Analysing the Response of a Teacher Training Institution to HIV and AIDS: a case study from Zambia

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List of acronyms

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
BESSIP	Basic Education Sub-Sector Investment Programme
CCM	Country Co-ordinating Mechanism
EDC	Education Development Centre
EFA	Education for All
EI	Education International
EMIS	Education Management Information System
FAWEZA	Forum for African Women Educationalist in Zambia
HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HPC	High Prevalence Country
IBE	International Bureau for Education
ICT	Information Communication Technology
IEC	Information Education Communication
IIEP	International Institute for Educational Planning
ILO	International Labour Organisation
JFIT	Japanese Funds in Trust
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOEZ	Ministry of Education in Zambia
MOH	Ministry of Health
NAC	National AIDS/STD and TB Council
NGO	Non Governmental Organisation
PLWHA	People Living with HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
SADC	Southern African Development Community
SHR	Sexual Reproductive Health
SPRINT	School Programme of In-Service of the Term
SPW	Student Partnership Worldwide
STI	Sexually Transmitted Infection
TESS	Teacher Education Specialised Services
TTC	Teacher Training College
TTISSA	Teacher Training Initiative for sub-Saharan Africa
UNAIDS	Joint United Nations Programme of HIV/AIDS
UNESCO	United Nations Scientific, Cultural and Scientific Organization
UNGASS	The United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children Fund
VCCT	Voluntary Confidential Counseling and Testing

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Abstract

This study sought to examine the extent to which a teacher training institution in Zambia was able to address the problem of HIV and AIDS. The report contributes to existing knowledge in the field by using a qualitative in-depth case study approach of a single teacher training college located in a high prevalence province of Zambia. It offers insight into the response through an examination of current policy and practice at both the ministerial and institutional level. The research identifies the impact of HIV and AIDS on staff and students in the college and the existence of institutional policies, structures, teaching programmes and strategies for addressing HIV and AIDS. It describes barriers to effective teaching on HIV and AIDS and the causes for weaknesses in the overall response.

The study found that while attempts were made to establish structures and integrate HIV and AIDS into the current teaching programmes, the response needs much strengthening and improvement. Issues such as lecturer-student sexual relationships, peer pressure, lack of teaching materials, selective teaching practices and discomfort with the subject and lack of policies were all identified as major barriers to adequately address the epidemic and equip future teachers with the skills, attitudes and knowledge for effective teaching on HIV and AIDS. The research concludes that the teacher training college is being only partially responsive to the future needs of teachers and needs much more support from the Ministry of Education and other partners.

Chapter 1: Introduction

This chapter provides the background information and rationale for the study. It presents the main research questions and ends with a description of Zambia's education sector response to HIV and AIDS.

1.1 Problem statement and rationale

The Acquired Immunodeficiency Syndrome (AIDS) epidemic has undermined the quality of life and progress toward poverty alleviation in many poor developing countries, especially in sub-Saharan Africa. Sub-Saharan Africa has just over 10% of the world's population, but is home to more than 60% of all people living with HIV (Human Immunodeficiency Virus) or nearly 26 million people between the ages of 0-49 (UNAIDS 2004). The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) declaration on HIV/AIDS sets the target of reducing HIV infection among 15-24 year olds (the age group with the largest peak) by 25% in the most affected countries by 2005 and, globally by 2010 (UNGASS 2001). A common response that works to prevent the spread of HIV has been known to be education. It has been identified as a "social vaccine" (World Bank 2002) against HIV because it equips young people with invaluable tools to increase self-confidence, social and negotiation skills to improve earning capacity and family well being, to fight poverty and to promote social progress.As education has a key role to play in preventing HIV/AIDS and in mitigating its effects on society, it also calls for expanded action to HIV/AIDS information and education – at the core of this provision are teachers. Mitigating the impact of HIV and AIDS in teacher training institutions and equipping teachers with the right skills and attitudes to teach HIV and AIDS education in formal education settings is now recognized at the international level to be vital.

Teachers play a key role in development of skills and clarification of attitudes and if properly trained can help mitigate HIV infection among young people. Investing in quality education for girls and young women has also been shown to reduce their vulnerability to domestic violence, sexual abuse, and trafficking, and to provide benefits in terms of better health and educational outcomes for both present and future generations Heise, Elsberg, Gottemoeller (1999). Without capacity building of HIV prevention education in teacher training institutions and universities, where future teachers are produced, Education for All (EFA) is not likely to be attained.

Apart from being instrumental in the delivery of HIV and AIDS education, teachers in Africa are regularly singled out as being a high-risk group with respect to HIV infection, however, teacher mortality rates from AIDS are usually considerably lower than for the adult population as a whole making them much lower than has been suggested by most expert commentators and the media (Bennell 2003). Nevertheless it is imperative that HIV and AIDS workplace policies for education institutions are designed and implemented and that teachers participate in solid pre-service and in-service teacher training for HIV and AIDS education.

Some teacher training institutions in Southern African Development Community (SADC) countries and universities have succeeded in developing institutional policy on HIV and AIDS including workplace policies, the integration of HIV and AIDS into the curricula, and implementation of training, support and counselling services for students and staff. However, many of the teacher training institutions and universities have weak structures and have limited collaboration with other stakeholders in the field of HIV prevention. These institutions need to identify gaps in current programmes, identify best practices and they need assistance in developing policies and implementation strategies. There is limited available information to date on HIV and AIDS pre-service teacher programmes for teachers in sub-Saharan Africa, and most of the information does not offer hard data on measuring such programmes for their effectiveness (UNESCO 2006).

Research has shown that there is little evidence that HIV/AIDS education in schools has a significant impact on sexual behaviour and that programmes have failed to alter behaviour in spite of high levels of knowledge of risks among students at both primary and secondary schools (Bennell 2004). Lack of time, resources and training often mean that curriculum based education as well as counselling and peer education is inadequate. Poorly trained teachers are often too shy to teach sex education and often teachers lack commitment to teach the topic in an often over-crowded curriculum (Boler and Jellema 2005). This study, through zeroing in on the case of Zambia, will seek to identify relevant and appropriate actions and approaches that teacher training institutions in sub-Saharan Africa can take to strengthen their response and better prepare teachers to confront teaching in a world with HIV and AIDS.

1.2 Aim, research question and approach used

The aim of this study is to document the ways in which a teacher training college in Zambia is organizing its response to HIV and AIDS. Specifically the study seeks to identify the impact of HIV and AIDS on staff and students in the selected teacher training college and identify the existence of institutional policies, structures, programmes and strategies for addressing HIV and AIDS within the college. It also hopes to deepen the understanding of what constitutes good-pre-service teacher training.

The research questions guiding this study are:

- What is the impact of HIV and AIDS on the teacher training college?
- What HIV/AIDS training is currently being given to pre-service teachers?
- What are the causes for any weaknesses in the response of teacher training institutions and in the training of teachers?
- How can these be overcome to strengthen teacher training and better prepare teachers to deliver effective HIV/AIDS education?

A qualitative approach was used to address the research questions through a field visit. Data was collected through analysis of documents and records and collection of primary

data from semi-structured interviews and classroom observation. Further details of the methodology are given in chapter 3.

To inform the theoretical framework literature has been reviewed through:

- Internet searches including institutional websites (eg tertiary institutions, regional associations) UN agencies (eg UNESCO, Joint United Nations Programme of HIV/AIDS (UNAIDS), World Health Organisation (WHO), United Nations Children Fund (UNICEF), international, regional and national Zambian NGOs partnering with the education sector (ActionAid, Student Partnership Worldwide (SPW), Forum for African Women Educationalist in Zambia (FAWEZA) online databases and clearinghouses (e.g., International Institute for Educational Planning's (IIEP) HIV/AIDS Impact on Education Clearinghouse, UNESCO's International Bureau for Education (IBE) International Clearinghouse on Curriculum for HIV/AIDS Education), and other relevant websites.
- Journals and Periodicals such as *Comparative Education* and *The Journal of Development Studies*
- Grey literature and other documents (e.g. Secondary data sources from the college and such as memoranda, national and institutional policies and action plans, course outlines and curriculum reviews, and reports from conferences and meetings not available on the public domain)

1. 3 Scope and Sequence

This report will first present a brief overview of Zambia's education sector and HIV and AIDS focusing particularly on the structure of teacher training in Zambia. A review of the literature will be presented in chapter 2. Chapter 3 will discuss the methodology and in Chapter 4 the findings of the qualitative research are presented. Finally chapter 5 ends with some recommendations for policy and practice at the international, national and institutional level.

1.4 Zambia's Education Sector and HIV/AIDS

Background

Although Zambia is a low-income country, it has long been recognized for its economic and political potential. It is an important influence in regional peacemaking and has had a history of political stability since independence in 1964 (CIDA 2005).

Zambia has adopted a number of poverty reduction objectives to guide its development efforts and those of its development partners. In its implementation of the Poverty Reduction Strategy Paper (PRSP) and in its efforts to attain the Millennium Development Goals, the Zambian government is focusing on diversification, growth and investment, budgetary reform, HIV/AIDS (identified and dealt with as a crosscutting issue) and anti-corruption measures. Zambia has also taken the necessary steps to reach its completion

point under the enhanced Heavily Indebted Poor Countries (HIPC) Initiative; debt relief from all of Zambia's creditors will surpass US$3.9 billion over time (World Bank 2005).

Zambia's population of about 11 million people is currently experiencing the health, economic and social impacts of a mature AIDS epidemic. The national adult HIV prevalence is 16%; 18% female, 13% male, with the majority in urban areas. The Zambian multisectoral response is guided by the National AIDS/Sexually Transmitted Infection (STI)/ Tuberculosis (TB) Implementation Plan and can rely on provincial and district local government structures. Commitment is high but the implementation of comprehensive action plans is hampered, mainly as a result of a lack of human resources (UNAIDS 2004).

Most of the current HIV/AIDS education sector responses are situated within the sector pool or 'basket funding' where 9 donors have committed funding. The MOE is represented at the national Country Co-ordinating Mechanism (CCM) and in several National AIDS Council (NAC) technical working groups such as information and education, care and support and the ART working group. There is an HIV and AIDS unit in the MOE and focal points at various levels. The main unit is located within the Human Resource and Administration Department.

The implementation of the response is guided by the HIV/AIDS Strategic Plan and HIV and AIDS Workplace Policy for the Education Sector for Management and Mitigation of HIV and AIDS (Ministry of Education, 2006). This policy guides the overall response to HIV and AIDS and covers four key areas: a) prevention; b) care and support; c) HIV and AIDS in the workplace; and d) planning, management and mitigation.

Table 1. 1: Facts and Figures on Zambia

Population (2003) [1]: 10,812 million	Number of primary school teachers (2001) [2]: 36,200
% urban population (2003) [1]: 36	Number of secondary school teachers (2001) [2]: 10,100
% population less than 18 years old (2003) [1]: 54	Teacher/pupil ratio in primary education (2001) [2]: 45
GNI per capita in US$ (2003) [1]: 380	Teacher/pupil ratio in secondary education (2001) [2]: 23
% of population living below $1 a day (1992-2002) [1]: 64	Number of extra teachers needed by 2015 to achieve UPE [3]: 11,495
HIV adult prevalence rate (2003) [1]: 16.5%	Human Development Index ranking [5]: 164th of 177 countries
Number of AIDS orphans/all orphans 2003 (in thousands) [1]: 630/1,100	Gender-related Development Index ranking [5]: 130th of 140 countries
Primary gross enrolment ratio (1998-2002) [1]: 78.5	EFA Development Index and rank [2]: 0.77 (94)
Secondary gross enrolment ratio (1998-2002) [1]: 24	Youth literacy rate % (15-24) (2000-2004) [2]: 69.4

Sources:
[1] UNICEF Zambia at a glance
[2] 2005 EFA Global Monitoring Report
[3] Nilsson, EFA: Teacher demand and supply in Africa, 2003
[4] Burns and Mingat 2003
[5] 2005 UNDP Human Development Report
[6] World Bank, HIPC Initiative. Overview 2005

There has been an analysis conducted of the impact of HIV/AIDS on demand and supply of human resources in the education sector and awareness programmes for all employees at different levels of the education sector exist. The ministry has a policy of non-discrimination with regard to recruitment, advancement, continued employment and benefits for personnel affected by HIV and AIDS and Zambia enforces confidentiality of information about ministry employees affected by HIV and AIDS. (HEARD/MTT 2004). The MOE has placed a priority on Voluntary Counselling and Testing (VCT) and initiated a scheme to pay for Ant-Retroviral Therapy (ART) to MOE employees in 2004.

Teacher training and support

Initial teacher training for lower and middle basic is provided by 10 government and grant aided institutions/colleges of education. Two government colleges are the main providers of initial teacher training for Upper Basic (Grades 8 – 9). The University of Zambia has been providing initial teacher for high school/senior secondary (Grades 10-12). There are 10 private teacher training colleges, out of which only one offers training at Diploma level for grades 8 and 9. In total, Zambia has 24 Colleges of Education (Commonwealth of Learning 2005).

The Primary School teacher's course (lower and middle basic) is run on the format that students are in college in the first year and the second year in school practicing teaching. All subjects, as they appear in the primary school curriculum are regrouped in six so called study areas. HIV/AIDS and Life Skills is considered as a cross-cutting issue, to be dealt with in all six study areas. A manual on Interactive Methodologies for HIV/AIDS

prevention in Zambia Schools was developed in 2003, but getting all the teachers trained in interactive methodologies and life skills for psychosocial competencies remains a challenge. A lack of high level commitment, curriculum congestion and inadequate training of trainers are the three main reasons for this problem. Generally there are very little HIV/AIDS activities in Colleges of Education (MOE, 2004) and HIV/AIDS materials are not available to all students in Tertiary Education (HEARD/MTT 2004).

Several strategies have been put in place to reach teachers with in-service training for HIV/AIDS. Teachers' group meetings in the School Programme of In-Service of the Term (SPRINT) share HIV/AIDS information and methodology. SPRINT is a school-based system that delivers in-service through a cascade model, involving Heads of schools, Zonal Resource Centers and District Resources Centers. The Primary Diploma, which is provided through distance learning has a specific module on Life Skills, and the Primary Reading Programme (PRP) has introduced HIV/AIDS related texts. Several books have been produced, printed and are being distributed to help teachers to integrate HIV/AIDS in their lessons.

In the period 2002 – 2004 Zambia also had 21,600 in-service teachers trained through the 'Teacher Training Programme to Prevent HIV infection and Related Discrimination'. This successful skills-based and participative programme was jointly developed by the World Health Organization (WHO), Education International (EI) and the Education Development Centre (EDC) in close collaboration with Teachers Unions, the Ministries of Education and the Ministry of Health (MOH) and some support by UNESCO (Pevzner 2005).

Like in many other African countries, there is a growing number of orphans in Zambia and their psycho-social needs are not addressed as part of teacher preparation (MOE 2005). Currently, 18 percent of all children under 15 (800,000 children) have been classified as orphans in 2005.

HIV/AIDS and Life Skills Education are integrated in primary education but not in secondary (HEARD/MTT 2004). HIV/AIDS Education in Zambia is compulsory in the sense that it is a cross cutting issue that is taught in every subject. 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 the MOE has not succeeded in getting all the teachers to include HIV/AIDS education activities in all their lessons. Despite the high number of anti-AIDS clubs and some well documented 'promising approaches' such as the Kafue Adolescent Reproductive Health Project and the Copperbelt Health Education Project (World Bank 2004), it is felt that effective peer education programmes in schools are not yet a reality (MOE 2004).

