

Knowledge levels and perceptions of teachers of HIV/AIDS and their role in HIV/AIDS prevention: A case of primary schools in Seke, Chitungwiza in Zimbabwe

by

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DECLARATION

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ABSTRACT

The education sector, which is vital for the creation and enhancement of human capital, is negatively affected by HIV/AIDS and school teachers are finding themselves increasingly in the frontline of the epidemic. The question that the sought to address was: what is the teachers' level of knowledge, perceptions of HIV/AIDS and their role in HIV/AIDS prevention in primary schools? The primary school level is a crucial access point for HIV/AIDS prevention programmes and teachers are expected to play a major role in the provision of information that promotes awareness resulting in behaviour change among pupils. The teachers' knowledge and perception about HIV/AIDS will thus influence how they perform this role. The aim of the study was to identify the knowledge levels and perceptions of teachers of HIV/AIDS and their role in HIV/AIDS prevention in schools. A quantitative research design was employed. A self-administered structured questionnaire was administered to 40 teachers selected from five primary schools in Seke, Chitungwiza in Zimbabwe. The research findings revealed that majority of the teachers (75%) have knowledge of HIV/AIDS and 80% take part in HIV/AIDS prevention. However, there are some who still do not understand the basic concepts in the subject of HIV/AIDS. Teachers should be equipped with the HIV/AIDS knowledge. More workshops, seminars and group discussions should be organised with teachers having an equal opportunity of attendance. In-training services should be incorporated in order to cater for teachers who have not received training on sexuality and HIV/AIDS education.

OPSOMMING

Die onderwys-sektor word negatief beïnvloed deur MIV/VIGS en onderwysers word al hoe meer betrek by die epidemie. Die vraag wat hier ondersoek is, is wat is die kennis en houdings van onderwysers rakende MIV/VIGS en wat is hul rol in die voorkoming daarvan in laerskole? Die laerskool-vlak is 'n kritiese stadium in die voorkoming van MIV/VIGS en daar word van onderwysers verwag om 'n kardinale rol te speel in die voorsiening van voorkomingsboodskappe wat tot gedragsverandering onder die leerlinge kan lei. 'n Kwantitatiewe navorsingsbenadering is gebruik. Vraelyste is aan 40 geselekteerde onderwysers uit gedeel uit vyf laerskole in Seke, Chitungwiza in Zimbabwe. Die resultate van die navorsing toon dat die meerderheid van die onderwysers (75%) genoeg kennis het rondom MIV/VIGS en 80% is betrokke by MIV/VIGS voorkoming. Daar is egter sommige onderwysers wie steeds nie die basiese begrippe rondom MIV/VIGS verstaan nie. Onderwysers moet toegerus wees met MIV/VIGS kennis. Daar word aanbeveel dat hul meer werksinkels, seminare en groepbesprekings bywoon en dat almal 'n gelyke kans moet kry om dit by te woon.

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God bless you / Que Dieu vous benisse

DEDICATION

This study is a special dedication to my late parents, Torai Makandale Madzivanyika and Vesta Chingasiyeni Madzivanyika nee Chamunorwa who were both diabetic and high blood pressure patients. Being the Educationists that they were, it was their wish for me to pursue my studies to greater heights and they laid the foundation of my education up to Bachelor's degree level. I also dedicate this thesis as a source of inspiration to my two beautiful children, daughter Nadine Selina and my son Tawananyasha Daryl.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CAR	Central African Republic
CDC	Center for Disease Control
DEO	District Education Officer
EFA	Education for All
GNAT	Ghana National Association of Teachers
HIV	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team
MDGs	Millenium Development Goals
MOE	Ministry of Education
NAC	National AIDS Council
PED	Provincial Education Director
SPSS	Statistical Package for Social Sciences
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UN	United Nations
Z.I.S.T	Zimbabwe Institute of Systemic Therapy
ZIMTA	Zimbabwe Teachers Association

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1. INTRODUCTION

1.1 Background and rationale

HIV/AIDS presents a major crisis that is increasingly affecting the most productive segment of the population across development sectors in Zimbabwe. The education sector, which is vital to the creation and enhancement of human capital, is equally affected. In Zimbabwe, for instance, according to Sifile (2010), where Aid agencies estimate 120 000 children to be HIV positive, school teachers are finding themselves increasingly in the frontline of the epidemic. Indeed this situation calls for appropriate intervention measures that will reverse the current trend in the education sector. According to UNESCO (2009), the Center for Disease Control and Prevention (CDC) indicated that young people are at risk of a number of health problems, including sexually transmitted diseases and HIV/AIDS. The most recent CDC survey of high school students reported that 53% have had sexual intercourse and 38% are currently sexually active.

Experts agree that prevention through education is the best way to fight the transmission of HIV and that education must begin before young people initiate sexual activity and certainly no later than the seventh grade (UNESCO, 2009). Information is vital as it enables people to have an accurate understanding of the modes of transmission and prevention strategies of HIV/AIDS. The primary school level is a crucial access point for HIV/AIDS prevention education programmes due to the fact that most children attend these schools and again due to the importance of improving the knowledge of children about HIV and AIDS before they become sexually active or are getting involved in high risk behaviours.

In this regard, teachers are expected to play a major role in the provision of information in order to promote awareness which results in behaviour change among students. The teachers' knowledge and perceptions about HIV/AIDS will thus influence how they perform this role. The education sector is vital for its creation and enhancement of human capital. However, this sector has been affected by HIV/AIDS. It is worth mentioning that research on evaluation of the knowledge of teachers, who are the ones to be at the vanguard of the implementation of the school-based HIV enlightenment activities, is quite limited. Thus to fill in this gap, the present study will

evaluate knowledge levels, perceptions and roles in HIV/AIDS prevention among primary school teachers. The evaluation of teachers' knowledge is necessary because of its implications on the accuracy of information about HIV/AIDS, which they deliver to students and also for them to know how to protect their own health.

1.2 Research problem

The HIV/AIDS epidemic is a serious threat to health and development in many countries. Cases of HIV/AIDS are increasing in Zimbabwe and this raises an important issue as to who are the best suitable professionals to be utilized in the dissemination of information on the preventive measures. According to the National Aids Council (2004), an estimated 27% of Zimbabwean teachers aged 18-49 are infected with HIV with at least 3 000 deaths a week. As a result according to Zimbabwe Teachers Association (ZIMTA, 2002) experienced personnel have been lost while the quality of education has declined. While the teachers are trained in HIV/AIDS at colleges, the demand for these HIV/AIDS trained teachers cannot be met and continues to increase. The National Aids Council also states that teachers are ill-equipped to cope with the number of HIV positive children in schools. ZIMTA (2002) again stated that training programmes offered to teachers do not provide proper guidance as to what teachers should do to protect themselves from HIV/AIDS. Teachers and school headmasters are said to be generally ignorant about HIV/AIDS. Peltzer and Supa (2000) stated that they lack adequate knowledge of the disease and that most HIV/AIDS material is designed for students rather than for teachers. Peltzer et al (2000) further state that many teachers think that the HIV/AIDS curriculum is not yet in place. It is worthy of importance to establish the levels of knowledge, perceptions of HIV/AIDS and the role of teachers towards HIV/AIDS prevention as a response to the epidemic thereby achieving Millennium Development Goals (MDGs) 2, 4 and 6. According to UN (2010), millennium development goal 2 concerns universal primary education, millennium development goal 4 concerns reducing child mortality and millennium development goal 6 concerns combating HIV/AIDS, malaria and other diseases. It is assumed that most teachers in primary schools lack knowledge about HIV/AIDS in the learning arena and those teachers might have wrong perceptions about HIV/AIDS and are not involved in HIV/AIDS prevention in the learning arena. Thus, the study seeks to answer the following main research question: What is the

teachers' level of knowledge and perceptions of HIV/AIDS and their role in HIV/AIDS prevention in schools?

1.3 Significance of study

Given the epidemiological situation in Zimbabwe and the fact that to date no cure has been found for HIV/AIDS it is vital to provide students with correct information. Providing students with correct information remains one of the key prevention strategies recommended against HIV/AIDS. According to Visser (2004), fewer studies have specifically and systematically examined teachers' knowledge and perceptions with regards to HIV/AIDS, how teachers are juggling this complicated task of contributing towards the response against HIV/AIDS in their schools and communities and how they perceive the impact of the diseases. Visser also states that very limited research has been devoted to the implementation of HIV/AIDS in the classroom. The researcher seeks to measure the level and quality of knowledge that teachers have on HIV/AIDS, their perceptions towards the pandemic and the role they play in HIV/AIDS prevention. Having gathered this, it will form the basis of the preparation of teachers as capable disseminators of information on HIV/AIDS prevention measures to students. It will thus become an important component in the response against the AIDS pandemic. The impact teachers can make on their students in as far as HIV/AIDS is concerned, will cascade to the rest of the community. Furthermore, there is inadequacy of literature assessing the HIV/AIDS training strategies at institutions in Zimbabwe. In this regard, the research is expected to clearly spell out the loopholes. The major focus is on preventing new infections. The researcher is of the view that all sectors need to join hands with the education sector where teachers need support, as they are key players in educating young people in an effort to reduce high risk sexual behaviours.

Subsequently, the research will contribute to the general body of knowledge by adding information on teachers' knowledge, perceptions and roles in HIV/AIDS prevention. This study is important in that it will reveal some of the challenges and constraints that impede the Ministry of Education regarding HIV/AIDS. The results of this study may prompt the government to adopt other strategies that can strengthen HIV/AIDS teacher training programmes which will thus benefit the education sector in particular and also other sectors.

1.4 Aim

The aim of the study was to identify the knowledge and perceptions of educators about HIV/AIDS and their roles in HIV/AIDS prevention in schools in order to make recommendations for training of educators that will enable them to implement the HIV/AIDS curriculum in schools and colleges.

1.5 Objectives

- To determine teachers' knowledge of HIV/AIDS
- To determine teachers' perceptions of teachers about HIV/AIDS
- To determine teachers' role in HIV/AIDS prevention
- To provide recommendations for teacher training on HIV/AIDS

2. LITERATURE REVIEW

2.1 Introduction

The study seeks to determine the knowledge levels and perceptions of teachers of HIV/AIDS and their role in HIV/AIDS prevention in schools. In this study the researcher seeks to determine if teachers have received HIV/AIDS education, how much they know about HIV/AIDS and how they perceive the disease. The researcher will lay out what teachers do to implement HIV/AIDS prevention in the learning arena and what resources are available if any for AIDS education in schools. Lastly, the researcher will explore what teachers think about their role in HIV/AIDS prevention in schools. To enable the researcher to undertake the above, a look at what previous work has revealed about the problem will be done.

Knowledge about HIV and AIDS is centred on information dissemination about the modes of transmission, means of prevention and behaviours that enhance susceptibility.

Perceptions on the other hand typically concern how teachers perceive and give meaning to HIV and AIDS, how they recognize it and interpret its signs and symptoms. Perceptions are very important because they determine how learners will be treated by teachers and the role teachers play in order to reduce AIDS-related stigma in schools.

HIV prevention is a complex issue. It demands educators who are knowledgeable and experienced, who have acquired particular characteristics that make them effective behaviour-change agents in schools. Literature reviewed herein begins with an evaluation of studies from international cases and cascades down to Africa before zeroing in on Zimbabwe.

According to Christensen, Johnson and Turner (2011), a literature review reveals not only what is currently known about the problem but also the ways in which the problem has been attacked in the past. Christensen et al also point out a few of the more salient reasons for conducting a literature review, which are that, it:

- Will tell whether the problem you have identified has already been researched. If it has, you should either revise the problem in light of the experimental results or look for another problem, unless there is a good reason to replicate the study.
- Might give you ideas how to proceed in designing the study so that you can obtain an answer to your research question.
- Can point out methodological problems specific to the research question you are studying.
- Can identify whether special groups or special pieces of equipment are needed and perhaps give clues as to where to find the equipment or how to identify the particular groups of participants needed.
- Will provide needed information for preparing the research report, because this research report requires that you not only set your study in the context of prior studies but also that you discuss the results in relation to other studies.

2.2 Why teachers should have knowledge about HIV/AIDS

In order to prevent the spread of HIV/AIDS, teachers must be knowledgeable and skilled in using correct infection control guidelines in and around the classroom. Children who are HIV positive are living longer and the number of HIV positive children who are attending school is expected to grow (Danielle & Liane 1997). Therefore, teachers need an understanding of the special medical, educational, psychological and social needs of these children. Teachers may have to confront educational and psychosocial issues of children whose parents are living with HIV/AIDS. One also finds that in some instances, teachers may be entrusted with information about a pupil's, parent's or staff members' HIV status and must understand the legal and ethical requirements regarding confidentiality. Teachers are expected to provide HIV and AIDS education and to answer students' questions about HIV in a culturally and developmentally appropriate manner. Teachers are

instrumental to the achievement of Education for All goals and play a critical role in school-based HIV prevention efforts. They are given an important responsibility to ensure that children and young people acquire essential knowledge, skills and attitude for preventing HIV infection and that in higher prevalence settings pupils infected by HIV have access to care and support (UNAIDS, 2009). However, these professionals face several challenges including often difficult working environments (overcrowded classrooms, lack of materials) and poor or non-existent training. In many contexts according to UNAIDS, particularly in Sub-Saharan Africa, teachers are profoundly affected by HIV. Moreover, stigma and discrimination, gender inequality, concerns around morality, cultural issues and relationships between teachers and students can make the environment for school-based HIV/AIDS education complex.

The UNAIDS Inter-Agency Task Team (IATT) on Education in 2003 stated that information is necessary but knowledge alone is not sufficient to protect young people against HIV (Clarke, Kerr, Honeybrook, Cooper & Duncombe, 2012). The IATT prescribed an interactive process of teaching and learning that helps young people acquire the knowledge, attitudes and skills to enable them to take greater responsibility for their own lives, resist negative pressures, minimise harmful behaviours and make healthy choices. This, Clarke et al (2012), suggests could be achieved through school-based education specifically accurate, culturally appropriate, good quality teaching and learning materials on HIV and AIDS, communication and life skills. AIDS education requires detailed discussions of subjects such as sex, illness, drug use and death. According to ActionAid (2003), teachers are not likely to have experience in dealing with issues such as sex, illness, drug use and death and therefore require specialised training. This will enable them to be comfortable to discuss issues without letting personal values to conflict with the needs of the pupils. Research carried out by ActionAid (2003) found that teacher training is fundamental to the successful delivery of AIDS education in schools and yet efforts to train teachers are often inadequate, if in place at all. For instance, teachers in Malawi report not receiving any training on HIV and AIDS, and in Kenya many teachers have opted out teaching HIV/AIDS as a result of inadequate training (ActionAid, 2003).

