembrey, 2006).

The Zimbabwe Progressive Teachers Union carried out a study on the deaths of teachers related to HIV/AIDS. Table 2.2 below shows the numbers of estimated deaths of teachers over two years, 2004 and 2005.

Table 2.1 Estimated numbers of deaths of teachers due to AIDS

Deaths of teachers by province	1 Jan-31 Dec 2004	1 Jan – 31 Jul 2005
Harare	89	60
Bulawayo	56	39
Midlands	63	41
Manicaland	56	31
Masvingo	53	21
Mashonaland Central	57	41
Mashonaland East	69	36
Mashonaland West	43	33
Matabeleland North	38	37
Matabeleland South	42	23
Total	566	362

Source: Progressive Teachers Union of Zimbabwe, (2005)

The above statistics show that the country is losing teachers at an alarming rate. The majority of the deaths are due to HIV/AIDS related illnesses (Progressive Teachers Union of Zimbabwe, 2005).

Absenteeism of teachers due to funeral attendance, illness and family responsibility is posing a major challenge and worsening the quality of education. It is suggested that HIV/AIDS is leading to substantial anxiety and stress among infected and affected teachers, posing an extra challenge to morale and the education process (HIV/AIDS in Education Assessment Team, 2002). Stress is the effect of someone having too much work, or worry or pressure (Oxford Primary Dictionary, 2006). It is also defined as

“emotional factor that causes mental tension and may be a factor in disease causation” (Merriam-Webster, 2007). It can be said that stress is having competing issues with limited time or space to accomplish them. Teachers may need to do everything including dealing with HIV/AIDS as well as their day to day duties, which may lead to physical, mental and spiritual tiredness.

It is suggested by Coombe (2002) that HIV is impacting on the emotional status of educators and young people. Teacher moral is low where the impact of HIV is high. For teachers in Zimbabwe the situation is worsened by the current economic challenges the country is facing. Due to the economic challenges a large number of teachers have left the country for neighbouring countries such as South Africa and Botswana. The ZIMTA chief executive officer, Mr Peter Mabhande has conceded to the fact that Zimbabwe does not have enough teachers as a result of HIV and mass exodus to neighbouring countries “We don’t have enough teachers in this country and any loss of such persons is a great damage to the education system, especially when we are teaching subjects such as mathematics and science for economic development” (Herald, 2006 (d)).

Teachers are some of the lowest paid employees in Zimbabwe with their salaries far below the current poverty datum line (Central Statistics Office, 2007). Illustrated below in table 2.3 are the salaries of teachers in comparison with an international currency as of August 2007.

Table 2.3 Teachers salaries

Teacher	Salary in ZW\$	Salary in US\$ at official exchange rate ZW\$30,000 – US1\$	Salary in US\$ at unofficial exchange rate \$ZW\$500,000 – US\$1
The lowest paid	2,730 000	91	5.46
The highest paid	4,900 000	163	9.8
Poverty datum line	16,700 000	556.67	33.4

(Data adopted from CSO and Progressive Teachers Union of Zimbabwe, 2007)

The highest paid teacher earns about a sixth of the money that is required for an average family to survive (The Herald, 2007 (f)). For a teacher who is affected by HIV/AIDS this poses a great challenge because they have to live a healthy lifestyle with all the basic commodities provided for. This substantiates the stress and anxiety of having to cope with salaries below the poverty datum line and still face the challenges of HIV. Teachers contribute about ZW\$1.8 billion dollars to the National AIDS Council (NAC) coffers every month through a compulsory AIDS levy. The Zimbabwe Progressive Teachers Union suggests that some deaths could have been averted if they had been provided with Anti-Retroviral Drugs. The National AIDS Council has not released any funds for teachers' HIV/AIDS programmes regardless of the fact that teachers contribute the highest amount of the AIDS levy among civil servants (Progressive Teachers Union of Zimbabwe, 2005).

2.3 Support systems available for teachers

There are interventions that have been put in place in order to support teachers to deal with HIV/AIDS challenges as well as equipping them to deliver HIV/AIDS prevention education to learners (UNESCO, 2006 (c)). ZIMTA and the American Federation of Teachers worked in collaboration to implement strategies and activities to help curb the spread of HIV/AIDS among teachers in Zimbabwe. The main focus of the intervention was on education, awareness and prevention (ZIMTA, 2002). It is however, important to note that most research on HIV/AIDS education in schools has focused on assessing the change in school children in terms of knowledge, attitudes and behaviour (Horizons, 2001; Brook, 1999; Nwokocha & Nwakoby, 2002). Very few studies have examined teachers' attitudes with regard to HIV/AIDS education, how teachers are coping with the task of educating learners on HIV prevention as well as dealing with the personal effects of HIV/AIDS. Action Aid (2003) also noted that there is very limited research on the implementation of HIV/AIDS in the classroom.

Two separate studies in Zambia by Chiwela & Mwape (1999) and Malambo (2000) of Zambian teachers and HIV/AIDS clearly revealed that most teachers in that country have neither been trained to deal with HIV/AIDS nor have they been provided with teaching

materials. This makes it imperative to find out what support systems are available for Zimbabwean primary school teachers in their workplace.

HIV/AIDS support systems may include meeting the needs and ensuring a supportive workplace for teachers who are HIV-positive and or caring for an HIV-positive family member; facilitation for the provision of counselling, care and support for teachers with HIV or affected by HIV; dealing with the attitudes of co-workers and pupils who may subject those infected or affected to stigma; meaningful involvement of HIV-positive teachers in responses to HIV/AIDS and equipping teachers with the resources, skills and attitudes to deliver effective HIV/AIDS prevention education in schools (EFAIDS, 2006) These systems should be considered when putting in place mechanisms to deal with stigma and isolation. People affected by HIV/AIDS are stigmatised and may be prevented from gaining access to social support systems. It is suggested that fear of isolation is particularly strong among teachers who live and work in small communities, where confidentiality is problematic (Coombe, 2002).

Support systems are essential for providing a safe and supportive working environment for teachers. To ensure effective and efficient participation of the education sector in the global, regional and national response to HIV/AIDS, it was recommended that the impact of the epidemic on the sector has to be addressed, and in particular, the impact on teachers living with and/or affected by HIV (EFAIDS, 2006). These support systems appear to be a challenge for Zimbabwean teachers considering a recent publication by the Zimbabwe Progressive Teachers Association reporting that teachers were failing to access Anti retroviral treatment (ARVs) from the National AIDS Council even though every teacher contributes to the National AIDS levy (Herald, 2006 (a)).

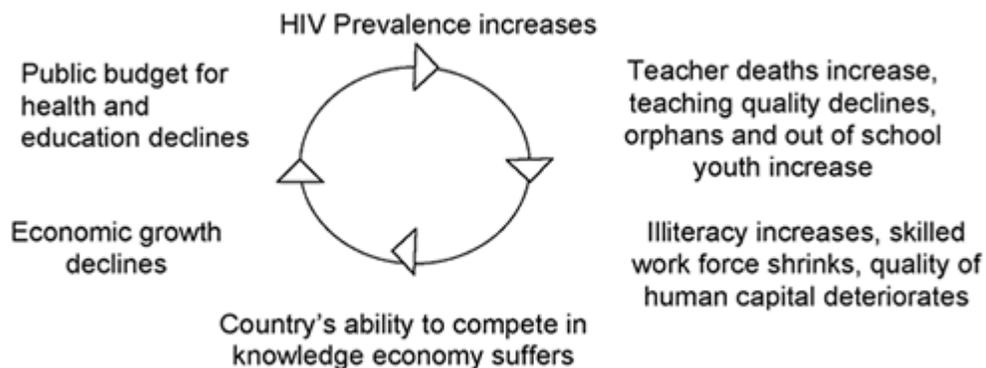
Kelly (2002 (a)) noted that teachers often lack the curricular time and orientation to adequately address the issue with schools. In addition studies have also shown that most teachers routinely do not even get information, training or support they need in order to implement their work (Malambo, 2000; Kelly, 2002 (a); Action Aid, 2003). As a coping mechanism, it was found that teachers often rely on rote learning, which promotes an

academic and overly scientific interpretation of the subject without ensuring that students have a true understanding (Kelly, 2003 (b); Action Aid, 2003).

2.4 Teachers as main deliverers of HIV/AIDS prevention education

As alluded to above, children in Zimbabwe are currently taught about HIV/AIDS in schools from the age of nine, the government has recently suggested that there are plans to make students take an examination on the subject (Pembrey, 2006). Booklets for students and teachers are designed for each grade and are according to four main themes; relationships, growing up, life skills and health (UNAIDS, 1997 (a)). This is a positive move by the government considering the damaging effect that HIV/AIDS is having on the education sector, resulting in aggravating the epidemic in a vicious cycle as depicted in figure 2.4 below.

Figure 2.4



Source: Pembrey, 2006

The head of UNAIDS, Peter Piot, had the following to say about education: “Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach” (Pembrey, 2006).

The cycle shows how important the education sector is and its importance in minimising the effects of HIV/AIDS. One of the strategies identified is that HIV/AIDS prevention education among pupils and students is a critical determinant of access to, and the quality of education (HIV/AIDS in Education Assessment Team, 2002). Teaching of HIV/AIDS

prevention education will not only retain the quality of education but also pupils and teachers alike.

Education is important because it is the only way of transmitting knowledge on HIV prevention. For a society to maintain or adopt safe behavioural practices some form of education is necessary. Kelly (2000) suggests that messages about risks of unprotected sex are essentially educational as well as messages about abstinence or condom use. Research has shown that there are a number of achievements where education has contributed to the reduction in HIV prevalence. In Zambia HIV prevalence among 15 to 19 year olds in Lusaka dropped from 23 percent in 1994 to 15 percent in 1998 and in Ndola from 21 percent to 16 percent in the same period. This was from population based surveys and it was most marked in participants with higher levels of education (Fylkesnes et al, 2001). In Zimbabwe a large population survey showed that those attending school had much lower prevalence rates than those who were not in school (Gregson, Woddell & Chandiwana, 2001). These achievements show that formal education plays a key role in reducing prevalence among young people.

Implementation of an HIV/AIDS policy for teachers' colleges was a positive step because it made it mandatory for HIV/AIDS to be part of the teacher training curriculum (Ministry of Higher and Tertiary Education, 2004). It may then be suggested that the later generation of teachers are well educated about HIV/AIDS and can hence educate their learners. There is, however, a need to look closely at what HIV/AIDS prevention education consists of. UNESCO (2005 (b)) defined HIV/AIDS education as consisting of developing awareness, knowledge, skills, attitudes and values that will reduce infections and impact of HIV, including the impact on the education sector itself. Prevention education also includes access to care, counselling and treatment, education as well as preserving and enhancing the core functions of the education system by better planning and management. Kelly (2000) also explained that HIV/AIDS education is supposed to communicate relevant knowledge, engender appropriate values and attitudes, and build personal capacity among learners to maintain or adopt behaviour that will minimise or eliminate the risk of becoming infected by HIV.

Not much previous research or literature is there on the resources that are available for teachers to teach HIV prevention education, particularly about Zimbabwe. It is therefore important to find out if teachers are carrying out this task when faced with the challenges of HIV/AIDS at a personal level. There are current interventions such as the UNESCO Global Initiative on Education and HIV/AIDS mainly working with selected schools in Zimbabwe to promote HIV/AIDS prevention education (UNESCO, 2005 (b)). Resources for use in teaching HIV/AIDS prevention education have been put in place by the Ministry of Education. It is important to ask if the interventions and resources actually reach the teacher and if they do, whether they enhance the working environment of the teacher?

2.5 Sexual abuse of pupils by teachers

It is suggested that teachers in Zimbabwe are poorly informed and ignorant about HIV and how to prevent transmission. There is also growing evidence that suggests that sexual relations occur between teachers and students, which further amplifies the spread of HIV in the community (Price-Smith & Daly, 2004). Recent articles in the daily newspapers reflect badly on the relationship between teachers and students. Some of the stories are: ‘Teacher rapes, infects girl (6) with HIV’. A Ruya high school teacher in Mt Darwin raped his workman’s daughter and infected her with HIV. Admore Mhembere (34) was slapped with a 20 year jail term (The Herald, 2006 (b)).

This case shocked most Zimbabweans and the UNICEF (2006 (b)) country representative Mr Kavishe said: “This case should shock each and every Zimbabwean into action. It is sickening to hear that in 2006 we still have cases where people believe their sexually transmitted diseases can be cured by having sex with a virgin”. Facts of the case made it clear that the teacher raped the girl hoping to heal his sexually transmitted diseases. Early in 2007 UNICEF published a report, in which, dismay was expressed at the continued sexual abuse of children in Zimbabwe, most of them being primary school pupils. The children are mostly abused by people in trusted positions. It was noted that anecdotal evidence from local NGOs and clinics around Harare show child sexual abuse is rampant. In 2005 alone, a local NGO, the Girl Child Network recorded 4,146 cases of sexual abuse against children in its area of operation alone. This translates to 11 children being sexually

abused every day of 2005 (UNICEF, 2006 (b)).

The other cases reported on sexual abuse included ‘Untrained Buhera Teacher accused of abusing 23 pupils’. A 59 year-old untrained teacher at Buhera Primary School, Stanley Matenga, was arrested on allegations of sexually abusing and assaulting 23 pupils aged between 9 and 12 years (The Herald, 2006 (c)). ‘General hand accused of sexually abusing 49 pupils’. A 44 year old general hand at Chirorodziva Primary School in Chinhoyi was arrested on charges of indecently assaulting 49 school girls (The Manica Post, 2007). ‘Teacher in Court for raping pupil’ A Seke primary school teacher was arraigned before the Chitungwiza provincial magistrate for allegedly sexually abusing a 12 year old pupil (The Sunday Mail Metro, 2006). ‘Teachers suspended, child sexual abuse cited’ Teachers at a primary school were suspended and charges were laid for child sexual abuse on pupils (The Herald, 2007 (e)).

Schools in Sub-Saharan Africa seem to tolerate serious sexual harassment and abuse, most of it perpetrated by older male pupils and male teachers. A study that investigated the extent and nature of abuse of girls in Zimbabwe found that sexual abuse of girls by male pupils and teachers is accepted, along with corporal punishment and verbal abuse, as an inevitable part of much of school life. It exploits unequal power relations and authoritarian ethos within schools (Mpisa, 2000).

The reluctance of education authorities to address the issue and to prosecute perpetrators allows abuse to flourish unchecked. By their inaction, authorities condone and encourage it. Male teachers who openly pursue sexual relations with girls give an indication to boys that such behaviour is acceptable. Fear of abusive teachers and mistrust of other staff that turn a blind eye prevents pupils from reporting incidents. Sexual abuse of girls in schools is a reflection of gender violence and inequality in the wider society. Domestic violence against women and children is commonplace, as is rape and forced sex within relationships. Women are considered as “belonging” to men and hence accorded lower value and status (Leach, 2001).

The rapid spread of HIV/AIDS has increased girls' vulnerability to sexual abuse by "sugar daddies" and male teachers, relatives and neighbours. The myth that AIDS can be cured by having sex with a virgin, exposes girls as young as six to rape. Gifts, money and promises of marriage lure teenage girls into sexual relations that put them at risk of HIV infection (Mpisa, 2000; Leach, 2001).

Even though the cases of abuse are still reported and some may not even be mentioned, Zimbabwe has made good progress in fighting against it. This is evidenced by the cases reported in court with some perpetrators being jailed. A number of interventions have been put in place by organisations such as the Girl Child Network that won the Red Ribbon Award from UNESCO in 2006. The award was for its work on addressing inequalities which fuel the HIV/AIDS epidemic in Zimbabwe. The Network counsels and supports girls including victims of sexual abuse (UNESCO, 2006 (c)).

In October 2006 Zimbabwe launched a domestic violence bill. Domestic violence is defined as any unlawful act, omission or behaviour that results in death or the direct infliction of physical, sexual or mental injury to any complainant. The domestic violence bill is aimed at the protection of women as well as girls from abuse including sexual and emotional abuse perpetrated at home and even in schools. It is specified that abuse derived from any cultural or customary rites or practices that discriminate or denigrate girls, such as forced virginity testing, female genital mutilation, pledging of women or girls for the purposes of appeasing spirits, abduction, child marriage and forced marriage (Domestic Violence Bill 060630, 2006).

2.6 Attitude of teachers towards HIV/AIDS prevention education

The attitude of teachers towards HIV/AIDS prevention education is important and definitions and dimensions of attitudes linked to positive attitudes will be looked at. There is no common definition of attitudes. The Oxford Advanced Learners' Dictionary of Current English (2005) defines attitude as "the way that you think and feel about something or somebody: The way that you behave towards somebody or something shows how you think and feel". This definition centres mainly on how a person believes feels

and behaves in a certain way that reflects his established belief and feelings.