Reports on the impact of HIV/AIDS on teachers and teaching in Zambia make very disturbing reading. A study by Kelly (2000) concludes that in 1998, the loss of life among teachers in Zambia equaled two-thirds of the teacher output of that year. It is reported that 20% of all teachers were HIV positive in 1997. The MOE data for 1996 and 1997 report 680 and 627 deaths respectively during those two years, and 1300 during the

first 10 months of 1998. According to the Zambian National Union of Teachers, the death toll among teachers in the last two years has been 1,000 each year (Commonwealth of Learning 2005).

The MOE in Zambia is making efforts to mitigate the impact of HIV and AIDS on teachers. Plans are being put in place for 'Ora-sure' testing among staff and teachers, counseling services are offered to teachers and a scheme to provide anti-retroviral therapy to teachers and other staff in the MOE is being piloted. A Voluntary Counselling and Testing (VCT)/Antiretroviral (ARV) programme also exists at the University of Zambia using resources from the US President's Emergency Plan for HIV/AIDS (PEPFAR) (Plusnews 2005). Furthermore, transfers of teachers on account of poor health are tolerated and several hundred infected and affected teachers remain on the payroll without actually teaching. MOE is also encouraging the scaling up of efforts by the Anti Aids Teachers Association of Zambia (AATAZ) a teachers' NGO which promotes HIV/AIDS prevention and targets in and out-of-school youths, teachers and persons living with AIDS (MOE 2003).

Although there is no empirical evidence, there seems to be a lot of child/pupil/teacher and student/lecturer sexual abuse that is not adequately addressed and quite a number of female students return from their school-based year training with either a pregnancy or with a baby, an indication of both vulnerability and high-risk behaviour (MOE 2004).

Chapter 2: Literature Review

This chapter is a critical analysis of related literature addressing education sector responses to HIV and AIDS. It first takes a careful look at the challenges present in teaching the subject, and then identifies some best practices in teaching HIV and AIDS. It concludes with the presentation of a framework for evaluating HIV and AIDS teacher training programmes. Such a framework can be used to systematically analyze a teacher training institution's response to the epidemic.

Fifteen to 24 year olds are hardest hit by HIV and girls and women continue to be on average, 2.5 times more likely to be infected. (UNAIDS 2002) This age group, should have been reached by prevention education in schools since prevalence rates are lowest among the 5 to 14 year age group (UNAIDS 2002). But according to some of the literature, prevention messages schools are meant to deliver have mostly failed. Research suggests that HIV/AIDS education, particularly in formal settings, is not always being implemented as envisaged. (Bennell et al 2002). It is often cited that the difficulty in implementing effective HIV and AIDS education in schools lies both at the institutional and personal level; institutional level because there is a lack of training and learning materials and personal level because research suggests that there is resistance from communities and teachers. (Bennell et al 2001). This is most likely because the topic of HIV/AIDS and all that is related to it touches on the most intimate aspects of society that are shaped by social, cultural and religious attitudes. Existing social rules and patterns of behaviour develop in communities over long periods of time, however the promising news is that they are never static, but instead dynamic and can adapt to complex change.

For this reason, teacher education and training for HIV and AIDS is so important. Teachers have the ability to influence social rules and patterns and challenge ways of thinking and responding to the epidemic. Researchers who have written in this area (Kelly, Traore, Carr-Hill, Boler) agree that teachers are instrumental for the delivery of HIV and AIDS education and that they need to be provided with the necessary content, appropriate instruction methods, didactic aids, organisational skills and techniques to provide counseling and care. The development of non-judgmental attitudes is also critical for teachers to deliver effective messages and be credible change agents. Therefore, there is wide agreement that quality pre-service and in-service training is essential for teachers if curricula on sexual and reproductive health, including HIV and AIDS are to be delivered effectively in primary and secondary schools. There is also wide agreement that teachers and schools play a pivotal role in teaching young people about HIV and AIDS. The question remains how this can best be achieved?

Pilot studies, (Boler 2003b) have been conducted to assess the difficulties teachers and students are confronted with when teaching and learning about HIV and AIDS. Carr-Hill has also undertaken interesting work on the impact of HIV on the teachers inside the classroom and Bennell *et al*, have undertaken school based research in Botswana, Malawi and Uganda.

Nevertheless, "very limited research has been devoted to the implementation of HIV/AIDS education in the classroom" (Boler, 2003a) and even less in teacher college classrooms.

2.1 Challenges for teacher educators and student teachers

The literature, for the most part, reviews the challenges that exist for classroom teachers and one or two sources mention the challenges that teacher educators are confronted with when teaching HIV to student teachers. This is probably due to the shortage of research addressing teacher training for HIV/AIDS. However, teacher training is faced with the similar broad challenges HIV/AIDS teaching is confronted with at the primary and secondary level and implications can be easily drawn from available research. Boler, 2005; Kelly, 2001; Car-Hill, 2002; Bennell et al, 2002 UNESCO all agree that the social and cultural constraints that exist in teaching HIV/AIDS, are not the only ones. They stress that there are a number of obstacles for HIV/AIDS teaching which are indicative of a wider crisis in education.

Figure one presents a framework for considering the factors a teacher educator and a student teacher have to deal with when teaching and learning about HIV/AIDS. This is a comprehensive model developed from the existing literature, but it has been expanded and is better suited for analyzing the teacher training context.

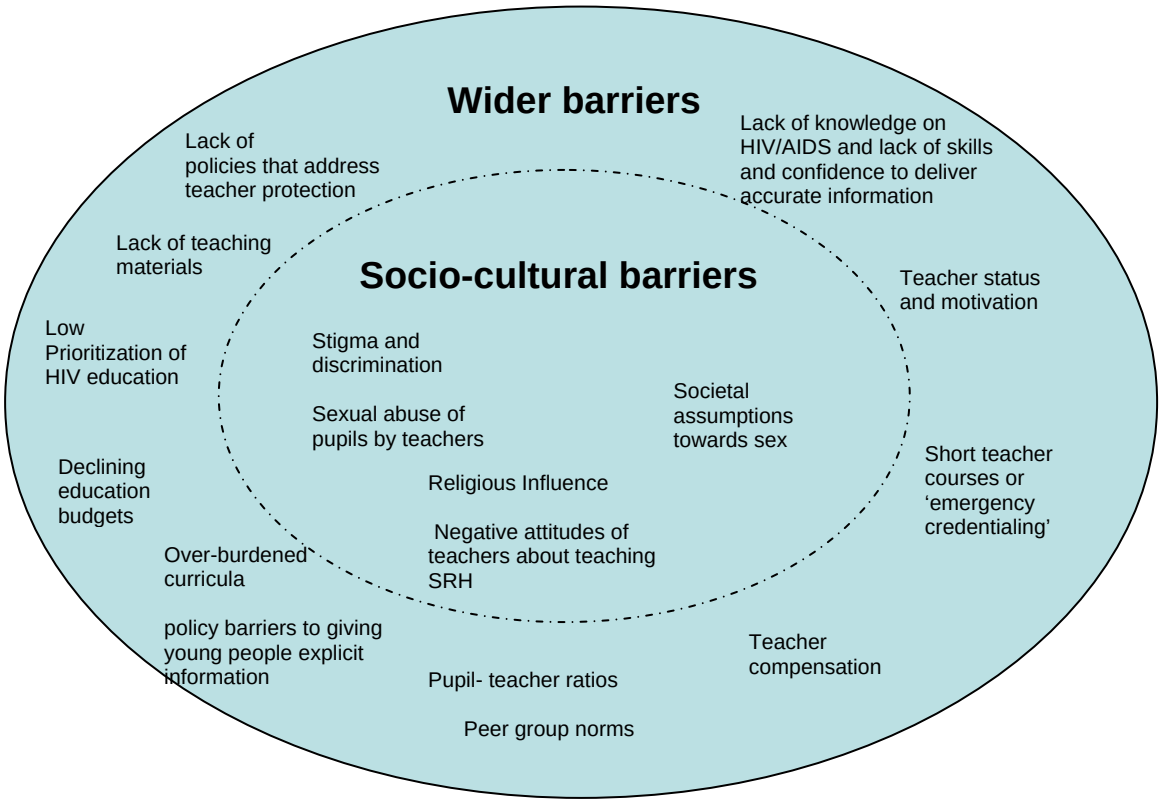


Figure 2. 1: Framework for considering factors which affect the teaching and learning of HIV and AIDS for teacher educators and student teachers

2.1.1 Wider education barriers

The epidemic has forced curriculum planners and teacher educators to reassess what is being taught on the subject of HIV and AIDS and how to introduce HIV and AIDS education in teacher training colleges. Nevertheless, the question remains how to do this when the education sector in many lower-income countries is in crisis. As a result mainstreaming HIV and AIDS into teacher training curricula and ensuring teacher training institutions benefit from HIV and AIDS strategic plans and institutional action plans is a very difficult tasks in a very dim context.

Bennell indicates that teachers are hampered in their efforts to teach HIV and AIDS for a number of reasons including low prioritisation of HIV education and material factors such as insufficient learning materials (2002). The ongoing teacher crisis in many lower income countries forces us to put into perspective the pressing matters countries need to first tackle before any comprehensive response in teacher training institutions can be implemented. Such issues include teacher shortages, the declining occupational status of teachers, teacher de-motivation, teacher compensation, teacher attrition, poor teacher management including delayed salary payments, poor working and living conditions, absenteeism etc.

All these issues need to be considered prior to the training of teacher educators on HIV and AIDS and for the strengthening of in-service teacher preparedness. This however, does not mean that planners should keep their arms crossed until these teacher issues are improved before they begin to tackle HIV and AIDS training for teacher. The reality is that teachers, with or without adequate training, are living in a world with AIDS – they need to be capable of responding to the epidemic in and outside their classrooms. Some immediate actions can be envisaged such as the introduction of policies that protect teachers and other school staff in the workplace. Supporting such policies through teacher associations and unions are important (ILO/UNESCO 2005). Teachers who feel safe in their work environment free from stigma and discrimination and have access to quality referral services for voluntary counselling and testing (VCCT) and treatment will be more capable of delivering quality HIV and AIDS education. Teachers need to be able to cope with the impact of the epidemic before they are able to support the school community. Additionally national and institutional policy barriers to giving young people explicit information on SRH need to be questioned and removed.

2.1.2 Socio-cultural barriers

Studies have demonstrated that teachers were reluctant to teach about condoms and also avoid more participatory elements of the curricula. Similarly evidence suggests that teachers actively shy away from teaching HIV and AIDS (Kelly 2000).

In ActionAid's qualitative study, *Difficulties in communicating on HIV/AIDS in schools*: *Experiences from India and Kenya* (2003b), results of the survey indicate that teachers often resort to 'selective teaching' where teachers "appear to be teaching some lessons on HIV, but exercise their own judgment in which messages should be taught and which not."(p.32) In other words, they avoid teaching lessons which are sensitive and might be embarrassing. The study also indicated that teachers were practicing selective teaching of HIV/AIDS without direct reference to sex. Since the main form of transmission worldwide is unprotected heterosexual intercourse, a "discussion on HIV/AIDS without talking about sex will be inherently limited" (Boler 2003: 32). Additionally, in the same study, teachers expressed concern that parents would disapprove if they knew that the students were being taught about sex.

Presumably, student teachers and teacher educators should be more 'mature' to teach and learn about the subject, even though the socio-cultural realm they are a part of is the same as school based teachers and students. Student teachers are older and teacher educators might benefit from an overall higher status and more schooling, which in principle would make them better placed to challenge existing social norms. However, main barriers still remain such as difficulties in discussing sex and societal and religious pressures that forbid the discussion sex.

How can teacher training be improved to help teachers confront these barriers which have wide consequences for quality HIV and AIDS teaching and learning?

2.2 General recommendations and principles of best practices for teacher training

The literature repeatedly stresses the importance of teacher training and peer training. However, although recommendations are made in most available reports and studies, little is known about what type of training works best, the optimum length of the training or how best to involve the community in training and supporting teacher educators. Such gaps also sustain the need to adapt learning materials to the local context and assess their impact locally so that practitioners are able to draw and share lessons.

There is a general agreement that there are, for the most part, three primary tasks for the education sector in it's response to HIV/AIDS (Coombe 2003b):

1) *education for prevention*, or helping prevent the spread of HIV
2) *social and emotional support*, or working with others to provide basic care and support for learners and educators affected by HIV/AIDS
3) *protection of education systems against the epidemic (i.e education sector staff and all students*) or protecting the education sector's capacity to provide adequate levels of quality education.

As part of the education sector, teacher training institutions should support the above tasks and teachers should be agents that facilitate responses in these three areas. Recommendations found in the literature have been grouped into this framework.

Prevention

At the level of prevention, the most common response for teacher training institutions is the integration of HIV/AIDS into Sexual and Reproductive Health (SRH) curricula. The literature recommends the following principles of best practice:

1) Integrate HIV/AIDS and skills-based curricula as a mandatory and examinable course (assessing more than knowledge) (Traore 2004, Coombe 2003b)
2) Enhance pedagogical competencies and confidence of teachers (to enable child-centered, participatory, creative, culturally sensitive, peer-led). This should be done based on a process of reflection on their own attitudes and values about the topic and their behaviours regarding HIV risks (Traore 2004, Kelly 2000, Coombe 2003b, Boler 2003b)
3) Ensure a systematic supply of education material (Traore 2004, Kelly 2000, Coombe 2003, Boler 2003b and others)
4) Ensure teacher professionalism and role modeling, emphasizing a policy of zero tolerance for exploitation of students (Traore 2004).

Social Support

In order to enable teachers to provide basic care and support for learners and educators and hence contribute to the education sector's role in social support, there is need for teacher training institutions to:

1) Develop scenarios on accessing treatment for teachers and advocate for prioritizing treatment for teachers (WHO and UNESCO)
2) Provide teacher treatment literacy and counseling skills.
3) Increase teacher ability to identify and address psychosocial and other needs of orphans and other vulnerable children.
4) Bridge the gap between what takes place in the institution and in the community and strengthen community and school linkages, particularly with parents.

Protection

As far as protecting and managing teaching personnel in the face of HIV and there is a need to:

1) Advocate for educational leadership and commitment
2) Put in place reliable HIV and AIDS-sensitive data and information systems to guide management responses (Kelly 2000).
3) Develop, promote and implement HIV and AIDS policies, strategies and legal frameworks (Kelly 2000).