2.3 Teachers and HIV/AIDS: A global view

A qualitative study in India examined children and teachers' perceptions of AIDS and sex and found a similar relationship between science teachers and less inhibition in talking about HIV/AIDS. This perception was shared by non-science teachers who declared that the topic should be dealt with in science class rather than throughout the curriculum (Verma et al quoted in Visser, 2004). According to Visser, a similar study in Massachusetts, United States, demonstrated a clear link between knowledge and subject taught with health teachers having significant better knowledge of HIV/AIDS than the rest. The study also found a direct link between teachers' knowledge of HIV/AIDS and the positive or supportive attitudes toward HIV and also that female teachers hold more positive attitudes toward teaching about HIV/AIDS than male teachers. In another study of science teachers' intentions to teach about HIV/AIDS in the United States, it was revealed that teachers' attitudes toward teaching about HIV/AIDS was the most significant of various factors examined in predicting intentions. Other important predictors were more positive attitudes towards teaching about HIV/AIDS, less negative social influence from principals and other managers and availability of resources. Teachers with higher intentions were also found to be less embarrassed talking about sexual subject matter (Visser, 2004). A study of students in the Islamic Republic of Iran demonstrated that the knowledge of students about HIV/AIDS was moderate and a study of high school teachers showed that only 63.3% had a good level of knowledge (Mazloomi & Baghianimoghadam, 2008)

2.4 Teachers and HIV/AIDS in Africa

Previous research regarding primary school teachers as HIV and AIDS prevention leaders has had somewhat contradictory results. According to Kachingwe, Norr, Kaponda, Norr, Mbweza and Magai (2005), teachers in many African countries have expressed commitment to HIV and AIDS prevention messages in schools as have teachers in other parts of the world. Kachingwe et al (2005) also noted that several studies in and outside Africa have shown that training programmes can improve teachers' knowledge, attitudes and readiness to offer HIV and AIDS prevention programmes to their students. However, other recent studies have found that many teachers in African countries simply fail to teach required recommended HIV and AIDS prevention programmes (Kachingwe et al, 2005). Again other studies in Africa and the US have further revealed that elementary teachers were less comfortable and less

committed to teaching HIV and AIDS than secondary school teachers. This is problematic because HIV and AIDS prevention is needed in primary schools before young people become sexually active. In Malawi, for instance, the age of first sex varies from 12 to 15 years. Also at least in African countries, many children do not attend secondary school (Kachingwe et al, 2005). Thus, primary school HIV and AIDS programmes are needed to reach young people well before they become sexually active.

While the HIV and AIDS crisis has resulted in new attention to sexuality education in schools, research has shown that Africa's educational system is struggling to adapt meaningful education tools (James-Traore, Finger, Ruland & Savariaud, 2004). James- Traore et als' work revealed that inadequate funding and poor infrastructure plague educational system throughout Sub-Saharan Africa. According to James-Traore et al, (2004) teachers overwhelmingly report a shortage of teaching materials and available materials are often outdated. In many countries, a shortage of teachers has resulted in younger, less experienced teachers who have not had training in teaching reproductive health and HIV issues. A research carried out by UNESCO (2006), states that several forum participants emphasized the limited availability of training in their countries (particularly in the rural areas) at both pre-service and in-service levels. For example, according to one participant in Kenya, although national training exists for tutors, the trainings have not been systematic, resulting in the narrow inclusion of HIV prevention education in the curriculum. On the other hand, a participant from Swaziland commented that pre-service teacher training still has a huge challenge in the provision of HIV and AIDS teaching skills and HIV and AIDS issues are not incorporated into the teacher training curriculum if the student teachers get the information at all. Ordinary teachers are the first line of support of HIV positive pupils as they form the backbone of support within the classroom. According to Beyers, Hay and Raj (2011) learners living with HIV miss out frequently on help and support because specialist out-of-school HIV/AIDS services are not geared towards their needs. Teachers on the other hand, experience various demands due to the HIV and AIDS pandemic especially in South Africa. In most schools there are no dedicated staff employed to provide support and counselling to learners or teachers (Beyers et al 2011).

There is also a growing consensus that teachers do not receive enough training. An experience shared from a study in Tanzania suggests that the information provided to teachers is far from comprehensive (UNESCO, 2006). According to UNESCO recent research conducted at primary school teacher training colleges in Tanzania found that scientific information on HIV and AIDS (including the causes and the effect of the virus) is provided to teachers taking the science option. It is stated that teachers taking civic and religious studies learn about the effects of HIV and AIDS on human development. This suggests that pre-service teacher training leaves teachers with limited information and unprepared to translate their knowledge into useful information for their pupils (UNESCO, 2009). According to UNESCO teachers also face difficulties in addressing HIV related issues including sex, when teaching in the classroom setting hence more needs to be done to empower and train teachers particularly at primary school level as many teachers may be too shy to answer the critical questions from the students.

Research conducted in Zambia found that HIV and AIDS education in Zambia is compulsory in the sense that it is a cross cutting issue that is taught in every subject, (UNESCO, 2006). However, not being a stand-alone subject also means that HIV and AIDS are not examinable, except for a few questions included in the context of another subject. To date, according to UNESCO (2006), it is stated that the Ministry of Education has not succeeded in getting all the teachers to include HIV and AIDS education activities in all their lessons. It remains unknown as to why the teachers do not include HIV and AIDS education activities in all their lessons. In Nigeria, sex is traditionally a very private subject for cultural and religious reasons. Up until recently there was little or no sexual health education for young people and this has been a barrier to reducing sexually transmitted infections and HIV rates. HIV/AIDS and life skills are integral components in the curriculum of teacher preparation (HEARD/MTT, 2004) but the capacity of educators and education personnel to deal with the issues of HIV and AIDS remains low (Chinyere & Dayo, 2004).

According to the Ministry of Education in Rwanda, a study that was conducted by UNAIDS (2009) revealed that a significant number of teachers did not have adequate general knowledge of the sexually transmitted diseases involving HIV/AIDS while others had either incorrect or little information. It is stated that approximately 85% of

teachers said they encountered problems in finding appropriate responses to questions related to HIV and AIDS with more female teachers (88%) than male teachers (78%) indicating greater difficulties. The majority of teachers in Rwanda proposed the idea of formally integrating HIV/AIDS education into the school system. Parents, teacher training colleges, students and teachers shared this view. It is stated that respondents proposed that prior to formalizing HIV/AIDS in the school curriculum, it was essential to provide training to teachers, make training materials and textbooks available and mobilise some of the parents and teachers to participate actively in the AIDS education programme. In Rwanda again, some teachers and parents expressed the belief that speaking about condom use influenced the children to engage in sexual immorality. The study revealed that there was an absence of standardized methodologies for teaching sexuality, hence teachers conducted HIV/AIDS in the best ways they knew. Teachers expressed the need for an appropriate pedagogy that was participatory including audio-visual material and other relevant teaching aids.

In Nigeria Bankole and Mabekoje (2008) claim that several studies have been carried out to evaluate the knowledge of adolescents mostly under school-based settings and they have identified gaps in awareness, thus recommending the involvement of school-based programmes in HIV campaigns. However, literature on evaluation of the knowledge of teachers who are the ones to be at the vanguard of the implementation of these school-based HIV enlightenment activities is quite limited. Therefore this study seeks to fill that gap. The evaluation of teachers' knowledge is crucial because of its implications on the accuracy of information about HIV/AIDS, which they deliver to pupils and also for them to know how to protect their own health.

In Burundi, research has revealed that HIV/AIDS and life skills are not included in the curriculum for the professional preparation of new teachers (HEARD/MTT, 2004). All training institutions are said to suffer from a lack of didactic material and no information seems available on specific HIV/AIDS programmes in teacher training institutions. According to UNAIDS (2003), both the wellbeing of students and staff as well as the higher institutions crucial role in respect of meeting quotas for teachers, their training and acting as a knowledge or research entity appears to be neglected. One also finds that in Burundi at primary level, HIV/AIDS and life skills are integrated in languages and environmental education. Very few efforts have been made to

orientate teachers and parents and reports show that HIV/AIDS and life skills programmes are not taken seriously by many teachers. This raises a question as to why these primary school teachers do not take HIV/AIDS and life skills programmes seriously. It is unknown whether they lack knowledge of HIV and AIDS, have bad perceptions of HIV/AIDS or there are other underlying reasons.

On the other hand in the Central African Republic, there are no records available of efforts to integrate HIV and AIDS in the professional preparation of new teachers (HEARD/MTT, 2004). The research proposed that a further situation and needs analysis seems required. It is also stated that no HIV/AIDS and life skills programmes have been established in the education system, there have not been orientation programmes for teachers or parents. The same study found that counselling services are not available at the primary and secondary school level and neither are there guidelines for teachers in dealing with HIV and AIDS in schools (HEARD/MTT, 2004). The work by IATT (2004) established that HIV/AIDS response in Ethiopia is generally seen as an intervention that exists outside of the traditional educational planning domains. It is considered to be the prerogative of the specialized agencies setup specifically for that purpose. As a result, HIV/AIDS is left outside the mainstream issues of educational planning and management. Consequently, according to IATT (2004), mainstreaming of HIV and AIDS in the education sector has not been achieved and even those appointed as focal points on HIV and AIDS do not see it as their primary responsibility. The study noted that in Ethiopia, school HIV and AIDS activities are conducted through student clubs. Where training was in place the focus was on secondary schools with no apparent implementation at the primary school level. In addition, studies have also shown that most teachers routinely do not even get the information, training or support that they need in order to be able to implement their work (Malambo, 2000). Recent research by Kelly (2003) found that teachers often rely on rote learning, which promotes an academic or overly scientific interpretation of the subject without ensuring that students have a true understanding of the factors that affect transmission of the disease which still leaves them relatively unequipped to prevent becoming infected.

Many refresher courses and accredited in-service programmes that pay attention to HIV and AIDS exist, however no data could be obtained on the quality and the

intensity of such programmes. According to research by UNESCO (2006), in Burkina Faso there is one teacher training college in the country offering a two-year postgraduate training for secondary school teachers, teacher trainers, curriculum developers and inspectors of secondary school education. In another study, Lacroix (2005) found that HIV/AIDS and life skills are integral components in the curriculum for the professional preparation of new teachers. Yet, it does not appear as a separate subject in the teacher training programmes that was reduced from two to one year as a result of acute teacher shortage. It is of great concern that nothing has been mentioned with regards to training of primary school teachers on HIV/AIDS which leaves the researcher wondering about the knowledge levels of primary school teachers of HIV/AIDS. Literature has shown that although HIV/AIDS education has been introduced and integrated in most countries, its delivery has not yet been successful. Although schools have been recognized as important avenues through which the teaching of HIV/AIDS education can be done, the schools face a lot of challenges, for example lack of training of teachers in HIV/AIDS education and lack of relevant materials (Githinji, 2011).

According to UNAIDS (2009), Ms Helena Awurusa, the National Gender and HIV/AIDS Coordinator of the Ghana National Association of Teachers, highlighted the gap that exists between policy and the reality of teachers on the ground. She underscored that while progress has been made putting HIV/AIDS policies in place, in many countries, teachers still face enormous constraints in exercising their role. Ms Awurusa cited a recent survey conducted in Ghana which shows that while 98% of teachers have heard of HIV only a very small percentage use condoms. Teaching about sexuality continues to be a very substantial hurdle for many teachers (UNAIDS, 2009). According to Griffiths (2005), like most students in Africa, teachers generally know very little about HIV/AIDS. Griffiths also asserts that teachers are a crucial link in providing valuable information about reproductive health and HIV/AIDS to youth. But to do so effectively, they need to understand what is developmentally and culturally appropriate yet due to the lack of training, teachers are unable to master the basic information about HIV/AIDS thus making it impossible to practice and become confident enough to effectively educate their students. As a result, teachers frequently fail to teach topics in which they have been poorly educated as they feel uncomfortable with the subject.

As in other countries, in Zimbabwe AIDS is currently the main cause of death among teachers. Many of the older generation teachers in Zimbabwe did not receive AIDS education during school-going age hence are susceptible to HIV infection. According to Raymond Majongwe, the President of Zimbabwe Progressive Teachers Union, an estimated 25% of teachers were infected with HIV as of July 2002 (Price-Smith & Daly 2004). In another study by Pembrey (2006), in Zimbabwe 19% of male teachers and close to 29% of teachers were HIV positive. According to Murimba (2010), teachers experience about 18 months of increasing disability before leaving the school system. A single educator's death or absence from school affects the education of 50 or more children. Resultantly, a short supply of teachers has been experienced in Zimbabwe and the rural areas were the worst affected.

Teachers are relied on to counsel their students regarding HIV/AIDS but according to New Zimbabwe (2009), statistics indicate that there are no more knowledgeable about avoiding infection than other Zimbabwean adults. Teachers are highly at risk of getting infected with HIV/AIDS and already one third of them are likely to be infected with the virus according to the report presented by a state appointed education assessment team. There seemed to be an assumption that the teachers are so knowledgeable about HIV and its transmission that they are willing to talk about it with their students and that all teachers will make acceptable counsellors and mentors. In contrary, according to Sifile (2010) the National AIDS Council recently carried out a study that found that teachers had not received enough HIV and ART education to carry out their supportive role in paediatric and adolescent care and support. Sifile also states that other students across the country have experienced stigma from their teachers and despite their knowledge about the virus, their teachers do not allow them to speak publicly to other students at school about issues surrounding HIV. In Zimbabwe, one of the main issues that have hindered the implementation of HIV/AIDS prevention programmes is the lack of teacher training. For instance, in an article published by the Ministry of Education, Sport and Culture (2005), only 28 000 teachers have been trained to date, out of 97 000 in-service teachers and 32 000 in pre-service colleges.

2.5 Teachers' role in HIV/AIDS prevention in schools

Teachers are role models and community leaders who have important responsibilities in the promotion of safe and healthy school environments and in child protection. However, according to UNESCO (2009), cases of harmful practices such as gender-based violence and abuse between teachers and learners are a stark reality in some schools despite codes of conduct that are intended to protect learners. In a study in Zambia, teachers were viewed as playing a key role in offering protection and support to children, as evidenced by their contribution. Teachers can use their power to help prevent HIV/AIDS by ensuring that the child protection policy is implemented in schools and also by ensuring that all forms of child abuse cases are reported and perpetrators are prosecuted. According to Nyirenda and Schenker (2002); the "S" factors which are shame, silence and stigma are among the basic reasons behind continued HIV/AIDS fears leading to denial, blame and discrimination thereby delaying positive action. Hence it is crucial that teachers recognize these factors in their community so as to address them in class. Research by Price-Smith et al (2004) has shown that teachers in Zimbabwe are poorly informed and ignorant about HIV/AIDS and how to prevent transmission. According to the study, sexual relations occur between teachers and students which further implies the spread of HIV in the community. There has been a bad reflection on the relationship between teachers and learners in the daily press. For instance in the Herald (June 2006), a teacher raped and infected a six year old girl with HIV. Thus, the current undertaking will seek to determine the role played by teachers in as far as HIV/AIDS prevention in primary schools is concerned.

Most of the research conducted previously on HIV/AIDS education in primary schools has focussed on assessing change in the target group who in this case are learners, in terms of their knowledge and actual or intended behaviour. However, it is worth pointing out that fewer studies have systematically and specifically examined the following; teachers' knowledge regarding HIV/AIDS, the way in which teachers juggle the difficult task of contributing to HIV/AIDS prevention in schools and how they perceive the disease. A report by ActionAid (2003) stated that very limited research has been devoted to the implementation of HIV/AIDS in the classroom. Research by Kelly (2000) has further revealed that most of what is known about what happens in the classroom is based on anecdotal evidence. With reference to research by

ActionAid, that teacher training is fundamental to the successful delivery of AIDS education, it is important to explore how much they know and perceive about HIV/AIDS.