Webster's New Collegial Dictionary (1975) asserts the importance of belief and as an integral component of attitude and adds the organism state of readiness to respond in a characteristic way to a stimulus such as an object, concept or situation. The definition indicates that individuals' feelings are activated by a certain stimulus towards something, which in turn determines the behaviours of an individual. Oxford Primary Dictionary (2006) defines attitude simply as the way you think or feel about something and the way you behave.

The International Dictionary of Education (1977) provides a comprehensive definition. Attitude is a "predisposition to perceive, feel or behave towards specific objects or certain people in a particular manner. Attitudes are thought to be derived from experience, rather than innate characteristics which suggest that they can be modified". This definition includes beliefs, feelings and behaviours as dimensions of attitudes. It is through experience and maturation in the teaching process that teachers consolidate their feelings and beliefs consciously and unconsciously about a person object or event (Van den Aardweg & Van den Aardweg, 1988).

Having defined attitude it is also important to understand what positive means in order to then define positive attitude. The Concise Oxford Dictionary (1976) defines positive as "...convinced, confident in opinion, constructive." Another definition in The Free Dictionary (2007) is "characterised by or displaying affirmation or acceptance or certainty etc a positive attitude ... the reviews were positive".

The Collins Concise Dictionary and Thesaurus (1992) gives a definition as well as alternative of meaning in the thesaurus. Positive is defined as "...certain, sure, definite, unquestionable, utter, confident...not negative". The alternative meanings of positive are given as "...beneficial, effective, useful, practical, helpful, resourceful, progressive, productive, worthwhile, constructive..." This study will adopt this meaning because it is more comprehensive and explains positive attitude in essence. The alternative meanings

can be seen as attributes that are expected of teachers that have a positive attitude. Determination of whether teachers have positive attitudes can be made if they are effective, helpful, progressive, productive and constructive. These are of great importance if teachers are going to teach HIV/AIDS prevention education successfully.

Morey (2000) explained positive attitude as the ability to consistently make useful and helpful meaning out of the environment, circumstances, events, relationships, conversations we experience in life. It is about choice in emotions response. People with this ability choose their own focus regardless of the circumstances. They tend to remain in a resourceful state and make the most of whatever life offers them.

The definitions show how crucial a positive attitude is in the function of the teacher. This is especially so because of the suggestion stated earlier that teachers often lack the curricular time and orientation to adequately address the issue HIV/AIDS in schools (Kelly, 2002 (a)). Such an environment calls for teachers to be resourceful, progressive and helpful in their nature to make significant impact on HIV/AIDS in schools. A study that was conducted in the United States on science teachers' intentions to teach about HIV/AIDS found that, teachers' attitudes towards teaching about HIV/AIDS was most significant. Other important predictors were more positive attitudes towards teaching about HIV/AIDS, the teacher's knowledge of HIV/AIDS and availability of resources or teaching material (Lin & Wilson 1998).

2.7 Conclusion

It is clear that HIV/AIDS has an impact on teachers and the education sector in general. HIV/AIDS affects education while education also affects HIV/AIDS. This cycle is clear and it is important to put in place systems to support the education sector in particular teachers to limit the effects of HIV/AIDS while using education to reverse the impact. The attitude of teachers towards teaching HIV/AIDS prevention education is significant and it is important to know what effect providing HIV/AIDS support systems and resources has in promoting positive attitudes.

CHAPTER 3: Methodology

3.1 Introduction

This chapter describes the research design and method of research used. The study adopted quantitative and qualitative research approaches because of the nature of the topic. Data was collected from teachers, school children and a representative of a teachers union using a questionnaire, focus group discussions and a structured interview respectively. The quantitative data was analysed using Minitab software while coding was used to analyse the qualitative data. The choice of the research design and data collection methods was based on the research objectives.

3.2 Research design

Polit & Hungler (1999) describe a research design as an overall plan for obtaining answers to the questions being studied and a way of handling some difficulties encountered during the research process.

3.2.1 Qualitative research

The researcher intended to gain insight into the HIV/AIDS linked support systems that are available to assist teachers in coping with the challenges of HIV/AIDS. There was also need to understand the resources and teaching material available for teachers to teach HIV and AIDS prevention education. The availability of these has an effect on teachers' attitudes and how they deliver the HIV/AIDS prevention education subject. Since the qualitative approach describes and allows for more understanding into situations the researcher chose to use it for part of the research (Katzenellenbogen et al, 1997).

Johnson & Christensen (2000) define qualitative research as research relying primarily on collection of qualitative data (non-numerical data, such as words and pictures). Burns & Grove (2001) concur, describing qualitative research as a systematic, interactive, subject approach used to describe life experiences and give them meaning. The researcher used a qualitative approach in this study based on Burns & Grove's (2001) and Johnson & Christensen's (2000) definitions, and the major characteristics of the qualitative research

identified by Polit & Hungler (1999). These characteristics are (1) naturalistic inquiry (2) holistic perspective (3) qualitative data, (4) personal contact and insight (5) empathetic neutrality.

3.2.1.1 Naturalistic inquiry

Naturalistic inquiry is based on the ability of humans to shape and create their own experiences, and the idea that the truth is a composite of realities. Teachers described their experiences with regard to the effects of HIV/AIDS on them personally and on their work. They talked about their own experiences in what is available to support them to cope with the challenges of HIV/AIDS as well as the resources that are at their disposal to teach HIV/AIDS prevention education.

Data was collected in a naturalistic setting of the teachers' environment and this facilitated communication. The focus group discussion with school children was done at the researcher's church in a friendly setting to allow a free flow of communication. The researcher observed and noted the respondents' verbal and non-verbal communication throughout the data collection process.

3.2.1.2 Holistic perspective

A holistic approach is complex because it looks at different dimensions where teachers are expected to educate learners about HIV/AIDS prevention while they are also affected. Data collection from the teachers, school children and teachers union gave meaning to the entire study. The merging of the three data collection methods (interview, focus group discussions and questionnaire) and collecting the data from different levels of people (teachers, school children and teachers union) was done to understand the objectives of the study from different perspectives. A holistic approach was essential for this study to give answers to the research questions.

3.2.1.3 Qualitative data

Data collection using focus group discussions and a structured interview was flexible. Direct quotations of the research participants captured their experiences. The researcher

asked probing questions to obtain clarity during data collection. Qualitative data collected from the focus group discussions and interviews were complex and not readily convertible into standard measurable units. To organise the data, the researcher read through the responses to become closely familiar with the data. It was important to use creativity to analyse the complex data by identifying codes and relating these to the objective of the study.

3.2.1.3.1 Personal contact and insight

The researcher personally collected and analysed data. There was direct contact with respondents during focus group discussions and the interview. The process gave insight to the researcher and made it easier to manage the data during the analysis.

3.2.1.3.2 Empathetic/neutrality

By sharing experiences, the qualitative approach was effective in handling the emotional responses of the teachers and school children during the focus group discussion. The researcher's personal experience in HIV/AIDS work and empathetic insight into the topic facilitated understanding of the discussions. The qualitative research approach is subjective because of the active participation of the researcher. Burns & Grove (2001) maintain that the qualitative approach assumes that subjectivity is essential to understanding human experiences. The researcher was therefore actively involved throughout the research process.

3.2.2 Quantitative research

Quantitative research seeks to answer questions of how much and how many and is concerned with relationship (especially causal relationships) between variables (Polit & Beck, 2004). It often takes the form of experiment, quasi-experiment or non experimental design. Non experimental research design includes descriptive research that investigates situations, and relationships in variables without manipulation of independent variables (Polit & Beck, 2004). It usually seeks to establish causal relationships between two or more variables, using statistical methods to test the variables, using statistical methods to test the strength and significance of the relationship (Christensen, 2004).

The research approach adopted using an attitudinal questionnaire as a measuring instrument in order to test whether the provision of HIV/AIDS linked support systems and resources have an effect in promoting positive attitudes in teachers. The questionnaire was also used to determine teachers' assessment of HIV/AIDS knowledge transfer to learners as well as their general attitude towards HIV/AIDS.

While combining the two approaches is challenging, and is sometimes objected to, it has been done and is recommended when a complete understanding of a phenomenon is sought (Patton 1990; de Vos 2002). This study combined the two approaches to gain a more complete picture of the situation of teachers and HIV/AIDS. Qualitative research complements the quantitative methodology, by providing detailed information on how smaller groups of teachers as well as what school children thought about, felt about and experienced HIV/AIDS. Folch-Lyon & Trost (1981) noted that while quantitative methods are suited to identifying 'how' individuals behave, qualitative methods are better equipped to answer the question 'why'.

Firestone (1987) noted that when the two methods have similar results, the findings are more robust and one can be more certain that the findings are not influenced by methodology. In Chapter 4 the findings from the different approaches are drawn together by objectives. This is done in order to gain a clear, complete and more reliable picture of the effects of providing HIV/AIDS linked support systems and teaching material in promoting positive attitudes in teachers.

3.2.3 Research population

The researcher was guided by the research objectives in Chapter 1 to target the three populations, to give answers to the topic, from the perspective of professional/implementers (teachers), beneficiaries (school children) and advocates to policy makers (teachers union).

The purpose of the study was explained to the accessible population and they were willing to describe their experiences and express their inner feelings with regard to HIV/AIDS and

the task of educating learners on HIV/AIDS prevention. A sample was obtained from the accessible population of teachers, school children and teachers union.

3.2.3.1 Sampling criteria

According to Polit & Hungler (1999), the researcher should be specific about the criteria that defines who is included in the population. The selection criteria for inclusion in this study were based on the three populations of the study as follows:

3.2.3.1.1 Sampling criteria for teachers

The participants had to be primary school teachers, teaching at the selected primary school in the study. The respondents for the questionnaire had to be able to self administer the instrument and return it to the researcher through the respective headmaster of the school. Participants in the focus group discussion also had to be primary school teachers who were able and willing to share and discuss with others their views on HIV/AIDS linked support systems for teachers and resource material available to teach HIV/AIDS prevention education. Respondents were asked to give consent to participate in the study.

3.2.3.1.2 Sampling criteria for school children

The children had to be in primary school and between grade three to seven. This is because HIV prevention education is taught to children from the age nine in Zimbabwe. Nine year olds are usually in grade three or four in Zimbabwe. The children had to be willing to talk about HIV/AIDS and their experiences. Consent for the children to participate was first discussed with the children and if they accepted the parents or guardians were asked to give and sign consent forms.

3.2.3.1.3 Sampling criteria for teachers union

There are two main teachers unions in Zimbabwe, the Zimbabwe Teachers Association (ZIMTA) and the Progressive Teachers Union of Zimbabwe (PTUZ). Both unions were accessible to the researcher though ZIMTA could not avail a representative to be interviewed. The interviewee had to be able and willing to share their view on how the union represents teachers to cope with the effects of HIV/AIDS. The Progressive Teachers

Union was willing to participate and availed a person to be interviewed.

The researcher also intended to interview a Ministry of Education Sports and Culture representative but unfortunately efforts to get an interview were denied. A formal letter was written to request an interview but follow up after that was fruitless. The Ministry of Education as the policy maker of the education sector would have made valuable contributions to the study.

3.2.3.2 Sampling frame

Burns & Grove (2001) believe that in order for each person in the target population or accessible population to have an opportunity to be selected for the sample, each person in the population must be identified. The sampling frame was developed by obtaining the numbers of teachers at each of the primary schools identified. It was not possible to get the actual names because the questionnaires were to be administered on an anonymous basis. Collecting the names might have affected the response rate. According to the schools St Erics Primary School has a teacher staff of 35, Admiral Tait Primary School 25 teachers, Kubatana Primary school 32 teachers, Mukwada Primary School 15 teachers and St James Primary School 16 teachers. In order to allow teachers the choice to participate 10 questionnaires were distributed to each of the four schools.

Since St James had 16 teachers the invitation to participate in the focus group discussion was given for all the teachers. Ten teachers chose to participate in the focus group discussion.

The researcher's church has Sunday school classes for close to 50 children. The children to participate were selected from the 50 bearing in mind the requirement that the children should be in grades four to seven. Seven children participated.

3.2.3.3 Sampling plan

Non-probability random purposive sampling is any form of selection based on the judgement of the researcher. The approach uses information about the target population to

describe the types of units to be included in the sample (Laws et al, 2003). This sampling was adopted for this study and used for the three target populations. The researcher met with headmasters of the schools in order to describe the individuals that were sort in the research. Each headmaster was given a set of 10 questionnaires and teachers were asked to collect the questionnaires if there were willing to participate in the study. Participants were therefore self-selecting after the target population was identified.

3.2.4 Data collection process

Data collection is a process of selecting and gathering data from the respondents (Burns & Grove, 2001).

3.2.4.1 Pilot study

Burns & Grove (2001) describe a pilot study as a smaller version of a proposed study to refine methodology. A pilot study was conducted in May 2007 with teachers from Gateway Primary School. Draft data collection tools were administered during the pilot. The aim of the pilot was to determine the clarity of statements, effectiveness of instructions, time required to complete the interviewing process, sequencing of statements and procedure of recording responses. The success of focus groups discussions and questionnaires as data collection methods for this study was then determined (Burns & Grove, 2001).

Following the pilot test, questions and statements that were not clear to the research participants were rephrased and sequence rearranged.

3.2.4.2 Data collection methods

This study utilised three data collection methods namely questionnaire, focus group discussions and a structured interview. These were used to collect data from teachers, school children and a representative of the Zimbabwe Progressive Teachers Union.

3.2.4.2.1 Questionnaire

A questionnaire was used for reliability and because it is a flexible tool that ensures

objectivity (Seliger & Shohamy 1989; Nunan, 1992; Leedy 1993). It elicits data that lies deep within the minds or within the attitudes, feelings or reactions beyond the observer's reach (e.g. attitude motivation and self concepts) of the subject under investigation (Leedy 1993). These characteristics have made it a popular means of data collection in many fields.

The questionnaire enables the researcher to collect data in field settings where data can be quantified to produce the responses required for analysis (Nunan, 1992). It is also a cheap tool and can be administered easily. The data is more accurate as it is given to all the research subjects at the same time avoiding bias that may affect the reliability and validity of the study (Seliger & Shohamy (1989). In this study the questionnaire was administered on primary school teachers to measure the attitude of teachers toward HIV/AIDS as well as towards the support systems available to them.

3.2.4.2.1.1 Measurement of attitudes

Kiesler et al (1969) identify five steps of attitude measurement including self reported beliefs and behaviours from which inferences can be drawn and measurement premised on inferences of the performance of objective tasks. The Likert scale is used in this study as part of a summated ratings method and a means of self-report measurement. The Likert technique presents a set of attitude statements, according to which subjects are asked to express agreement or disagreement on a five-point scale. Each degree of agreement is given a number value from one to five. The study adopted this method because the summing or averaging across several attitudes statements can reveal and contribute to a genuine measurement of attitudes. The researcher however noted that using Likert scales may bring distortions that result due to participants avoiding to use extreme categories (central tendency bias) and agree with statements as presented (acquiescence response bias) or try to portray themselves in a more favourable light (social desirability bias) (Sydenstricker-Neto, 1997).

Completed questionnaires were collected and analysed according to item responses summed to create a score for group items. These were treated as interval data measuring

the variable in discussion. Data from the scales was reduced to nominal level by combining all agree and disagree into categories of 'accept' and 'reject' (Hewstone & Stroebe 2001).

The teachers who responded to the questionnaire were from the following schools; St Erics Primary School, a government school based in Norton, a small town 40km west of the capital city, Harare. Norton is a mining and farming town that has a population of about five hundred thousand people. St Erics has a total of 35 teachers who teach students for morning and hot sitting sessions. The school has an enrolment of about 1,575 students. The catchment area is from the surrounding suburbs as well as the nearby Zvimba rural district.

Admiral Tait Primary School is a government school located about 4 km east of the central business district of Harare. The school attracts children from the medium density suburbs and has an enrolment of about 1,050 students. It has a total of 25 teaching staff.

Kubatana Primary School is a government school based in a high density suburb of Harare called Mabvuku. The suburb is approximately 20km from Harare and has an enrolment of 1,755 students. The school conducts morning and afternoon sessions that are serviced by the 32 teachers.

Mukwada Primary School is a government school based in rural Manicaland, east of Mutare. The school is about 50km from the Mutare Town and has an enrolment of 712 students and has 15 teachers. Mukwada School benefits from the feeding programmes initiated by the government and the World Food Programme. Students get porridge as well as lunch from the school.