4) Set up HIV/AIDS in the workplace/tertiary institutions programmes that increase access to information, access to condoms, stimulate the uptake of VCCT, ensure referral networks for care and support and address stigma and discrimination (UNESCO 2004).
5) Review rules and regulations within the Ministries of Education in light of the impact of HIV and AIDS for teachers (sick leave, early retirement, replacement) (IIEP 2003).
6) Support alternative measures to respond to teacher shortage and loss: multi-grade teaching, radio instruction methods, more peer education, community teaching, open, distance and flexible learning
7) Improve teacher service conditions: adequate remuneration, housing, career development and other motivational incentives
8) Institutionalize continuous and accredited professional development and focus HIV training on motivated and youth-trusted teachers
9) Improve management and monitoring and evaluation skills of education personnel
10) Strengthen universities' capacity in research and pedagogical guidance related to behavioural change models, teacher preparation and actual teaching (UNESCO 2006)

Guiding principles

Finally, the literature reaches a consensus on a number of principles that should guide strategic planning and action in order to make teachers effective agents in HIV/AIDS education:

a. Eliminating gender disparities in pupil enrolment and the teaching profession and integrating gender sensitivity into HIV/AIDS interventions must take a central role in the education sector response.
b. Effective responses are those devised to meet local conditions (Aggleton 2004)
c. Effective responses are those that also reach out-of-school youth (Aggleton 2004)
d. The education sector must work with all other stakeholders in the education community (CBO, NGO, parents and caretakers) as well as with other social sector departments at national, provincial and community levels
e. Interventions must be within the managerial competence of the colleges and schools to deliver, and contribute to building capacity to manage more challenging interventions later.
f. Combating sexual violence in schools.
g. Young people have to be at the at the forefront of planning HIV/AIDS programmes (Aggleton 2004).
h. Strengthening links between schools and youth friendly SRH services including guidance and counseling services.
i. The greater involvement of people living with HIV and AIDS (or GIPA principle) is fundamental

While there is an agreement on the required action areas and the guiding principles, HIV/AIDS programmes for teachers often remain weak or fail to go to scale. Besides the limitations and barriers mentioned in the first section of this chapter, governments have generally failed to recognize that the epidemic is socially constructed requiring a broad based response (Kelly 2000). As a result the role of education in tackling HIV and AIDS has been under-conceptualised, and poorly supported politically, technically and financially (Clarke, 2005). We should be compelled to apply a 'sense of realism' in the planning and implementation of HIV/AIDS programmes, to base interventions on a realistic assessment of available capacity (technical and financial) of the stakeholders and to reflect on priorities and time-perspectives in formulating responses.

2.3 Framework for evaluating teacher training

As previously mentioned, the literature suggests a general agreement that HIV teacher training is not keeping up with current needs. IIEP launched an action research programme in 2003 to study the impact of and responses to HIV and AIDS in Tanzania, Malawi and Uganda. The study found that most ministries of education and development agencies were focusing on pupils and curricula rather than on the needs of teachers and other education sector staff (Kauzeni 2004).

If offered the right support, there is general agreement on the basic role teachers should play in the classroom: 1) deliver prevention curricula 2) offer basic care and counselling to their students and 3) know how to manage the crisis in the school and community for the benefit of learners, other teachers and other stakeholders (Coombe 2003).

Therefore, in-service and pre-service programmes must offer quality training so that teachers are well-equipped to take on this important role. To this end, policies and programmes need to ensure that teacher educators have relevant knowledge, attitudes and skills, access to appropriate materials and resources, the confidence and motivation to deal with HIV and AIDS issues, as well as support from the inspectors and administrators in order to allow them to effectively deliver training to student teachers.

Curricula

Three overall factors which affect the effectiveness of curricula have been identified:

1. The characteristics of the curricula and its implementation:
    a. Process of development
    b. Characteristics of the content
    c. Implementation
2. The needs and assets of the target group being served by the programme
3. The characteristics of the target group's environment (Kirby 2006)

Furthermore, IBE/UNESCO has developed a set of appraisal tools to guide the appraisal of HIV/AIDS teaching and learning for HIV/AIDS education and to help decide what should be taught and what are the most efficient ways to teach it. There are three separate

sets of criteria with which to appraise three distinct kinds of educational materials, namely: material for teachers, material for learners, material for teacher training. Materials for peer educators have not been developed as the tools currently only meant for the formal setting.

The criteria for teachers and teacher training covers the following ten areas:

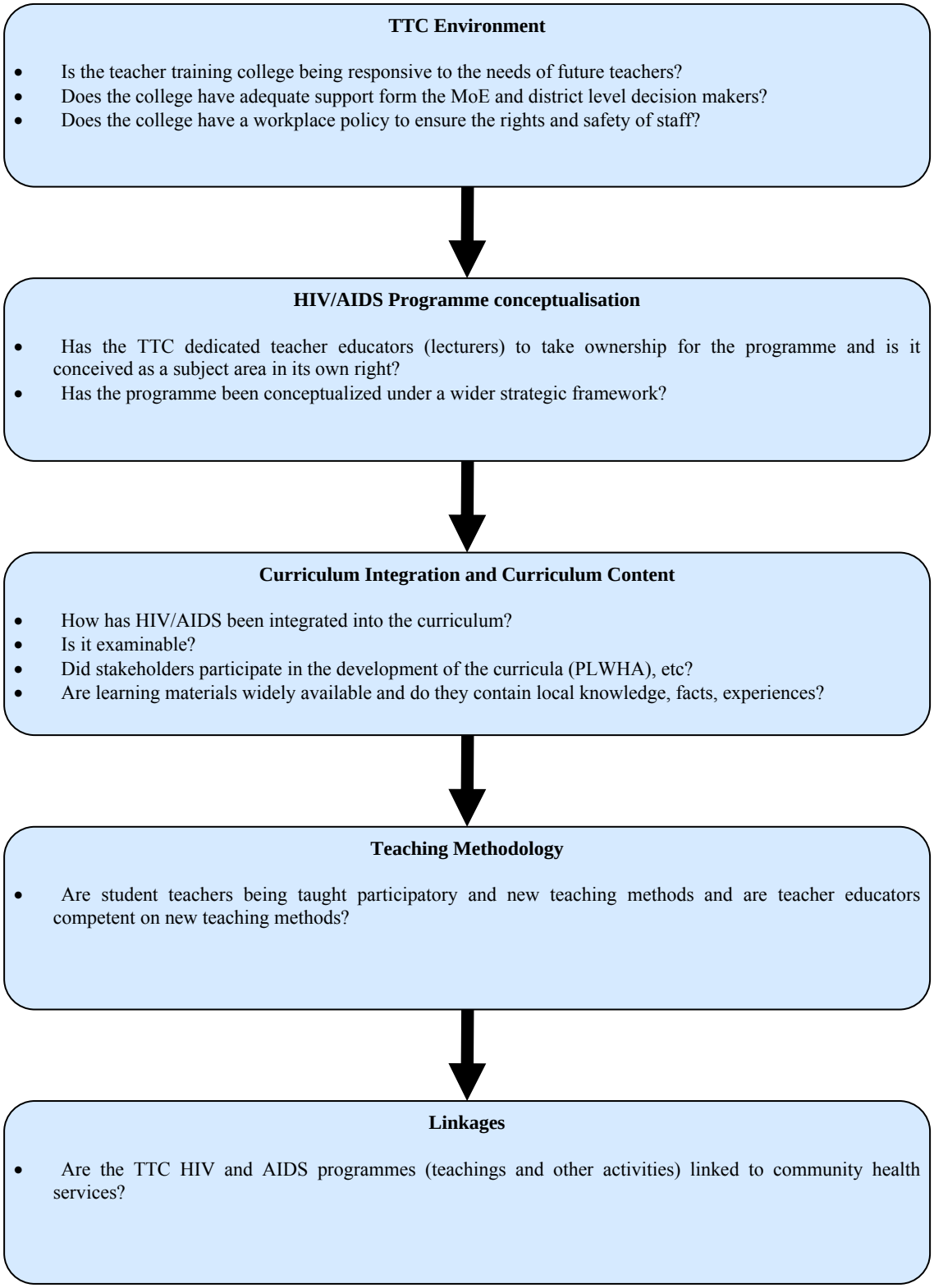
1. Goals, objectives and target groups
2. Conditions of implementation
3. Provision of information
4. Attitudes, values and norms
5. Community and cultural relevance
6. Life skills education
7. Teaching methods and strategies
8. Teacher guidance
9. Lay out and packaging
10. Material development (IBE/UNESCO 2006)

This list should also include:

11. Development of critical thinking
12. Development of positive (health friendly) peer group norms

Nevertheless, a proper evaluation of a teacher training programme goes beyond appraising the curricula. The environment in which it is taught is equally important. Considering the literature, the framework shown in figure 2.2 can be used for beginning to evaluate pre-service teacher training programmes: (In- service might vary slightly). This framework shows 5 key components which should be addressed when evaluating HIV/AIDS teacher training programmes and strengthening the response of teacher training institutions to HIV and AIDS.

Figure 2. 2: Framework for evaluating pre-service HIV /AIDS teacher training programmes


TTC Environment
Is the teacher training college being responsive to the needs of future teachers?
Does the college have adequate support form the MoE and district level decision makers?
Does the college have a workplace policy to ensure the rights and safety of staff?
HIV/AIDS Programme conceptualisation
Has the TTC dedicated teacher educators (lecturers) to take ownership for the programme and is it conceived as a subject area in its own right?
Has the programme been conceptualized under a wider strategic framework?
Curriculum Integration and Curriculum Content
How has HIV/AIDS been integrated into the curriculum?
Is it examinable?
Did stakeholders participate in the development of the curricula (PLWHA), etc?
Are learning materials widely available and do they contain local knowledge, facts, experiences?
Teaching Methodology
Are student teachers being taught participatory and new teaching methods and are teacher educators competent on new teaching methods?
Linkages
Are the TTC HIV and AIDS programmes (teachings and other activities) linked to community health services?

2.4 Structures and processes needed to support teacher training

> *Ministries have now realized that their response must extend beyond the curricula and infuse the policies, plans and procedures that govern every part of the system. (Kelly 2004: 1).*
>
> *A broad strategic response rooted in education – and set within a national, multisectoral context – is essential for all countries. Responses to the HIV/AIDS epidemic have too often been piecemeal, small-scaled, health focused, and weakly integrated into related efforts. Strong political commitment is key to addressing such shortcomings….. A successful response will also require flexibility and creativity to meet the challenges of a sector in flux and constructive engagement with key stakeholders, such as communities, religious leaders, educators, and politicians, who have influence – and often conflicting points of view (World Bank 2002: 13).*

Policies and legal frameworks

Boler (2003) argues that there is a need to develop policy frameworks that locate HIV and AIDS as part of the mission and core business of a teacher training college as leaving HIV and AIDS education to the responsibility of individual teachers cannot work. While institutional policies need to be developed in country-specific legal and social contexts, most will include the following components:

- Rights and responsibilities of the institutional community including people with HIV and AIDS and those affected by the epidemic;
- HIV-related teaching, research, and service activities (including community outreach);
- Prevention, care, and support services to be provided by the institution;
- Institutional arrangements allocating roles and responsibilities; and
- Review, monitoring, and evaluation mechanisms for policy implementation.

Policies should also be coherent with national policies and strategies in the education sector to ensure a continuous and comprehensive response.

Ojuando (2003) reports on the experience gained from developing an institutional policy on HIV and AIDS at Highridge Teacher's College in Kenya. This experience showed that:

1. Networking is essential to help institutions identify partners and secure resources for funding, in the case of Highridge ADEA/Working Group on Higher Education provided valuable support.
2. The production of the policy made a difference for concerted actions
3. Advocacy created an enabling environment for further action, such as peer counseling programmes

It is evident from the literature that policies, strategies, action plans are all necessary for supporting teacher training colleges to deliver effective HIV and AIDS education, but policies and action plans are only as good as the leaders and individuals committed to their execution. It is therefore important to identify and address the existing gaps in

national capacities in supporting strategic plans or policies at the local level (UNESCO 2006).

Management, leadership and union participation

According to Kelly, 2006:

> *Education about HIV and AIDS, sexuality and life-skills is being introduced quite rapidly into school programmes, but teacher preparation and development programmes are not keeping pace with these advances. As a result, schools are endeavouring to infuse the subjects of HIV and AIDS, sexuality and life-skills into their curricula before anything similar has been undertaken in teacher preparation institutions or, in many cases, in university faculties of education.* (p. 5)

In the case of Zambia this statement holds true as the MOEZ has identified that education in general and the school in particular as one of the principal avenues for responding to HIV and AIDS. Anti-AIDS campaigns and anti-AIDS clubs have been introduced in schools, but teachers are not always trained in delivering HIV and AIDS education. In order for the response to be adequate, activities related to HIV and AIDS need the support from Principals, Head Lecturers, Inspectors and teacher unions.

2.5 Summary

This chapter has provided an overview of the factors which affect the teaching and learning of HIV and AIDS for lecturers and student teachers. Firstly, teacher training institutions and the individuals that receive and provide HIV and AIDS teaching are faced with wider barriers that inhibit an adequate response to the epidemic. Secondly, they are also confronted with socio-cultural issues which impede the effective delivery and learning of the subject. Recommendations and principles of best practices were discussed and a framework to evaluate teacher training responses and programmes was presented. Finally, the importance of creating structures and processes to respond to the epidemic was stressed.

Chapter 3: Methodology

This chapter is composed of 5 sections. The chapter first describes the rationale behind the country selection and teacher college. It then explains the research design, methods and tools for data collection. The schedule of the field visit and sampling methods adopted are also discussed. Lastly, a framework for data analysis is presented.

3.1 Selection of Country and teacher college

The field study was carried out in Zambia which has been selected for the following reasons:

- it has a high HIV prevalence rate of 16.5% (UNAIDS, 2004)
- it has a national HIV and AIDS policy
- it has a HIV and AIDS strategic plan for the education sector
- it is currently developing an HIV and AIDS Policy for Colleges of Education (only for basic teacher training colleges, though)

In its national policy on Education, *Educating Our Future* (1996), the MOEZ recognizes the importance of education and the clarification of attitudes in relation to HIV and AIDS and states that "In order to sensitise and protect uninfected staff and help those already infected to live positively, the MOEZ will introduce HIV/AIDS counselling for teachers and other education personnel and integrate HIV/AIDS awareness into its in-service programmes" (MOE 1996).

Zambia therefore emerges as one sub-Saharan country where serious efforts have been made to tackle HIV and AIDS in the education sector, and whose experiences can be tapped from for the benefit of other countries in the region

The teacher training college, which will remain anonymous, has around 600 students enrolled, but receives 1500 applications. It is unable to admit all applicants due to the MOEZ's lack of capacity to absorb more civil servant teachers on its payroll. The college has a two year programme and students are required to spend one term in an upper basic or high school for their teaching practice before graduating. It has a 60:1 student/lecturer ratio. The student body is around 60% male and 40% female. The college was selected for the following reasons:

- The teacher training college is located in a high prevalence province of Zambia (18% compared to the national average of 16.5%)
- It is a teacher training college for upper basic and high school teachers. (There are a total of 14 Government run Colleges in Zambia, out of which the majority, 10, train teachers for basic education) Donors and the MOEZ have clearly provided more resources to the 10 primary teacher colleges over the years and the upper basic and high school colleges have been to some extent neglected when it comes

to HIV and AIDS. The study seeks to analyse this gap and through the findings advocate for the strengthening of upper basic and high school teacher training.

- The Principal of the College together with the Chief of the Teacher Education and Specialised Services (TESS) at the MOEZ visited UNESCO, Paris in October 2005 for a TTISSA and as a result of this visit access to the college was facilitated.

3.2 Research design, methods and tools for data collection

An interpretative and qualitative approach has been adopted to address the research questions using a case study design to examine current policy and practice in the pre-service teacher training institution which trains teachers for upper basic/junior secondary (grades 8-9) in Zambia.

This case study used multiple methods of data collection (triangulation). The use of multiple methods of data collection aimed at enriching the quality of data, and therefore enhancing the validity and reliability of the findings of the study. Intra-method and inter-method triangulation also ensured that the strengths of one method of data collection complemented the strengths of other method(s). Primary data to inform the research questions was collected by observation and semi-structured interviews at the central level and observation, semi-structured interviews and two focus groups at the college level. These methods were arranged in a particular sequence and order so that the strengths of each method complemented the strengths of the other method. Data were also collected from secondary sources including ministry documents and reports, lecturer notes and presentations, and teaching manuals and guidelines issued by the MOE. Please refer to appendix II for a complete list of secondary data sources.