2.6 Conclusion

Conclusively, there is inadequate information with regards to how knowledgeable the teachers are about HIV and AIDS, their perceptions of HIV/AIDS and their role in preventing HIV/AIDS in schools. Since this analysis seemingly has not yet been done, little can be said about the quality and intensity of HIV/AIDS education provided to primary school children which is derived from the teachers' levels of knowledge and perceptions of HIV/AIDS. The implementation of HIV/AIDS education in the classroom encompasses the teacher's knowledge levels and perceptions of HIV/AIDS. There appears to be an implicit assumption that once teachers receive training and support, that is materials and curriculum, they will necessarily become effective vehicles for the contribution in promoting behaviour change in the learners. However, this only depends on the knowledge they have about the pandemic. If their knowledge is not good enough then behaviour change in learners cannot be a success. Exploring teachers' knowledge levels and perceptions of HIV/AIDS and the role they play in HIV/AIDS prevention in schools will enable the researcher to understand the situation on the ground regarding the quality of AIDS education the teachers provide to pupils. This will also enable the researcher to understand how equipped the teachers are in terms of HIV/AIDS knowledge as they are also HIV/AIDS prevention leaders.

3. RESEARCH METHODOLOGY

3.1 Introduction

The purpose of this section lies on a detailed discussion of the underlying principle regarding the techniques of data collection adopted for this study focussing on the knowledge levels and perceptions of teachers of HIV/AIDS and their role in prevention of HIV/AIDS with primary schools in Seke, Chitungwiza as case studies. The representativeness of sample concept, validity and reliability of the research instrument that was used and the challenges encountered and how they were resolved was brought into consideration.

In general, mentioning certain challenges relating to the sample is pertinent hence the sample size which was selected carefully calls for caution as far as the authenticity of the findings is concerned. It is worth mentioning that a bigger sample could have yielded different results. A larger sample could not be used in the study due to financial and time constraints. However, given ample time and financial resources, a replication of this study on a wider scale may be possible.

3.2 Research design

A research design according to Christensen et al (2011) is an outline, plan or strategy that specifies the procedure to be used in seeking an answer to your research question(s). Christensen et al states that it specifies such things as how to collect and analyse data. For the purpose of this study, the researcher used a non-experimental quantitative research design. Christensen et al states that in a non-experimental quantitative research there is no manipulation of an independent variable and that this is a descriptive type of research in which the goal is to provide an accurate description or picture of a particular situation or phenomenon or to describe the size and direction of relationships among variables. The study used the descriptive cross-sectional survey design to enable data collection from temporary, trainee and qualified teachers. The descriptive survey design assisted the researcher to get respondents' opinion regarding the phenomenon being studied. The researcher was therefore able to get accurate information about a particular individual and frequencies with which things occur. Descriptive studies also provided the researcher with valuable baseline information. The researcher opted for this research design because the area being

investigated is new. There is no literature describing the knowledge levels and perceptions of teachers of HIV/AIDS and their role in HIV/AIDS prevention in primary schools. Therefore, this research design generated and described current information regarding the knowledge levels and perceptions of teachers of HIV/AIDS and their role in HIV/AIDS prevention with particular attention to primary school teachers.

3.3 Quantitative research

Quantitative research answers questions of how much and how many. This kind of research study usually seeks to establish causal relationships between two or more variables using statistical methods to test the variables and using statistical methods to test the strength and significance of the relationship (Christensen et al, 2011). A quantitative research study collects numerical data in order to answer a given research question. The researcher used the quantitative research approach as it converts data into numerical form in order to subject it to statistical analysis. With reference to this study, there was an assumption that most teachers lack knowledge about HIV/AIDS in the learning arena and that teachers might have wrong perceptions about HIV/AIDS and are not involved in HIV/AIDS prevention in the learning arena. Quantitative research was also chosen as its focus centres on a relatively small number of specific concepts and with regards to this study, the concepts are knowledge levels, perceptions, prevention and teachers. Quantitative research calls for objectivity during data collection and analysis and the researcher achieved this by the use of a structured questionnaire. Lastly, since quantitative research designs use formal instruments and structured procedures the researcher employed a structured questionnaire for data collection from the primary school teachers.

3.4 Target population

According to Christensen et al (2011), a target population is the larger population who share common attributes or traits of interest of interest to the researcher, from whom a sample will be drawn and to whom the results of the study will be generalized.

The target population in this study comprised of 1 800 teachers teaching at all primary schools in Seke. The selection criteria for inclusion in this study included the following:

- Any qualified, trainee or temporary male or female teacher teaching at the selected primary schools.
- The selected respondents had to be at the school during the time of data collection.
- The respondents had to agree to take part in the study by signing the consent form after the researcher had read and explained everything regarding the research study to the respondents.

3.5 Study area

In this study, the researcher employed case study research design as the operational framework for gathering data. The research study focussed on primary schools in Seke as the case study. Thus, the study area is Seke in Chitungwiza. Chitungwiza is a town situated 25 kilometres from Harare, the capital city of Zimbabwe. Seke consists of 31 government primary schools. It is an urban densely populated area with residential areas that are permanent, semi-permanent as well as slum-like houses. The concerned government schools are very big where the hot-sitting system of learning takes place. The school runs in two learning sessions, one in the morning from 07h35 to 12h00 and then the afternoon session runs from 13h00 to 16h00.

3.6 Sample and sampling

A sample according to Christensen et al (2011) is a set of elements taken from a larger population. It is a subset of the population. In this regard, the sample for the study comprised of 40 respondents. This sample was considered adequate as the researcher had time and financial constraints.

3.7 Sampling frame

Most sampling methods require that you have a list of the people who are in the population. This list is called the sampling frame (Christensen et al, 2011). The researcher talked to the school heads of the respective primary schools about the study and sought permission to talk to the teachers and obtain their consent to participate in the study. Having obtained permission from the school heads, the researcher requested for the staff list. The staff lists provided the number of a teacher at each of the primary schools that were identified and that is how the sampling frame

was developed. As the questionnaires were administered anonymously, no names were noted. Collection of names would have affected the response rate. Of the five identified schools, the teaching staff is as follows: Budirirai Primary School is 58, Fungisai Primary School 55, Tamuka Primary School 58, Farai Primary School 56 and Chinembiri Primary School 53

3.8 Sampling procedure

Simple random sampling is an equal probability of selection method (Christensen, 2011). It entails that everyone in the population must have an equal chance of being selected in the final sample. The researcher employed the probability sampling method by means of simple random sampling. The researcher adopted this method as it is characteristic of equal probability making simple random sampling to produce representative samples from which a direct generalisation could be made from the sample to the population. Firstly, the researcher talked to the District Education Officer about her study and showed him the letter of permission to carry out the study from the Provincial Education Director. The researcher then requested a list of all primary schools in Seke whereby she used simple random sampling to pick five schools from 31 primary schools. According to Caswell (1995), simple random sampling is the best method from a theoretical viewpoint of selecting a truly random sample. Thus, using simple random sampling method each one of the 31 schools were given a number and pieces of paper each with one number on were placed in a hat. Having done that, the researcher then headed to the selected schools where the researcher met with the Heads of the schools and requested for the staff list. Again the researcher used simple random sampling by use of a hat to pick eight teachers. The number of the teacher's name and block number for the teacher's base room were written on the small pieces of paper. The researcher then looked for the respondents in their designated classroom blocks. After introductions, explanations and signing of the consent forms, the respondents were given the questionnaires. In the event that a respondent was not willing to take part in the study, the researcher had to resample for another respondent.

3.9 Measuring instrument

Measuring instruments are devices used to collect data in a study. A self-administered structured questionnaire was used to collect data. A questionnaire is a written document that the respondents complete. The questionnaire consisted of open and closed-ended questions and questions based on rating scales. The researcher chose a questionnaire as the measuring instrument because it can provide information about participants' subjective perspectives and ways of thinking. Its closed-ended items can provide the exact information that the researcher needs while its open-ended items can provide detailed information in the respondent's own words. According to Christensen et al (2011), questionnaires are good for measuring attitudes and eliciting other content from research participants. A questionnaire also enables the researcher to collect data in field settings whereby data can only be quantified to produce the required responses for analysis. A questionnaire provides more accurate data since it is given to all subjects at the same time which helps to avoid bias that affects reliability and validity of the study. It is also an inexpensive tool to use and it requires less time. A questionnaire also has disadvantages such as non-response to selective items, occurrence of reactive effects and data analysis can be time consuming for open-ended items (Christensen et al, 2011).

3.10 Structure of the questionnaire

Based on the findings from the literature review, the researcher designed a structured questionnaire in both English and Shona (Annexure J & K). The questions sought demographic information such as sex, age and marital status. Other questions sought information with regards to teachers' knowledge levels of HIV/AIDS. Then there were also questions which sought information about perceptions of HIV/AIDS and lastly questions which asked about teachers' role in HIV/AIDS prevention. The researcher designed the questionnaire after an in-depth literature review.

3.11 Pilot study

A pilot study is a run-through of the entire experiment with a small number of respondents. The purpose of a pilot study is to identify problems and fix them before the actual research process. The pilot test was meant to ensure relevance and clarity of questions and statements. It also aims to establish the effectiveness of given instructions, sequence of statements and time required to complete the questionnaire.

In this regard, pilot testing of the self-administered questionnaire was undertaken at the beginning of September 2012 with colleagues of the researcher. Then it was done with individuals who were very similar to those who were going to take part in the research study. In this instance six teachers from Eastridge Primary School in Harare took part in the pilot testing of the questionnaire. These teachers were not going to be part of the research study. A very useful technique during pilot testing known as the think-aloud technique was used. This is whereby respondents verbalized their thoughts and perceptions while they engaged in the activity of filling in the questionnaire. After completing the questionnaires, a debriefing session was done. This is where the researcher discussed with the respondents with regards to how it worked, what they thought of the process, if there was anything confusing and if anything irritated them. Respondents found the questions satisfactory and they did not have any difficulties in completing the questionnaire. Hence no alterations to the questionnaire were made.

3.12 Ethical considerations

To carry out this study, the researcher observed research ethics in accordance with those by Christensen et al (2011) such as justice, respect of human dignity and the principle of beneficence.

In order to comply with the ethical requirements of research, the researcher took the following steps:

- Clearance was obtained from Stellenbosch University Ethics Committee for the researcher to go ahead with the study, (Annexure I).
- Permission to conduct the research was requested by the researcher from the Ministry of Education in Harare, Zimbabwe, (Annexure H).
- Permission to conduct the research was granted by the Ministry of Education head office and provincial office in Harare, Zimbabwe, (Annexure F & G).
- The researcher made arrangements with CONNECT-Z.I.S.T (Zimbabwe Institute of Systemic Therapy) clinic to provide counselling to respondents should they become traumatised during the study.

- The researcher introduced herself, explained and fully informed the respondents about the nature, purpose and significance of the study and rest assured them that no harm would befall them.
- The respondents were informed that their participation was strictly voluntary. They were free to withdraw from the study any time they wished without any penalties or victimization.
- Respondents were informed that the study would avoid undue intrusion into individuals' lives or communities in the study area.
- The right to privacy was also respected in the sense that the researcher talked to each and every respondent in private.
- The researcher used either English or Shona depending on the respondent's language preference.
- Full confidentiality of information and anonymity of respondents was declared and maintained. No identifying information was collected from the respondents to avoid information linking to any respondent.
- Respondents were informed of any potential limitations to the confidentiality of any information.
- Consent forms were signed by the respondents who were willing to take part in the study.
- The completed questionnaires were kept under lock and key and only the researcher had access to the data. The research report does not have any names but only portrays statistics and figures.

3.13 Data analysis

Data were analysed with the use of descriptive statistics. Data was converted and condensed into organised visual presentations in form of tables and graphs. Data was coded and analysed using SPSS version 20.

4. DATA ANALYSIS AND DISCUSSION OF RESEARCH RESULTS

4.1 Introduction

Data analysis and interpretation concerns means assigning meaning to the collected information, and determining the conclusion, significance and implications of the findings. McMillan and Schumacher (1993) states that the aim of analysing and interpreting research data is to test, achieve research objectives and provide answers to research questions.

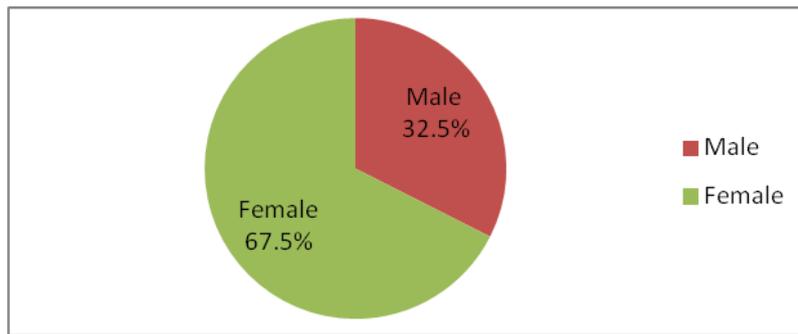
This section focuses on the presentation and interpretation of the information as it is revealed by the data analysis process. The aim of the study is to identify the knowledge and perceptions of teachers of HIV and AIDS and their roles in HIV and AIDS prevention focussing on Seke primary schools in Chitungwiza, Zimbabwe. Therefore, this section presents findings based on the objectives of the study. To complete the findings for each question or statement, bar graphs and pie charts were used. All figures are rounded off to the nearest one decimal point. For comparison with information gathered through literature, a discussion will follow.