3.2.4.2.1.2 Validity and reliability of quantitative findings

In order for the quantitative findings to form an appropriate basis for the assessment of teachers' attitudes towards HIV/AIDS prevention education, they must be valid and reliable. The reliability of the study refers to the consistency of measurement, the extent to

which, if the study were repeated, it would give the same results. Reliability is a necessary condition for validity (McMillan & Schumacher, 1993). There are several indications that show that the study had high reliability.

Standard conditions of data collection and processing enhance reliability (McMillan & Schumacher, 1993). The administration of the questionnaire was uniform and self administered. The same cover letter, introducing and explaining the study was sent to all headmasters and all the schools were given the same amount of time to complete the questionnaire. All responses were coded and entered into data sheets for computer analysis by the researcher.

The pilot test established that the language and reading level of the questionnaire were appropriate. Stability and equivalence tests for reliability were not possible for this study.

Validity refers to the extent that the study measures what it claims to measure (Gorg & Gall 1989). Analysis of this study suggests that it had internal and external validity.

Internal validity refers to the extent that extraneous variables that might interfere with the results are controlled (McMillan & Schumacher 1993). The internal validity of this study was enhanced by the selection of the five government primary schools that are geographically spread and found in different communities. Threats to internal validity such as history, statistical regression, pretesting, instrumentation, subject attrition, maturation, diffusion of treatment and treatment replications did not apply in this study (McMillan & Schumacher 1993).

The main threat to internal validity in this study was subject effects in the attitude measurement statements (Cullingford & Morrison, 1999). In order to reduce the chance of participants giving socially acceptable, and the acquiesce response bias rather than true answers, teachers were assured of the anonymity and confidentiality of the questionnaire. Unfortunately, it was not possible to disguise the purpose of the study by making it wider ranging. This was because the questionnaire was already relatively long and teachers

would have less likely completed it, if it was even longer and due to ethical considerations (full disclosure). However, some questions received a high percentage of negative responses, suggesting that the socially acceptable responses and the acquiescence response bias did not pose a great threat to the internal validity of this study.

External validity refers to the degree to which the findings can be generalised (McMillan & Schumacher, 1993). A small number of schools were accessible to the researcher and were sampled. Nevertheless the schools show a general situation of teachers in government primary schools of Zimbabwe. The high return rate of the questionnaires also increased the generalisability of the findings.

3.2.4.2.2 Focus group discussions

Johnson & Christensen (2000) describe a focus group as a type of group interview in which the researcher leads a discussion with small groups of individuals to examine in detail how the group members think and feel about a topic. Two focus group discussions were held, one with primary school teachers and the other with primary school children.

The focus group discussion with teachers was done with St James Primary School. The government primary school is based in a farming community 25km out of Harare, along the Nyamapanda border highway that leads to Tete, Mozambique as well as Malawi. The community is surrounded by about 30 farms and the students at the school are mostly children of farm workers. The school has an enrolment of about 560 students and 16 teachers who are housed at the school. This school was selected because it is located in a farming community and the perspective of its teachers was important to add meaning to the study. The school was also fairly accessible to the researcher who has a working relationship with the school. Invitation for teachers to participate was done through the headmistress and all teachers were given the option to participate.

The focus group discussion with primary school children was conducted at the researcher's local church in Malbereign a medium density suburb in Harare. The children were from different schools but came together at the church.

The researcher noted that to collect in-depth valuable information during focus group discussions, good interpersonal skills are essential as well as the knowledge to facilitate a group discussion. It was important to organise non-threatening and relaxed environments for the focus group discussions. One of the classrooms at St James Primary School was used for the discussion with teachers. The Sunday school classroom at the church was used for the discussion with children. The chairs were comfortable and arranged in a circle to allow eye contact with participants. The environment for both discussions was quiet. The rooms were ideal for quality tape recording of the sessions and an audiotape was used.

3.2.4.2.2.1 Focus group proceedings

The researcher welcomed the groups and thanked them for granting permission to do the focus group discussion. The aim of the discussions was clarified and the researcher requested for permission to use an audiotape to recording the proceedings. Participants in both groups were comfortable with the used of the audiotape.

The researcher disclosed all the information needed for the study to the participants for understanding and to make them aware that they had a free choice in giving consent. Consent forms for the children's group were signed by their parents or guardians. The teachers who participated all signed consent forms.

Ground rules for the group discussions were discussed and set by the participants and researcher. These included respect for each other, allowing one person a chance to talk, talking loudly for note taking and the audio tape recording, and for other people to hear, repeating a question if it was not understood, clarifying a point if other participants did not understand it, and acknowledging that people's view points and experiences differ, but were important to share.

Participants were given an opportunity to express their views, and were encouraged to talk to one another rather than address all comments to the researcher. This worked very well and encouraged discussion especially for the children's group. The approach also encouraged teachers to share their experiences and discuss the challenges faced in

educating learners about HIV/AIDS while they are also personally affected.

The group discussions were held, for one hour with the children while the teachers' discussion was for one and half hours. The researcher strived to keep to the agreed duration of discussions to avoid the participants becoming restless and to maintain their trust. Participants in the children's group were given small note books and pens to take away after the discussion. In addition they were served with refreshments after the discussion. The researcher was not able to offer the teachers any refreshments because of limited resources. The teachers were however happy to take way pens and note books.

3.2.4.2.2.2 Reasons for choosing focus group discussions

Johnson & Christensen (2000) explain that the group is called a 'focus' group because the moderator keeps the participants in the group focussed on the topic being discussed. The focus of this study was to find out what the effect of providing HIV/AIDS linked support systems and resources is in promoting positive attitudes in teachers to teacher HIV/AIDS prevention education. The questions during the focus group discussions were based on this premise.

Focus group discussions were done within one week. It was useful to collect in-depth information and viewpoints of many individuals in a relatively short period of time. The numbers of the group participants were 7 for the children's group and 10 for the teachers group. This was cost effective for the research in terms of time and funds.

Focus group discussions are a socially oriented procedure. The participants were therefore studied in a natural atmosphere at the school and the church Sunday school class. The participants were at ease about the issues. In addition, qualitative data were collected in the words of the participants, capturing the emotional aspect of the topic.

This approach was beneficial for this study because it allowed for exploration in greater depth the availability of HIV/AIDS linked support systems for teachers as well as how they cope with the challenges of HIV/AIDS. Discussions on HIV/AIDS can be

controversial and sensitive and focus group discussions have been known for their ability to bring these out through shared ideas. Participants were more comfortable and secure to express certain views in the groups.

3.2.4.2.3 Limitations of focus group discussions

When conducting the focus group discussion sessions, the researcher was on the alert for the following limitations. The researcher tried to avoid the potential problem of having less control over a group interview, which could result in lost time and dead-end or irrelevant issues being discussed. The researcher therefore tried to allow for deeper discussions of issues, but remained in control to focus on the topic. It was noted that effective interviewing communication and observation skills were crucial throughout the group discussions.

Minority opinions are not always expressed in focus group discussions. The researcher was observant of the participants and encouraged the quieter participants by asking their opinions on issues under discussion.

3.2.4.2.3 Interview

According to Burns & Grove (2001), interviews involve verbal communication between the researcher and the subject during which information is provided. A structured interview was held with a representative of the Zimbabwe Progressive Teachers Union. The questions for the interview were designed by the researcher to focus on the topic and the researcher exercised control over the content of the interview. An interview guide was developed (see appendix 6) by the researcher and used during the interview.

The interview lasted forty five minutes and the researcher tried to maintain a cordial and open atmosphere. Clarification questions were used on issues that were unclear, and emotions and hopes raised during the interview were respected. At the end of the interview the respondent was thanked and a debriefing session was allowed to give the respondent a chance to ask questions.

The interview was chosen because interviews have the following advantages: interviews are a form of self-report, and the researcher assumes that the information provided by the representative is accurate. A follow-up appointment for the interview was made a day before the actual interview. The interviewee was given the interview guide to gain insight into the type of questions that would be asked. This allowed the respondent sufficient time to think of the answers to the questions (Burns & Grove, 2001). The interview was useful to acquire data quickly and the researcher was able to check descriptions against facts. It was possible to compare the data from the interview with the data from the focus group discussions and questionnaires (Marshall & Rossman, 1995).

The researcher acknowledges that interviews have the following limitations: Katzenellenbogen et al (1997) hold that a major disadvantage of interviews is that, compared to other qualitative methods, the respondent is more removed from his or her context and may feel threatened, resulting in a bias of data collected. In this study the respondent was responding on behalf of the Zimbabwe Progressive Teachers Union. This removed the personal aspect of the interview but rather a response of what the union is doing in providing teachers with HIV/AIDS linked support systems and resource material for teaching HIV prevention education. The respondent was relaxed and did not feel threatened to express his views.

Interviews involve personal interaction and therefore cooperation of the interviewee was essential (Marshall & Rossman, 1995). The researcher tried to get the cooperation of the representative by making an interview guide and made it available before-hand and agreed on the best time to conduct the interview.

3.2.4.2.4 Validity and reliability of qualitative findings

McMillan & Schumacher (1993) define reliability as the extent to which another researcher could discover the same results. Measures to enhance reliability involve a complete description of the research process so that independent researchers can replicate the same procedures in similar settings. McMillan & Schumacher (1993) also noted several aspects that qualitative researchers must make explicit to enhance the reliability of their design.

These criteria for a reliable design were met by this study.

Personal and professional information that may have affected data collection, analysis and interpretation must be reported (Patton, 1990). In this study the researcher reported her personal and professional role within the research group, relationship with participants and experiences that allowed her to empathise with participants. The researcher met this criterion for reliability.

The process used to choose participants and the participants themselves were described. Social context influences data content. The time, places and conditions of the interviews were revealed in this study. Detailed descriptions were given of the methods and circumstances of data collection and recording.

3.2.4.2.4.1 Internal validity

Qualitative researchers are usually primarily concerned with internal validity. Internal validity refers to the accuracy and value of the interpretations. McMillan & Schumacher (1993) note criteria for internal validity which were met in this study. This was done in a number of ways.

The researcher used both methods, quantitative and qualitative methods as well as data source triangulation. Bias from one source or method was offset by the application of other source and method (Adams & van Harmelen (2000). The researcher believes that she was able to establish meaningful links between the research, questions, raw data and findings, and reconstructed reality credibly and authentically (Winegardner, undated).

Eisenhart & Howe (1992) noted that research should be valuable for informing or improving educational practice. Since not much research has been done on the provision of HIV/AIDS linked support systems for teachers and the attitude of teachers in teaching HIV/AIDS prevention education, these findings will inform and suggest ways of accommodating teachers to cope. This criterion was met.

External validity in qualitative research is usually equated with transferability (Lincoln & Guba, 1989). Transferability refers to the degree to which the findings can be used to understand similar situations (McMillan & Schumacher (1993). This requires precise and detailed description of the participants selected, settings and contexts. This was done in this chapter. The findings also need to be contrasted with prior research (McMillan & Schumacher (1993). In chapter 5 the findings of this research will be contrasted with those of similar research. It should be possible for other researchers to make transferability judgements based on these findings.

3.3 Conclusion

This chapter described the research design and methods used to collect data in the study. The quantitative and qualitative research designs were useful to gain in-depth and insight into the effects of providing HIV/AIDS linked support systems in promoting teachers attitudes towards HIV/AIDS.

In Chapter 4 the quantitative and qualitative findings of the study are revealed and discussed. An attempt is made to draw the quantitative and qualitative results together according to the study objectives to reveal a coherent detailed picture of the effect of providing HIV/AIDS linked support systems and teaching material for teacher to have positive attitudes in teaching HIV/AIDS prevention education.

CHAPTER 4: Data Analysis and Findings

4.1 Introduction

According to McMillan & Schumacher (1993) the aim of analysing and interpreting research data is to test, achieve research objectives and provide answers to research questions. In this study, the research analysed and interpreted data that emanated from the questionnaire, focus group discussions and the interview. The findings are presented comparatively under the four objectives of the study. Firstly, the findings resulting from the questionnaire are presented. The findings resulting from the focus group discussion and the interview then follow. In addition bar and pie charts are offered for all statements of the questionnaire. A discussion follows for comparison of the findings from all the three instruments guided by the relevant objective.

4.2 Demographic information of participants according to the questionnaire

Forty questionnaires were distributed to four schools with each school receiving ten questionnaires. The response rates per school were as follows; St Erics Primary Schools 70%; Admiral Tait Primary School 90%; Kubatana Primary School and 90%; and Mukwada Primary School 80%. The overall response rate was 82.5 % and was acceptable taking into account that response rates for questionnaires can be low because of the nature and process of self administered questionnaires. The response rate made it possible to continue with the study because was likely to produce diverse and more objective information (McMillan & Schumacher (1993).

The majority of respondents were female teachers (75%) while the male teachers that responded were 25%. Pembrey (2006) found the same trend and attributed it to the fact that the Ministry of Education preferred female teachers in primary schools rather than male teachers. This was also confirmed by the heads of the primary schools during the study and it was emphasised, that it is important to have more mature female teachers in the primary school particularly for the lower grades.

The age distribution of teachers showed that most of the teachers (60%) were in the middle

age group of 26 to 40 years. Only 3% of the teachers fell into the 18-25 years age group and this is because most teachers in that age group will still be doing their teacher training programme and the fact that primary schools prefer older teachers rather than younger ones.

The length of time teachers have been teaching has a bearing on the way they handle or react to HIV/AIDS issues. From the teachers who participated, 63% had more than 11 years experience in teaching. It was also important to find out if teachers had any access or any exposure to HIV/AIDS training or prevention material. Of the participants 70% were exposed to HIV/AIDS prevention training while 30% did not have any access. This shows some relation to suggestions that the some of the older generation of teachers did not have any exposure to HIV/AIDS training. The percentage of those who have been exposed is high because of the HIV/AIDS prevention programmes being carried out as well as the fact that the Ministry of Higher Education and tertiary institutions have made it mandatory for all teacher training colleges to train teachers in HIV/AIDS prevention education.

The attitudinal statements on the questionnaire were grouped into four categories to analyse the attitudes of teachers according to the objectives as follows; Statements 6 to 8 to measure the attitude of teachers in terms of resource material for teaching HIV/AIDS prevention education. Statements 9 to 11 measured the attitude of teachers in terms of the provision of HIV/AIDS linked support systems in the workplace. Statements 12 to 15 measured the attitude of teachers in terms of students and the knowledge transfer of HIV/AIDS prevention education, and statements 16 to 18 measured the general attitude of teachers towards HIV/AIDS.

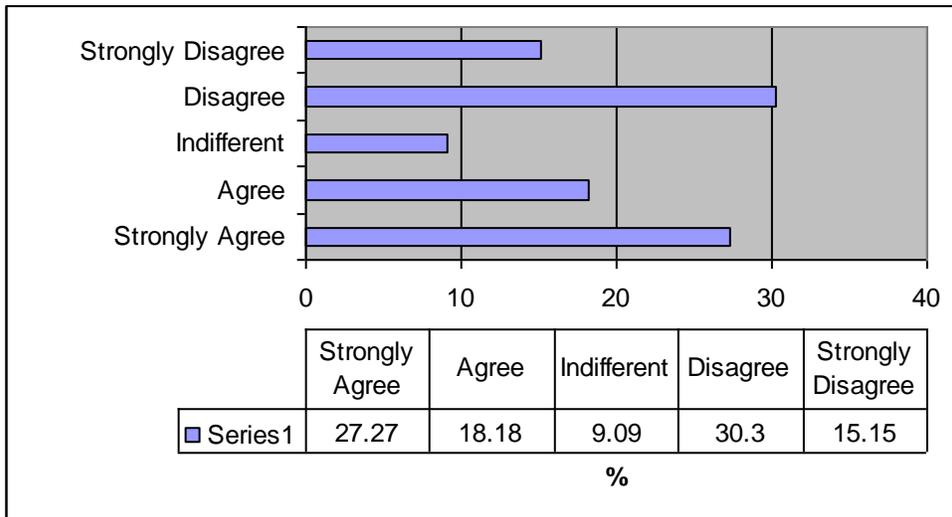
The responses for the statements were examined and analysed as follows: firstly, each item was analysed separately then summed up according to the variable group to create a score for the group. These were treated as interval data measuring the variables in discussion. The data from the scales were then reduced to nominal levels by combining all agree and disagree responses into two categories of accept and reject. The two categories will be used to explain for the groups, if the provision of HIV/AIDS linked support systems and

resource material promotes positive attitudes in teachers, teaching HIV/AIDS prevention education.