The data collection instruments were developed in advanced and used during all interviews and focus groups.

The data collection instruments include:

1. An interview guide for officials at the MOE
2. An interview guide for the college Principal
3. An interview guide for college staff members (lecturers)
4. An interview guide for focus group discussions
5. An observation schedule that identifies specific points to be examined for inside the classroom and during teaching

(Refer to appendix I for the complete data collection instruments).

On average interviews lasted one hour, except for the interview with the Principal that lasted two. Please refer to the table under schedule of field visits for the duration of each interview and the people interviewed.

At the central level, interviews were held with senior MoE officials. The 4 officials interviewed were key decision makers and senior officials in –charge of policy direction related to teacher training and/or HIV and AIDS. These interviews at the central level elicited information on: MoE policy on HIV/AIDS, statistics of HIV/AIDS in educational

institution including colleges (if any), institutional policy guidelines, current programs/activities, practices and responses to HIV/AIDS. Other issues included obstacles to effective response, as well as the ways in which the MoE is assisting in circumventing these obstacles.

At the college level, 3 in-depth interviews with key informants were conducted. The key informants were: the College Principal, academic staff on the Anti-AIDS Committee, HIV and AIDS focal points, lecturers and students.

The issues covered in these interviews included inter alia: the presence and use of HIV/AIDS policies or policy guidelines in the college; whether the Ministry has an EMIS for monitoring HIV/AIDS in the college; the known or perceived impact of HIV and AIDS on staff and trainees in the college; the ways HIV/AIDS education is organized and managed in college; the content of the HIV/AIDS training curricula; the selection of which tutors teach HIV/AIDS in TTCs; the known or perceived impact of HIV and AIDS training on trainees including on their sexual behaviour and the pervasiveness of lecturer-student sexual relationships. A total of seven informants were interviewed. The advantage of the in-depth interviews was their flexibility that permitted me to ask questions that were pertinent to the interviewee. The in-depth interviews unveiled individual subjective experiences and observations on the institutional responses to HIV/AIDS, which would otherwise not be easily captured in a group setting.

Two focus group discussions were also held and are described in the section on Sampling below.

Direct observation method was used to gather data throughout the entire period of the study. It was used mostly during institutional visits to gain a visual appreciation of the institution vis-à-vis operations. The method allowed, for example, the observation of: the location of college, trainees' residence, availability of HIV/AIDS posters, cleanliness of toilets and other visually verifiable indicators of institutional response to HIV/AIDS. Other things which were observed included: entertainment points, type of leisure activities around the college making it possible for me to understand better how the character of the physical, social and cultural environments influence the rhythm of life in the college. These observations permitted a contextualized holistic appreciation and understanding of existing institutional responses. Observation as a method of data collection has the advantage of taking account of events which are not verbalized, but which are critical in understanding institutional responses to HIV and AIDS.

3.3 Sampling

As previously stated, key informants were purposively selected because of the information they could provide. Criteria included their status and rank at the MOE or college as well as their daily responsibilities and level of decision making authority. Two key informants were identified before the data was collected and they are:

1. The College Principal, a female in her 50s
2. The Chief of the TESS department at the MOE, a male in his 50s

A third key informant, the Chairperson of the Anti-HIV and AIDS Committee, a young male in his 30s who is also a lecturer at the college, emerged during the field visit.

Because of his closeness in age to the students and responsibilities related to HIV and AIDS, the information he provided on an informal basis was particularly useful

Focus group discussions were conducted with students. The respondents were homogenous relative to one key variable – gender. The group members had minimal age differences among themselves. The students were between 19-28 years old and most were first year students at the college. All members had completed a high school diploma, a prerequisite for entering the college. This homogeneity in gender and age seemed to have allowed free and uninhibited personal expression. The focus groups generated debate that brought out divergent, but rich opinions on critical issues influencing the institution's vulnerability and response to HIV/AIDS. The strength of the focus groups is that they generated varied opinions and different perspectives that eventually distilled into quality information.

The number and composition of focus groups was largely determined by prevailing circumstances and unfortunately were not entirely random. Even though it was requested that students to be gathered in a random way, the college staff had already organized for me to meet students belonging to the Anti-AIDS Club, Life Matters Club and peer educators from Student Partnership Worldwide (SPW). One would tend to believe that such a sample of students is knowledgeable about HIV and AIDS issues and practices safe behaviour. The college enrolment is heavily skewed toward males and this was reflected in the focus groups. The female focus group was much smaller, but to counter this the females were asked to invite other females resulting in a snowball sample of 7 girls, The males included some peer educators and some members of the clubs as well as students not belonging to any HIV/AIDS club. The males were 14 resulting in a much bigger group. The focus groups were conducted in the college Youth Friendly Centre which had no materials and needed desperately to be stocked.

The issues covered during the group discussions included trying to understand from the students: their perception of the magnitude of HIV/AIDS as well as risk groups in the college, factors that pre-dispose students and staff to HIV infection, type of HIV and AIDS training they receive, how such training is offered (oral, video, books, pamphlets); whether the student teachers perceive their tutors as adequately prepared to teach HIV and AIDS to them; whether the training has enabled the students to change their own sexual behaviours; what the students see as the major strengths and weaknesses in the teaching they receive on HIV/AIDS as well as the trainees recommendations on ways of improving the teaching of HIV/AIDS in their colleges; and lecturer-student sexual relationships in the college and how this inhibits quality education.

3.4 Schedule of Field Visit

The visit to Zambia took place from 20-27 May 2006. Besides the MOE, and the college where most data was gathered, two other primary teacher colleges were visited so that a limited comparison could be made in terms of resources and response. The table below outlines the schedule and people encountered:

Table 3. 1: Schedule of Field Visit

Date	**Place**	**Person(s) Encountered/ Activity**	**Method**	**Duration**
21 May 2006	MOE, Lusaka	Chief TESS	semi-structured interview	1 hour
22 May 2006	MOE, Lusaka	2 Focal Points for HIV/AIDS, TESS	Semi-structured Group interview	40 minutes
22 May 2006	College, Kabwe	Principal	semi-structured interview	2 hours
23 May 2006	College, Kabwe	Anti-AIDS Committee	semi-structured group interview	1 hour
23 May 2006	College, Kabwe	Female student teachers	Focus group interview	40 minutes
23 May 2006	College, Kabwe	Male student teachers	Focus group interview	1 hour
23 May 2006	All Girls High School, Kabwe	HIV and AIDS teaching by student teachers	Observation	1 hour
24 May 2006	Mixed High School, Kabwe	HIV and AIDS teaching by student teachers	Observation	1 hour
24 May 2006	College, Kabwe	Biology Lecturer	Semi-structured interview	20 minutes
26 May 2006	MOE, Lusaka	National Coordinator, Planning and Information HIV and AIDS unit, MOE	Semi-structured interview	20 minutes

3.5 Data Analysis

Data generated in this study were qualitative in nature. Qualitative data from the semi-structured interviews and focus group discussions were recorded on a digital voice

recorder and key information was also written out manually on a notebook. The recorded data was then transcribed and analyzed. The responses were categorized in terms of the key words and concepts that emerged and then analysed for meaning. The interview guide questions were categorized into areas and this was done on purpose so that data could be broken down and identified into themes. However, the identification of categories was reviewed after reading, listening and transcribing the recorded interviews. The data was then questioned using the three aspects of accurate analysis as specified by Law's: checking for trends, checking for contradictions, checking for gaps. (p.) Data were arranged on a table containing three columns: Impact, Response and Challenges/gaps/weaknesses. The final table guided the drafting of chapter 4. An effort was made to present the data in context and avoid quotes being taken out of their original meaning. Data obtained though observation was recorded in notebooks or captured using a digital camera and incorporated in the analysis.

Chapter 4: Findings

This chapter presents the findings of the field visit. It describes the impact HIV and AIDS has had on the college, including on its staff and students. The response of both the college and the Ministry of Education in Zambia (MOEZ) is described.

4.1 The impact of HIV and AIDS on the teacher training institution

The data consistently highlights the tremendous impact HIV and AIDS has had on individual lives and the manner in which it has affected the daily operations in the college. All respondents in the study considered HIV and AIDS to be a very serious threat. This is not surprising considering the way the epidemic has ravished the country's development process. According to one of the two HIV and AIDS focal points at the Teacher Education and Specialised Services (TESS) department, MoEZ: "*The epidemic is very serious because it affects everyone. Students have lots of challenges and we must make them aware so that they protect themselves.*" *(HIV/AIDS Focal Point, TESS Department)*

A male student also described it as a *"major problem… many teachers are dying due to HIV and AIDS."* All 14 respondents in the focus group discussion agreed with him. Perhaps the Principal summarized best the magnitude of the problem when she commented, *"We seem not to be winning the war against HIV/AIDS." "We are hardening ourselves to deal. Death in families has become a matter of fact and we feel numbness because you just bury too many people." (College Principal)*

4.1.1 HIV infections and AIDS related deaths

Questions concerning the issues of people known to be living with HIV and known AIDS related deaths presented a challenge for respondent to answer precisely. This was mainly due to two reasons: 1) there is no system spearheaded by the MOEZ to monitor deaths and infections among students and lecturers and the college itself does not track this kind of information and 2) the stigma and silence surrounding the epidemic makes it too difficult for lecturers and students to disclose their status openly in the college environment.

The Chief of the TESS department said: *"There is no system to monitor the impact of HIV and AIDS in teacher training institutions in Zambia. A lecturer will be sick and he will die, but no records are kep.t" (Chief, TESS department)* The two HIV focal points in TESS also confirmed that this was the case.

Few students and staff were reported to have declared their status as a majority feared stigma and discrimination. The Principal commented:

> *The Problems is quite huge. In terms of infections, for students it is very difficult to say because they are here for such a short time. We do not*

> *actually know of any student who has been infected by HIV. None of them has disclosed his status. (College Principal)*

Additionally, a lecturer stated:

> *Some people are afraid to come out because of stigma and discrimination. They sit away from the rest. People find it difficult to disclose, but talking about their own experiences helps with stigma. If people begin to discuss then things begin to be acceptable. There is a lot of fear even for people to test – a lot of fear. If people tested then people would know that even if positive or negative they could be accepted. (Anti-AIDS committee member)*

The Principle did admit that although HIV infections may not surface when the students are at the college, the problem does surface when students go to the field for their teaching practice. *"That is when they begin to get sick and the impact is felt. My feeling is that they get infected at the college and then get sick during their teaching practice." (College Principal)* This same view that students might be prone to infection while at the college and become sick upon graduating was also shared by 3 out of the 5 members of the Anti-AIDS committee.

A total of 56 lecturers are employed at the college and the Principal estimated that in the last 4 years not many have had to be replaced, even though two members of the academic staff had passed away and it could have been due to AIDS related illnesses. Their death certificate, however, did not state their death was due to AIDS because of confidentiality reasons. The Principal estimated that two or three lecturers are currently living with HIV. During the focus groups, the girls reported that second year students have told first year students that some lecturers are HIV positive. This number was estimated to be around two or three by the majority of the females in the focus group which is consistent with the Principals estimates.

The college has never conducted surveys or assessments on the impact of HIV and AIDS on the functioning or operations of the college nor does it keep records of student or lecturer absenteeism or deaths due to AIDS. Therefore, as stated above, it was difficult for the Principal to correctly estimate AIDS related deaths. Based on her experience of seeing students come and go throughout the 4 years she has been in her position, she calculated that on average 3 students might die due to AIDS related illnesses every year while enrolled. There are nearly 600 students in the college, 20 percent of those are enrolled in the distance programme and are only present at the college 2 weeks per annum. If students are at a higher risk of being infected while at the college, then the majority of deaths will probably not occur during enrolment. The Principal felt that the magnitude of the problem was greater at the 10 colleges that train basic school teachers:

> *HIV infection is a bigger problem for the basic colleges because the students go to the field and are away from home and do not get paid in*

> *time so how do they survive? Some villages complain because student teachers are hanging out without being paid. (College Principal)*

4.1.2 High risk and vulnerable groups

The entire college community (students, academic staff and support staff) is considered to be at risk and generally people were aware that the epidemic can touch everyone. A student mentioned the gap between knowledge in the rural versus urban areas and stated that people who come from rural areas do not believe that AIDS is there. This student stressed the importance of students acquiring knowledge and awareness.

Both focus groups and all of the Anti-AIDS Committee felt that among the student population girls and first year students were more at risk. This is mainly due to the fact that first year students are younger (usually 18-25) and are living away from home for the first time. "Day scholars" those that are forced to find their own accommodation in the town and commute since the college faces a housing shortage, are considered to be at higher risk.

> *"They rent their own accommodation, often run out of money and are unable to pay college fees. Problems are complex for these students. People think they are adults so they receive no MOEZ bursaries like secondary school students do. They become vulnerable because they might have lost their parents and they need to take care of their family. If they drop out, they feel they have failed; there might be no one to care for them so they become more vulnerable to HIV." (College Principal)*

Girls were often cited as being most vulnerable in a college that has a 60/40 male to female student ratio. On top of their financial obligations such as college fees or taking care of family members there is a lot of peer pressure to dress and look nice and to meet these demands girls often resort to sugar daddies and transactional sex. Interestingly enough, although girls are considered to be more vulnerable overall, it is the boys who are more open and ask for support from the college's limited funding. The tuition at the college per term is 500,000 kwacha which is equivalent to about US$150. This is not negligible and the Principal explained that there were a lot of drop outs because of lack of financial support. Additionally, the Principal explained that the girls are often inhibited, afraid to ask for financial help and are able to resort to sugar daddies whereas the boys are not. This view that girls often have sugar daddies was also shared by a lecturer in the Anti-AIDS committee as well as all participants in both focus groups. All participants in the male focus group agreed that the fact that girls have transactional sex may increase HIV infections among the college.

The focus groups both thought that another high risk and vulnerable group, apart from girls, were those that drank alcohol. It was felt that drinking led to "*immorality*" or, as defined when asked for clarification, *"indulging in sex."* Apparently school dances were banned because *"there is a lot of sex and people get infected after these dances."* *"We*

use to have dances {at the college} but there was lots of drinking, the men would spend the night with ladies and refuse to use protection." (Female student)

4.1.3 Factors contributing to the spread of HIV at the college

As mentioned above, peer pressure, alcohol and engaging in transactional sex, (especially girls) was felt to contribute to the spread of HIV. A male student also cited poverty as a major factor, explaining that "*people will do anything just to attain some money. If for example, I do not have school fees, somebody can give me money in return for sex."* The other males in the focus group nodded when this statement was made. Lack of self esteem and the *"dependency syndrome"* of girls was mentioned in the male focus group. The term *"dependency syndrome"* arose while the students explained that when they are given assignments and instructed to work in study groups, girls often have sex with the male peers in exchange for the male doing all the research and completing the assignment. In other words, females are perceived to be *"dependent"* and they exchange a finished assignment for sex. This was a heated part of the focus group and all the men agreed to this being the case at the college. When asked if they seek out girls in this fashion and encourage transactional sex, all of them admitted that they in turn ask for sex in return.

Peer pressure is common and many male students pride themselves according to the number of girls they have slept with. They, as the female group, also mentioned *"immorality*" and *"moral decay"* as contributing factors. Such terms are clearly associated with guilt and carry religious overtones.

The Principal, a member of the academic staff and both focus groups admitted that lecturer- student sexual relationships occur at the college. This was not an easy subject to bring up in conversation, but was successfully discussed with the Principal and both focus groups. A member of academic staff also discussed it informally.