4.2 Demographic data

4.2.1 Biographic information

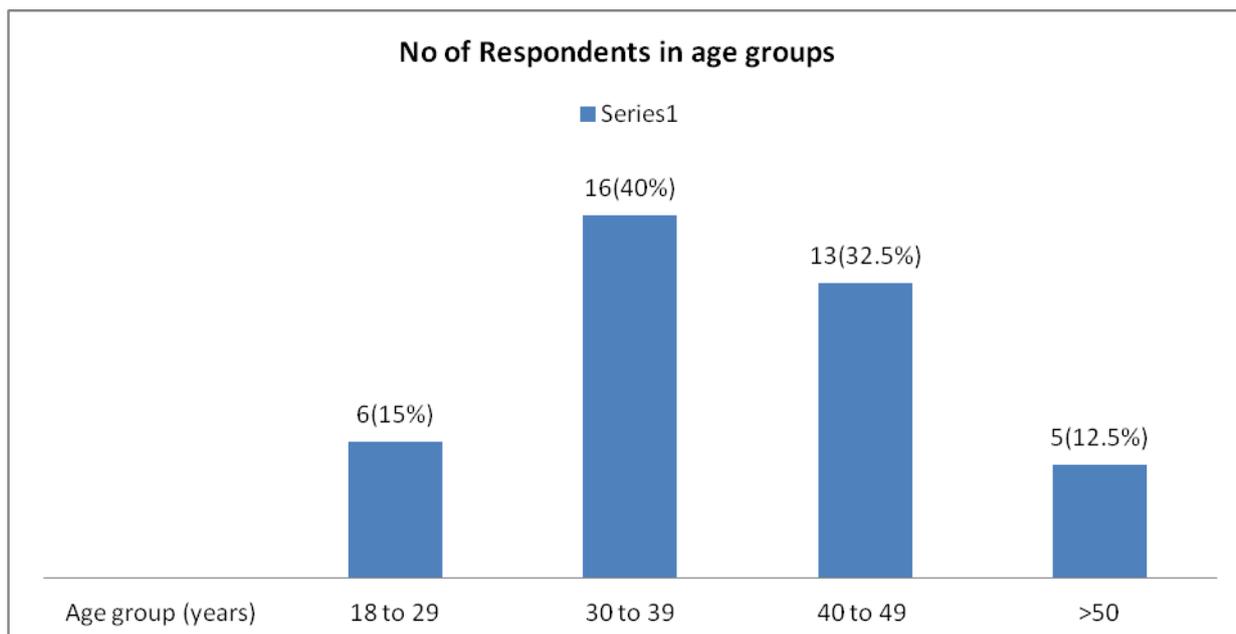
The researcher distributed 40 questionnaires to five schools and each school received eight questionnaires. The researcher got a 100% response rate for all schools. The respondents of this study constituted male and female staff members as indicated by Figure 1 below. The majority (68%) of respondents were female and 33% were male.

FIGURE 1: *Distribution of respondents according to gender*



The age distribution of teachers showed that 15% of the teachers fell in the 18 - 29 age group while 40% of them fell in the 30-39 years age group, 33% fell in the 40-49 years age group and lastly 13% being those who are 50 and above years old as shown in Figure 2 below.

FIGURE 2: *Sample Age Group Ratios*



It is worth mentioning that the 50 years and above age group has the least number of teachers. This could be because some have taken early retirement packages whilst others are deceased.

Regarding their level of education 55% of the teachers have obtained a Diploma qualification, 20% have obtained a Bachelor's degree, 10% have obtained a National Certificate, 8% obtained a Higher National Diploma, 3% has obtained Postgraduate qualifications and 5% for other qualifications and this could mean that they are on a teaching practice programme, teaching on temporary basis or they are yet to qualify. It is of interest to note that all of the teachers indicated they are Christians. Worth pointing out is that the length of time in the teaching service has a strong bearing on the manner in which they handle or react to HIV/AIDS issues. Taking the teachers' years in the services, 18% have 11-15 years in service, 25% have 6-10 years in service, and 13% have less than one year in the teaching service. A good indication is that the majority of teachers have been trained as teachers. In general gender of teachers, professional qualifications and years in teaching service made the teachers more suitable to make judgements on issues being explored in the study. In this regard, an attention grabbing background to the study was provided since the researcher captured a broad range of age groups with different qualifications and teaching experience. It is also interesting to note that the 18 to 29 years age group also has the second least percentage. The reason being that most teachers in that age group will still be undergoing teacher training and also because primary schools prefer older teachers since they can handle young children better than younger teachers.

Looking at the marital status of teachers, worth pointing out is that the majority of them (68%) are married, 3% are divorced, 13% are single and 18% are widowed as summarized in Table 1 below.

TABLE 1: *Summary of Socio-economic profiles of the respondents*

Variable	Frequency (n)	Percentage (%)
Sex		
Male	13	33%
Female	27	68%
Age group (years)		
18 to 29	6	15%
30 to 39	16	40%
40 to 49	13	33%
>50	5	13%
Marital Status		
Single	5	13%
Married	27	68%
Divorced	1	3%
Widowed	7	18%
Level of Education		
National Certificate of Education	4	10%
Diploma in Education	22	55%
Higher National Diploma	3	8%
Bachelor Degree	8	20%
Post Graduate Diploma	1	3%
Other	2	5%
Religion		
Christian	40	100%
Religion	0	0%
Traditional	0	0%
Other	0	0%
Years in Service (years)		
< 1	5	13%
2 to 5	5	13%
6 to 10	10	25%
11 to 15	7	18%
> 15	13	33%

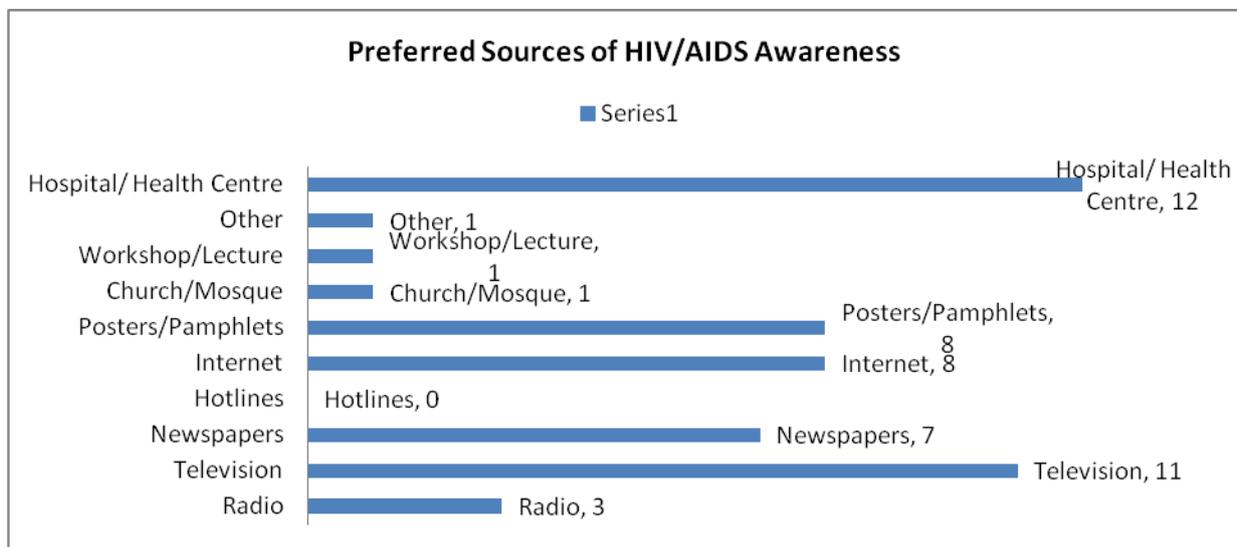
4.3 Sources of information

It was also crucial to establish what the teachers' sources of information about HIV and AIDS were. Of the 40 teachers, 55% of them indicated that they heard about HIV/AIDS through television, 33% heard HIV/AIDS messages at workshops or lectures, 30% from newspapers, 28% from posters and pamphlets, and 23% from the radio. Furthermore, 18% indicated that they get HIV/AIDS messages from the

internet, while 8% get HIV/AIDS messages from church or mosque, and 13% indicated other sources. For those who indicated one of their answers as other, two teachers specified that they get information about HIV/AIDS through discussions with friends and associates. One teacher indicated that she gets information about HIV/AIDS from people and relatives with HIV/AIDS, while another teacher specified getting information about HIV/AIDS from public meetings.

As their preferred sources of information for HIV/AIDS, 30% of teachers selected hospital or health centres, 28% selected television, 20% selected posters and pamphlets and again 20% selected internet. In addition, 18% selected newspapers as their preferred source of information for HIV/AIDS, while 8% selected radio and one teacher selected church or mosque, workshop or lecture and other. One finds that the majority of teachers indicated hospitals or health centres as their preferred sources of information. This could be because of the expertise that hospital personnel have since they deal with HIV/AIDS patients on a day to day basis. Figure 3 illustrates the preferred sources of information.

FIGURE 3: Preferred sources of HIV/AIDS Awareness



4.4 Findings related to the teaching of HIV/AIDS

Findings in relation to teaching of HIV/AIDS revealed that 37 teachers (93%) teach HIV and AIDS education. Many system barriers to the teaching of HIV and AIDS education were identified. Regarding the factors blocking the teaching of AIDS education, 56% teachers confirmed that there are barriers to the teaching of HIV and AIDS education. As barriers to the teaching of HIV and AIDS education, 25% cited lack of formal training among teachers, 23% cited teachers' lack of knowledge. An additional stumbling block identified by 15% of teachers was poor motivation. Five teachers (13%) explained that their workload is just unbearable and that it does not tally with their salaries. A further 10% noted that it is not in curricula of their subjects, one teacher (3%) felt that it will promote sexual activity while another teacher cited parents' opposition. One of the teachers added that HIV and AIDS education is not tested at grade seven examinations and if there happens to be any HIV/AIDS questions usually it is only one or two questions. Hence, the respondent said that teachers lack the drive to teach the subject. The study also unveiled that of the teachers who teach HIV/AIDS education, 38% have teaching aids for AIDS education while 55% do not have the teaching aids. 38% cited special books as their teaching aids while 10% cited that they also use audio-visual aids (See Annexure A, Table 2).

4.5 Findings related to knowledge levels and perceptions of teachers of HIV/AIDS

In the current study, 95% of teachers confirmed that HIV/AIDS is not an infectious disease caused by bacteria. Only 5% of the responses were invalid. It could be that they were not sure of the answer or forgot to answer the question. True or false questions about whether HIV and AIDS are the same were posed to the respondents and all teachers confirmed that they are not the same. They were then asked to state whether it is true or false that HIV positive individuals usually look healthy. From the results, 70% stated that it is true while (30%) stated that that it is false. When asked whether it is true or false that HIV/AIDS is a punishment from God, the majority of respondents (83%) stated false while 10% said that it is true. However, three respondents did not provide an answer to this question. This could be due to various reasons. Maybe they do not know, they were not sure or forgot to give the answer. When asked regarding whether it is true or false that HIV/AIDS is caused by witchcraft, all teachers considered it false. This could be an indication that since all the

teachers indicated that they are Christians maybe their values are parallel to the traditional ones which believe in witchcraft.

Further data gathered to determine if it is true or false that oral sex is highly likely to transmit HIV/AIDS revealed that 50% of teachers considered it false, 30% considered it true while 20% did not provide an answer. There could be various reasons behind this. It could be that they did not know or that they were not sure about the answer. Data was gathered to establish whether it is true or false that it is possible to detect antibodies in the bloodstream immediately after being infected. The majority of teachers (80%) considered it false while 10% considered it true and the remaining 10% did not answer. The study also found that out of the 40 teachers only 23% of them confirmed that HIV damages the T Cells, while more than half of the teachers (70%) confirmed that HIV weakens a person's immune system and only 12 teachers (30%) regarded the statement that HIV makes a person develop illnesses and infections to be true. 38% of teachers confirmed that all the three factors regarding what the HIV virus does were correct. This leaves a lot of question marks regarding teachers' knowledge of HIV/AIDS.

When asked what it means if an HIV positive person has a CD4 count of 200 or less it is worth mentioning that 5% stated that the person is healthy, 5% said that the person is dying while 5% said there was no correct answer on the given ones. 58% respectively supported the fact that the person needs treatment as soon as possible while 55% stated that the person may be vulnerable to opportunistic infections.

Teachers were then asked questions regarding modes of preventing HIV/AIDS. Some teachers (37%) agreed that one has to abstain from sex while 25% agreed and 13% strongly disagreed that abstaining from sex can prevent HIV/AIDS. Asked on whether being faithful can be a mode of HIV/AIDS prevention, 88% of the teachers strongly agreed to that and 3% strongly disagreed. On the statement intended to determine if condom use could prevent HIV/AIDS, 18% of the teachers strongly agreed while 13% disagreed and the majority (70%) agreed with the statement. Some teachers pointed out that for Christians there is nowhere in the Bible where prevention methods are discussed. Another statement sought to rate if avoiding blood transfusions can prevent HIV/AIDS. There was a mixed response to this statement although 5% strongly

disagreed and 25% agreed that avoiding blood transfusions can prevent HIV/AIDS. 55% disagreed that avoiding blood transfusions can prevent HIV/AIDS and the other 15% strongly disagreed (See Annexure B, Table 3).

TABLE 4: Knowledge levels of teachers on prevention of HIV/AIDS

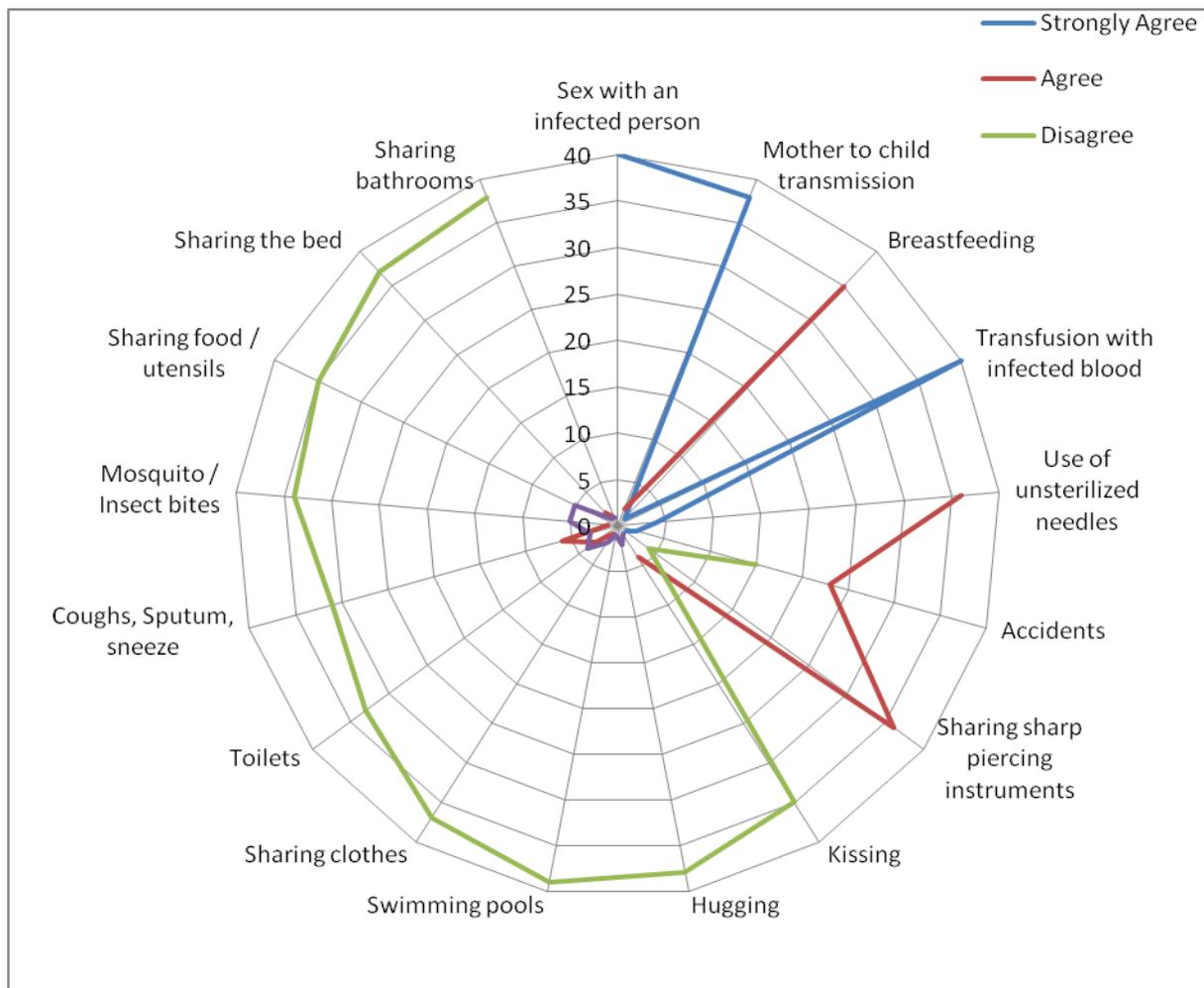
	Strongly Agree		Agree		Disagree		Strongly Disagree	
	n	%	n	%	n	%	n	%
Abstain from sex	10	25%	15	38%	10	25%	5	13%
Be faithful	35	88%	3	8%	1	3%	1	3%
Use condoms	7	18%	28	70%	5	13%		
Avoid blood transfusions	2	5%	10	25%	21	55%	6	15%
Avoid sharing sharp piercing instruments	34	85%	4	10%	2	5%		
Avoid getting injections from non-qualified medical staff	38	95%	2	5%				

Another statement intended to determine teachers' ratings on whether avoiding sharing sharp instruments can prevent HIV/AIDS. The majority of teachers (85%) strongly agreed that avoiding sharing sharp piercing instruments can prevent HIV/AIDS while 10% of the teachers agreed and 5% disagreed. It was also interesting to note that 95% of teachers strongly agreed to the statement that avoiding getting injections from non-qualified medical staff prevents HIV/AIDS while 5% of the teachers agreed with the statement. This might imply that they have knowledge of HIV/AIDS.