4.3 The findings related to the attitude of teachers towards the provision of HIV/AIDS prevention teaching material and resources.

Statement 6 was intended to find the teachers’ view on teaching HIV/AIDS prevention education. Teachers were to assess if there is any need to have a handbook or other illustrative material to teacher the subject. The results shown in figure 4.1 below indicate that an almost even divide of teachers with 27.27% of the participants strongly agreeing while 18.18% (i.e. 45.45 % total) agreed that teachers need a hand book and illustrative material to teach HIV/AIDS prevention education. While 9.09% of the respondents were indifferent 30.30% disagreed and 15.15% (i.e. 45.45% total) strongly disagreed that they need any material to teach HIV/AIDS prevention.

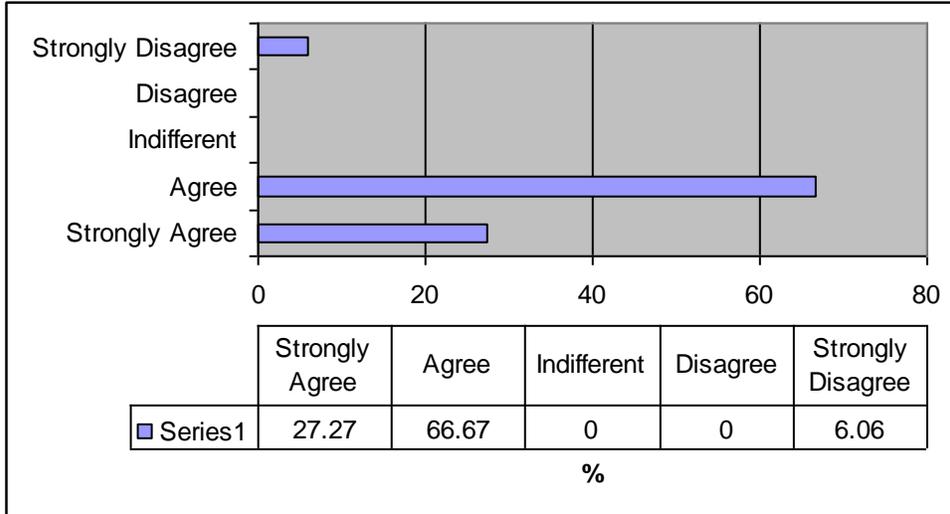
Figure 4.1 Bar chart for statement 6



Statement 7 assessed the attitude of teachers to teach HIV/AIDS prevention education lesson when adequate material including the recommended handbook are available. The results from this statement show that teachers would be happier if adequate teaching material is available with 67.67% of the participants agreeing and 27.27% who strongly agreed to the statement (i.e. a total of 94.94%). Figure 4.2 below illustrates the results for

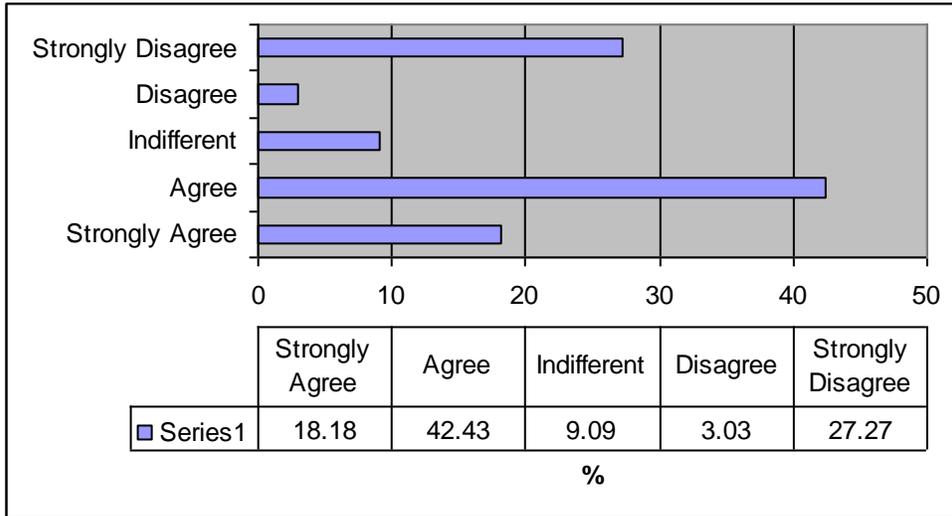
statement 7.

Figure 4.2 Bar chart for statement 7



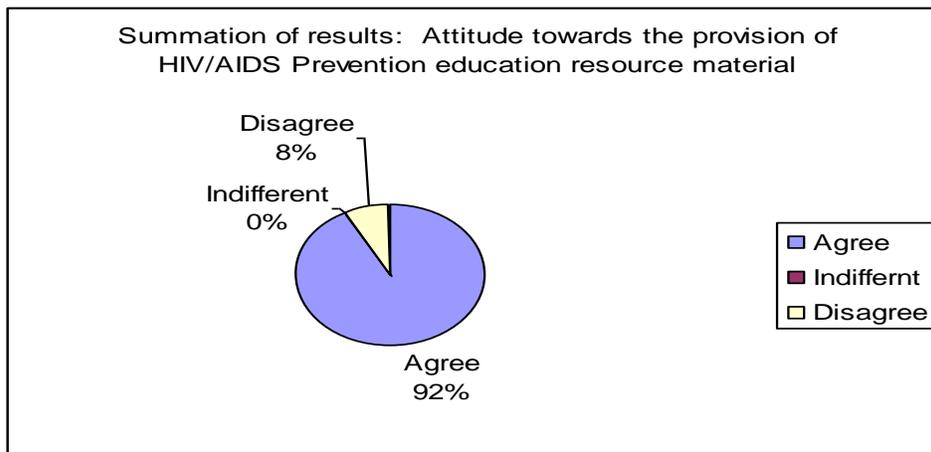
Statement 8 assessed how teachers feel about the resources that are at their disposal. The statement was intended to find out if teachers feel that the resources at their disposal are adequate to fully equip students with knowledge, skills, attitudes and values that will reduce infections and impact of HIV. Most teachers felt that the resources are adequate with 42.42% in agreement and 18.18% strongly agreed (i.e. total 60%). Figure 4.3 indicates that 9.09 % participants were indifferent while 27.27% of the participants strongly disagreed.

Figure 4.3 Bar chart for statement 8



A summation of the group of statements 6 to 8 on the attitude of teachers towards the provision of HIV/AIDS prevention teaching material and resources was done. The summation is shown in Figure 4.4 below indicating a 92% agreement.

Figure 4.4 Pie chart – summation of statements 6-8



A percentage of 92% is high to accept that teachers' attitudes would be positive when provided with resource material to teach HIV/AIDS prevention education.

The focus group discussion with teachers had three specific questions on the attitude of

teachers to the provision of resource material for HIV/AIDS prevention education. Results from the discussion were as follows; a number of teaching materials and resources used to deliver HIV/AIDS prevention education were identified by participants. These are television, radio, newspapers, posters, internet, text books and workshops. The participants however mentioned that the resources call for the teacher's creativeness because some of them are not readily available at the schools. "These are things that are suppose to be available for teachers to teach this subject but we don't have a way to actually get them" (One of the participants in the teachers' FGD).

Participants alluded to the fact that attitudes of teachers towards teaching of HIV/AIDS prevention education are not positive because they view the subject as an extra burden on an already overloaded workload. This contributed to teachers taking the subject negatively. In addition participants suggested that primary school teachers cannot talk freely about HIV/AIDS and how it is acquired because they feel the students are too young. Part of the group also felt that the attitude depends on the HIV status of the teacher "If the teacher is positive she might be committed to delivering the subject but she might not care if she is negative" (One of the participants in the teachers' FGD). Participants also discussed that most teachers have a negative attitude because of the environment and the comments they receive from the community after lesson delivery. Some parents do not appreciate the fact that their children are learning about HIV/AIDS. The discussion centred on the fact that the community is not educated about HIV/AIDS and hence some parents think their children are being taught about sex rather than concentrating on the school curriculum.

The shortage of resources and low remuneration were discussed and participants felt that these contribute to teachers having negative attitudes towards. Some participants emphasized that teachers are finding it difficult to cope because of low remuneration. "Lets' be realistic, it is impossible to have a positive attitude when we are struggling to put food on the table at home" (one of the participants in the teachers' FGD). A small section of the group however believed that the teachers have a positive attitude because they deal with children who are affected by HIV/AIDS every day.

The availability of resources and teaching material as well as training on issues of HIV/AIDS were identified as the key to promoting positive attitudes in teachers. Participants felt that teachers should be educated on HIV/AIDS first and the procedures for teaching the subject. Some participants said that most teachers do not have knowledge on HIV/AIDS but are expected to teach the subject. There was unanimous agreement by participants that, before policies are implemented, the ministry of education has to consult widely. Teachers should have been more prepared and educated before being made the main deliverers of HIV/AIDS prevention education. One of the participants said “The provision of adequate resources for use when teaching HIV/AIDS prevention education goes a long way in promoting positive behaviour”.

The interview with the representative of the Zimbabwe Progressive Teachers Union also had specific questions on teachers' attitudes towards the provision of HIV/AIDS prevention teaching material and resources. The responses to the questions were as follows: the main medium of communication used to deliver HIV/AIDS prevention education in schools are charts. There are NGOs which provide videos though there is low usage because some schools do not have electricity to use the equipment. There is no specific syllabus for the subject and teachers have to originate material and activities to teach HIV prevention.

There are, however, outreach programmes to schools by the Ministry of Health particularly for students. It should be noted that since HIV/AIDS prevention education is not an examinable subject like Maths and other subjects it is sometimes handled as one of no primary importance by teachers.

The respondent indicated that resources are readily available from the Ministry of Health. It is possible that some teachers have not made an effort to access the material. The challenge that most schools face currently is the high costs of manila for charts. Schools have not been able to purchase the manila resulting in no charts being used as a teaching aide.

The interviewee felt inclined to say that, the attitudes of teachers towards HIV/AIDS

prevention education are negative. This is because HIV/AIDS prevention education is a subject that is viewed by most teachers as an added burden on an already overloaded workload. The respondent suggested that teachers are expected to give more in terms of job performance and commitment yet very little is done to improve their conditions of service. As a union they have found that some teachers still debate whether it is appropriate to talk about sex to children as young as 8 years old. This is one of the reasons why the subject is not taken seriously by some teachers. When some teachers teach the subject, they just touch on other aspects that do not include sex and this action compromises the message being sent to the children. Some children have been taught about HIV but do not know that it can be transmitted through sex because the teacher would have let it out.

4.3.1 Discussion

Studies have shown that the HIV prevalence of an area is likely to decrease as education increases, that primary education can reduce the risk of infection amongst young people (Pembrey, 2006). This makes it imperative for teachers to be equipped with the necessary resources to deliver the HIV/AIDS prevention education subject. While there was a 92% agreement that the provision of HIV/AIDS prevention teaching material and resources will aide the creation of positive attitude in teachers, the focus group raised some important points that hinder teachers from having a positive attitude in teaching HIV/AIDS prevention. The resources that are supposed to be available are scarce and cannot be used in the schools. It was revealed that a number of schools do not have electricity and for the ones that have, the equipment such as television, and computers, access to the internet are not available.

It was found that the current attitude of teachers towards the teaching of HIV/AIDS prevention education is negative because they consider it as an extra burden. This was further aggravated by the shortage of resources and low remuneration for teachers. This raises the question of whether the provision of resources or teaching material will actually improve attitudes without the improvement of the remuneration package for the teachers. Previous researchers found that the underpayment of employees can have numerous

negative effects such as poor performance, strikes, theft and grievances. It was also suggested that dissatisfaction can lead to high personnel turnover, absenteeism and poor organizational climate (Smit & Cronje, 1992). Most of the mentioned effects have been evident in the education sector and teachers went on strike at least three times in 2007 alone. The education sector has conceded to the fact that there is a shortage of teachers with most being lost to the neighbouring countries (The Herald, 2006 (b)). Money does play a role in motivation, although it is not the ultimate for job satisfaction. It was suggested that employees should be made aware that good payment is the result of high performance and that other rewards besides money are also linked to high performance. Smit & Cronje (1992) suggested that employees should receive a big enough raise to maintain their standard of living as far as possible, as well as a bonus to reward them of exceptional performance.

The results of the study suggest that the availability of resources and teaching material as well as training on issues to HIV/AIDS are the key to promoting positive attitudes in teachers. It can then be concluded that the review of remuneration will contribute to creating a positive attitude but that alone is not the key. The teaching of HIV/AIDS prevention education should rather be viewed as job enrichment than an extra burden by teachers. Job enrichment has worked as a motivator with employees being given more responsibilities and decision making (Smit & Cronje, 1992).

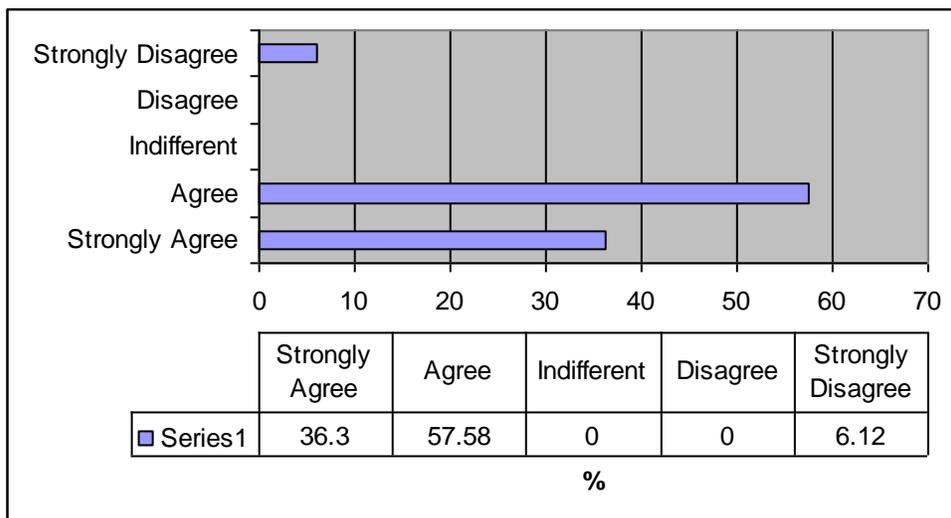
It should be noted that findings from the focus group discussion and the interview showed that some teachers seem to think their students are too young to learn about HIV or to discuss issues to do with sex with children at such a young age. This could contribute to the current negative attitude and to a certain extent refer to the training and HIV/AIDS knowledge that teachers have. This may seem contradictory because the results from the questionnaire showed that 70% of teachers have been exposed to training on HIV/AIDS. It is possible that the 30% that did not receive formal teacher training are the ones who still debate whether their students are too young to learn about HIV/AIDS. It is also a fact that the older generation who did not receive AIDS education in their younger years as was revealed in a research Pembrey (2006). Pembrey (2006) also found that the older

generation of teachers do not have much knowledge on HIV/AIDS and are highly susceptible to HIV infection. The researcher stands in agreement that the provision of HIV/AIDS teaching material will promote positive attitudes in teachers. The results clearly show the following: (1) Teachers do not have adequate resources to teach HIV/AIDS prevention education and the provision of these will contribute to the promotion of positive attitudes in teachers. (2) Teachers consider HIV/AIDS prevention education as an extra burden when they are not remunerated well. The results suggest the need for a review of the current remuneration to at least match the current inflation rates. This may promote positive attitudes in teachers. Currently teachers are earning salaries that are far below the poverty datum line. The poverty datum line was at ZW\$16,700,000.00 (August 2007), yet the highest paid teacher earns ZW\$4,900,000.00.