The Principal estimated that about 3 lecturers in the past year had been accused of sexual misconduct by female students. Although most girls are not willing to talk about it openly, some do and will complain about it, but are unwilling to take action formally and put it in writing; this is a prerequisite for implementing the institutional rules for sexual misconduct. The girls, she explained, *"do not want to be tagged as the person responsible for the dismissal of the lecturer. They are too afraid." "Lecturers have too much power"* the Principal quoted the girls as saying. In the end, only a warning is given to the lecturers and out of those three accused, not one of them was suspended or dismissed. The Principal explained that in one instance the exam had to be changed at the last minute because a female student had sex with the lecturer in exchange for it. Other students reported the misconduct and the exam was replaced, but the lecturer was not sanctioned.

Both male and female students felt that lecturer- student sexual relationships were a conduit for HIV transmission in the college. They also assured that this happens at the school level as well and is a problem across the education system. *"A lecturer might have*

been at the college for the past 10 years and sleeps with 4 girls from every intake, so they sleep around a lot," a male student said.

The males were a lot more open to talking about the issue and stressed that if a lecturer is known to be sleeping with a female student, the other students will think he is favouring that girl and develop negative and hateful feelings towards her and the lecturer. They also believe that the *"flowing of information of the lecturer to the students will be difficult,"* in other words, that the quality of the teaching will suffer. The males in the focus group all agreed that the dynamics in the classroom were negatively affected when it became known that a lecturer was sleeping with a student. Some of the male students felt that girls may enjoy being in intimate relationships with lecturers and asked *"Don't you think that the friends also envy the girl [who is having the relationship with the lecturer] and would like to do the same thing?"* Another male student added *"lecturers should treat the people they are teaching like their own children."* Respondents in both focus groups agreed that in principle there was a policy on sexual misconduct which states that in the case of lecturer-student sexual relationships the lecturer should be dismissed, but that this does not occur in practice. There is a clear need for an explicit and enforceable anti-harassment policy at the college.

Additionally, the National Coordinator at the HIV and AIDS unit, MOEZ also mentioned the seriousness of teacher-student intimate relationships:

> *For teaching at the colleges something that is really needed is personal conviction… it is not even leadership. It is at the personal level. These same teachers are the ones that abuse the girls. If it goes on in the college it goes on in the schools, it is like snowballing. It happens to you [the abuse] while you are at the college so then you do it at the school; only the most motivated need to teach HIV, not the ones who are thinking about abusing the students. (National Coordinator, HIV/AIDS Unit, MOEZ)*

4.1.4 Absenteeism, emotional strain and comprised quality education

Most informants perceive the impact of HIV and AIDS to be much more pronounced in the way it *affects* the college community rather than in the way they might be *infected* with HIV. Therefore, the impact of the epidemic causes absenteeism, emotional and psychological stress and negatively affects the quality of education being delivered at the college.

Absenteeism is high due to funeral attendance and the need to provide care to sick loved ones. Three staff members were attending funerals the first day of the interviews and the next day when observation was to take place of a lecturer teach, it was cancelled because the majority of lecturers were away attending the funeral of a colleagues' family member. When a family member of a staff dies co-workers are expected to offer their support. This might be in the form of pooling money and assisting with funeral costs and coffins or driving them, making food or supervising children. This sense of collectiveness and

community in the college is positive, but it clearly causes frequent absenteeism. The college Principal summarized it as follows: *"Each member of staff may have to take care of 10-20 children that are not their own. Many ask for advances [referring to money] to take care of orphaned children. Impact is felt because the college finances cannot cope."*

Being financially constrained and having to deal with the emotional and psychological effects of losing loved ones brings a lot of strain on the lecturers. A member of the Anti-AIDS committee said:

> *Quality is affected because staff is preoccupied with sick loved ones. In due course staff may breakdown because of stress, even the students [breakdown]. The person who might be sponsoring a student might be living with HIV so some students are forced to dropout because they need to take care of a loved one and their sponsorship stops. (Anti-AIDS Committee member)*

Responding to such habitual absences presents many challenges that lie at the national, institutional and personal level. The college has no way of assessing the level of AIDS-related absenteeism among staff and students and respondents explained that funerals can always be attended as there is no cap on absenteeism in one year. According to the Principal, The MOEZ has failed to provide a clear policy on authorized absences or salary adjustments in case of prolonged absenteeism.

> *At the end of the day you find teachers that are on the timetable, but have not worked for the last 30 days. The problem is that even the decision maker is not sure whether they will ever become sick so they do not want to be too tough. (College Principal)*

The literature also indicates that this issue of "ghost teachers" effects quality and is a sensitive one to address. At the college there was an instance where the matron had to take care of her sick husband and was absent for months. There was nobody to replace her, but the students were able to get organized and take on some additional responsibilities and some of her roles. However, the Principal was not able to monitor or regulate the matron's absences. *"How do I tell a person who is dying or has a sick loved one, you cannot be absent? People expect you to be empathetic and this is how support is provided to them." (College Principal)* It appeared that the community is use to local arrangements, flexibility and understanding and that it is common for staff to cover up for colleagues when absent. Quality however is jeopardized as lectures are frequently cancelled and lecturers emotionally strained.

4.2 The response of the MoEZ and the teacher training institution

This section present the findings related to: i) the strategies adopted by Zambia's education sector response to HIV/AIDS and ii) the strategies and measures that have been put in place in the college to combat HIV and AIDS.

The deep impact the epidemic has caused described in the previous section merits a comprehensive response. Unfortunately, the findings indicate that in most instances the current response falls short of what is needed. The findings are consistent with current research which states that overall programmes, policies and structures in response to HIV and AIDS tend to be unsystematic, ad hoc, and poorly followed through at teacher training institutions.

4.2.1 Policies

The UNESCO Harare Office has been involved in the development of an HIV and AIDS policy for the 10 basic colleges since 2003. The policy has been available in final draft form for some time, but the MOEZ has yet to officially approve it. The National Coordinator from the HIV and AIDS unit at the MOEZ explained that the Ministry seemed to not be in such a rush because there are currently no funds available for printing and dissemination. However, UNESCO Harare has recently received US$200,000 over a two year period from Japanese Funds In-Trust (JFIT) that is to be used for the implementation of this policy. In the meantime, none of the 14 government teacher training colleges in Zambia has a formalized policy for HIV and AIDS. The Chief of TESS reported that the MOEZ has been involved in the development of this UNESCO supported policy through offering technical support and being present at meetings, but the development of the policy was not co-financed with UNESCO. When discussing this issue the Chief of the TESS department said: *"Here in Zambia we are very good at developing documents, but very bad at implementing them."* He explained that the lectures that were involved in the development of the policy should have gone for training soon after and a job description should have been created to hold them accountable. *"With the passage of time esteem goes down and nothing is accomplished,"* he concluded. His view was echoed by a member of the Anti-AIDS Committee, although he thought the MOEZ should be doing more:

> *Each lecturer has a job description and HIV and AIDS is not on the job description. There are around 10 highly motivated lecturers ready to teach [HIV and AIDS]. Some are enthusiastic and most do nothing. If the ministry is serious about taking on HIV and AIDS it should be put on their job description. (Anti-AIDS committee member)*

The lecturer added, *"Activities begin, but tend get dropped. For example, we may Produce a book, but then do not have enough money for printing."*

Currently the MOEZ is shifting approaches from targeting information and materials at teachers in order to equip them with the knowledge and skills to teach HIV and AIDS to launching more comprehensive workplace programmes and policies. This shift follows the recognition of the MOEZ that the epidemic was rapidly spreading among educators and, as such, the need to offer treatment, care and support emerged. Teachers considered to be civil servants can now benefit from free Antiretrovirals (ARVs). However, the

challenge at present is to find a means for providing free ARVs to students, para-teacher and other staff who are not covered by the system. Addressing this issue will require both the Ministry of Health and Education to work together.

At the college level, the Principal mentioned a need for a workplace policy and is committed to finalizing the strategic plan for integrating HIV and AIDS into college activities. The various college sections are currently reviewing the draft strategic plan, especially in relation to the proposed carrier subjects. She had this to say in regards to its implementation:

> *More support is needed that is directly to the college. Not just financial. But more support like materials, training, policies, especially policies. The Ministry needs to recognise and respect the [our] strategic plan so it does not remain a college strategic plan, but the Ministry should pick it up and offer clear support for it. (College Principal)*

Such statements indicate not just the urgency of developing policies, but the extent to which the MOEZ needs to provide long-term technical and moral support.

4.2.2 Structures, plans, funding and services

The TESS department at the MOEZ is responsible for 14 teacher training colleges. 10 are lower and middle basic/primary (grades 1-7); three are upper basic/junior secondary (grades 8-9) and the University of Zambia provides initial teacher education for high school/senior secondary (grades 10-12). In the TESS department there are two HIV and AIDS focal points, one for pre-service and one for in-service. These two officials are responsible for policy formulation related to HIV and AIDS and ensuring colleges are well-equipped to respond. At the institutional level, there are focal points at every college, a total of 14, which are usually heads of departments or heads of institutions. The Principal is the focal point at the college that was visited.

Both HIV and AIDS focal points at the TESS department agreed that there is a strong need to form a firm structure so that accountability is felt. Building strong responsive structures, one explained is *"more of an issue than creating materials." (HIV and AIDS focal point at TESS)* Both focal points in TESS also felt that perhaps the heads of departments or heads of institutions at the colleges should not have been selected as the HIV and AIDS focal points because such individuals were already over-burdened. When asked who could have served as better focal points at the colleges they mentioned that *"a motivated teaching staff member."* Furthermore, the Chief of the TESS Department also stated:

> *Those lecturers should have gone to be trained soon after to be accountable. But with passage of time, esteem goes down. Structures need to be created and the structures there now should be held*

> *accountable. HIV and AIDS focal points [in the colleges] need to be given job-description and held accountable. (Chief, TESS department)*

Therefore, the focal points were designated, but no training or instructions were provided on their new role. Furthermore, the colleges have peer educators and anti-AIDS clubs, but the TESS department receives no records of their activities and no reporting is done.

In principle, HIV and AIDS activities are conceived at the national level (i.e by the MOEZ) and are then communicated to the province. The institutions are structurally under the provinces and within districts and zones. According to the Chief of the TESS department:

> *Supporting HIV and AIDS related projects and programmes is considered priority by the Ministry of Education, but with the decentralization policy colleges set the priorities and have to apply to the MOEZ to receive funding. Therefore, if a college does not have the capacity to develop HIV and AIDS projects and programmes it will be left out. (Chief, TESS Department)*

Both HIV and AIDS focal points interviewed agreed with this statement and further explained that colleges often miss out on funding because they are considered to have the capacity to develop their own programmes and then apply for funding, but that this is often not the case. However, these views were cross-checked at the college level where the Principal disagreed and said the following:

> *The Ministry of Education has an empty basket [referring to funding]. They do not look at the proposals that are submitted. They [the MOEZ] is asked to prioritize. The minute they squeeze our budgets the first thing that will get thrown out is HIV and AIDS activities. The second thing that will go is the bursary support [for the students]. Things that really matter will get thrown out of the window. Human things will become too expensive and will be the first thing to go. (College Principal)*

The Principal also stated that the college has 6 million kwacha available for all HIV and AIDS activities and materials for the entire year. This is equivalent to US$1800.

When asked if she thought the management and operational structures from the ministerial and provincial level supported her work she said *"no."* She explained:

> *With the district we hardly interact. With the province we have certain areas where we interact with provincial officer, like salary related. They are kept informed, but they deal with the MOE. Structurally we are under the province, but at the provincial level they rarely budget for the college. The support ends there. …There is very little support from the MOE. [Their] support went flat out to basic schools. Now they are realizing they have forgotten the secondary colleges like this one.*

Respondents in TESS and at the college agreed that ideally colleges should produce material and run research programmes as it is important for capacity to be kept inside the college. Therefore, peer educator programmes should be developed at the colleges instead of the college going out to NGOs and donor driven programmes. *"If events and training programmes are held in the institution, then capacity is built." (College Principal)* Two members of the Anti-AIDS committee as well as the Chief of the TESS department would like to see more institutional capacity building. *"People should have respect for the colleges and come there and learn"* stressed one of the HIV and AIDS focal points in the TESS department. Therefore, shifting a college's role to a resource centre of knowledge was seen as vital for its sustainable development. Unfortunately, this is not the case yet at this particular college.

The MOEZ has a Strategic Plan which dates from 2003-2007. Starting in 2007, MOEZ's plan and the National AIDS/STD and TB Council's (NAC) HIV and AIDS Strategy will be aligned. *"The idea is to look at the next areas of most need and focus [on them] from both the HIV and education perspective." (National Coordinator for HIV/ AIDS at the Human Resource Department, MOEZ)*

The National HIV and AIDS Policy drives the implementation of all activities related to HIV and AIDS in Zambia, including the strategic plan being developed at the college. The college plan is being developed in response to the demands of the national policy for all public institutions to integrate HIV and AIDS into all their programmes and activities. Although the college has not yet put in place this strategic plan, there are some existing response structures which exist. The college established since 1995 an AntiAIDS Committee which is chaired by the HIV/AIDS focal point person. The committee is comprised of 9 members, mostly lecturers and a few non-academic staff. The Principal is also a member. All members have benefited from a 3 day training on HIV and AIDS organized by Cara-Counselling. However, the committee members stated that there remains a need for further training for all lecturers, particularly on life skills. The 5 committee members also stressed the importance of guidance and counseling: *"Training on guidance and counseling is very needed for us. We have no in-depth training to guide and counsel." (Anti-AIDS Committee member)*

The college also has an Anti-AIDS club and a LIFE Matters Club, both composed of students. There is also a Youth Friendly Corner, but it lacks equipment and materials. The Anti-AIDS Committee and both student clubs are faced with many challenges, including lack of financial resources, lack of commitment from some members, time constraints in implementing programmes, inadequate training and stigma related to the epidemic.

All respondents, including the College Principal herself agreed that at every gathering such as graduation and during every college assembly, HIV and AIDS is mentioned and sensitization takes place. Nevertheless, all respondent's agreed that awareness and

sensitisation is not enough. This view was best summed up by the Chief of the TESS department:

> *For Zambia we have gone beyond sensitization, or it is high time we left sensitization. We should move on to the real things. Like how to view college lecturers that are going to be in the support unit. Who will provide guidance and counselling? It is high time we divided labour and gave lecturers and have them give themselves responsibilities on how to deal with HIV/AIDS. Giving them the information is not enough. We have not done a lot of care and support. All energies should go towards that, so that when a person is sick we have a system that deals with it. We need to focus on the structures. When a student comes in and is sick then they should know there are services and structures to respond to their needs. We need to create more linkages. (Chief, TESS department)*

Finally, when it comes to monitoring and evaluation, the two focal points in TESS stated that monitoring is done through observation and through the quarterly TESS visits of the college. One explained:

> *Generally someone from TESS visits the college and asks student teachers what they are doing each in their teaching practice. Monitoring and evaluation needs strengthening and we should have within the college a monitoring team and a stronger monitoring structure. (HIV/AIDS Focal Point, TESS department)*

4.2.3 Teaching Programmes

The entire teacher training curricula (for all 14 Government colleges) is being updated. Although HIV and AIDS is not formally in the curricula at present, it will be in the newly updated version. The Chief of TESS said:

> *HIV and AIDS is not formally in the curricula now and has been introduced in the form of addendums. Such teaching material is mostly informal in the form of information booklets and has been prepared by the teacher unions, NGOs and some by the MOE. In some subjects, HIV and AIDS is completely integrated like biology and math. At one point there was an attempt to create a "special issues' unit in each college, but it was felt that adding more layers and units at institutional level was unnecessary and would slow down the response. Instead, lecturers have been burdened with the additional responsibility of teaching HIV and AIDS into their curricula. Teacher trainees are examined at the end of each term and some questions related to HIV are asked in some subjects. (Chief, TESS department)*

The Principal assured that the burdened of HIV and AIDS is not yet felt in increased teaching loads as it is not integrated yet into every subject and concurred with the Chief

of TESS that only a few subjects carry HIV and AIDS such as math, science, physical education, geography and civics.