4.6 Knowledge levels of teachers on modes of transmission of HIV/AIDS.

In response to the statement which intended to rate teachers if sex with an infected partner can transmit HIV/AIDS, all teachers strongly agreed with the statement. There was also a 100% rating with teachers strongly agreeing that transfusion with infected blood transmits HIV/AIDS. It is of interest to note that there was 38% of teachers who disagreed that accidents can be modes of transmission of HIV/AIDS as shown in the matrix (Figure 4) below.

FIGURE 4: Knowledge levels of teachers on modes of transmission of HIV/AIDS



4.7 Findings related to knowledge, prevention and training of HIV/AIDS

Teachers were asked whether it is possible to prevent someone from contracting HIV soon after being exposed to the virus. The majority of them, (68%) gave a positive response while 30% provided a negative response and 3% did not provide an answer. The findings also revealed that 70% of teachers indicated that HIV/AIDS education was included in their curriculum when they trained while 28% indicated that their curriculum did not include HIV/AIDS and 3% were invalid. 78% of teachers indicated that they have received training on sexuality and HIV/AIDS. This could be in the form of workshops, seminars or in-service training. Furthermore data gathered indicates that nine (23%) teachers stated that they have not received training on sexuality and HIV/AIDS. Out of the 40 teachers, 65% have attended workshops, 28% have attended group discussions, 5% had in-service training, 15% have attended seminars while 18% have not attended anything. Regarding the frequency of attendance for those

who have attended, it is interesting to note that it ranges from 1, 2, 3, 4, 8, 10 to several. A question which sought to determine the role that teachers play in their schools towards HIV/AIDS prevention revealed that the majority of teachers (85%) teach HIV/AIDS, 15% provide counselling, 3% take part in HIV/AIDS community development initiatives and 5% stated other and they indicated that they are volunteers at an NGO which runs HIV/AIDS awareness campaigns in schools. When asked whether it is true or false that HIV/AIDS education enables teachers to relate well with pupils it is of interest to note that 93% indicated that it is true while 8% did not provide an answer. Probably they did not know, not sure or forgot to provide an answer. When asked a question regarding whether they actively involved pupils in out of classroom activities that promote HIV/AIDS prevention and control, 68% provided a positive response while 30% provided a negative response and 3% was invalid. Of the teachers who actively involved pupils in out of classroom activities, 45% involved them through songs, 53% involved them through drama, and 10% through games and 18% involved them through debates. Furthermore, 35% of teachers involved pupils through role play and 43% involved pupils through poems. Of the teachers who indicated that they do not involve pupils in out of classroom activities, one teacher further explained that there has not been a follow up to train teachers and provide teaching resources from the time the subject was introduced to date. Which according to the teacher who is in the 50+ age group are two challenges which are lack of teaching aids and lack of training.

4.8 Teachers' self-evaluation on their response to HIV/AIDS

When asked to rate themselves on how they value their position in the fight against HIV/AIDS on a scale of 1-5, with 1 being excellent, 2 being good, 3 being satisfactory or average, 4 being bad and 5 poor. 42% of teachers rated their position as three which is average. 43% of teachers rated their position as four. This could mean that they are not partaking in the fight against HIV/AIDS. Alternatively, they could be interested but incapacitated to take part in the sense that maybe they feel they do not have adequate knowledge or resources. Following the question intended to establish the teachers' strengths in the fight against HIV/AIDS, it is worth to mention that the majority (80%) of teachers fall in the rating number 3 which is average while 10% fall in both ratings 4 and 5. On the question which sought to establish what the chances

are of leading an HIV/AIDS awareness campaign on their own revealed that 90% of teachers rated themselves as 3 while 5% rated themselves as both 4 and 5. However, it is interesting to note that on the question which intended to rate the teachers' potential for success regarding their response to HIV/AIDS, 70% of teachers rated themselves as 2 which is good and quite commendable. This might be driving the point that teachers also want to join hands in the global response to HIV/AIDS. There is just one or two missing links in as far as how they can be engaged in the response to the pandemic and what they need to possess for a successful response to HIV/AIDS (See Annexure C, Table 5).

4.9 Teachers' suggestions on fighting and improving their knowledge levels of HIV/AIDS and their role in its prevention

Data gathered indicates that 78% of teachers agreed to the suggestion that resource centres on HIV/AIDS should be established, while 13% strongly agreed to the suggestion and 10% disagreed with the suggestion. It is interesting to note that all of the teachers strongly agreed to the suggestion that a repackaging of HIV information to suit different ages needs to be done and 66% of the teachers suggested that fully equipped libraries should be built in the communities while 35% was against it. One also finds that all teachers suggested that AIDS victims should be invited as guest speakers at schools. Of interest to note again, is that all teachers strongly suggested that HIV/AIDS education should be examinable so that it will be taught in all primary schools. Worthy to be mentioned also is that all teachers suggested that workshops should be organized. This implies that the teachers themselves know how crucial workshops are in as far as equipping them with the knowledge about HIV/AIDS is concerned. All the teachers agreed that group discussions and exercises should be organised. This drives us to the point that teachers will be keen to attend the workshops, group discussions and exercises. However, it is unknown how the teachers who should attend are selected.

On the suggestion that there should be a provision of adequate teaching aids, all teachers agreed to it and all teachers also suggested that there is need for a high quality curriculum of HIV. On the idea that there is need for continuous professional development, it is of interest to note that only 5% of teachers objected to the idea while 96% of teachers agreed that there is need for continuous professional

development. However, there were mixed feelings regarding the suggestion that teachers should be provided with opportunities for experiential learning in communities affected by HIV/AIDS. On this one, 10% of teachers did not suggest the idea while 63% of teachers suggested the idea and 28% strongly suggested the idea. 93% teachers suggested that a prioritisation of pre-service and in-service teacher training on HIV and AIDS in national teacher training policy should be done. 5% of teachers strongly suggested the idea and only one teacher objected to the suggestion (See Annexure D, Table 6).

4.10 Discussion

Primary school teachers have so much potential in as far as influencing and imparting health knowledge in school pupils and other groups in the community are concerned. They can play a pivotal role in the restriction of the spread of HIV/AIDS and disseminating information. The findings of this study highlight the existing gaps that are important to address in as far as the education and training of teachers is concerned. The findings revealed that 75% of teachers have knowledge of HIV/AIDS while 80% of teachers take part in HIV/AIDS prevention but some teachers are not fully equipped with HIV/AIDS knowledge. Some of them have not received any training on HIV/AIDS while those who have received it, received only the training while at teacher training colleges but they never get the opportunity to attend workshops and seminars. This supports a previous study by Githinji (2011) whereby it is stated that although HIV/AIDS education has been introduced and integrated in most countries, its delivery has not yet been successful. Githinji asserts that although schools have been recognized as important avenues through which teaching of HIV/AIDS education can be done, the school faces a lot of challenges such as lack of training of teachers in HIV/AIDS education, lack of specified time and lack of relevant materials.

Teachers showed that they are willing to take part in the response against HIV/AIDS, they acknowledge that they lack knowledge and that they require further training. This is supported by the research findings which revealed that 93% of teachers suggested that there is need to prioritise pre-service and in-service teacher training on HIV/AIDS in national teacher training policy. Worth mentioning is that 93% of teachers also suggested continuous professional development. One can also tell that teachers are willing to take the response against HIV/AIDS to greater heights as 70% rated their

chances for success in responding to HIV/AIDS as very good. With the revealed willingness to partake in the fight against HIV/AIDS by teachers, the teachers need to acquire more knowledge about the pandemic. However, it is unknown how teachers are selected to attend workshops or meetings about HIV/AIDS. From the research findings, some teachers have attended several workshops and yet there are some who have not attended any. This shows that there are some loopholes in the system. This is no consistency and equity on HIV/AIDS information dissemination to the teachers. This results in a situation whereby some teachers are still in the dark about the current information and developments in the field of HIV/AIDS while others are well informed and yet there are working in the same field, at the same school and expected to deliver the same HIV/AIDS message to pupils.

It is also interesting to note that all teachers who are in the 50+ age group and the majority of teachers who are in the 40-49 age group have not received training in HIV/AIDS and again their curriculum during teacher training did not include HIV/AIDS education. However the number of times they have attended workshops, seminars and group discussions vary from individual to individual. It is clear that the teachers learn a lot about HIV/AIDS, as they indicated mostly through hospitals or health centres, posters and pamphlets, followed by internet then newspapers and television. The minority of the teachers indicated that their sources of information about HIV/AIDS are radio, church or mosque and workshops or lectures. Teachers in the 18-29 age groups are the ones who indicated the internet and television as their source of information. This could be because their age group still enjoys playing computer games hence they have access to online HIV/AIDS information. The 18-29 age group and the 30-39 age group also indicated the television as their source of HIV/AIDS information. This could also be because they enjoy watching movies hence they then come across the information about HIV/AIDS on the television.

The findings of the study revealed that 85% of teachers teach HIV/AIDS education. This negates the work established by IATT (2004) that HIV/AIDS response in most African countries is generally seen as an intervention that exists outside of the traditional educational planning domains. IATT states that it is considered to be the prerogative of the specialised agencies setup specifically for that purpose hence most schools conduct HIV/AIDS activities through student clubs. From the findings of the study, 63% revealed that they do not have teaching aids. This confirms work by

Githinji (2011) that although schools have been recognized as important avenues through which the teaching of HIV/AIDS education can be done, the schools face a lot of challenges, for example lack of training of teachers in HIV/AIDS education and lack of materials. The fact that teachers teach without teaching aids also confirms the work by Kelly (2003) which provides that teachers often rely on rote learning, which promotes an academic or overly scientific interpretation of the subject without ensuring that students have a true understanding of the factors that affect transmission of HIV/AIDS. It is worth pointing out that of the teachers who actively involve pupils in out of classroom activities that promote HIV/AIDS prevention and control, the majority are female teachers. This has a direct link with the study by Visser (2004) and it confirms Visser's work which claims that female teachers hold more positive attitudes towards teaching about HIV/AIDS than male teachers. When teachers were asked to evaluate themselves regarding their position in the fight against HIV/AIDS, their strengths in the fight against HIV/AIDS, their potential for success and their chances of leading an awareness campaign on their own, their ratings were quite impressive. Their position in the fight against HIV/AIDS had the least rating (45%). This disproves part of the assumption which provides that teachers might have wrong perceptions about HIV/AIDS and are not involved in HIV/AIDS prevention. This again confirms Kachingwe et al's work (2005) which stated that teachers in many African countries have expressed commitment to HIV and AIDS prevention messages in schools as have teachers in other parts of the world.

The findings of this study partially support the assumption that most teachers in primary schools lack knowledge about HIV/AIDS in the learning arena and that, teachers might have wrong perceptions about HIV/AIDS and are not involved in HIV/AIDS prevention in the learning arena. A minority of teachers lack knowledge in some concepts about HIV/AIDS. Over and above what the researcher had set out to investigate, this tells the researcher that some systems need to be straightened up in the Ministry of Education regarding knowledge dissemination of HIV/AIDS to teachers, teaching aids, monitoring and evaluation regarding the teaching of the subject and some form of motivation to teachers.

According to the results of this study, one finds that the Ministry of Education still has more work to do in as far as the delivery of HIV/AIDS education in schools is concerned. The knowledge that teachers have about HIV/AIDS is generally good but

there is need for an improvement on their knowledge levels because they are still lagging behind in some aspects of the subject of HIV/AIDS.

5. CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

5.1 Conclusion

The purpose of this study was to identify the knowledge levels and perceptions of teachers of HIV/AIDS and their role in HIV/AIDS prevention in primary schools. The study was prompted by the fact that the education sector which is vital for its creation and enhancement of human capital has been highly affected by HIV/AIDS. It was also prompted by the fact that research on the evaluation of teachers who are the ones on the vanguard of the implementation of the school based HIV enlightenment activities is quite limited. This study explored the knowledge levels of teachers as far as modes of transmission of HIV/AIDS are concerned. In addition an exploration was done in order to establish the teachers' perceptions of HIV/AIDS, their knowledge regarding prevention of HIV/AIDS, and if they are partaking in the response against HIV/AIDS.

In respect of the researcher's desire to determine the knowledge levels and perceptions of teachers of HIV/AIDS and their role in HIV/AIDS prevention, the research instrument that was employed which was a questionnaire unearthed that teachers have knowledge of HIV/AIDS but they are not 100% armed with the knowledge regarding HIV/AIDS. Although there are small percentages in some areas that were explored, some areas leave a lot to be desired in as far as the teachers' knowledge levels are concerned. The findings of the study also revealed that some teachers have attended several workshops and seminars although some teachers indicated that they have not attended anything about HIV/AIDS. Hence, this is a wakeup call to the Ministry of Education that a bit of panel-beating is required on the system in which the teachers receive their HIV training as well as revisiting the criteria in which teachers who attend workshops are selected. A deeper and wider focus on knowledge, skills, values and personal development in concurrence with appropriate support for those infected with or affected by HIV and AIDS will result in teachers being able to undergo personal transformations that are carried over into the classroom. This will result in a cadre of skilled and more sensitive teachers who are well rounded and able to respond to many demands that are made on them in a world infested with HIV/AIDS. In the process, the quality of education not only in the field of HIV/AIDS but in general will be raised.