4.4 Teachers' attitude towards the provision of HIV/AIDS linked support systems for teachers.

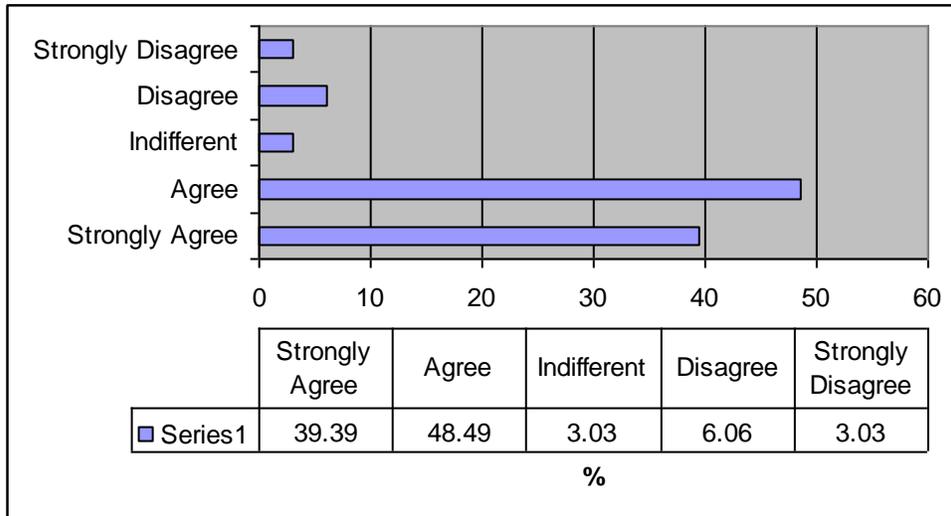
Statement 9 assessed how important it is to equip teachers to cope with the personal effects of HIV/AIDS for the success of all HIV prevention programmes. 36.36% of the participants strongly agreed and 57.58% agreed (i.e.94.94% total) that it is important to equip teachers with mechanisms to cope with the personal effects of HIV/AIDS. Figure 4.5 shows the responses.

Figure 4.5 Barchart for statement 9



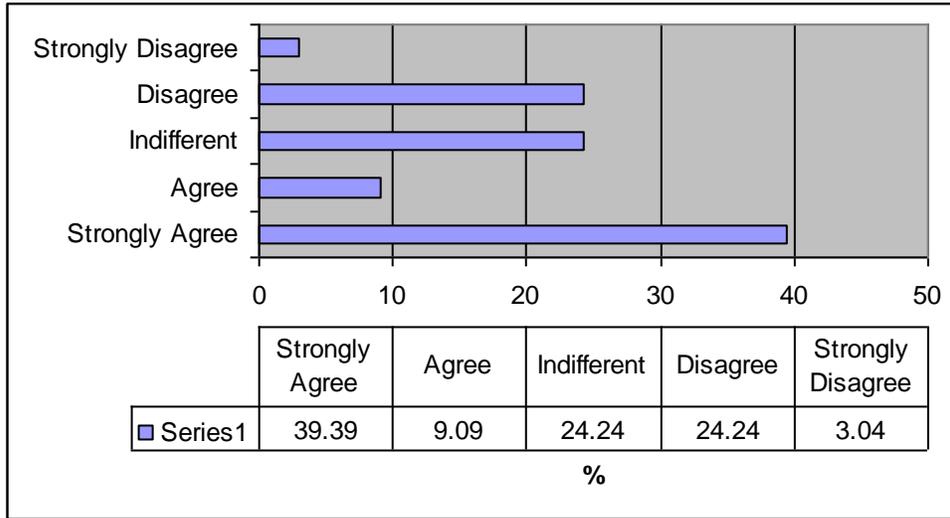
Statement 10 asked participants to rate if the provision of counselling, care and other support systems in the workplace may promote positive attitudes in teachers to handle HIV/AIDS issues. In total 87.87% of the participants agreed to the statement as is shown in figure 4.6 below.

Figure 4.6 Barchart for statement 10



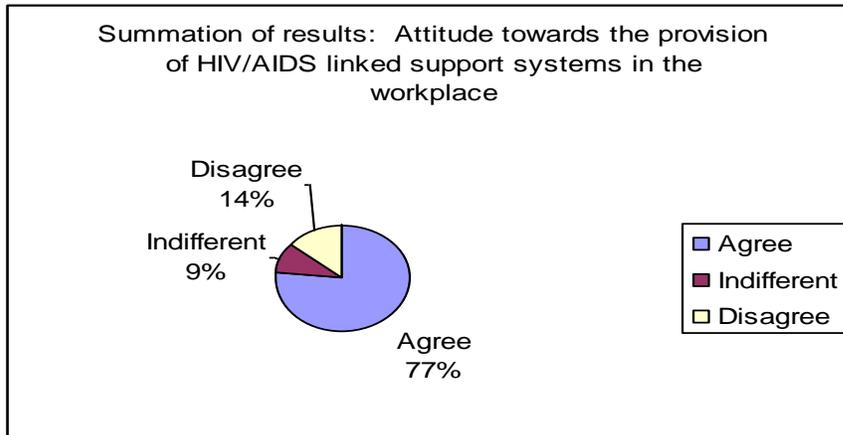
Statement 11 assessed how teachers relate and if they are willing to reveal their HIV status to their colleagues and students. There was a mixed response to this statement though 39.39% strongly agreed and 9.09% agreed they were not afraid to reveal their HIV status. 24.24% were not sure if they could and the other 27.27% disagreeing as shown in Figure 4.7

Figure 4.7 Barchart for statement 11



A summation of the group responses on the attitudes of teachers towards the provision of HIV/AIDS linked support systems was done and is shown in figure 4.8 below.

Figure 4.8 Pie chart for summations of statements 9 to 12



A summation of the group results show that 77% agreed that the provision of HIV/AIDS linked support systems would promote positive attitudes in teachers. This percentage is high enough to suggest that the provision of HIV/AIDS linked support systems would promote positive attitudes in teachers.

The focus group discussion with teachers had questions focusing on the provision of

HIV/AIDS linked support systems for teachers. For these questions the discussion was as follows: there was a consensus in the group that schools needed to have HIV/AIDS linked support systems. One participant in the group said “Teachers are also infected with the disease so they need to be supported”. It was felt that the schools had no capacity to implement such support systems because the facilities are already over burdened and under funded. Participants alluded to the fact that HIV/AIDS support systems are currently not available at the school. The participants did not think that such support systems were available in any other government schools in Zimbabwe.

HIV/AIDS linked support systems will help to open the environment making it easier for teachers to get tested and know their HIV status. It will also increase the knowledge of teachers on HIV/AIDS hence creating a benefit for the learners as well as for the personal benefit for teachers. The presence of support systems will create strategies for teachers to cope with the challenges and may help with the positive accommodation of affected and infected teachers. Counselling is an integral feature that was suggested by the participants. This would help teachers to cope with challenges of HIV/AIDS making them able to tackle daily activities. “Some teachers with AIDS have been lost in the system because they did not get any counselling or support” (participant in the teachers’ FGD). It was also added that support systems for teachers will help the whole community because teachers will be in a position to assist their communities as well. “If I have HIV and feel safe in my place of work and have all the support that I need like counselling or just a supportive environment it will be easier for me to even assist people in the community to cope with the challenges of HIV” (participant in the teachers’ FGD).

The preparedness of schools to provide HIV/AIDS linked support systems is mostly dependent on the available resources. Participants felt that the schools do not have adequate resources to handle the provision of HIV/AIDS linked support systems. Due to the economic hardships the country is facing, most schools have resorted to doing only activities that are to do with examinable subjects. Part of the group felt that such supports systems will be difficult to implement because of the negative attitude teachers have towards HIV/AIDS. Participants felt that there is need for training to create more

HIV/AIDS awareness among teachers.

Participants expressed an expectation that the National AIDS Council (NAC) should provide such support systems because teachers contribute to the national AIDS levy. It was felt that NAC is a large entity and has the capacity to provide HIV/AIDS awareness or subcontract other organisations that can offer counselling, care and support. Other organisations mentioned were Mercy Cops, UNICEF, UNESCO and the Girl Child Network. The Girl Child Network was singled out because it already has programmes running in the community and has worked closely with St James Primary School. It was however pointed out that these organisations have very little interest in the welfare of teachers and the effects that HIV/AIDS has on teachers at a personal level.

It was revealed that when a teacher is ill he/she can take time off freely but if it becomes more often then the salary is reduced and in some instances terminated. This then forces most teachers to stay at work to reduce the risk of having the salary cut or terminated. Most teachers who have faced such situations have met with a hostile environment when they returned to work as colleagues tend to interact with them differently. Teachers are permitted three months of sick leave without any deduction to pay. The illness of some teachers is sometimes prolonged because of lack of support systems and they end up getting into double trouble of ill health and the cutting of salary. Some participants felt that some teachers force themselves to work resulting in sub-standard work which compromises the quality of education.

The interview with the Progressive Teachers Union of Zimbabwe (PTUZ) revealed the following on the provision of HIV/AIDS linked support systems for teachers. PTUZ found that the literacy rate of teachers on HIV is quite high and many organisations were offering HIV/AIDS awareness to teachers. It was also recognised that there are organisations such as the New Start Centre that provides testing and counselling through out the country. PTUZ however identified a gap in the provision of treatment for infected teachers in particular Anti-retroviral Drugs (ARVs). Following a statement by the government, that they would provide ARVs to 10% of the population in 2007, the union realised that only a

few if not none of the teachers would benefit.

The union took the initiative to provide ARVs to its members as a gap measure while finding ways to have a more permanent solution. All the PTUZ members are levied ZW\$50,000 per person per month. The money is put into a pool fund and the union purchases drugs for members requiring treatment. The drugs are purchased directly from pharmacies while efforts are still underway to explore cheaper options to access the drugs. There have already been some discussions with some pharmaceutical companies. Efforts were made to engage the Ministry of Health but proved fruitless. Forging this link was important because the provision of treatment was started as a waiting room with the hope that the government would take over. The union works on the advice of specific doctors and does not discuss anything with the members benefiting from the facility. This was done to manage the issues of confidentiality and also to receive accurate information for monitoring.

4.4.1 Discussion

The results from this group are similar to what was found in Kenya by Pembrey (2006) where school administrators and other members of staff failed to support colleagues affected by HIV/AIDS, and they often faced discrimination. In addition the study suggested that HIV positive teachers are less likely to get promoted than those who are not infected and many claim that they did not feel secure in their job (Pembrey, 2006). In this study 93 % of teachers agreed that the equipping of teachers to cope personally with HIV/AIDS is vital for the success of all HIV/AIDS prevention programmes. 87% of the teachers also agreed that the provision of counselling, care and support systems in schools will promote the attitude of teachers to handle HIV/AIDS issues. The study shows that the lack of the support systems is a gap that teachers feel and should be filled to counter the problems of discrimination and to foster a positive working environment. The fact that teachers may fear to reveal their HIV status for fear of discrimination was shown by 45% of the participants who rated themselves as being afraid to reveal their HIV status to colleagues and even their students.

The results in the focus group discussion showed a consensus of agreement that schools need to have HIV/AIDS linked support systems. Teachers felt that the presence of support systems will help to open up the environment making it easier for teachers to test for HIV. This may help to increase the percentage of teachers who can talk about their HIV status freely rather than the current 48%.

These support systems are desired but clear challenges were cited in the results. The schools are not prepared and do not have the capacity to provide such facilities. The current economic hardships Zimbabwe is facing have affected schools resulting in them only concentrating on activities that have to do with examinable subjects. The identified possible ways of providing such systems are through organisations such as the National AIDS Council working with Non-Governmental organisations or specialist organisations such as UNICEF, UNESCO and The Girl Child Network. One such initiative was introduced by the Zimbabwe Progressive Teachers Union to provide support through the provision of treatment for infected teachers.

The challenges however do not remove the necessity for HIV/AIDS linked support systems. Zimbabwe's labour relations regulations on HIV/AIDS of 1998 ban non-consensual testing and outlaw workplace discrimination. These, if proved to be present, dictate strong penalties going as far as six months imprisonment for employers who violate (ILO, 1999 (b)). It is recognised, that the HIV/AIDS epidemic will affect every workplace with prolonged staff illness, absenteeism and death impacting on productivity, employee benefits, production cost and workplace morale. One of the most effective ways of reducing and managing the impact of HIV/AIDS in the workplace is through the implementation of an HIV/AIDS policy and programme.

Addressing the aspects of HIV/AIDS in the education sector particularly in schools, for the teachers' workplace will enable the reduction and mitigate the present impact (ILO, 1999 (b)). The International Labour Organisation's code is an instrument that may be useful for the education sector to adopt as it promotes the prevention of the spread of the epidemic, mitigation of the HIV/AIDS impact on the workers and their families and the provision of

social protection to help cope with the disease. It covers key principles such as the recognition of HIV/AIDS as a workplace issue, non-discrimination in employment, gender equality, screening and confidentiality, social dialogue, prevention care and support, as the basis for addressing the epidemic in the workplace (ILO, 1999 (a)). In Zimbabwe there is already an HIV/AIDS policy for teachers colleges in place but the results of this study reveals that there are no policies that cover teachers specifically.

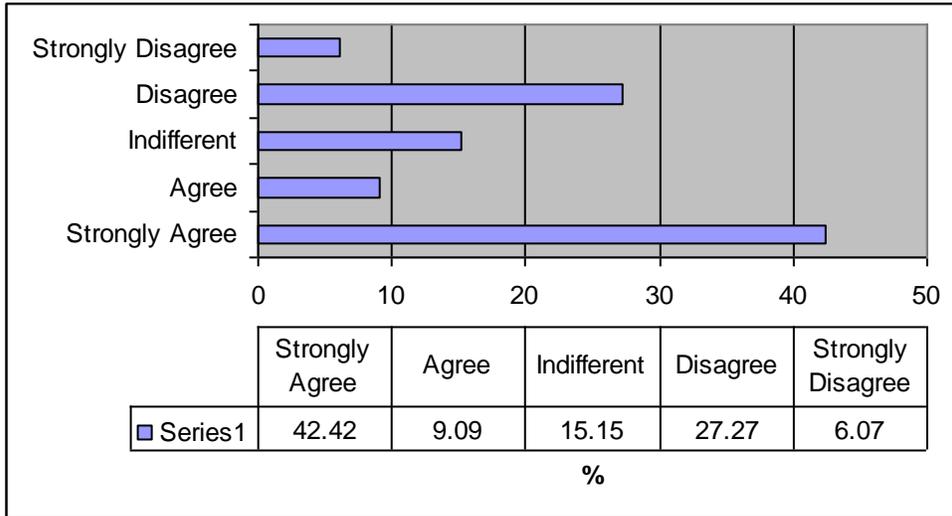
It is suggested for teachers and administrators to adopt best practices from the private sector's approach of protecting its workforce from the pandemic. Best practices can be adopted from models like the Debswana Diamond Company (Botswana). In 1991, the company created programme coordinators at its mining locations, establishing a comprehensive AIDS management workplace policy in 1996 and distributing ARV drugs to infected employees beginning in 2001 (UNAIDS, 2002 (b)). This same approach could be used in the education sector where programme coordinators are identified at schools to manage the HIV workplace programmes.

The researcher stands in agreement that the provision of HIV/AIDS linked support systems in the workplace for teachers will promote positive attitudes. The results clearly show that teachers would like a workplace that has HIV/AIDS linked support systems to help them cope with the personal impact of HIV/AIDS.

4.5 Assessment of HIV/AIDS knowledge transfer to students.

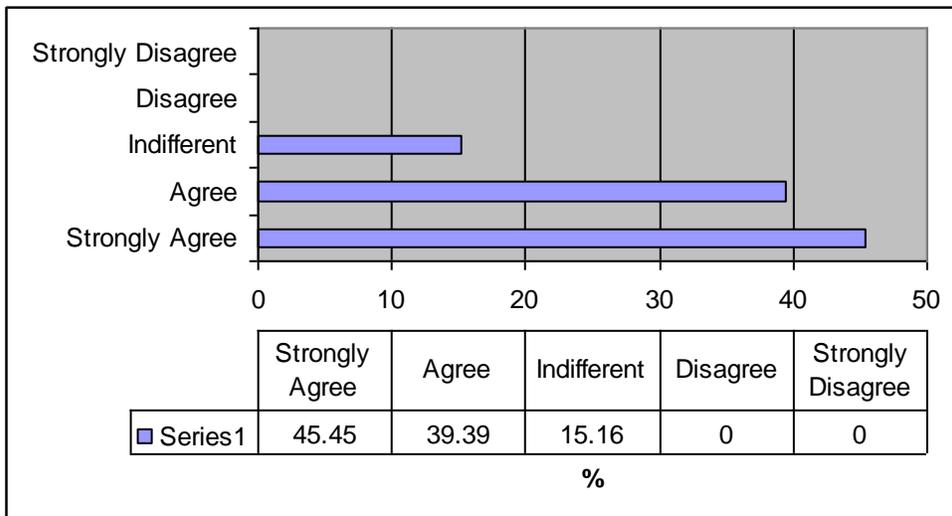
Statement 12 asked participants to rate what they think about their students taking the HIV/AIDS prevention education subject seriously as they do with Maths, English or Science and Content. The ratings in figure 4.9 show that 42.42% of the participants strongly agreed while 9.09% agreed (i.e. total 51.51%). 15.15% were indifferent while in total 33.33% disagreed with the statement.