When asked if HIV and AIDS was taught in courses, A lecturer who is part of the Anti-AIDS Committee, responded:

> *Yes, we read materials in my English class that relate to HIV and AIDS. Lecturers try to incorporate material on HIV/AIDS in the classroom so that students can be sensitized, but now the curriculum is being reviewed so it should be integrated more. (Lecturer, Ant-AIDS Committee member)*

Four subjects: Science, biology, geography and religious studies were cited as having HIV and AIDS well integrated and where it was examinable. There are a total of 16 subjects taught at the college.
A student from the female focus group stated "*Lecturers do talk about it in their courses, but it is not something which is planned in the course. They just talk about it. There are times when we have lectures and they are on HIV and AIDS."* The focus group felt that this was not enough and that more movies should be shown on HIV and AIDS and that the topic should be included formally in the syllabus. A student from the male focus group stressed, *"They [referring to the lecturers] just cover facts and general knowledge."*
Another male student added:

> *People always forget that they are dealing with adult youths. The best thing with us is to be flexible. They [referring to the lecturers] are now working on integrating it [HIV/AIDS] into the curricula. But the lecturers that are going to be teaching are they going to be flexible, are they going to be accepted by the students that what they are teaching is more interesting that what is already being taught? We have been hearing HIV and AIDS in and out. (Male student)*

All respondents, including the students in both focus groups agreed that students could easily "*miss out"* of HIV and AIDS teaching since they may not take the four subjects mentioned above. The Principal felt that the current teaching response was very "*piecemeal*" as it "*just contained addendums*." She explained, "*HIV and AIDS can be taught at any point of the year and students are not examined on HIV and AIDS, except those that do science or where the carrier subject may have an exam question, but this is adhoc." (College Principal)*
A male student had this to say about the teaching programmes, *"Behaviour change is low because our moral behaviour has not changed, but the teaching is also not effective. It is not resulting in behaviour change."*

All students enrolled in the college do participate in a one-day intensive training on interactive methodologies just before they go out to their teaching practice which lasts one term. This workshop consists of an informal course on HIV and AIDS along with

language courses and the student teachers are taught to teach these two subjects interactively during this one-day workshop. Unfortunately, it was not possible to observe a lecturer running the interactive methodologies session since the timing of the visit was during the beginning of the term. However, students from the college during their teaching practice teaching HIV/AIDS to high school students in two nearby high schools were observed. The two institutions visited were an all girls private catholic school and a government mixed high school. Both lessons consisted of group work and presentations and ended with role-plays. The students were instructed to divide into 5 different groups (there were about 7-8 students per group) and each group was asked to brainstorm and provide answers to the following questions:

1. What are the main forms HIV/AIDS can be transmitted?
2. What is HIV/AIDS?
3. What are some myths surrounding HIV/AIDS in Zambia?
4. What are some factors relating to the high prevalence in sub-Saharan Africa?
5. What is the impact of HIV/AIDS on our communities?

Upon discussing for about 10-15 minutes the group designated two presenters to present the groups conclusion in plenary. After the presentation, the students presented a skit. Please refer to Appendix III for a description of the answers provided to each questions.

The female students in the all girl high school were much more inhibited with their answers. They had difficulties saying words related to sex and references to specific body parts were avoided. In contrast, the students in the mixed high school were much more open and held more vibrate discussions among them. They had little reservation in pronouncing the word "sex".

There were many limitations in the teaching. This included:

- No materials or handouts were provided at all.
- No question addressed prevention and this was completely avoided during both lessons.
- Students presented their answers, but there was no discussion and even no review or questioning by the teacher or the other students. Presentations included serious misinformation and this was not clarified. For example, when presenting the responses to question 4, what are the factors relating to high prevalence in sub-Saharan Africa? The female student, among other items, mentioned "*condoms not being 99% safe*" and "*The Government not saying abstinence is the best way. The Government is advocating condoms."*
- The role playing was entertaining and made students laugh, but again, no discussion followed. The skits also tended to remain limited and had no tangible lesson or challenged myths.

With such myths surrounding the teaching, it was not surprising when the Principle stressed the following:

> *I would not be shocked if we did a survey and people would say "we do not know." We take it for granted that they know, but how much do the students really know? [referring to HIV/AIDS] (College Principle)*

A member of the Anti-AIDS Committee also said, *"We need more discussions about sexuality. There is a need for literature. If there is a book then they [referring to the students] borrow it and go and read. Students want to read material."*

When the Anti-AIDS Committee was asked what difficulties they face in teaching HIV and AIDS, all members strongly agreed that the main difficulty was cultural. One member explained: *"Cultural norms are a big barrier. If I have a daughter or niece in the classroom then I am not so free to express myself. I may be constrained and do not say what I want to say."*

Another member added:

> *Cultural norms state that I cannot say certain things in presence of my daughter, like reproductive issues. African families have extended families so we are not short of daughters and sons[*] in the classroom so it is difficult to teach. We will try to say it, but we cannot say it the way it should be said. We are constrained [when teaching HIV and AIDS] and cannot be explicit.*

Even within the Anti-AIDS Committee two lecturers were "siblings". One explained, *"Cultural norms make it even very difficult to speak now, in front of my sister."* Lastly, an Anti-AIDS Committee member added, *"We try to say it as it is, who else will tell them [referring to the students] if we cannot do it?*

The group stressed that cultural norms dictating that family members should not speak about reproductive sexual health issues and HIV and AIDS in an explicit way, was a *"very big"* problem. Nevertheless, the group also agreed that things are slowly changing and that some daughters had in fact been present during what they considered to be sensitive teaching. Another constraint was for the young students to communicate to their older lecturer sexual health issues. *"If a younger person presents to the elders then the elders feel that the young person is insulting. This is also a barrier to teaching." (Anti-AIDS Committee member)*
Other difficulties mentioned to teaching HIV and AIDS were lack of materials, the busy schedules of lecturers and the fact that they are already full-time employees, and the tight schedule for the students.

When asked what services they would like to see in the college, a male student said *"Free access to information about HIV and AIDS is needed. The information is not readily available. A computer to get information on HIV would be nice."* The group agreed with him. Access to medications and ARVs for those infected was also mentioned. Another male student also raised the issue of materials:

> *We need materials, and there are no materials. We need an artificial penis to demonstrate how to use a condom. We need people to show us how to use it. People just talk and tell us to use condoms and that we*

[*] In many Sub-Saharan African countries, daughters and sons also refer to extended family members and "sister or brother" does not necessarily refer to biological siblings.

> *can get condoms from the clinic, but the clinic is always closed. We need condoms and they should be in a convenient place. (Male student)*

The group felt that there was a need for relevant, interesting and adapted material as times were changing. *"We want new methods of teaching and information to help us reflect,"* said a male student.

With regards to evaluation of the teaching programmes, they are not evaluated. According to the Principle:

> *There is no culture of monitoring and peer evaluation. Lecturers resist to be given feedback and this makes them very uncomfortable. Their worry is how they will feel in the presence of the students and being evaluated. They feel uncomfortable It is foreign and it needs to be part of everyday programme. (College Principal)*

When asked if student teachers were monitored once they graduated, she explained:

> *There is no HIV and AIDS monitoring systems to follow students after they have graduated. No system so we are not sure how we are doing and how are teachers teaching. They just train the students and never go back to ask how effective is the training. (College Principal)*

Training for the staff was cited as a pressing need at the college. One lecturer stressed:

> *Most staff have been teaching for the last 5-10 years, when we were trained there was no HIV and AIDS. So retraining on HIV and AIDS is needed. Not many lecturers would be comfortable teaching it, because they feel inadequate to teach it. They feel they do not have the skills to teach it. (Anti-AIDS Committee member)*

4.2.4 Partnerships

All respondents noted that partnerships were essential for a successful response to the epidemic. Respondents from the MOEZ stated that there are a lot of partnerships and that they depend on them. However, at the college level the Principal felt that partnerships were important, but not yet existing: *"We have no partnerships with the community. No strong linkages. We have tried, but not succeeded yet. The MOH feels like they are a different ministry and we have no linkages. The MOH does not assist the college clinics." (College Principal)* The respondents from the male focus group agreed with a student who said, *"It is too difficult for teachers to teach HIV without partnerships."*

There is no guidance and counselling service at the college and no testing centre. Students are referred to the local clinic for testing with a trained counselor. However, the college has a partnership with SPW and there are 4 students who have been trained by the organization as peer educators. Their role in the college is to sensitize their fellow students, organize events whenever possible and ensure the Youth Friendly Corner is a place where students can come, read material and discuss.

Several lecturers have also been designated social coordinators and they are the ones that may refer a student to the local VCCT services. A female student had this to say: *"If I am positive then I can talk to a social coordinator, but it is not a good idea to have lecturers as social coordinator. An office with an external counsellor not related to the college would be better."* Another female said that some lecturers were very supportive and would keep confidentiality, but it was felt by the group that a trained external counsellor at the college would be best.

4.3 Summary

The findings presented in this chapter indicate that in most instances the current response falls short of what is needed. Although the epidemic is having a deep impact on the lives of college staff and students, there is still a long way to go before a proper response is provided. Firstly, peer pressure to have sex is common within the college as are student-lecturer sexual relationships and both are deemed to be a conduit for HIV transmission. Secondly, teaching programmes need strengthening, materials should be provided, guidance and counselling is lacking and structures and systems need to be put in place to adequately respond to the epidemic at the college.

Chapter 5: Discussion and conclusions

In this section the major findings of the study are firstly synthesized and discussed in relation to the literature review and recommendations are made.

5.1 Summary of main findings

Findings of the study indicate that HIV and AIDS is considered to be a very serious threat and that HIV and AIDS impacts the daily operations of the college. There is no EMIS system to monitor deaths and because of silence, stigma and lack of services in the college it is very difficult for people to test and disclose their status. Additionally, no records of AIDS related deaths or people living with HIV/AIDS (PLWHA) are kept in the college.

The findings also show that the students are considered to be at great risk during their teaching practice and that the most vulnerable groups are female students and first year students. Factors identified as heightening the risk of infection include peer pressure, a culture of sexual exploitation of female students (transactional sex) and multiple sexual partnerships among the students and sudden found freedom for first year students. Misconceptions and wrong assumptions about HIV and AIDS are also a conduit for HIV transmission as well as student-lecture sexual relationships which were found to be widespread at the college and to affect the quality of the learning.

Emotional and psychological stress on lecturers, non-teaching staff and students was observed. Absenteeism was also seen as a barrier to effective teaching and negatively affects the quality of education being delivered at the college.

Some of the main causes of the weaknesses in the response of teacher training institutions are the lack of structures, services and policies. The college does have some response structures such as the Anti-AIDS committee, student clubs and the partnership with SPW for the training of peer educators. These units have organized various activities in the college such as guest speeches, drama and plays, but these activities and programmes appear to be faced with many challenges including time and resource constraints.

Lastly, the study found that there are teaching programmes in the college as a response to HIV and AIDS and that student do receive some form of training on the epidemic before they become teachers. HIV and AIDS is not a stand-alone subject, but instead integrated into some subjects. The curricula is currently being updated for the TTCs and this offers the opportunity to re-conceive and integrate HIV and AIDS more boldly. Some barriers that were identified for the effective teaching of HIV and AIDS include lack of materials, lecturers shying away from teaching the subject in front of family members, lack of adequate training for lecturers and lack of time. Students also expressed HIV and AIDS fatigue and called for new more interactive approaches to teaching the subject such as video, Internet, etc.

5.2 Discussion and analysis of the response

Two frameworks were presented in Chapter 2 and will be used in this section to analyze and discuss the findings.

5.2.1 Wider and socio-cultural barriers

Figure 2.1 (p.22) draws from the literature and considers the factors which affect the teaching and learning of HIV and AIDS for lecturers and student teachers. Such factors are grouped into wider barriers and socio-cultural barriers. Wider barriers that were identified in the findings and are consistent with the literature include:

- lack of teaching materials
- overburdened curricula
- declining education budgets
- lack of policies that address
- low prioritization of HIV/AIDS education
- peer group norms
- lecturer status and motivation
- lack of knowledge on HIV/AIDS and lack of skills and confidence to deliver accurate information

In light of the findings, the following should be added to the list:

- lack of policies that address student protection and sexual harassment
- lack of effective partnerships with the community and NGOs
- lack of research initiatives on HIV and AIDS within teacher training institutions
- lack of accountable structures for the monitoring and evaluation of teaching programmes

These additions would make the framework more complete.

A framework for evaluating pre-service HIV/AIDS teacher training programmes was presented in Chapter 2, figure 2.2 (p.32). Drawing from this framework, an attempt is made below to answer and raise some points around the questions asked in the framework.

5.2.2 TTC environment

The findings indicate that the teacher training college is being partially responsive to the future needs of teachers and may not be receiving full support from the MOEZ and district level. There is no clear workplace policy on HIV and AIDS to ensure the rights and safety of staff although the MOEZ has developed one and it should reach the college soon.

5.2.3 HIV/AIDS programme conceptualisation

The current HIV and AIDS programme draws from the 2003 MOEZ issued *HIV and AIDS guidelines for educators*, but has not necessarily been conceptualized under a wider strategic framework. The lecturers which are members of the Anti-AIDS committee

displayed dedication and to some extent have taken ownership of activities related to HIV and AIDS. However, the programmes and activities are not conceived as a subject area in its own right. Instead HIV is integrated into subjects, the Principal's speeches and other events where lecturers find the opportunity to address the issue. The Youth Friendly Corner, an area where students can access information about HIV and AIDS and SRH is attractive for the students but needs to be strengthened and equipped.

5.2.4 Curriculum integration and curriculum content

HIV is not consistently examinable and exam questions focus on biomedical facts. The curriculum is being updated and it is important for stakeholders such as PLWHA to participate in the development of the curricula. Additionally, "selective teaching" was observed as student teachers in their teaching practice shy away from questioning and clarifying attitudes to their students. Learning materials are scarce and not readily available which makes it very difficult for the subject to be grasped properly. The use of video has been found to be very effective in educating students on HIV/AIDS. The college is lacking in ICT facilities to boost awareness and sensitization activities, but findings indicate that students are thirsty to learn ICTs and use computers and that this would be an effective way for messages to be delivered. Effective HIV/AIDS education must be rights-based (including the rights of those infected and affected by HIV and AIDS), gender responsive, scientifically accurate, culturally appropriate and adapted to the age and group of student teachers and learners. Student teachers are generally between the ages of 18-30 so they should be exposed to profound questions on HIV and RSH.

5.2.5 Teaching methodology

Students at the college participate in a one-day workshop on interactive methodologies where HIV and AIDS is a subject addressed. HIV and AIDS has led to a beneficial outcome in the sense that the effective teaching of the subject calls for participatory and interactive teaching methodologies that place a greater emphasis on learners playing an active role in the learning process, however this benefit has yet to be harnessed at the college. One day is not nearly enough to equip future teachers on HIV and AIDS and interactive methodologies. Furthermore, for a shift to occur from a lecturer being the sole provider of information to sharing with others the role of facilitating and sharing information remains to be seen at the college.