Overall, teachers' knowledge of HIV/AIDS is evident and commendable in most cases except in minimal cases. Hence a lot needs to be done in order to fully equip these teachers with HIV/AIDS knowledge to come up with a successful response to HIV/AIDS in schools because that is where our future leaders are. School teachers' knowledge about HIV/AIDS, it was argued, is very important so that they can impart accurate knowledge about the disease to the school children. In the long run, teachers are the ones who will propagate accurate information regarding HIV/AIDS. Thus, it will be easy to establish protective behaviour that will last into adulthood at a young age.

The attrition and morbidity rates of teachers and learners as well as the negative impact on the schools and the teachers themselves are real. As we face this cataclysm of HIV/AIDS, focusing only on containing the pandemic is not enough. Teachers must get empowered to enable them to cope with the pandemic. This empowerment revolves around recognition of teachers' perceptions of HIV/AIDS, managing their response and imparting knowledge of HIV/AIDS on them because a lot of issues centred on the pandemic are always evolving. Apart from the conclusions, the researcher is honoured to establish that sound recommendations for the improvement of the teachers' knowledge levels of HIV/AIDS, perceptions and their role in HIV/AIDS prevention could basically be deduced from the research findings.

5.2 Recommendations

The recommendations and lessons drawn from the study will make a contribution to the shaping of teacher training of HIV/AIDS for the teachers to be effective agents in HIV/AIDS education. It is worth mentioning that a number of cross-cutting issues need to be dealt with. The following can be recommended:

- More workshops, seminars and group discussions should be arranged at schools so that teachers learn more and get to be comfortable with teaching HIV/AIDS education. That way out-of classroom activities may become popular since teachers will gain the knowhow and also confidence. This comes after the findings revealed that some teachers teach HIV education but do not involve pupils in out-of classroom activities such as role plays, songs and poems.

- The Ministry of Education should ensure that there is monitoring and evaluation of HIV/AIDS education that checks and supports the work of teacher trainers.
- Teachers who are on teaching practice should attend in-service training on HIV/AIDS, seminars and workshops where they can get acquainted with the relevant knowledge and skills which is necessary for their teaching and guidance roles to pupils.
- The Ministry of Education should ensure that HIV/AIDS education is examinable. This indirectly pushes the teachers to be eager to learn and know more about HIV/AIDS.
- Experiential training that uses simulations of real life situations should be introduced to help teachers to understand HIV/AIDS better.
- Clear national standards linking pre-service and in- service training of teachers should be established. This is whereby teachers in the 40-49 and 50 or more age group whose curriculum did not include HIV/AIDS education and those who have not been trained will be catered for.

5.3 Limitations of the research

A remarkable number of teachers were not willing to take part in the study. Their reason among others was that they no longer want to work without payment as their salaries were already pathetic. Therefore the researcher had to resample. The researcher would have included schools in other areas to cover a wide geographical area in order to get well represented data. Unfortunately this was not possible as it would have been costly for the researcher to travel to different and far apart schools. Due to financial and time constraints of the researcher, this study did not cover a wide scope. Hence, a more extensive study covering larger samples should be conducted. This will be of benefit in verifying the findings of this study about the knowledge levels and perceptions of teachers regarding HIV/AIDS and their role in HIV/AIDS prevention. The researcher proposes that a study on the situational analysis needs to

be done in order to establish the criteria used to select teachers who attend workshops, seminars and meetings about HIV/AIDS.

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ANNEXURE A**TABLE 2:** *Perceptions of HIV/AIDS amongst teachers*

Respondent Personal Perception	Yes Response		No Response		Invalid	
	<i>Frequency (n)</i>	<i>%</i>	<i>Frequency (n)</i>	<i>%</i>	<i>Frequency (n)</i>	<i>%</i>
Do you teach HIV and AIDS education?	39	97.5%	1	2.5%		
Are there any factors blocking the teaching of AIDS education?	23	57.5%	17	42.5%		
Teachers' lack of knowledge	9	22.5%				
Not in curricula of their subjects	4	10.0%				
Lack of formal training	10	25.0%				
Poor motivation	6	15.0%				
It will promote sexual activity	1	2.5%				
Parents' opposition	1	2.5%				
Do you have teaching aids for AIDS education?	15	37.5%	25	62.5%		
If Yes to above, please indicate	15	37.5%				
:Special Books						
: Audiovisual	4	10.0%				
: Other						

ANNEXURE B**TABLE 3**

Respondent Personal Perception	Yes Response		No Response		Invalid	
	Frequency (n)	%	Frequency (n)	%	Frequency (n)	%
HIV/AIDS is an infectious disease caused by bacteria			38	95.0%	2	5.0%
HIV and AIDS are the same thing			40	100%		
HIV positive individuals usually look healthy	28	70.0%				
HIV/AIDS is a punishment from GOD	4	10.0%	33	82.5%	3	7.5%
HIV/AIDS is caused by witchcraft	0	0.0%	40	100%		
Oral sex is highly likely to transmit HIV	12	30.0%	20	50%	8	20.0%
It is possible to detect HIV antibodies in the bloodstream immediately after being infected.	4	10.0%	32	80%	4	10.0%
What does HIV virus do? - Damages the T Cells	9	22.5%				
- Weakens a person's immune system	28	70.0%				
- Makes a person develop illnesses and infections	12	30.0%				
- All the above	15	37.5%				
- None of the above						
If an HIV positive person has a CD4 count of 200 or less, what does this mean?						

-She/he is healthy	2	5.0%				
-She/he needs to start treatment as soon as possible	23	57.5%				
-She/he may be vulnerable to opportunistic infections	22	55.0%				
-She/he is dying	2	5.0%				
-None of the above	2	5.0%				

ANNEXURE C**TABLE 5:** *Knowledge levels of teachers on prevention of HIV/AIDS*

	Strongly Agree		Agree		Disagree		Strongly Disagree	
	n	%	n	%	n	%	n	%
Abstain from sex	10	25.0%	15	37.5%	10	25.0%	5	12.5%
Be faithful	35	87.5%	3	7.5%	1	2.5%	1	2.5%
Use condoms	7	17.5%	28	70.0%	5	12.5%		
Avoid blood transfusions	2	5.0%	10	25.0%	21	55.0%	6	15.0%
Avoid sharing sharp piercing instruments	34	85.0%	4	10.0%	2	5.0%		
Avoid getting injections from non-qualified medical staff	38	95.0%	2	5.0%				

ANNEXURE D

TABLE 6: *Self-evaluation of teachers on prevention of HIV/AIDS*

	Excellent								Poor	
	1		2		3		4		5	
	n	%	n	%	n	%	n	%	n	%
How do you value your position in the fight against HIV/AIDS	1	2.5%	4	10.0%	18	45.0%	17	42.5%		
How are your strengths in the fight against HIV/AIDS					32	80.0%	4	10.0%	4	10.0%
What do you think is your potential for success			28	70.0%	8	20.0%	4	10.0%		
What are your chances of leading an HIV/AIDS awareness campaign on your own					36	90.0%	2	5.0%	2	5.0%

	Strongly Agree		Agree		Disagree		Strongly Disagree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Establish Resource Centres on HIV/AIDS	5	12.5%	31	77.5%	4	10.0%		
Repackaging of HIV information to suit different ages	40	100.0%						
Build and fully equip libraries in communities	7	17.5%	19	47.5%	14	35.0%		
Inviting AIDS victims as guest speakers at schools	4	10.0%	36	90.0%				
HIV/AIDS education should be examinable so that it will be taught in all primary schools	40	100.0%						
Organizing workshops	3	7.5%	37	92.5%				
Group discussions and exercises	8	20.0%	32	80.0%				
Provision of adequate teaching Aids	37	92.5%	3	7.5%				
High quality curriculum of HIV	36	90.0%	4	10.0%				
Continuous Professional Development	1	2.5%	37	92.5%	2	5.0%		
Provide teachers with opportunities for experiential learning in communities affected by HIV/AIDS	11	27.5%	25	62.5%	4	10.0%		
Prioritize pre-service and in-service teacher training on HIV and AIDS in national teacher training policy	2	5.0%	37	92.5%	1	2.5%		

Other								
If answer to the above is Other, please specify								

ANNEXURE E**TABLE 7: Participation by Attendance (n=40)**

Frequency of Activity	Mean	n	SD	PS
Workshops	1.83	40	3.08	3.01
Seminars	0.08	40	0.35	0.35
Group Discussion	0.125	40	0.56	0.55
In-service Training	0.05	40	0.32	0.32
Workshops & Group Discussions	0.33	40	1.05	1.03
Workshops & Seminars	0.23	40	1.0	0.99
Workshops, Seminars & Group Discussions	0.2	40	1.27	1.25

ANNEXURE F

*all communications should be addressed to
"The Secretary for Education Sport and Culture"
Telephone: 734051/59 and 734071
Telegraphic address: "EDUCATION"
Fax: 794505/705289/734075*



ZIMBABWE

Ref: C/426/3
Ministry of Education, Sport, Arts
and Culture
P.O Box CY 121
Causeway
Zimbabwe

Grace C Madzivangira
2604 Unit B
Seke

RE: PERMISSION TO CARRY OUT RESEARCH

Reference is made to your application to carry out research in the Ministry of Education, Sport and Culture institutions on the title:

Knowledge levels and perceptions of teachers
of HIV/AIDS and their perceptions of their
roles in HIV/AIDS prevention in primary
schools. A case study of primary schools
in Seke District, Chitungwiza.

Permission is hereby granted. However, you are required to liaise with the Provincial Education Director responsible for the schools you want to involve in your research.

You are also required to provide a copy of your final report to the Ministry since it is instrumental in the development of education in Zimbabwe.

MINISTRY OF EDUCATION
SPORT AND CULTURE
I. Gweme
FOR: SECRETARY FOR EDUCATION, SPORT AND CULTURE

ANNEXURE G

All communications should be addressed to
"THE PROVINCIAL EDUCATION DIRECTOR"



Telephone : 792671-9
Fax : 796125/792548
E-mail :
moeschre@yahoo.com

REF: G/42/1
Ministry of Education,
Sport and Culture
Harare Provincial Education Office
P. O. Box CY 1343
Causeway
Zimbabwe

04.07.2012

G.L. Mochizuki
nyika of Stellenbosch
University, South Africa.

RE : PERMISSION TO CARRY OUT RESEARCH IN SOME SELECTED SCHOOLS

To carry out research on the knowledge levels and perceptions of teachers of HIV/AIDS and their roles in HIV/AIDS prevention in primary schools.

Reference is made to your letter dated 04.07.12

Please be advised that the Provincial Education Director grants you authority to carry out your research on the above topic. You are required to supply Provincial Office with a copy of your research findings.

M. Mochizuki

For Provincial Education Director
Harare Metropolitan Province

DEPUTY HEAD
BUDIRIRAI SEKE NO. 5
PRIMARY SCHOOL
17 SEP 2012
P.O. BOX 220, CHITUNGWIZA
ZIMBABWE TEL 04 2907344

MINISTRY OF EDUCATION
CHITUNGWIZA DISTRICT OFFICE
DISTRICT EDUCATION OFFICER
14 SEP 2012
P.O. BOX CZA 59, CHITUNGWIZA
TEL. 0270-24072/ 0270-21390

MINISTRY OF EDUCATION
HARARE PROVINCE
04.07.2012
P.O. BOX CY 1343, HARARE
Zimbabwe

MINISTRY OF EDUCATION
CHITUNGWIZA DISTRICT OFFICE
DISTRICT EDUCATION OFFICER
14 SEP 2012
P.O. BOX CZA 59, CHITUNGWIZA
TEL. 0270-24072/ 0270-21390

M. Mochizuki

ANNEXURE H



17 May 2012

Ministry of Education
Zimbabwe
Harare

Dear Sir/Madam

**Re: INTENTION TO CONDUCT A RESEARCH PROJECT AT PRIMARY SCHOOLS
IN CHITUNGWIZA, ZIMBABWE.**

Ms Grace Chengeto Madzivanyika, a Master of Philosophy student in HIV/AIDS Management (Student Number 16879384), at the Africa Centre for HIV/AIDS Management at Stellenbosch University intends to conduct research at primary schools in Chitungwiza on the knowledge levels and perceptions of teachers of HIV/AIDS and their perceptions of role in HIV/AIDS prevention.

The target group will be both student teachers and qualified teachers. The sample size will be 50 and they will be selected randomly with equal male and female representation. Selected participants will be given a completely anonymous self-administered questionnaire that contains both open and close ended questions that ask about their knowledge, perceptions of HIV/AIDS and their perceptions of their role in HIV/AIDS prevention. The completed questionnaire will be collected and all the necessary precautions will be taken to ensure that the questionnaires are not accessible by any other person. The research is primarily academic but the results of the study will be submitted to the Ministry of Education.

We therefore kindly request permission for Ms Grace C Madzivanyika to carry out this study at the above mentioned facilities. The study should run between June 2012 and December 2012. Feel free to contact us if you have any further questions.

Kind regards

A handwritten signature in blue ink, appearing to read 'A. Willetts', is written below the text.

Arlene Willetts
Africa Centre for HIV/AIDS Management



STELLENBOSCH UNIVERSITY
SCHOOL OF COMMUNITY AND HEALTH SERVICES

Industrial Psychology Building • Private Bag X1, Matieland, 7602 • South Africa
Tel: (+27) 21 808 3405 • Fax: (+27) 21 808 3015 • e-mail: awillets@sun.ac.za www.aidscentre.sun.ac.za

ANNEXURE I



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Joa kennisverwaaier • your knowledge partner

10 August 2012

Tel.: 021 - 808-9003
Enquiries: Mr. Winston A Beukes
Email: wabeukes@sun.ac.za

Reference No. DESC67/2012

Ms Grace Chengeto Madzivanyika
Africa Centre for HIV and AIDS Management
Stellenbosch University

Ms Madzivanyika

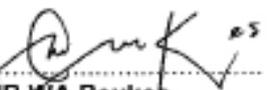
LETTER OF ETHICS CLEARANCE

With regard to your application, I would like to inform you that the project, *Knowledge levels and perceptions of teachers of HIV and Aids and their roles in HIV and AIDS prevention. A case study of primary schools in Seke District, Chitungwiza in Zimbabwe*, was approved on the following proviso's:

1. The researcher will remain within the procedures and protocols indicated in the proposal, particularly in terms of any undertakings made in terms of the confidentiality of the information gathered.
2. The research will again be submitted for ethical clearance if there is any substantial departure from the existing proposal.
3. The researcher will remain within the parameters of any applicable national legislation, institutional guidelines and scientific standards relevant to the specific field of research.
4. The researcher will consider and implement the foregoing suggestions to lower the ethical risk associated with the research.
5. This ethics clearance is valid for one year from 10 August 2012 to 09 August 2013.

We wish you success with your research activities

Best regards


MR WA Beukes
REC Coordinator: Research Ethics Committee: Human Research
Registered with the National Health Research Ethics Council (NHREC): REC-050411-032



Afdeling Navorsingsontwikkeling • Division for Research Development

Privatebag/Private Bag X1 • Matieland 7602 • Suid-Afrika/South Africa
Tel: +27 21 808 9184 • Faks/Fax: +27 21 808 4537
www.sun.ac.za/research

ANNEXURE J

QUESTIONNAIRE

“Knowledge levels and perceptions of teachers of HIV/AIDS and their roles in HIV/AIDS prevention”

A case study of primary schools in Seke, Chitungwiza in Zimbabwe.