Figure 4.9 Bar chart for statement 12



Statement 13 was a rating to find out if teachers think their students are not too young to learn about HIV/AIDS. In this statement none of the participants disagreed even though 15.15% of the participants were indifferent. Figure 4.10 below shows that 45.45% of the participants strongly agreed and 39.39% (i.e. total 84.84%) agreed that their students were not too young to learn about HIV.

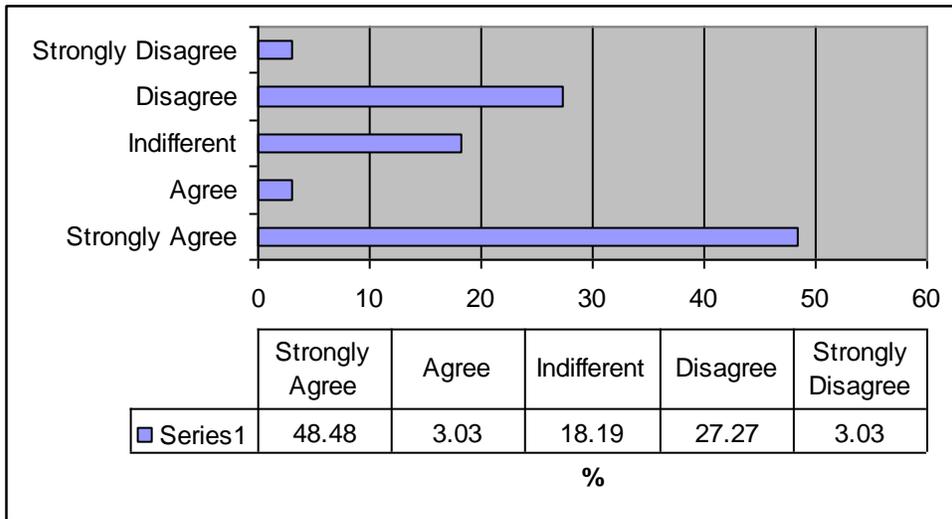
Figure 4.10 Bar chart for statement 13



Statement 14 asked the participants to rate their thoughts on whether pupils in primary

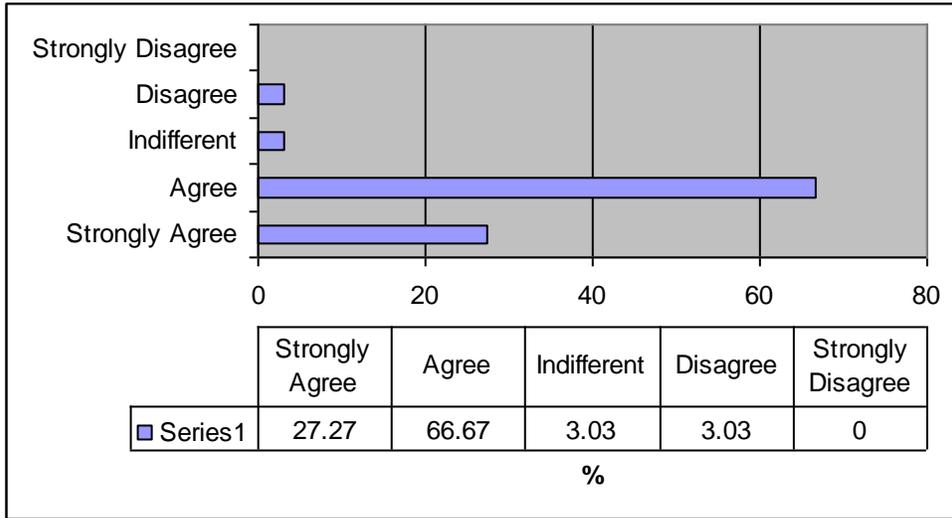
school can confidently speak to their teachers about HIV/AIDS and receive adequate support. For this statement 48.48% of the participants strongly agreed and 3.03% agreed that students are confident to speak to their teachers about HIV. 18.18% of the participants were indifferent while in total 30.30% were in disagreement with the statement. Figure 4.11 shows the bar chart distribution of the result.

Figure 4.11 Bar chart for statement 14



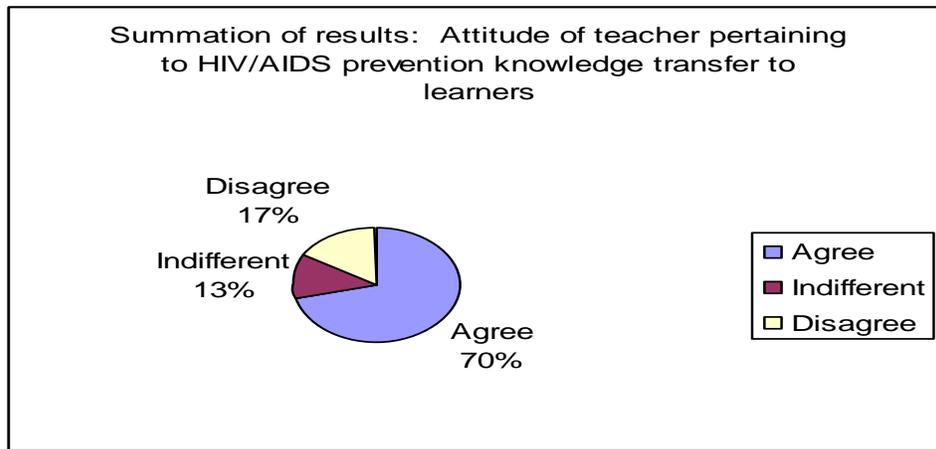
Statement 15 assessed what teachers think about the involvement of students with HIV in all aspects of learning. Teachers agreed that students with HIV can participant and should be involved in all aspects of learning. Figure 4.12 shows that 27.27% strongly agreed and 67.67% agreed (i.e. total 94.94%). 3.03% of the participants were in disagreement while another 3.03% were indifferent.

Figure 4.12 Bar chart for statement 15



A summation of the groups' responses on the attitude of teachers towards students and in regard to knowledge transfer was done as are shown in figure 4.13 below.

Figure 4.13 Summation of statement 12 to 15



The summation of the statements shows that 70% of teachers have a positive attitude towards students affected by HIV/AIDS and have a perception of high HIV/AIDS knowledge transfer to the students. It is however important to note that the 30% was split between the indifferent and those in disagreement. This is particularly because of the two statements;

- Whether students took the HIV/AIDS lesson seriously the same as Maths, English, Science and Content where 48% of the participants were indifferent and in disagreement. This is significant percentage showing that there are students that do not regard the HIV/AIDS lesson as important. The other question is, and
- “Pupils can confidently speak to their teachers about HIV/AIDS and receive adequate support” where 48% of the participants were also indifferent and in disagreement. This is a significant percentage suggesting that there are students who cannot confidently speak to their teachers about HIV/AIDS and receive adequate support.

Regardless of these percentages it is encouraging to find that 93% of the participants were in agreement that a student with HIV can participate and should be involved in all aspects of learning. The value of 70% is however above average and may be accepted to infer that teachers have a positive attitude towards students and there is a perception of adequate knowledge transfer to learners.

The focus group discussion with teachers had questions focusing on the HIV/AIDS prevention knowledge transfer. The discussion was as follows; participants suggested that HIV/AIDS prevention knowledge transfer is more in the younger age group because some of the pupils go home and practice what they have been taught. This was, however, debatable because some of the participants felt that particularly the younger children were not free to talk about HIV/AIDS hence very little knowledge had been transferred. It was also cited that very little knowledge has been transferred because the community from which the children come still regards teaching their children about HIV/AIDS as taboo.

The HIV/AIDS lesson in school is only for 30 minutes and is held once a week. It was said that the time is not enough to cover all the issues of HIV/AIDS. It was added that the lack of resources to teach the subject made it worse. This sometimes, results in teachers concentrating on the examinable subjects that have resources already in place.

It was also suggested that the knowledge of HIV/AIDS is quite high in students but the

knowledge is lost somewhere as they grow older. One participant in the teachers' FDG said "Most pupils we have are becoming sexually active at a tender age despite the dangers of HIV/AIDS". Another participant also expressed this "They don't really think the virus exists since most children are sexually involved" (Participant in the teachers' FDG).

Participants explained that the school's community does not prioritise education and in some cases grade seven is the graduation for girls who are then married just after primary school. Some pupils drop out even earlier than grade seven. The Girl Child Network was commended for the work it has started to do in sensitising the community on child abuse and the rights of children to education.

The participants discussed the importance of HIV/AIDS knowledge transfer considering the challenges they face in their community. They recommended that teachers must be more resourceful in gathering information from various sources as well as to use different media such as videos and drama. This will be more captivating for the students hence delivering the subject in a more understandable and interesting way. It was also suggested that teachers will not be able to achieve the delivery of HIV/AIDS knowledge on their own. The assistance of other people like peer educators who can continue to educate pupils and their families was cited as important.

The interview with the Progressive Teachers Union of Zimbabwe had questions focusing on HIV/AIDS knowledge transfer to learners. These were responded to as follows: The representative said that there was adequate knowledge transfer even though there are gaps in the HIV/AIDS education being delivered. The respondent emphasised the importance of eliminating the issues of stigma and discrimination which are still being experienced in the school environment. It was suggested that teachers should be helping pupils to deal with the issues of HIV. While it is their responsibility to help pupils the teachers are also expected to help to deal with the invisible impact of HIV.

The focus group discussion with primary school children revealed the following on their knowledge about HIV/AIDS issues: The children accurately defined what HIV is, even

though the older ones were more knowledgeable than the younger ones. Some of the definitions that came out are: “Human Immune Virus”, “Human Immuno Virus”, “Human Immunity Virus”. Regardless of the sounds or spellings the definitions suggest that the students know what HIV stands for.

The group had an idea of what AIDS is, even though some of the younger ones were not sure. Some of the participants were able to explain what AIDS actually means. One of the participants said “AIDS is a disease that a person acquires and not born with. It comes as a result of HIV that weakens the immune system” (11 years old participant in the Children’s FGD). It was however felt that definitions and the meaning of HIV/AIDS were a bit complex for the younger age group who were keen understand the meaning.

All the participants learn about HIV/AIDS at school. Some of the students said they learn about it once a week, some once a month and some could not remember how often they had the lessons. It was added by some of the participants that they hear about HIV/AIDS on television and on radio. Two of the students had their schools visited by the Ministry of Health officials who spoke about HIV/AIDS and child abuse.

It was suggested that HIV is transmitted from sleeping with a person who has the HI virus. Some of the participants mentioned that it is transmitted from sharing razors and needles. Another of the participants said “A person gets HIV from sleeping with so many people”. The sleeping was however defined as sharing a bed with many people. Further probing revealed that transmission modes are better understood by the older children who can talk about transmission through sex. The researcher found that even though the kids knew that HIV is transmitted through sex they could not easily talk about it. One of the older participants actual said “I cannot say because there are kids here and it is rude”.

Participants suggested that that a person with AIDS can be seen just by looking at them. Some of them suggested that people with HIV are skinny with hair that flows. Others said they look small and sick. Further probing to find out if the participants knew anything about testing and medication revealed that participants were not sure even though one of

them mentioned an advert on TV that talks about people going to get tested at the New Start Centre. The participants also did not have much knowledge about medication. It was, however, alarming that one of the participants was under the impression that once a person has HIV they will just die: “I was told that if you get HIV you will just die”.

Participants were able to identify ways in which people do not get HIV. Some of their responses were: using the same toilet with an infected person, using the same cutlery, the same glass, from mosquito bites, bathing with people that have HIV.

The group agreed that a person can prevent themselves from getting HIV/AIDS. One of the suggested ways was not sleeping with many people who may have the virus. Even though participants had identified ways in which people do not get HIV, some of them still suggested that one can prevent HIV by not talking and sharing a bed with people who have AIDS. On further probing participants said it was a way of being careful, one of the participants said “I was told that you have to be careful because you never know AIDS could be in the air”.

Concerning living with someone who has AIDS and caring for them, participants shared mixed views, and some thought it was possible to live with a person who has AIDS. One of the participants shared with the group how she stayed with her aunt who had AIDS. She explained that her aunt was sick for a long time but her mother used to help her bath and even feed her. Her aunt is now better and does not need anyone to help her, but she takes medicine every day. The participant has to check and remind her to take her medicine even though she is well and even goes to work now. It was added that one needs to wear gloves when touching wounds on the person. The other participants seemed horrified that it would be possible to stay and care for a person with AIDS. One of the participants suggested this: “No, it’s very dangerous as the person can pass their AIDS when you talk to them. Such people are supposed to be kept in their own room and not near any children” (Participant in the children’s FGD).

The focus group with children was concluded with a discussion on basic HIV/AIDS

education in an effort to correct some of the misconceptions that had come up in the discussion.

4.5.1 Discussion

Of the teachers, 70% had the perception that there is knowledge transfer of HIV/AIDS prevention education even though some fundamental issues were raised in the focus group discussion with teachers as well as the one with school children. The teachers were of the opinion that the actual knowledge transfer was in the younger age group who have not been involved in any issues to do with sex. The older age group has knowledge about the subject but some choose to ignore it because they are sexually active. This is supported or explains why only 50% of the participants in the questionnaire interview thought that there is HIV/AIDS knowledge transfer to learners. The discussion with school children revealed that there is knowledge transfer though the older students participated more and had more accurate knowledge on HIV/AIDS.

An important observation however was that there is sufficient knowledge transfer in the older primary school children, but issues of stigma and the invisible impact of HIV have not been dealt with. This phenomenon was also found in other studies that suggest that most teachers routinely do not get information, training or support they need in order to teach HIV/AIDS prevention. In order to cope they often rely on rote learning, which promotes an academic and overly of scientific interpretations of the subject without ensuring that students have a true understanding (Kelly, 2003 (b); Action Aid, 2003). It is apparent from the results that teachers do not have enough support to help pupils deal with the issues of stigma and discrimination.

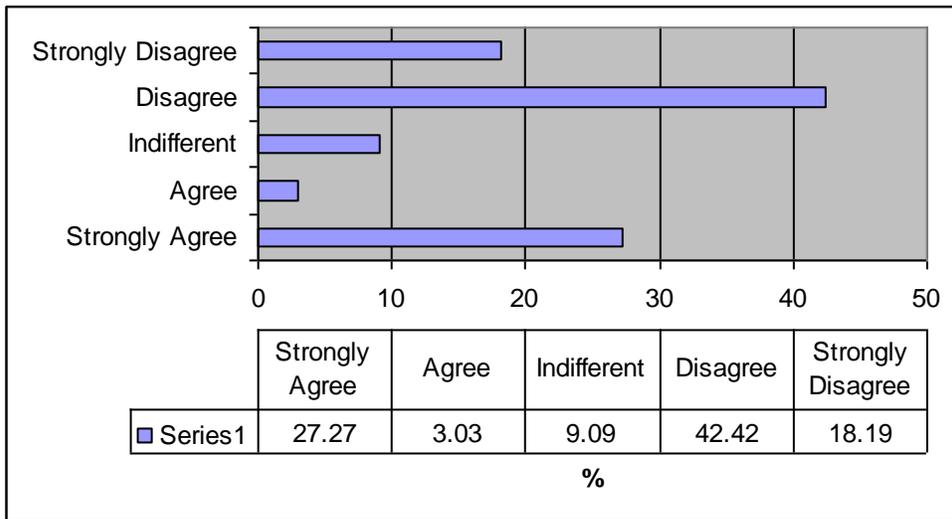
The question of whether students are too young to learn about HIV/AIDS was well debated. According to the survey 84% of teachers agreed that their students were not too young to learn about HIV. The discussion with children revealed that the younger children found it difficult to define what HIV is and some had misconceptions about HIV/AIDS. One of the older participants was actually not comfortable to talk about sex as a mode of transmission because he felt some of the participants were too young, though the youngest

participant was 9 years old. The older students were more confident and answered questions much more confidently. The discussion with teachers suggested that a number of teachers felt that their students were too young to learn about HIV. Even though the questionnaire rated that teachers think their students were not too young to learn about HIV, the fact is diluted by the 48% of the participants who were indifferent or disagreed that their pupils can confidently speak to their teachers about HIV/AIDS issues and receive adequate support. In addition the 48% of teachers were indifferent or disagreement that students took the HIV/AIDS lesson seriously. The researcher agrees that there is knowledge transfer but an assessment of the results shows that it is minimal and could improve with the availability of teaching material and support. The knowledge transferred is basic and does not include other important issues such as stigma. The results alluded to the fact that teachers do not have sufficient time to cover all the aspects of the subject because it is taken once a week for 30 minutes. This suggests that the delivery of a comprehensive package for the lessons requires resources as well as dedicated staff.