5.2.6 Linkages

The college has a recent partnership with SPW and four students have been trained as peer educators. There are no other community outreach programmes on HIV and AIDS nor are there strong partnerships established with community health providers. The college needs to ensure that it builds its capacity for accessing more funds including learning how to develop proposals for mobilizing resources from other agencies outside the MOEZ. In the short term, it may be necessary to provide the college members of the

anti-AIDS committee with skills in proposal development and fundraising. Unless more resources and partnerships are made available; it is possible that only a few activities will continue to take place in the college.

The overall evaluation of the pre-service HIV/AIDS teacher training programmes at the college is weak.

5.3 Recommendations

The prevailing HIV/AIDS situation in the college calls for a well coordinated response and strengthening of intervention measures already in place at both the ministerial and college levels. This will ensure that adequate measures are put in place to deal with prevention, care and support and treatment, as well as impact mitigation.

5.3.1 Policy and programmatic recommendations

- Colleges should be given technical and financial support to customize and implement the wide Education Sector HIV and AIDS policy. The draft policy developed by UNESCO Harare should be rolled out immediately. UNESCO should also offer assistance with a creating a mechanism to monitor and evaluate the implementation of the policy.
- The MOEZ should assist colleges in developing nationwide objective indicators for monitoring and evaluating their HIV and AIDS programs. While the colleges could be encouraged to make their own internal evaluations, the MOEZ should also conduct periodic external monitoring and evaluation of each college's HIV and AIDS programs with a view to teasing out 'good lessons' and practices which can then be shared among colleges. The MOEZ could develop a ranking system of the college's response to the epidemic. Classifying the colleges could allow for quick identification of weaknesses and scale-up of lessons learned. Colleges could also be encouraged to work together as part of this ranking system. Indicators would need to be established prior to doing this.
- The Ministry of Education needs to allocate more resources to support HIV and AIDS initiatives in TTCs while also encouraging TTCs to mobilize resources from other sources through proposal development and fundraising activities. Training should be provided for this purpose.
- A systemized way of obtaining and keeping data needs to be established. This would include the adoption of an HIV and AIDS EMIS system to keep track of HIV cases in the college.
- The managerial skills of HIV and AIDS program coordinators in the college should be enhanced and strengthened, and at the same time, all college teaching staff should be given skills on how to integrate HIV and AIDS into the college curricula.
- The College Principal who is usually the HIV Focal Points in each college should be released of his/her duties and HIV and AIDS focal points should be re-selected. This new role should also be included in their job description or terms of reference. The

means these focal points will have to accomplish their work should be defined as well as clear objectives and timeframes.

- The job description of lecturers should be assessed and those lecturers that are most motivated and currently teaching HIV/AIDS in their subject should have HIV and AIDS teaching or organizing activities specified in their job description. This will give recognition to the Anti-AIDS committee members and motivate them to do more.
- The MOEZ should consider making HIV and AIDS an integral part of the core college curricula and also an examinable subject so that both staff and trainees can take the teaching and learning of HIV and AIDS more seriously.
- TTCs need to be supplied with adequate IEC materials on HIV and AIDS and also be encouraged to be innovative and develop their own. Colleges could also be encouraged to develop relevant creative art activities on HIV and AIDS such as skits, plays, games, art and songs to reinforce the existing IEC materials. TTCs could also establish research programmes on HIV and AIDS.
- Since most TTC students are adults, the MOEZ should give an explicit policy direction on condom distribution in TTCs. This will ensure that students have easy access to quality condoms if and when they so desire to use them.
- While it is understood that TTC students are adults, there is still a need for vigilance in enforcing the professional code of ethics so as to minimize the occurrence of lecturer-student sexual relationships. Appropriate disciplinary measures need to be meted out to both staff and students engaging in such relationships. Furthermore, the entire college community needs to be fully aware of the code of conduct.
- More interactive ways of teaching on HIV and AIDS including the use of creative arts and the Internet need to be explored.
- College clubs need to develop a mission and workplans and held accountable for their activities.
- MOEZ needs to provide the colleges with a clear policy on absenteeism. College staff need to know how many leave days they are entitled to when they are absent due to offering care and support to a sick loved one.
- Since there seems to be no system of replacing lecturers when they are absent, it might be beneficial for colleges to have a core of "substitute lecturers" that can be called to give the lecture so that students do not suffer the consequences of continued absenteeism by lecturers and attend their lectures as much as possible.
- VCCT and ARVs need to be readily available to students, lecturers and non-teaching staff. To this end, strong linkages need to be established with the local health service provider or NGOs. There might be services such as mobile VCCT services and this should be explored. A clear referral system is important so that those that are diagnosed with HIV can be provided with ARVs and counselling services.
- Guidance and counselling should be strengthened and professionalized at the TTCs so as to adequately address an array of problems such as coping with stress or substance abuse and HIV and AIDS. Lecturers should be trained in guidance and counselling, however an external counsellor should be made available at the college to ensure complete confidentiality and trust by the students.
- Before students depart on their teaching practice they should participate in an in-depth training on HIV and AIDS that includes condom demonstrations.

- The findings indicate that the admissions policy has an implication on the teaching of HIV and AIDS. In view of the difficulties lecturers face in teaching HIV and AIDS to family members, the admissions policy and practices should be assessed. How are students admitted? Are admissions localized at the college? If so, it might be beneficial to centralize it at the national level. Efforts need to be made to place family members in other classrooms or even other colleges so that they are not pupils to their relatives.
- The curricula should address positive peer group norms or workshops should be conducted with the students on peer group norms and coping with peer pressure as it is rampant across the college. Additionally, the fact that lecturer-student sexual relationships are also widespread puts into question what is taught at the primary and secondary level. Life skills training needs to be strengthened at the school levels so that when students go to college they are better able to negotiate sex and cope with college life stress.

5.3.2 Recommendations for further research

- This study's methodology should be replicated in other TTCs in Zambia to compare responses and assess if the needs and recommendations are consistent throughout the country.
- Research needs to be conducted to assess the effectiveness of teaching on HIV and AIDS in primary and secondary schools by graduate teachers. Data from such research would feedback into HIV and AIDS training at the TTCs.

5.4 Summary

HIV and AIDS might be a close felt reality in the lives of all Zambians, yet teachers are not being adequately prepared to teach the subject nor are they being properly equipped with the skills, attitudes and competence to challenge ways of thinking about the epidemic and prepare the future generation to deal with living in a world with HIV and AIDS. There is a real need to thoroughly integrate issues of HIV and AIDS, sexuality and life skills into the teacher training programmes and in Zambia, where the prevalence is so high there is no time to spare for this to happen.

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Appendices

Appendix I: Tools for Data Collection

Guide for semi-structured interviews and observation schedule

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Data collection consisted of the following:

Semi structured interviews with:
Senior Official from the MoE
College Principal
Anti- AIDS committee members
College lecturer/tutor

2 focus group interviews with trainees, one female, one male

Observation of HIV and AIDS teaching in 2 different classrooms

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Interview Guide for Senior Official at the Ministry of Education Headquarters (1 official from the Teacher Directorate)

Job Profile

1. What is your job title? Within the Ministry?
2. What are your specific duties and responsibilities?
3. For how long have you been working with this Ministry?
4. Does your current job require you to deal with HIV/AIDS related issues? *YES/NO. If yes probe, what do you actually do on HIV/AIDS?*

HIV/AIDS and education

5. How serious a threat is HIV/AIDS considered to be by your Ministry? VERY SERIOUS; NOT SERIOUS [PROBE: if serious, why?]
6. Has your ministry ever conducted surveys or assessments on the impact of HIV/AIDS on the education sector in this country? YES/NO.[If yes PROBE: What were the highlights of that survey or report?(**O*btain copy)***.

7. Does your Ministry have any HIV/AIDS strategic plan or any other actionable plan? YES/NO. *[If yes PROBE: What does the plan say about HIV/AIDS in the education sector? [**Obtain copy**]*

8. Is there an HIV and AIDS workplace policy for the education sector? YES/NO. [***If yes, obtain copy]***

9. Do you advocate and support the dissemination of the ILO code of practice for the world of work? YES/NO. If yes, how? [***Obtain copy***]

10. Does the Ministry have any ways of assessing the level of AIDS-related absenteeism among staff and students (due to AIDS-related illness, family obligations such as taking care of sick family members, attending funerals, etc.)? YES/NO. *[PROBE: if yes, which ways are these? – Obtain records]*

11. Does your Ministry keep any statistics on HIV and AIDS in the education sector in general? YES/NO. [PROBE: if yes, how are they obtained? Obtain copy]

HIV/AIDS and teacher training institutions

12. As a Ministry, do you have any information system to monitor the impact of HIV/AIDS in teacher training institutions in this country? YES/NO.[PROBE: If yes, how does the system operate?

13. Does your ministry keep statistics specifically on HIV and AIDS in teacher training institutions? YES/NO. [*PROBE: if yes, how is the data collected and who is in charge of keeping and updating the records? (Obtain copy)*

14. Is HIV and AIDS experienced or perceived more as a problem to students or to staff in teacher training institutions? STUDENT/TEACHERS/BOTH.

Policy development and institutional response in TTCs

15. How many TTCs in this country have HIV and AIDS policies?

16. Can you describe how the development of HIV and AIDS policies in these teacher training institutions was conducted? [PROBE: Staff/student/donor initiative]

17. How was the Ministry headquarters involved in the development of these policies at the college level? [Financing, providing technical advise, other ……(Specify).

18. How has the development of HIV and AIDS policies in (some) TTC strengthened their capacities to deal more effectively with HIV/AIDS? YES/NO. *[PROBE: Created structures; generated more interest; enhanced programs; other specify)*

Teacher training in HIV/AIDS curricula

19. Is there a curriculum/syllabus for training (primary or secondary) teachers in HIV/AIDS in your Ministry? YES/NO. If yes, *obtain copy* (s)

20. Is this curriculum applied equally in both private and public teacher (primary or secondary) training institutions? YES/NO. (Evidence?)

21. What, if any, HIV and AIDS teaching materials has the Ministry prepared for teachers of HIV and AIDS in teacher training institutions? If any, *obtain copy (ies)*

22. Is HIV/AIDS taught as a separate subject or is it integrated in other subjects or both (or neither?)? *[PROBE: if integrated in other subjects, which are the carrier subjects?*

23. Are teacher trainees examined on HIV/AIDS related issues? If yes – when? during their normal training sessions? YES/NO.

24. Does the HIV and AIDS training in teacher training colleges aim to change sexual behaviour of teacher trainees or to help teacher trainees become effective in the teaching of the subject? Or both? TRAINEES SELF/STUDENTS/BOTH

25. How is the effectiveness of teaching HIV/AIDS to teacher trainees monitored? PROBE: who does it?

26. How is the effectiveness of teaching HIV/AIDS to students by teacher trainees/graduates monitored? PROBE: who does it?

Assistance and finance

27. Is there a budget to assist teacher training institutions/colleges deal with HIV/AIDS? YES/NO. *[PROBE: if yes, what is the level of funding and how is the disbursement organized?]*

28. How is the funding distributed in the colleges? [Depends on proposal, depends on college expressed needs; its uniformly distributed; depends on funds available; other ……..(Specify).

29. Is supporting HIV and AIDS related projects and programs in teacher training institutions considered a priority in the Ministry's budget considerations? YES/NO.

Conclusion

30. How can the capacity of teacher training institutions be strengthened so as to deal with HIV and AIDS more effectively?

END

Interview Guide for College Principal and Anti-AIDS Committee

Job Profile

1. What is your designation within the College?

2. What are your specific responsibilities?

3. For how long have you been working with this College?

4. In the course of discharging your duties, what do you actually do any work on HIV and AIDS?

Impact of HIV/AIDS

5. In what ways is HIV/AIDS considered a threat to the functioning and operations of this College/Institution?
    a) Death of staff
    b) Death of students
    c) Absenteeism of staff from works due to prolonged illnesses
    d) Absenteeism of students from lectures due to prolonged illnesses
    e) Increased medical and other costs such as funeral expenses for staff
    f) Staff replacements etc.

6. In which areas has the impact of HIV/AIDS been most felt in this College? [PROBE: increased teaching loads, cancellation of courses, teaching and supervision being carried out by less qualified staff, increased medical costs, readjustment of institutional budget to *cater for increasing funeral expenses, etc*]

7. Why in these particular areas?

8. Are there any particular categories of staff or students whom you would consider to be at a greater risk of becoming infected with HIV than others? YES/NO. [PROBE: If yes, which ones and why?

9. If yes, why those particular categories? *[PROBE: poverty, alcoholism, residence, urban lifestyle, materialism, fees payment, orphanage, gender/power relations, sub group cultures, divergent levels of economic resources]*

Institutional Responses to HIV/AIDS

10. Has your College ever conducted any surveys or assessments on the impact of HIV/AIDS on its functioning and operations? PROBE: if yes, obtain copy or report.

11. What were the highlights of that survey or report?

12. Is there an HIV/AIDS strategic plan or any other actionable plan in your College? If yes, what does the plan say on HIV/AIDS? [Obtain copy]

13. Does an HIV and AIDS workplace policy exist for the education sector? YES/NO. (if yes – obtain copy)

14. Do you advocate and support the dissemination of the ILO code of practice for the world of work? YES/NO. If yes, how? (Obtain any supporting docs)

15. Do you as a College have any ways of assessing the level of AIDS-related absenteeism among staff and students (due to AIDS-related illness, family obligations such as taking care of sick family members, attending funerals, etc.)?

16. Does your College keep any statistics on HIV and AIDS in the education sector in general? *[Probe: if yes, how are they obtained?]*

17. In what other ways has your college responded to the challenges posed by HIV/AIDS? Probe in terms of:
    a) Providing Leadership/advocacy in relation to HIV/AIDS
    b) Establishing structures [PROBE: *is there an established structure/structures for co-ordinating HIV/AIDS related responses, is there an AIDS Co-ordination Unit, designated, with a co-ordinator, with a timetable for running HIV/AIDS related programs*]
    c) Committing resources (human, finances and materials)
    d) Establishing HIV/AIDS programs/projects within the college
    e) Establishing an HIV/AIDS monitoring systems
    f) Providing services e.g. VCT, ARVs, Care and Support Networks,
    g) Integration of HIV/AIDS in the curriculum

18. What has been the nature of these interventions? *[PROBE: Ad hoc or planned; internally or externally driven; supply or demand driven]*

19. What is the main emphasis of these interventions? *[PROBE: prevention, care, support, treatment, counselling etc]*

20. Would you say that impact of HIV/AIDS has been uniform across all Colleges in the country? YES/NO. [PROBE: If no, which are the most affected TTCs and why are they so affected*?]*

21. In your own assessment, would you say HIV and AIDS is more of a problem to students or to staff in teacher training Colleges? *[PROBE: Students, academic staff, administrative staff or support staff].* Explain your answer.

Policy development

22. This College has developed an HIV and AIDS strategic plan. In your view, what else needs to be done to improve the plan?

23. Are you planning on developing a policy?

24. How would you describe the process of developing the HIV and AIDS policy/plan? *[PROBE: staff driven; student driven; donor driven/involvement; ministry initiative, principals initiative; NGO initiative; parents initiative; Board of Governors initiative]*.