INSTRUCTIONS

Take your time to answer your questions

Answer questions to the best of your ability

Do not write your name

(Tick where appropriate)

1. Sex: Male Female
2. Age group: 18-29 30-39 40-49 50+
3. Marital Status: Single Married Divorced Widowed
4. Level of education:
National Certificate of Education
Diploma in Education
Higher National Diploma
Bachelors Degree
Postgraduate
Other
5. Religion: Christian Muslim Traditional Other
6. Years in service
Less than one year
2 - 5 years
6 -10 years

11 -15 years

15 years or more

7. What is your main source of information about HIV and AIDS?

Option	Select	Option	Select	Option	Select
Radio		Hotlines		Church/Mosque	
Television		Internet		Workshop/Lecture	
Newspapers		Posters/Pamphlets		Other	

If other please specify

8. Which source of information do you prefer?

Option	Select	Option	Select	Option	Select
Radio		Hotlines		Church/Mosque	
Television		Internet		Workshop/Lecture	
Newspapers		Posters/Pamphlets		Other	
				Hospital/ Health Centre	

If other please specify

9. Do you teach HIV and AIDS education? Yes No

10. Are there any factors blocking the teaching of AIDS education? Yes No

If yes which of the following could be blocking the teaching of AIDS education?

Teachers' lack of knowledge	
Not in curricula of their subjects	
Lack of formal training	
Poor motivation	
It will promote sexual activity	
Parents' opposition	
Religious constraints	

11. Do you have teaching aids for AIDS education? Yes No
12. If Yes to above, please indicate Special Books
- Audiovisual aids Other

If answer to the above is other please specify

13. HIV/AIDS is an infectious disease caused by bacteria. Yes No Do not know
14. HIV and AIDS are the same thing True False
15. HIV positive individuals usually look healthy True False
16. HIV/AIDS is a punishment from GOD Yes No
17. HIV/AIDS is caused by witchcraft True False
18. Oral sex is highly likely to transmit HIV True False
19. It is possible to detect HIV antibodies in the bloodstream immediately after being infected. True False

20. What does HIV virus do?

- Damages the T Cells
- Weakens a person's immune system
- Makes a person to develop illnesses and infections
- All the above
- None of the above

21. If an HIV positive person has a CD4 count of 200 or less, what does this mean?

- She/he is healthy
- She/he needs to start treatment as soon as possible
- She/he may be vulnerable to opportunistic infections
- She/he is dying
- None of the above

22. Sexually transmitted infections (STIs) increase the risk of HIV.

- Strongly disagree
- Disagree
- Agree
- Strongly Agree

23. Please tick where it appropriately describes what you think.

As prevention from HIV/AIDS:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Abstain from sex				
Be faithful				
Use condoms				
Avoid blood transfusions				
Avoid sharing sharp piercing instruments				
Avoid getting injections from non-qualified medical staff				

24. Please tick where it appropriately describes what you know.

Modes of transmission of HIV/AIDS

	Strongly Agree	Agree	Disagree	Strongly Disagree
Sex with an infected person				
Kissing				
Sharing the bed				
Mother to child transmission				
Hugging				
Sharing bathrooms				
Transfusion with infected blood				
Use of unsterilized needles				
Coughs, Sputum, sneeze				
Accidents				
Sharing clothes				
Sharing sharp piercing instruments				
Toilets				
Sharing food / utensils				

25. Is it possible to prevent someone from contracting HIV soon after being exposed to the virus?

35. If answer to the above is yes, please tick the correct activities

Role play Drama Poems
 Songs Games Debates Other

36. On a scale of 1-5, please rate yourself (rating 1-excellent down to 5-poor)

	1	2	3	4	5
How do you value your position in the fight against HIV/AIDS					
How are your strengths in the fight against HIV/AIDS					
What do you think is your potential for success					
What are your chances of leading an HIV/AIDS awareness campaign on your own					

37. What do you suggest needs to be done in the battle against HIV/AIDS?

Establish Resource Centers on HIV/AIDS	
Repackaging of HIV information to suit different ages	
Build and fully equip libraries in communities	
Inviting AIDS victims as guest speakers at schools	
HIV/AIDS education should be examinable so that it will be taught in all primary schools	

38. Which of the following do you suggest would be of value in improving teachers' knowledge levels of HIV/AIDS and their roles in HIV/AIDS prevention

Organizing workshops	
Group discussions and exercises	
Provision of adequate teaching Aids	
High quality curriculum of HIV	
Continuous Professional Development	
Provide teachers with opportunities for experiential learning in communities affected by HIV/AIDS	
Prioritize pre-service and in-service teacher training on HIV and AIDS in national teacher training policy	
Other	

If answer to the above is Other, please specify

THANK YOU FOR TAKING YOUR TIME TO COMPLETE THIS QUESTIONNAIRE

ANNEXURE K

QUESTIONNAIRE

Ruzivo namafungiro evadzidzisi maererano nechirwere cheshuramatongo uye nemafungiro avo maererano nechikamu chavo mukudzivirira chirwere ichi.

Dzidzo iyi yakanangana nezvikoro zvema puraimairi emaSeke kuChitungwiza muZimbabwe.

ZVEKUITA

Tora nguva yako kupindura mibvunzo iyi, pindura mibvunzo nepaunogona napo. Usanyore zita rako.

1. Uri chii

Munhurume

Munhukadzi

2. Zera

Makore gumi nesere- makumi maviri

Nepfumbamwe

Makumi matatu – makumi matatu

Nepfumbamwe

Makumimana mana – makumi mana
nepfumbamwe

Makumi mashanu neano raudzira

3. Uri papi apa

Ndigere kuroora / kuroorwa

Ndakaroorwa / ndakaroorwa

Takaparadzana

Ndakafirwa

4. Fundo yako

Chitupa chedzidzo

Dhipuroma redzidzo

Dhipuroma repamusoro redzidzo

Dhigirii redzidzo

Dzidzo dzepamusoro pedhigirii

Dzimwewo

5. Chitendero

Chikristo

Chivanhu

Chichewa

Zvimwewo

6. Makore uchidzidza

Gore rimwe kana mashoma

Matanhatu – kusvika gumi

Gumi nerimwe kusvika gumi nemashanu

Gumi nemashanu zvichiraudzira

7. Zivo yako maerrerano nezvechirwere cheshuramatongo unoiwana kupi?

.....
.....
.....
.....

8. Ndekupi kwaunosarudza kuwana zivo yechirwere cheshura matongo

.....
.....
.....
.....

9. Unodzidzisa chirwere cheshura matongo here?

Hongu

Kwete

10. Kana mhinduro yepamusoro apa iri kwete ipa chikonzero

.....
.....
.....
.....
.....

11. Unofungei maererano nekuti upihwe basa rekudzidzisa dzidzo dzechirwere cheshura matongo

.....
.....
.....

12. Pane here chinokonzera kusadzidziswa kwedzidzo dzechirwere cheshura matongo.

Hongu

Kwete

13. Kana wati hongu budisa zvikonzero pachena

.....
.....
.....
.....

14. Une zvombo zvekudzidzisa nazvo chirwere cheshuramatongo here?

Hongu

Kwete

15. Kana wati hongu , ndezvipi apa

Mabhuku akakosha ezvechirwere cheshuramatongo

Zvekuteerera nemifanikiso

Zvimwewo

16. Chirwere cheshuramatongo chinotapuriranwa kubudikidza nemumagemusi here?

Hongu

Kwete

Handizivi

17. Chirwere cheshuramatongo chinorapika here?

Hongu

Kwete

Handizivi

18. HIV neAIDS zvinongova zvimwe chete here?

Chokwadi

Nhema

19. Varwere veshuramatongo vazhinji vanoratidza kuve vakagwinya here?

iChokwadi

iNhema

20. Chirwere cheshuramatongo ishamhu kubva kuna Mwari here?

Hongu

Kwete

21 Chirwere cheshuramatongo chinokonzerwa nevaroyi

Hongu

Kwete

22 Kuitina nemuromo kunokonzerwa zvikuru kutapuriranwa kwechirwere cheshuramatongo

Ichokwadi

Inhema

23 Zvinokwanisika kuti utachiona hwechirwere cheshuramatongo huwanikwe muropa munhu uchaingobva kutapurirwa

Hongu

Kwete

24 Utachiona hwechirwere cheshura matongo hunoita sei

.....
.....
.....
.....

25 Kana munhu ane utachiona hwechirwere cheshuramatongo ave neCD4 kaundi yemazana maviri kana mashoma zvinorevei

.....
.....
.....
.....

26 Zvirwere zvesiki(njovhera) zvinopamhidzira mukana wekurwara nechirwere cheshuramatongo

Handibvume zvachose

Handizvibvume

Ndinozvibvuma

Ndinobvumira nazvo chaizvo

27 Sarudza mhinduro mumutsara inoratidza zvaunofunga.

Senzira yekuzvidzimirira kubva kuchirwere cheshuramatongo

	Ndinotender ana nazvo zvakasimba	Ndinotender ana nazvo	Handitender ane Nazvo	Handitender ane nazvo zvachose
Musaitane				
Iva munhu akatendek a				
Shandisa makondo mu				
Usapiwe ropa				
Usashandi se zviboores wa				
Usabaiwe majekiseni nevanhu vasina findo yezveutan o				

28 Sarudza mhinduro mumutsra inoratidza zvaunofunga
Nzira dzinotapurirwana nadzo chirwere cheshura matongo

	Ndinotenderana nazvo zvakasimba	Ndinotenderana nazvo	Handitenderane Nazvo	Handitenderane nazvo zvachose
Kuita nemunhu aneutachiona hwechirwere cheshuramatongo				
Amai vanotapurira mwana				
Kushandisa zvibhooswa				
Kuyamwisa Kupiwa ropa rine utachiona				
Kushandisa tsono				
Tsaona				

29 Ipa dzimwe nzira dzinotapurirwana nadzo utachiona hwechirwere
cheshuramatongo

.....
.....
.....

30 Munhu anogona here kudzivirirwa kubatira chirwere cheshuramatongo
mushure mekunge abvu kusanganiswa neutachiona

Hongu
Kwete

Handizivi

31 Mazuva awakadzidza dzidzo dzechirwere cheshura dzaivamo here muzvidzidzo zyu

Hongu

Kwete

32 Wati wambofundiswa here nezvechirwere cheshuramatongo

Hongu

Kwete



33 Pane zvinotevera maererano nekudzidza zvirwere cheshura matongo ndezvipi zwawaita?

Maungano makuru

Misangano

Maopoka enhaurirano

Hapana

34 Kana pane zvawakaita pane zviri pamusoro, nyora kuti rungani

35 Zvii zvaunotawo pachikoro maererano nekudzivirwa kwechirwere cheshuramatongo

Kanzeringi

Kudzidzisa zvechirwere cheshura

Kutungamira mupuroguramu yezvechirwere cheshura matongo

mumaruwa

Zvimwewo

Hapana

36 Kana mhinduro pamusoro iri zvimwewo, budisa mhinduro yacho pachena

.....
.....
.....
.....

37 Pachikero che 1-5 zvikere tione (1 maoresa – 5 kufoira)

	1	2	3	4	5
Unokoshesa zvakadini chinzvimbo chako pakubatsira kurwisa chirwere cheshura matongo					
Wakasimba zvakadini pakubatsira kurwisa chirwere ichi					
Unoona sei maererano nebudiriro yako mukubatsira kurwisa chirwere cheshuramatongo					
Mikana yako yakadil pakutungamira hurudziro dzezivo yechirwere cheshura matongo					

39 Zvii zvaungapa sezvingaitwa mukurwisa chirwere cheshura matongo

.....

.....

.....

40 Zvimwewo zvaungada kutaura kana kuraira maererano nezvafunga kuti zvakakosha mukuwedzera ruzivo rwavadzidzisi nechikamu chavo mukudzivirira chirwere

cheshuramatongo.....

.....

.....

.....

Ndatenda zvikuru nenguva yawatora kupindura gwaro remibvunzo iri

ANNEXURE L



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jou kennisvenoot • your knowledge partner

**STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH**

KNOWLEDGE LEVELS AND PERCEPTIONS OF TEACHERS OF HIV/AIDS AND THEIR ROLES IN HIV/AIDS PREVENTION. A CASE STUDY OF PRIMARY SCHOOLS IN SEKE DISTRICT, CHITUNGWIZA IN ZIMBABWE

You are asked to participate in a research study conducted by Grace Chengeto Madzivanyika, a student for Mphil HIV/AIDS Management, from the Faculty of Economic and Management Sciences at Stellenbosch University. Results from this study will contribute to my thesis for Mphil in HIV/AIDS Management and they will also enable the Ministry of Education to adopt strategies that can strengthen HIV/AIDS teacher training programmes which will thus benefit the teachers, pupils and the community at large. You were selected as a possible participant in this study because a simple random method of sampling was used and out of all the teachers at this school, your name was selected as one of the participants.

1. PURPOSE OF THE STUDY

The purpose of the study is to gain an in-depth understanding of teachers' levels of knowledge, their perceptions of HIV/AIDS and their perceptions of the role they play in as far as prevention of HIV/AIDS in schools is concerned. Thus the existing gap in the field would be explored and this would enhance a better comprehension of the situation in schools regarding teacher-pupil awareness. It would furthermore form the basis of the preparation of teachers as capable disseminators of information on HIV/AIDS prevention measures to pupils. Hence, this could lead to desired behaviour change. The study will reveal some of the challenges and constraints that impede the Ministry of Education regarding HIV/AIDS. The results of the study may prompt the

government to adopt strategies that can strengthen HIV/AIDS teacher training programmes and policy formulation which will thus benefit the education sector, the HIV infected and affected teachers, pupils and their families as well as the broader scientific community. Other researchers would be able to extend and augment their knowledge on the topic and further expand the range of research on the issue. Lastly, the research study would allow for recommendations to be made and would enable the implementation of these interventions.

2. PROCEDURES

If you volunteer to participate in this study, I would ask you to do the following:

- Your participation in this study is entirely voluntary.
- If you refuse to participate in the study, there will be no penalty or withdrawal of benefits that are entitled to you.
- If you decide to participate, and by any chance you feel some discomfort and wish to terminate the process please feel free to do so.
- A questionnaire will be provided to you that you will be required to complete.

- Do not write your name on the questionnaire
- Tick the response that suits you and please answer questions to the best of your knowledge
- Please take your time to answer questions
- Be relaxed and consider this to be a learning curve
- Do not discuss anything about the study with others or describe the study to others until after the date of completion of data collection.