4.6 The general attitude of teachers towards HIV/AIDS

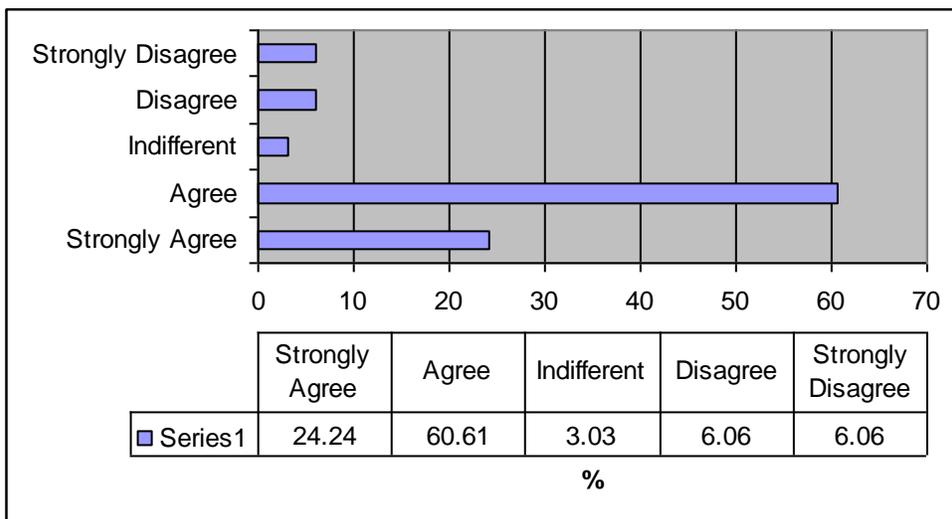
Statement 16 was general and asked participants to rate their thoughts on whether HIV/AIDS can infect anyone regardless of race and colour or age. The results of the rating showed in total 30.30% of participants in agreement with the statement. 9.09% of the participants were indifferent while in total 60.60% disagreed with the statement. Figure 4.14 shows the distribution of the ratings in a bar chart.

Figure 4.14 Bar chart for statement 16



Statement 17 asked participants to rate that it is not possible to tell that a person has HIV just by looking at them. The rating showed that 24.24% of the participants strongly agreed and 60.61% agreed (i.e. total 84.85%). Figure 4.15 show that a smaller percentage 15.15% were either in disagreement or indifferent on the statement.

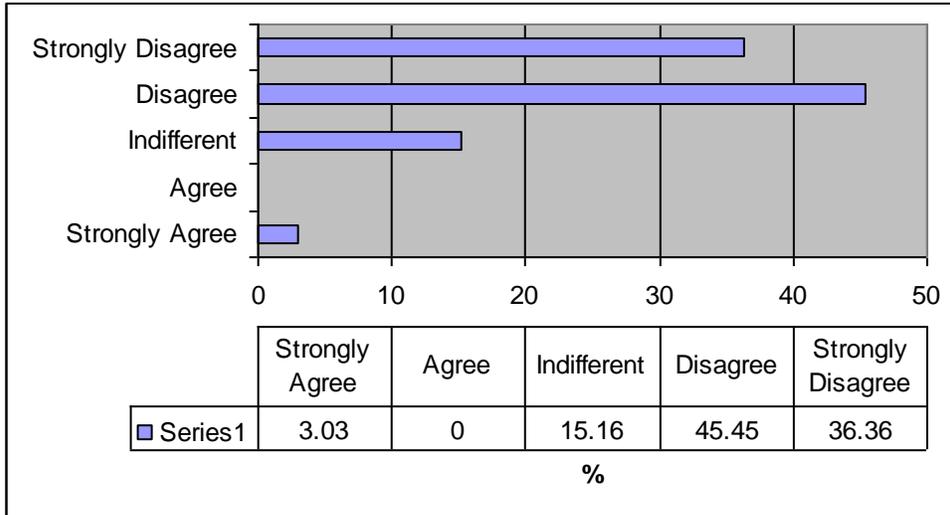
Figure 4.15 Bar chart for statement 17



Statement 18 asked participants to rate that stigma and discrimination does not exist in the education sector. Figure 4.16 show the ratings that only 3.03% of the participants agreed

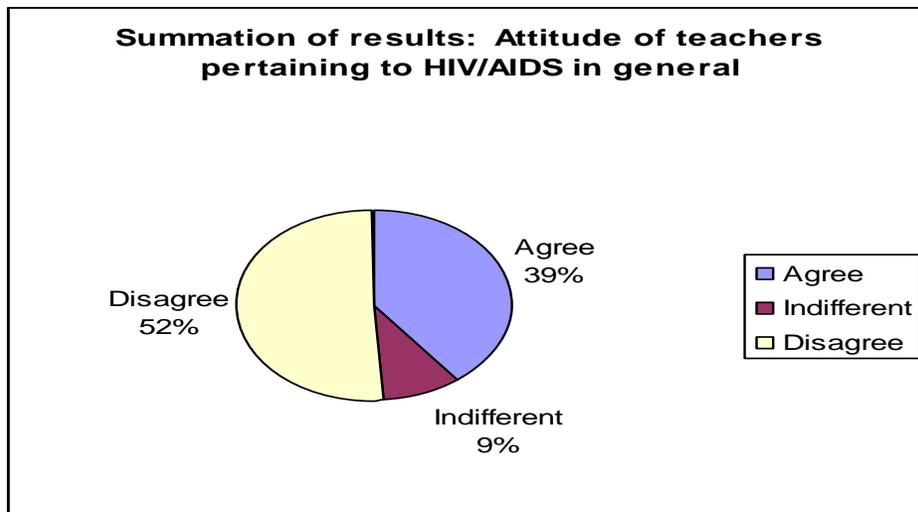
while 15.15% were undecided and 45.45% disagreed with 36.36% strongly disagreeing (i.e. total 81.81%) that stigma and discrimination still exist in the education sector.

Figure 4.16 Bar chart for statement 18



A summation of the group responses on the general attitude of teachers towards HIV/AIDS was done and is shown in figure 4.17.

Figure 4.17 Pie chart for statements 16 to 18



The results show a divided response, with 52% in the disagree segment. This to a certain

degree points to teachers' general knowledge and perceptions about HIV/AIDS. One of the questions in the category asked that HIV/AIDS infects anyone regardless of race, religion or age and 60% disagreed with this statement. This may suggest that a considerable number of teachers have false perceptions about HIV and who can be infected. The other question tested whether HIV/AIDS linked stigma and discrimination still existed in the education sector. The result suggested that 84% of teachers disagreed and thought that stigma and discrimination still does exist in the education sector.

The focus group discussion with teachers had questions focusing on the general attitude of teachers towards HIV/AIDS. The discussion was as follows: teachers have to face children that are infected or affected by HIV/AIDS. Some of the children are orphans who do not come from stable homes. As a teacher it becomes difficult to deal with such children because in most cases they do not have sufficient things for school. Their guardians cannot afford to buy the required school resources. The teacher becomes the centre person who has to deal with the children who are in most cases suffering emotionally as well. One of the participants said "HIV/AIDS gives or creates a difficult atmosphere in dealing with AIDS orphans who are subject to varied forms of abuse".

Participants suggested that some students become undisciplined because of the ill treatment at home by their guardians. Participants felt that if a student shows any signs of being infected by AIDS the other children tend to shun the child resulting in him or her becoming a social reject. This in turn affects the teacher who has to motivate the child to learn in such an environment as well as sensitise the other children not to discriminate the child. Personally for teachers dealing with such children is challenging particularly because the teacher does not have resources to help the child. Teachers have to continually make up strategies for coping in such cases.

Further probing on the personal effect of HIV/AIDS on the teacher did not yield much as teachers were not particularly free to talk about themselves as individuals. They found it easier to talk about some cases of teachers who have failed to report for duty because they had to look after ill relatives.

The interview with the Progressive Teachers Union of Zimbabwe had questions focusing on the general attitude of teachers to HIV/AIDS. These were responded to as follows: teachers are victims of HIV/AIDS and statistics have shown high attrition rates due to the disease. The situation is made worse for teachers because of low salaries. Teachers cannot afford to keep up with basic living standards. This has made it complicated for teachers who require medication. The public system has also failed to support teachers in terms of medication. The teacher is affected as a service provider because they have not been adequately trained to help children cope with the effects of HIV. Children from as young as 5 years have lost their parents or have ill parents. These children spend most of their time at school and should be able to get support from teachers. The teachers have no skills to relate to them. Teachers infected by HIV also tend to be victims of their colleagues because they are no real policies or structures to support them.

4.6.1 Discussion

It is known that HIV/AIDS can infect anyone regardless of race, age or even religion (UNESCO, 2004 (a)). It is scientifically accepted that the HI Virus knows no social, gender or racial boundaries (ILO, 1999 (a)). This would be assumed to be common knowledge on HIV/AIDS and especially, so for teachers, teaching HIV/AIDS prevention education. The survey showed that only 30% of teachers of teachers agreed to this while 60% disagreed strongly and 10% were indifferent. This poses an important question of whether teachers really have adequate knowledge and the quality of HIV prevention education being taught to school children. This situation was not only found in this study but a survey carried out on the Kenya National Union of Teachers (KNUT) showed that Kenyan teachers are not generally well prepared for lessons and that many are not well informed about the subject. Only 45% of the teachers understood that HIV had no cure while the 55% thought that herbs and traditional medicines as well as witchdoctors could cure infection (Pembrey, 2006).

The results also showed an interesting pattern where 81% of teachers were able to identify stigma and think it is still prevalent in the education sector. The issue of stigma and

discrimination was further revealed in the focus group discussions though it affected school children mostly. The results allude to the fact that teachers view children affected by HIV/AIDS differently. Teachers find it a challenge to deal with such children particularly where resources are lacking. The pupils themselves interact differently with pupils affected by HIV/AIDS. It was suggested that children affected by HIV/AIDS are shunned by other pupils resulting in them becoming socially unacceptable. Similar sentiments were found in the discussion with school children where some children suggested that HIV is a death sentence and that they could not associate with a person who has HIV because HIV could be found in the air.

The results of this study call for more work to be done in terms of delivering HIV/AIDS prevention education. Knowledge on the subject is good but there is need for more to be done in terms of addressing issues of stigma and discrimination as well as updating the HIV/AIDS general knowledge of teachers.

4.7 Reasons for the existence of sexually abusive relationships between teachers and students contributing to the spread of HIV/AIDS amongst primary school children.

An investigation into the reasons of the existence of sexually abusive relationships between teachers and pupils was done through the focus group discussion with teachers. Teachers agreed that the cases of sexual abuse of pupils had increased and were mostly perpetrated by male teachers. A number of reasons were identified during the discussion.

Sexual abuse cases can be attributed to the belief system of perpetrators. There are some HIV infected people who would rather spread the virus to innocent souls with the intention of not wanting to die alone. Some traditional healers have contributed by advising their patients to rape virgin girls in order to be healed of HIV. For other perpetrators it is the belief in the myth that an HIV positive person can be healed by having sex with any young girl. Participant singled this out as the main cause because an HIV positive person can be desperate that they would do anything. One of the participants said “When a person becomes HIV positive they can be desperate that they will try anything for healing”.

Other teachers are driven to abuse their pupils because of the mentality that pupils are not infected hence their chances of contracting HIV are limited. Teachers are trusted by their pupils and in some cases the pupils will yield to anything the teacher asks including sex. The primary school curriculum is silent about cultural issues and some of the rich cultural values could help to prevent sexual abuse of pupils. The participants felt that the teaching of some the cultural values will help to keep the distance between the teacher and students.

The punishment or consequences faced by perpetrators of child sexual abuse is not deterrent enough. It was mentioned that sometimes cases do not even reach the relevant authorities because perpetrators liaise with the parents of students and are made to pay money and in return nothing is done about the abuse. For the reported cases the jail terms given perpetrators are not long enough and some cases just die a natural death for lack of follow up.

In some cases, pupils mature early resulting in them being sexually attractive to teachers. The students in return develop feelings for their teachers resulting in some teachers getting sexually involved with the pupils. Most children from the farming community, particularly girls, think about having sex only because of their home background. Some children go through the sexual initiation rituals from as early as eight years because it is part of their cultural practices. This led to the suggestion that most children actually cause the abuse. One of the participants said “a teacher is a human being with feelings and sometimes all they have are their pupils to quench their sexual desires”.

Teachers' salaries are too low and this has resulted in them not being able to afford dates with most ladies. Women would rather date a financially stable person because they are likely to provide security. Some teachers then opt for school children who can be attracted by very little money or other things such as food.

The focus group discussion was concluded by discussing suggestions with participants of what they thought would help to create positive attitudes in teachers to deal with the

challenges of HIV/AIDS.

The interview with the Progressive Teachers Union of Zimbabwe had questions focusing on the existence of sexual abusive relationships between teachers and pupil. These were responded to as follows: the progressive teachers union has viewed the issue with concern. The organisation adopted a zero tolerance policy to child abuse of any form. PTUZ offers paralegal services to its members but once a case involves anything to do with child abuse the organisation withdraws its services.

A number of underlying issues were identified regarding the abuse such as the poor remuneration of teachers may result in some teachers failing to sustain financially stable relationships. This sometimes means teachers remain sexually frustrated and as a result turn on their pupils abusing them in the process. The students' community is also affected by the current economic problems and in some cases pupils do not get sufficient provisions from home. Such students are easily be enticed by small gifts for sex.

The Ministry of Education has a written policy that encourages spouses to stay together rather than separated because of one's workstation. When a teacher is married they are supposed to be given first preference in a school were his wife or family is based. The policy is however not practiced and some spouses stay alone for long periods. This may in some cases result in them leaving their sexual frustrations on pupils.

The gender parity in schools is not balanced with some schools having more male teachers than female. This results in male teachers handling some duties that would be better handled by female teachers. An example is sports, where some female teachers do not like doing sporting activities and these are left to male staff who then travel with the students. Such an environment may promote the abuse of students.

The interviewee believed that the misconception of sleeping with a virgin or a young girl will heal a person of HIV is still believed, even among the teachers. This is regardless of the high literacy levels on HIV. Some teachers still believe they can be healed and this

was evidenced by the increase number of cases of particularly the young girls from the age 5-8 years.

4.7.1 Discussion

From the focus group discussion with teachers as well as the interview it was evident that sexual abuse of pupils is prevalent. The reasons that were given are debatable as they raise the question of moral values of the perpetrators and the teacher's professional ethics. The common reason found out was that of the belief in the myth that having sex with a virgin or a child will heal a person of HIV/AIDS. This trend was also found by other researchers. Leach (2001) and Mphisa (2000) both found that the myth that AIDS can be cured by having sex with a virgin, exposes girls as young as six to rape.

Mphisa (2000) also found that sexual abuse of girls by male pupils and teachers was accepted. This study revealed that the punishment to perpetrators was not deterrent enough resulting in an increase in the cases. More importantly though it was found that the stance has changed as the discussion with teachers identified reasons but also showed no tolerance to such abuse. The Zimbabwe Progressive Teachers Union also adopted a zero percent tolerance stance to any form of abuse on children. The recently gazetted Domestic Violence Bill which is now law in Zimbabwe seeks to protect children as well as women and men from abuse. The community in which the children come from was blamed as a contributor to the sexual abuse of pupils. It was highlighted that farm children tend to get involved in sex at a very early age and thereby entice their teachers to indulge in sex. This was further aggravated by a suggestion that a teacher is a human being with feelings and in some situations they are not able to resist gestures made by pupils. This raises the question of professional ethics on the teacher who is deemed caretaker of pupils when they are in the school environment.

Another reason mentioned by the teachers and in the interview was that of poor remuneration. The fact that teachers earn little money and are not able to sustain financially stable relationships, results in some of them abusing their pupils who accept petty gifts in return. This is regardless of the risk of infection the teacher puts himself in as

well as the pupil. Leach (2001) found in his study that the spread of HIV/AIDS increased the vulnerability of girls to sexual abuse by sugar daddies and male teachers. It was found that sexual abuse carried out by male pupils and teachers is common in poorer countries, with some teachers taking advantage of their position to coerce school girls into sex often in exchange for food or good exam results. This is a cause for concern because teachers acting in this manner do not only create a situation where HIV transmission can occur but also undermine the very messages that they are suppose to be teaching pupils about the prevention of HIV/AIDS. Child abuse perpetrated by teachers is likely to discourage girls from attending school which will damage their education and possibly prevent them from learning how to protect themselves against HIV infection.