3. POTENTIAL RISKS AND DISCOMFORTS

There are no possibilities of any risk to participants during the study. However, the nature of some questions might result in participants suffering discomfort for example questions asking for their educational level. Those who are lowly qualified will feel belittled and inferior. Participants might also think that the study is an assessment of integrity. In this regard, the researcher will assure the participants that that it is not a

performance assessment .Questions asking for marital status might also result in participants suffering discomfort. For instance those who are widowed might have lost their spouses to HIV/AIDS hence, it becomes a bit disturbing as it will be bringing back sad memories. Those who are divorced might have had a nasty experience resulting in divorce. These will be managed beforehand as participants will be encouraged to relax and take it as a learning curve .If there is need to refer anyone for counseling , the researcher will refer the clients to the Zimbabwe Institute of Systemic Counseling (ZIST) clinic .Participants might also think that the researcher has a hidden agenda and doubt the researcher's objectives hence fear of the unknown.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Although the study is meant for a thesis ,the participants will benefit in the sense that strategies that can strengthen HIV/AIDS teacher training programmes might be adopted by the government and the broader scientific community will benefit as other researchers would be able to extend and augment their knowledge on the topic and further expand the range of research on the issue

5. PAYMENT FOR PARTICIPATION

Participants will not receive any form of payment whatsoever. This is strictly voluntary.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. No identifying information will be requested on the questionnaire. In reporting the results ,care will be taken not to report results in a way that would enable participants to be identified or stigmatized in their views. Confidentiality will be maintained by storing data on a password –protected computer and network drives. It will only be accessed by the researcher. Hard copies of questionnaires will be stored in locked cupboards at the researcher's office when not in use for data entry or analysis. Thus data will be stored in a safe place at all times. This data will be destroyed after three years.

The results will be made available to my supervisor who is supervising my research and the Africa Centre for HIV/AIDS Management.

7. PARTICIPATION AND WITHDRAWAL

It is up to you to take part in this study or not. If you choose to take part, you may withdraw anytime you feel like without bearing any consequences. You may not answer some of the questions you that you do not feel like answering and still be in the study. You may be withdrawn from the study if it warrants doing so. In the event that the participant feels that the questionnaire is directly attacking him or her which makes it impossible to continue with the study, then the participation will be terminated immediately.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact my Supervisor- Ms Anja Laas. Email aids@sun.ac.za. Telephone +27 21 808 2694. Department for Economic and Management Science. Africa Centre for HIV/AIDS Management, Industrial Building, Stellenbosch University, Stellenbosch)

Ms Malene Fouche

Division for Research Development, Stellenbosch University. Telephone +27 21 021 808 4622. Email mfouche@sun.ac.za

Principal Investigator- Grace C Madzivanyika

Department of Economic and Management Science. Telephone +27 78 565 7019. Email gcmadzivanyika@gmail.com

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have any questions regarding your rights as a research subject, contact Ms Malene Fouche' [mfouche@sun.ac.za:0218084622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to _____ by Grace C Madzivanyika in English and Shona and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Subject/Participant

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to

[He/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and Shona and this conversation was translated into _____ by _____

Signature of Investigator

Date

ANNEXURE M



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**STELLENBOSCH UNIVERSITY
MVUMO YEKUBATSIRA MUTSVAGIRIDZO**

**RUZIVO NEMAFUNGIRO EVADZIDZISI MAERERANO NECHIRWERE
CHESHURAMATONGO UYEWO MAFUNGIRO AVO MAERERANO NECHIKAMU
CHAVO MUKUDZIVIRIRA CHIRWERE ICHI.**

**DZIDZO IYI YAKANANGANA NEZVIKORO ZVEMAPURAIMARI
EMUCHITUNGWIZA MUZIMBABWE**

Unokumbirwa kubatsira mutsvagiridzo yedzidzo iri kuitwa naGrace Chengeto Madzivanyika, mudzidzi wedzidzo dzepamusorosoro dzekudzivirirwa kwechirwere cheshuramatongo pachikoro chedzidzo dzepamusorosoro chinonzi Stellenbosch. Zviperedzo kubva mutsvagiridzo idzi zvinotsotsera kudzidzo dzangu dzepamusoro dzechirwere cheshuramatongo zvakare zvinozobatsira bazi redzidzo nenziira dzekusimudzira zviringwa zvedzidziso yevadzidzisi nezvechirwere cheshuramatongo. Naizvozvo, vadzidzisi, vana vechikoro neveruzhinji vanobatsirika. Iwe wasarudzwa semunhu anokwanisa kubatsira mutsvagiridzo idzi mushure mekunge zita rako ranongwa pakati pemazita evadzidzisi vose vepachikoro chino. Nekudaro zita rako ranongwa serimwe remamwe mazita achanongwa zvekare.

10. CHINANGWA CHEDZIDZO

Chinangwa chedzidzo iyi ndechekuti tiwane nzwisiso yakadzama maererano neruzivo rwevadzidzisi, mafungiro avo maererano nechirwere cheshuramatongo uye chikamu chavo mukudzivirirwa kwechirwere cheshuramatongo muzvikoro zvarehwa. Naizvozvo, mukaha uripo uchaburitswa pachena uye zvinozobatsira kupa nzwisiso iri

nane maererano nezvemamiriro ezvinhu muzvikoro panyaya yeruzivo rwevadzidzisi nevana vechikoro. Zvakarewo zvinozoumba hwaro hwegadziriro yevadzidzisi kuti vave nyanzvi dzekuparadzirwa kwezivo yenzira dzekudzivirwa kwechirwere cheshuramatongo. Naizvozvo, izvi zvinogona kukonzera shanduko mumafambiro evana. Tsvagiridzo iyi inozoburitsa zvimwe zvigozhero nezvimhingamupini zvinodziva idza bazi redzidzo maererano nechirwere cheshuramatongo. Zviperedzo zvetsvagiridzo idzi zvingaita kuti hurumende itore dzimwe nzira dzikusimbisa zvirongwa zvekudzidziswa kwevadzidzisi nezvechirwere cheshuramatongo nekuumbwa kwemitemo zvinova zvinozobatsira bazi redzidzo, vadzidzisi vari kurarama nechirwere cheshuramatongo, vadzidzisi vane urwere hweshuramatongo mudzimba dzavo, vana vechikoro nemhuri dzavo kubatanidzira neveruzhinji. Vamwewo vatsvagiridzi vanozokwanisa kupamhidzira nekuwedzeredza ruzivo rwavo panyaya iyi uye kuenderera mberi nekusimudzira tsvagiridzo yechirwere ichi. Pedzisiro, tsvagiridzo yezivo iyi ichaita kuti pave nekupangwa uye kurudziro iyo inobatsira kuendeka kwezvirongwa zvekudzivirira chirwere ichi.

11. MATANHO

Kana wabvuma kubatsira mutsvagiridzo iyi, ndinokumbira kuti uzive zvinotevera:

- Kubatsira mutsvagiridzo iyi kunobva musarudzo yako iwe kuti unoda kubatsira here kana kwete.
- Kana ukaramba kubatsira mutsvagiridzo iyi hauna mhosva kana kutorwa kwezvinhu zvawanga uchapiwa.
- Kana ukafunga kubatsira asi wozotanga kunzwa kusungikana uchida hako kusiira panzira sununguka kuita saizvozvo.
- Uchapiwa gwaro remibvunzo raunotarisirwa kupindura.
- Usanyore zita rako pagwaro remibvunzo.
- Tsvunha pamhinduro yaunobvumirana nayo uye ndapota pindura mibvunzo sekuziva kwako.
- Tora nguva yako uchinyatsopindura mibvunzo.
- Iva wakasununguka uye uzive kuti zvose izvi inzira yekudzidza nayo.
- Usataure nemunhu maererano nedzidzo idzi kana kutsanangura zvedzidzo idzi kune vamwe dakara zuva rehwengweredzo yedzidzo idzi yadarika .

3 NJODZI NEKUSUNGIKANA KUNGANGOVEPO

Hapana njodzi dzingangovepokuvadzidzisi panguva yetsvagiridzo iyi. Asi hazvo rudzi rwemimwe mibvunzo rungakonjera kuti vadzidzisi vave vanosungikana kunyanya mibvunzo inobvunza nezvedzidzo dzevanhu. Avo vane dzidzo dziri pasi vanoona sevari kudzikisirwa nekusakosheswa. Vadzidzisi vangafunga kuti dzidzo idzi ndedzekuongorora panosvika ruzivo rwavo. Naizvozvo mutsvagiridzi achazivisa vadzidzisi kuti haisi ongororo yeruzivo nedzidzo dzavo. Mibvunzo inobvunza zvevanano ingaita kuti vadzidzisi vasungikane. Semufananidzo, chirikadzi dzinogona kuve dzakashayikirwa nevarume nekuda kwechirwere cheshuramatongo naizvozvo zvinova zvinovhiringidza sezvo ichidzosa ndangariro dzinosuwisa. Avo vakarambana vanogona kuve vakava nenguva yakaipa yakakonjera kurambana uku. Izvi zvichagadziriswa pakutanga sezvo vadzidzisi vachakurudzirwa kuti vave vakasununguka uye kutora kuti zvole izvi inzira yekudzidza nayo. Kana paine vanofanira kupiwa kanzerin', mutsvagiridzi achavaendesa kuZimbabwe Institute of Systemic Therapy (ZIST) clinic. Vadzidzisi vangafungawo kuti mutsvagiridzi ane zvinangwa zvakahwanda nekusatenda zvinangwa zvake vobva vava nekutya kwezvisipo.

4 ZVINGABATSIRA VADZIDZISI NE/KANA KUTI VERUZHINJI

Kunyangwe zvazvo dzidzo iyi yakanangana netsvagiridzo yedzidzo dzepamusoro, vadzidzisi vachabatsirikawo pakuti hurumende ingangotora zvirongwa zvekukudziridza dzidziso yevadszidzisi nezvechirwere cheshuramatongo uyewo veruzhinji vachabatsirika. Vatsvagiridzi vachakwanisa kupamhidzira nekuwedzeredza ruzivo rwavo panyaya iyi uye kuenderera mberi nekusimudzira tsvagiridzo yechirwere cheshuramatongo.

5 MURIPO MUSHURE MEKUBATSIRA

Vadzidzisi havana muripo wavachapiwa zvachose. Batsiro yavo patsvagiridzo iyi ndeyekuzvidira.

6 CHENGETEDZO YEZIVO PAMUSORO PAKO

Zivo ipi neipi ichawanikwa maererano nedzidzo iyi uye iine chekuita newe ichava inochengetedzwa zvakasimba uye inotozoburitswa pachena kana iwe wapa mvumo

yacho kana kuburitswa zviripamutemo. Zivo inodikanwa pagwaro remibvunzo hainei nezita rako. Hwengweredzo dzichaburitswa nenzira yakanaka kuri kuitira kuti vadzidzisi vasazozivikanwa kana kuti pasazove nerusarura kubva pazivo yavanenge vava. Pachava nechengetedzo yakasimba zvekuti zivo ichachengetedzwa mumuchina une svumbunuro dzisingazikanwe nemunhu wese wese. Mutsvagiridzi ndiye chete anenge achikwanisa kushandisa svumbunuro idzi. Mapepa emagwaro emibvunzo achakirwa mukabati yemutsvagiridzi muhofisi yake panguva yaanenge asingashandiswi. Nokudaro zivo iyi ichachengetedzwa pakasimba nguva dzose. Zivo iyi inozoparadzwa mushure memakore matatu. Hwengweredzo dzichapiwa mudzidzisi wangu anova ndiye ari kuongorora tsvagiridzo dzangu muzvidzidzo zvangu uyebazi reAfrica rekugavhunwa kwechirwere cheshuramatongo.

7 KUBATSIRA NEKUSIIRA PANZIRA

Zviri kwauri kubatsira kana kusabatsira mutsvagiridzo iyi. Kana wasarudza kubatsira wakasununguka kusiira panzira nguva ipi zvayo pasina mhosva. Unogona kusapindura mimwe mibvunzo yaunonzwa kusada kupindura asi uchiramba urimo mukubatsira mutsvagiridzo iyi. Unogona kumiswa mutsvagiridzo iyi kana zvakanodzera. Kana mudzidzisi akaona kuti gwaro remibvunzo riri kubvunza zvinonangana naye zvinoita kuti agozherwe nekuenderera mbere nekubatsira mutsvagiridzo, batsiro yake inogona kumiswa chiriporipocho.

8 ZIVO PAMUSORO PEVAONGORORI NEVATSVAGIRIDZI

Kana uine mibvunzo kana zvaungada kuziva nezvetsvagiridzo iyi, iva wakasununguka hako kutaura nemuongorori wetsvagiridzo dzangu anonzi Muzvare Anja Laas. Nhomboro dzake dzepamuchina dzinoti: aids@sun.ac.za. Nhomboro dzake dzefoni dzinoti +27 21 808 2694. Anowanikwa kubazi reAfrica rinoona nezvekugavhunwa kwechirwere cheshuramatongo, pachikoro chedzidzo dzepamusorosoro cheStellenbosch kuCape town- South Africa. Kana kuti:

Muzvare Malene Fouche

Bazi rekusimudzirwa kwetsvagiridzo pachikoro chedzidzo dzepamusorosoro cheStellenbosch kuCape town –South Africa. Nhomboro dzake dzepamuchina dzinoti: mfouche@sun.ac.za. Nhomboro dzake dzefoni dzinoti +27 021 808 4622

Mutsvagiridzi- Grace C Madzivanyika

Mwana wechikoro kubazi rezvekugavhunwa kwechirwere cheshuramatongo. Nhomboro dzepamuchina dzinoti gcmadzivanyika@gmail.com . Nhomboro dzefoni dzinoti +27 785 565 7019

9 KODZERO DZEVABATSIRI MUTSVAGIRIDZO

Unogona kukanzura mvumo yako pane ipi nguva zvayo uye kurega kubatsira mutsvagiridzo pasina mhosva. Mukubatsira kwako mutsvagiridzo iyi , kodzero dzako kana mitemo haichinji. Kana uine mibvunzo maererano nekodzero dzako semubatsiri mutsvagiridzo idzi ,taura naMuzvare Malene Fouche panhomboro dzepamuchina dzinoti : mfouche@sun.ac.za kana nhomboro dzefoni dzinoti 021 808 4622 kubazi rekusimudzirwa kwetsvagiridzo.

SIGINECHA YEMUBATSIRI KANA MUMIRIRIRI WEZVEMUTEMO

Zivo iri pamusoro apa yatsanangudzwa kwandiri ini_____ na Grace C Madzivanyika muchirungu nemuchishona uye ndinonzwisisa chirudzi ichi kana kuti chaturikirwa zvandigutsa. Ndapiwa mukana wekubvunza mibvunzo uye ndagutsikana nemapindurirwo aitwa mibvunzo iyi.

Ndinosarudza kubatsira mutsvagiridzo yedzidzo iyi. Ndapiwa gwaro rakaita serino.

Zita remudzidzisi/mubatsiri

Zita remumiririri wezvemutemo (Kana riripo)

Siginecha yemudzidzisi/mubatsiri kanamumiririri wezvemutemo. Zuva

SIGINECHA YEMUTSVAGIRIDZI

Ndinobvuma pachena kuti ndatsanangudza zivo iri mugwaro rino kuna

[Murume/Mudzimai] uyu akakurudzirwa huye akapiwa nguva yakakwana
yekundibvunza mibvunzo ipi neipi zvayo. Hurukuro iyi yakaitwa muchirungu
nemuchishona huye hurukuro iyi yakaturikirwa ku _____ na

Siginecha yemutsvagiridzi

Zuva