4.8 Conclusion

While it was strategic to use teachers as the main tool to implement HIV/AIDS prevention education in Zimbabwean government primary schools, not much was put in place to support this. Teachers hardly have the resources and teaching material to teach the subject effectively. HIV/AIDS linked support systems for teachers to cope with the personal effects of HIV/AIDS are very limited. These variables have contributed to attitude of teachers and the findings showed that the provision of the variables will promote positive attitudes in teachers to teach HIV/AIDS prevention more effectively. Conclusions and recommendations will be dealt with in chapter 5 with reference to the content of this chapter.

CHAPTER 5: Conclusions and Recommendations

5.1 Conclusions

It can be concluded that there is an effect on creating positive attitudes in teachers when provided with adequate HIV/AIDS linked support systems and resource material for teaching HIV/AIDS prevention education. Teachers are personally affected by HIV/AIDS, but the same teachers are strategically positioned to deliver HIV/AIDS prevention education to learners. There are minimal resources available to deliver HIV/AIDS prevention education and the provision of adequate teaching material and resources will promote more positive attitudes in teachers.

The key to creating positive attitudes is the provision of adequate teaching material, resources and continued training in HIV/AIDS. The review of teachers' remuneration was highlighted as a priority as it will help to create or improve the attitude of teachers. It was felt that better salaries may help to motivate teachers to go the extra mile in ensuring that a comprehensive package of HIV/AIDS prevention education is implemented in the schools.

Support systems for teachers are an important workplace issue even though the teachers conceded to the fact that schools do not have sufficient capacity to provide them. Teachers are living under stressful conditions and supports systems such as counselling, care and treatment will assist them to cope. Provision of these support systems will help to promote positive attitudes in teachers.

The general attitude of teachers towards HIV in general showed that HIV literacy is high but there are still some misconceptions, which to a certain extent hamper the delivery of HIV/AIDS prevention education. Stigma and discrimination still exist in the education sector and is much more evident in the pupils affected by HIV/AIDS.

HIV/AIDS prevention education knowledge transfer to learners was evident though it appeared to be minimal and there is need for more to be done in educating the learners. The subject does not address knowledge only but is a full package including developing

awareness, knowledge, skills, attitudes and values that will reduce infections and impact of HIV, including the impact on the education sector itself. The delivery of this package calls for more training of teachers as well as the provision of HIV/AIDS teaching materials and resources.

The case of sexual abuse of students perpetrated by teachers is still prevalent in Zimbabwean government primary schools. The common reason for such abuse was the belief by perpetrators that sleeping with a young girl or virgin will cure one of HIV. In addition low remuneration which has resulted in teachers having a low social status in the community was also identified as one of the reasons. Perpetrators target their pupils as an alternative for the older ladies who are not willing to engage in relationships with them. It was suggested that teachers do not have many resources to sustain meaningful relationships with people of their own age groups.

The researcher is satisfied and can conclude that the objectives set out at the beginning of the research were all met.

5.2 Recommendations

Entrusting teachers with the responsibility of being the main deliverers of HIV/AIDS prevention education was most strategic. The findings in the research suggest a lack of consultation before the task was implemented. Teachers suggested that if adequate consultation had taken place the issues of a lack of teaching material, resources and the negative attitude of teachers could have been averted. It is however recommended for the ministry of education to provide adequate and up to date teaching material and resources for teaching HIV/AIDS prevention to learners. It is important for the ministry of education to recognise HIV/AIDS prevention education as a mainstream subject and provide a curriculum and syllabus in the same way other subjects are provided for.

Providing HIV/AIDS linked support systems for teachers is possible and it is recommended for the ministry of education to work with the primary schools as the place of work for teachers. One of the most effective ways of reducing and managing the impact

of HIV/AIDS in the workplace is through the implementation of an HIV/AIDS policy and programme. The researcher recommends for the ministry of education to initiate, develop and implement an HIV/AIDS policy that is specific for teachers. The HIV/AIDS programmes for the schools can be implemented in partnership with teachers' unions, non governmental organizations and other strategic organizations.

Lessons can be drawn from the Caribbean Education Sector HIV/AIDS policy that was drawn up through the collaboration of the International Labour Organisation (ILO), United Nations Education, Scientific and Cultural Organisation (UNESCO) and the Caribbean Education Sector. The purpose of the policy is to provide a framework for addressing HIV/AIDS as a workplace issue in the education sector, institutions and services through social dialogue processes in complementation of other national workplace or overall education sector policies where they exist. It covers key areas of action: prevention of HIV; elimination of stigma and discrimination on the basis of real or perceived HIV status; care, treatment and support of staff and students who are infected and/or affected by HIV/AIDS; management and mitigation of the impact of HIV/AIDS in education institutions; safe, health and non-violent work and study environments (ILO and UNESCO, 2006).

The issue of low remuneration that teachers are currently receiving came up as a reason for the negative attitude teachers have in teaching HIV/AIDS prevention and regard it as an extra burden. It also came up as a contributing factor for the increase in the number of sexual abuse on pupils perpetrated by teachers. The rising inflation rates and cost of living in Zimbabwe do not make it any better for teachers. A review of the teachers to at least match the current inflation levels is recommended.

The cases of sexual abuse of pupils by teachers continue to be reported. The continued raising of awareness of sexual abuse of children as well as the implementation of the domestic violence bill is recommended. It is important for teachers to uphold their moral and professional ethics as the deemed guardians of children when in the school environment. This will help to enforce that teachers protect pupils rather than harm them.

5.3 Limitations of research

The researcher would have liked to include more schools in the research in order to cover all geographical areas as this would have revealed more diverse views in the research. Unfortunately, the costs for printing questionnaires, as well as for travelling to schools throughout Zimbabwe were prohibitive. This was also the same for the focus group discussions held with teachers and primary school children. The views of more teachers would have been more diverse with the inclusion of teachers in other areas of Zimbabwe. It is possible that other communities would have presented different information that is specific to their communities.

5.4 Areas for further research

The research raised a number of areas for further research as follows:

- 1) The key motivator for teachers to maintain positive attitudes in the delivery of HIV/AIDS prevention education.
- 2) Investigate the possible ways of accommodating teachers and pupils infected and affected by HIV/AIDS to reduce stigma and discrimination.
- 3) Enforcement of children's rights to education in farming communities of Zimbabwe.
- 4) Bridging the gap between health information and myths on HIV/AIDS in preventing new infections.

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Appendices

Appendix 1 - Questionnaire

I am Tendayi J Katsande a student with the University of Stellenbosch, South Africa, carrying out a research for my thesis entitled *“The Effect of providing adequate HIV/AIDS support systems and resource material in promoting positive attitudes in teachers as the main deliverers of HIV/AIDS prevention education: A FOCUS ON ZIMBABWEAN PRIMARY SCHOOLS.* I would like to interview teachers of Government primary schools in Zimbabwe. Please be assured that all information given to me will be kept confidential and will be used only for the purposes of this research. The questionnaire is in an anonymous format and I would like to request you to answer all questions truthfully. Thank you for taking your time to answer these few questions.

1. How long have you been a Teacher?

1 – 3 years		4 – 6 years		7 – 10 years		11 – 20 years	
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2. Which age group and gender do you fall into:

18 – 25 years		26 – 40 years		41 – above	
Male		Female			

3. Have you received any training on HIV/AIDS:

Yes		No	
-----	--	----	--

4. Do you have access to any HIV/AIDS resources/teaching material

Yes		No	
-----	--	----	--

If YES please indicate your source

Training from Teacher training college

Ministry of Education

From the school I currently teach at

UNESCO

UNICEF

NONE

Other/ (Please specify)

5. Your value as a teacher

(Please rate yourself on a scale 1 – 5 in the boxes adjacent to the questions (rating 1 excellent – 5 poor)	1	2	3	4	5
How do you value yourself as a teacher					
How do you value your professional achievements					
How you think co-workers value you					
How you think students value you					
How do you value your place in the fight against HIV/AIDS					
What do you think is your potential for success					
How do you value your strengths in the fight against HIV/AIDS					
What are your chances of carrying out or leading an HIV/AIDS awareness campaign on your own?					

Please place a tick in the column that more states how you feel	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
6. HIV/AIDS prevention is a very simple subject that can be taught even without the handbook or other illustrative material.					
7. I am happier to teach the HIV/AIDS class when I have adequate material including the recommended books.					
8. The resources at my disposal are adequate to fully equip students with knowledge, skills, attitudes and values that will reduce infections and impact of HIV.					
9. Equipping of teachers to cope (personally) with HIV is vital for the success of all HIV/AIDS prevention programmes.					
10. The provision of counselling, care and support systems in the workplace may promote positive attitudes in teachers to handle HIV/AIDS issues.					
11. I am not afraid to reveal my HIV status to my colleagues and even to my students.					
12. My students take the HIV/AIDS lesson seriously (the same as the Maths, English, Science and Content).					

13. My students are too young to learn about HIV/AIDS.					
14. Pupils can confidently speak to their teachers about HIV/AIDS and receive adequate support					
15. A pupil with HIV can participate and should be involved in all aspects of learning.					
16. HIV/AIDS affects people of all races and colours, and people of different ages, from children, youths and adults.					
17. People with HIV are like anyone else in the community.					
18. HIV/AIDS related Stigma and discrimination does not exist in the education sector.					

Please feel free to make any comments or suggestions you think would aid value to creating positive attitudes in teachers to deal with HIV/AIDS issues.

.....

Appendix 2 – Letter to School Heads

12 Sir Herbert Tailor Close
Lincoln Green
Belvedere
Harare

20 July 2007

The Headmaster
Mukwada Primary School
Mukwada
Mutare

Dear Sir

RE: Request for Mukwada Primary School's Teachers' participation in research

My name is Tendayi J Katsande a student with the University of Stellenbosch, South Africa. I am carrying out a research as part of my thesis entitled *“The Effect of providing adequate HIV/AIDS support systems and resource material in promoting positive attitudes in teachers as the main deliverers of HIV/AIDS prevention education: A FOCUS ON ZIMBABWEAN PRIMARY SCHOOLS”*.

I would like to request for teachers from your school to participate in the research by answering the attached 10 questionnaires individually. Participating teachers can take one provided pen and a questionnaire to answer the questionnaire. The pens can be retained by the participants and questionnaires returned to your office. I have provided a box in which the questionnaires can be dropped after completion. I will return to collect the questionnaires when there are ready.

Please be assured that all information given to me will be kept confidential and will be used only for the purposes of this research. The questionnaires are in an anonymous format and I would like to request for teachers to answer all questions truthfully.

Thanking you advance for allowing this research to take place.

Yours sincerely

Tendayi J Katsande

Appendix 3 – Focus group discussion with Teachers

“The Effect of providing adequate HIV/AIDS support systems and resource material in creating positive attitudes in teachers as the main deliverers of HIV/AIDS prevention education: A FOCUS ON ZIMBABWEAN PRIMARY SCHOOLS”.

FOCUS GROUP DISCUSSION WITH PRIMARY SCHOOL TEACHERS

Discussion Guide

1. It is said that HIV/AIDS has either infected or affected everyone. How does HIV/AIDS affect you as Teachers?
2. Have you received any training on HIV/AIDS: (Check for – facilitators of training, the type of training, how often, has it been available for every.
3. What resources or teaching material are used to deliver HIV/AIDS prevention education?
4. How important are those resources if HIV/AIDS prevention education is to be successfully taught in schools.
5. Is there any need for schools to have HIV/AIDS linked support systems for teachers? These support systems are such as counselling, care and treatment for all teachers. (Check if there are any schools that already have such facilities)
6. According to you what is the importance of these support systems in-order for teachers to cope with the challenges of HIV/AIDS?
7. In your opinion how prepared are primary schools in providing the HIV/AIDS linked support systems.
8. Is there any other body that you would expect to provide such support systems and why?
9. What do you think are the attitudes of teachers in delivering HIV/AIDS prevention education?
10. What would promote positive attitudes in teachers delivering HIV/AIDS prevention education?

11. It is sometimes impossible to work when one is ill from AIDS and the person may need to take some time off. How does the teacher cope in such a case? Is he/she able to freely take time off and return when he is well?
12. What is your assessment of the transfer on knowledge (HIV/AIDS prevention) to the learners when there are all these challenges (use examples extracted from the discussion)?
13. What do you think are the reasons for the increase in the number child sexual abuse cases perpetrated by teachers? (Float the question about the myth of sleeping with a virgin to be cured of AIDS if it does not come up in the discussion)
14. Are there any comments or suggestions that you think would aid value to creating positive attitudes in teachers to deal with HIV/AIDS issues.

Appendix 4 – Focus Group Discussion with Children

“The Effect of providing adequate HIV/AIDS support systems and resource material in creating positive attitudes in teachers as the main deliverers of HIV/AIDS prevention education: A FOCUS ON ZIMBABWEAN PRIMARY SCHOOLS.

FOCUS GROUP DISCUSSION WITH PRIMARY SCHOOL CHILDREN

Guide:

1. What is HIV? What is AIDS?
2. How does a person get HIV?
3. How does a person who they have HIV?
4. How does a person get HIV?
5. How does a person prevent themselves from getting HIV?
6. Are there people that you think are more likely to get HIV than others?
7. Can you tell by looking with your eyes if a person has HIV?
8. There are things that we can not get HIV from. What do you think some of these are? (Prompt with some of these are cutlery, glasses, cups, food, coughing, sneezing, mosquitoes and other insects).
9. Can you live with someone who has AIDS and care for them?
10. What are some of the things that we need to do when we care for someone with AIDS?

Appendix 5 - CONSENT TO PARTICIPATE IN RESEARCH

Primary Investigator: Tendayi J Katsande Contact Tel: 011 422232 or 04 778254

The purpose of the research is determine the Effect of providing adequate HIV/AIDS support systems and resource material in creating positive attitudes in teachers as the main deliverers of HIV/AIDS prevention education. The research is focused on Zimbabwean Primary Schools.

Primary school children are requested to participate in a focus group to determine their knowledge on HIV/AIDS. The participation of your child is entirely voluntary. The research will maintain an anonymous status of participants in the focus group and names of participants will not be used for any reason. Please be assured that all information given to me will be kept confidential and will be used only for the purposes of completing my thesis.

I being, the parent of, have read the consent request and understand the purpose of the research. I have had the opportunity to ask questions and understand that my child can change their mind or I can choose to withdraw my child at any time during the focus group. I agree voluntarily to let my child participate in the focus group discussion.

Date Signature of consenting parent

Date Signature of Researcher

Appendix 6 – Interview questionnaire Representative of the Progressive Teachers Union of Zimbabwe.

I am Tendayi Katsande a student with the University of Stellenbosch, South Africa, carrying out a research for my thesis entitled *“The Effect of providing adequate HIV/AIDS support systems and resource material in promoting positive attitudes in teachers as the main deliverers of HIV/AIDS prevention education: A FOCUS ON ZIMBABWEAN PRIMARY SCHOOLS*. I would like to gain more understanding on this subject from the Progressive Teachers' Union of Zimbabwe (PTUZ)’s point of view. Please be assured that all information given to me will be kept confidential and will be used only for the purposes of this research. Thank you for taking your time to answer these few questions.

1. How has HIV/AIDS affected teachers in Zimbabwe?
2. HIV/AIDS Prevention education is now part of the school curriculum and is taught to children from the age of 8. What resources or teaching material are used to deliver HIV/AIDS prevention education to primary school children.
3. Are these resources readily available and accessible for teachers to use?
4. What is your assessment of the attitudes of teachers in delivering HIV/AIDS prevention education?.....
5. Teachers are personally affected by HIV/AIDS, What workplace support systems has PTUZ put in place to help the teacher cope with the challenges presented by the disease.....
6. How does PTUZ monitor the implementation and effectiveness of these support systems?
7. What is your assessment of the HIV/AIDS prevention knowledge transfer to the learners?.....
Why has it been important to use Teachers as the main deliverers of HIV/AIDS prevention education?
...
8. Recently there has been an increase in the number of sexual abuse cases perpetrated by teachers for example the Herald reported late last year as follows: *“Teacher rapes, infects girl (6) with HIV”*. A Ruya high school teacher in Mt Darwin raped his workmen’s daughter and infected her with HIV. Admore Mhembere (34) was slapped with a 20 year jail term (The Herald, 2006). Another case

was reported as follows: ***“Teacher in Court for raping pupil”*** A Seke primary school teacher was arraigned before the Chitungwiza provincial magistrate for allegedly sexually abusing a 12 year old pupil (The Herald, 2006). As PTUZ what is your view on this?

9. What would you attribute these cases to?