25. Was the Ministry headquarters involved in the development of this policy? YES/NO. *[PROBE: if yes, in what ways?]*

26. In what ways does the Ministry of Education headquarters assist teacher training Colleges in developing HIV and AIDS policies?

27. In what ways has the Ministry of Education Sector policy on HIV and AIDS influenced the development of the HIV and AIDS poliy in your College?

28. Would you say that the presence of HIV and AIDS policy in your College has strengthened the College's capacity to develop more effective responses to HIV/AIDS? YES/NO*: [PROBE: if yes, how? If no, why?]*

29. Do you have any Workplace policy in your college? YES/NO. If yes, what does it say about the rights of workers in the College? What does it say about the rights of students in the College?

30. Do you have any HIV/AIDS management structures in your college? YES/NO. If yes, could you please describe them?

Teacher training in HIV/AIDS curricula

31. Does this College have curriculum/syllabus for training teachers in HIV/AIDS? YES/NO. If yes, obtain copy (s)

32. Is this curriculum taught in any specific year of training or is it spread through the entire training period in the College?

33. What HIV and AIDS teaching materials has the College prepared for its trainees? If any, obtain copy (ies)

34. Is HIV/AIDS taught as separate subject or is it integrated in other subjects? *[PROBE: if integrated in other subjects, which subjects are these?]*

35. Are teacher trainees in this College examined on HIV/AIDS related issues during their training?

36. Is the HIV and AIDS training you offer in this College targeted at changing the sexual behaviour of the teacher trainees or at equipping trainees to become effective teachers on the subject*? [PROBE: For self; for effective teaching; for both self and effective teaching; other]*.

37. Is there a way of monitoring the effectiveness of that curriculum? YES/NO: *[PROBE: if yes, how is monitoring done and who does it?]*

Assistance and finance

38. Does your College have a budget for dealing with HIV/AIDS? YES/NO. [PROBE: if yes, how much money per year, from what source and how is it used?

39. Has a unit been created within your college to deal specifically with HIV and AIDS issues?

40. In what other ways is the MoE assisting teacher training institutions in dealing with HIV and AIDS?

41. Is HIV/AIDS (projects and programs) considered a priority in the College's budget considerations? YES/NO

42. Do you feel that the management and operational structures (administration, human resources, etc, support your work and are conducive to it? Would you say management is effective? [time it takes do to things, get response from MoE}

Community Partnerships

43. Has this college established partnerships with community organizations or service providers? *[PROBE: who? In what form, formally, informally?]*

44. What is their role? *{PROBE: teaching, offering testing, treatment or counselling to staff?}*

Conclusion

45. In your own view, what actions would you like to see take place to strengthen the capacity of teacher training institutions including your own College in dealing with HIV and AIDS?

END

Interview Guide for a College staff member (tutor/lecturer)

Predisposing factors and impact of HIV/AIDS

1. Do you think HIV/AIDS is a major problem to this College? YES/NO. [PROBE: if yes, how?

2. Do you think the current physical location of this teacher training college contributes significantly to the transmission of HIV among:

    a. Academic Staff in this particular college
    b. Administrative and Support Staff in this college
    c. Students in this college

3. Are there any particular categories of staff or students whom you would consider to be at a greater risk of contracting HIV/AIDS? YES/NO. [If yes, which?]

4. What factors would you regard as predisposing staff members of this College to HIV infection? **[PROBE:** *Probe poverty, alcoholism, residence, urban lifestyle, materialism, fees payment, orphanage,student-tutor relations, divergent levels of economic resources***]**

5. Are sexual relationships between lecturers/tutors and teacher trainees common in this college? YES/NO.

6. Why do these relationships occur?

7. What factors would you regard as predisposing staff members of this College to HIV infection? [PROBE: *Probe poverty, alcoholism, residence, urban lifestyle, materialism, fees payment, orphanage, student-tutor relations, divergent levels of economic resources*]

8. In what ways has HIV/AIDS impacted on this college? [PROBE: In terms of?
    a. No impact
    b. Absenteeism of staff from works due to prolonged illnesses
    c. Absenteeism of students from lectures due to prolonged illnesses
    d. Increase medical and other costs such as funeral expenses for staff
    e. Staff replacements etc.

9. Has there been an increase in the number of deaths of:
    a. Students,
    b. Administrative and support staff,
    c. Academic staff in this college during the last 10 years?

10. If any deaths have occurred in this College in the recent past (up to 5 years ago), what proportion or percentage would you attribute to HIV/AIDS? E.g. out of ten how many men and how many women?

11. How did the death or continued absenteeism of staff as a result of HIV/AIDS affect the college in terms of?

    a. Teaching and examining of courses
    b. Course load of others'
    c. Supervision of students e.g during teaching practice
    d. Other (Specify)

Where has the impact been felt most?
[Probe increased teaching loads, cancellation of courses, teaching and supervision being carried out by less qualified staff, increased costs, readjustment of institutional budget to cater for increasing funeral expenses, etc]

12. Why in these particular areas?

Responses

13. Has the college had to reorganise itself or undergo any internal reorganisation (ad hoc, planned or otherwise) in order to meet the challenges brought about by HIV and AIDS? Yes/No

14. If yes, what forms of reorganisation have taken place? *(Probe, how were they done, who were the key players in the reorganisation)*

15. How have these reorganisations worked out?

16. What challenges have arisen as a result of these reorganisations? *(PROBE: how have they affected the quality of teaching, supervision of students, etc)*

17. Are there any known members of staff suffering from HIV/AIDS related illnesses in this college? Yes/No

18. How is the college assisting them to cope?

19. Are there any known students suffering from HIV/AIDS in this college? Yes/No

20. How is the college assisting them to cope?

21. Does your college have any specific programs for staff and students addressing HIV/AIDS? {*Probe what they are, how they are organized, by whom, how often, who funds them, have they brought about any changes, who coordinates them etc}*

22. Does the college make available to students and staff reading materials on HIV/AIDS? Yes/No

23. Has this college integrated HIV/AIDS into any of the course units it offers?.*[PROBE: which ones, what is covered, duration of the course, is the integration systematic or ad hoc, if not why not]*

24. Have you ever taught or are you currently teaching HIV and AIDS in your courses? YES/NO

25. Do you find it a difficult subject to teach? YES/NO [PROBE: *Why or why not? Lack of teaching materials, students not interested, not an examinable subject, not enough time for it, very personal subject, don't like talking about sex or embarrassed by it, was never trained myself in it]*

26. What would the College need to do to make the teaching of the subject easier for you? [PROBE: *salary increase, offer incentives, decrease workload, offer training for tutors, respond to stigma and discrimination, provide quality teaching materials, train in new teaching methodologies]*

27. Are there any incentives or rewards given by the College to tutors who teach HIV/AIDS?

28. How does the College deal with tutors suffering from HIV and AIDS?

29. How does the College deal with students suffering from HIV and AIDS?

30. Is there a written workplace policy for dealing with teacher trainees and tutors who suffer from HIV and AIDS in this College?

31. What programs exist in this college for assisting lecturers and students suffering from HIV/AIDS in this College? E.g treatment programs; counselling programs etc

32. What does this policy say on the rights of teacher trainees and tutors who suffer from HIV and AIDS?

33. How would you rate the college's response to HIV/AIDS epidemic so far? [PROBE: *enough/adequate, inadequate, lukewarm, could be better, if so in what areas, where are the gaps?*]

34. What concrete suggestions would you like to make to the top Administrators in this college for enhancing the college's capacity to respond to the HIV/AIDS epidemic more effectively?

35. Amidst all other challenges facing this college would you consider HIV/AIDS to be a priority? Where would you rank on a scale one to ten? Why?

END

Interview Guide for Focus Group discussions with student teachers/trainees

Projective composition

Ask group members to write an essay on a given subject as spontaneously as possible, explaining that it is not a school exercise and that mistakes do not matter, but without elaborating further on the subject concerned (which might influence the outcome). The activity should be kept anonymous with a request for just some items of information – age, sex, locality, and class. All members of one class may be given the same subject, or two or even three different subjects.

[CHOOSE]

I. On a rainy day, a girl in your class accepts when a man offers to drop her off at school. In the evening, she is glad to see that he is waiting for her again with his fine car. Before she gets in he says, 'I have a nice present for you but I've forgotten it at home. Come with me and I'll give it to you. My wife is not there'. Say how the girl will react and the advice you would give her.

II. A pupil in your school often misses lessons. It is rumoured that he may have AIDS. Imagine how pupils in his class might react and their reactions to him.

III. A friend of yours tells you that one of his professors probably has AIDS. Imagine what your friend thinks about this situation, how does the class behave and what measures do the school authorities take?

IV. A young male teacher has noticed a particularly attractive girl in his class. He would very much like to go out with her. Some time later, you learn that they are going out together. What do pupils in the class think and say about this intimate relationship between them?

Pre disposing factors and Impact of HIV/AIDS

1. Do you think HIV/AIDS is a major problem to students in this College? YES/NO. PROBE: if yes, how?

2. What factors do you think could have contributed to higher HIV infection rates among students in this college**? [PROBE:** *Location of college, poverty, alcoholism, residence, urban lifestyle, materialism, fees payment, orphanage, gender/power relations, sub group cultures and divergent levels of economic resources***]**

3. Is there any particular category (ies) of students in this college whom you would consider to be at a greater risk of contracting HIV than other(s)? [PROBE: e.g male/female; first/second years; students from poorer/richer families; others]

4. What factors do you think could have contributed to higher HIV infection among these categories of students in this college**?** **[PROBE:** *Location of college, poverty, alcoholism, residence, urban lifestyle, materialism, fees payment, orphanage, , tutor-student relationships,sub group cultures and divergent levels of economic resources***]**

5. Do you think that HIV/AIDS has had a significant impact on students or staff or both? Students/Staff/both.

6. How has HIV/AIDS impacted on students academically in this college? [PROBE: *For absenteeism of students from lectures due to prolonged illnesses and death among students*]

7. How has it impacted on students socially? [PROBE: *Life on campus, in the hostels, in the halls of residence, peer relationships, teacher /student relationships*]

8. How has it impacted on students economically? [PROBE: *Fees payment, accommodation; up keep*]

9. Based on your own observations, has HIV impacted on your lecturers? YES/NO [PROBE: *In terms of absenteeism of staff from works due to prolonged illnesses and death of staff*]

10. 10. What factors do you think could have contributed to HIV infections among lecturers/tutors in this college? **[PROBE:** *Location of college, poverty, alcoholism, residence, urban lifestyle, materialism, relationships with students; relationships among themselves; relationships with outsiders; and economic resources***]**

11. Based on your own observation, how common are tutor-student sexual relationships in this College? **[PROBE** Common; rare. If common, why?

12. In your view, do you think tutor-student relationships are a conduit for HIV transmission in this College?

13. What is the official College Policy on tutor-student relationships?

14. If yes, how is this policy enforced?]

Responses to HIV/AIDS

15. 14. Are there any HIV/AIDS programmes available for students in this college? YES/NO [PROBE: *what type of programs; who runs them; how often; who is involved; how useful are they; what have students learnt; is this considered adequate; how has it helped them to navigate their lives on campus etc*]

16. Have you ever been introduced to an HIV workplace policy for the College? Has anyone spoken to you about testing and where to get it? Treatment and where it is available? Stigma and discrimination and how to deal with it?

17. Is HIV/AIDS taught in any of the courses that you take in this college? YES/NO [PROBE: *If yes, is it taught as separate subject or is it integrated in other subjects?* [SEPARATE/INTEGRATED/BOTH]

18. What issues are the main issues addressed during these lectures and how is the teaching conducted? *[PROBE : Epidemiology; transmission; preventive education; treatment care and support; HOW TAUGHT: interactive; electronic; workshops; seminars; group work; normal lectures;* Who teaches HIV/AIDS? Specialized tutors/external persons; any tutor/lecturer; *What additional information would you like to see communicated on HIV/AIDS and how should it be passed on?*].

19. If HIV and AIDS is taught, what kind of things have you learned about it?

20. [INTERACTIVE EXCERCISE: Ask the students to write on three pieces of paper the questions that they still have about HIV and which have not been answered in their courses and for them to Write down all the things they wish they had learned about HIV and AIDS]

21. Is there a workplace policy for protecting the rights of tutors and teacher trainees who suffer from HIV/AIDS in this College?

22. What does this policy say on the rights of tutors and students suffering from HIV and AIDS?

23. How is the workplace policy enforced?

24. To your knowledge, what services relating to HIV/AIDS are available to tutors and students in this college? [PROBE: *VCT, ARVs, free condoms etc*]

25. What HIV/AIDS care and support services are available to tutors and students in this college? - E.g. p*ost-test clubs etc*

26. Do you have any services relating to HIV/AIDS which are available only to members of staff in this college? [PROBE: *VCT, ARVs, free condoms etc*]

27. Between students and members of staff in this college, which category has shown most concern in the area of HIV/AIDS?

28. Why has this been the case?

29. What are the major HIV/AIDS interventions for which students have been involved in? [PROBE: *condom use, abstention, peer group discussions, TV programs etc*]

30. What HIV/AIDS related services would you (students) like to see the college make available to them?

31. What concrete suggestions would you like to make to the top Administrators in this college in relation to their responses to the HIV/AIDS epidemic?

Perceptions

32. According to your own view, do you feel that management, human resources and administrative structures are effective? Do you feel that the College overall operates effectively? [If no, Probe: what things are promised and not delivered on? What would you like to see changed?]

33. Do you know of any students currently suffering from HIV/AIDS in this College?

34. How did you get to know these students have HIV/AIDS?

35. How would you describe the relationship between these HIV positive students with other students in the college? (PROBE: *normal, are stigmatised; other (Specify).*

36. How would you describe the relationship between these HIV positive students and their lecturers/tutors in the college? (PROBE: *normal, are stigmatised; other (Specify).*

37. Have there been any cases where students have raised complaint about their lecturers or their fellow students being sick from HIV/AIDS related illnesses?

38. How does the College protect HIV positive teachers and students from discrimination?

39. What was the nature and form of such complaints?

40. Amidst all other challenges facing students in this college, would you consider HIV/AIDS to be a priority? Where does it rank on a scale one to ten? Why?

END

Observation schedule – identifies specific points being looked for

1. Physical environment	**2. Classroom interaction**	**3. Teaching methods and approaches**	**4. Planning and monitoring of the lesson plans - to ask lecturer upon conclusion of the session**
a. Set up of the classroom furnishings • columns or circles • tables or individual desks • are they movable?	*a. Communication between Teacher and students* • Do males participate more? • Does the tutor look at one side of the classroom only? • Is it authoritarian? • Convivial?	*a. Passive methods* • Is the tutor lecturing only?	*a. Schedule for running the class* • Does the tutor follow a basic routine?
b. Materials • Video • TV • DVD • Chalkboard or whiteboard	*b. Student to student interaction* • Is interest being built? • Respectful?	*b. Stories/surveys/role play* • are any new and interactive methods being used? • Any group work?	*b. Class assessments* • How is feedback given to lecturers? • Who observes them if any? • Who offers guidance? • Peers? • Any mechanism for self assessment? •

c. Amount of space • spacious • crowded		*c. content – appropriate and accurate* • Is the information on HIV/AIDS the right one? • Is the lesson being taught without talking about sexual intercourse? • Are methods reinforcing skills?	*c. Curricula assessments* • Any planned co-curricula assessment? • How is the HIV curricula assessed?
e. Classroom displays • posters • pictures		*d. Start of lessons and close of lesson* • Is there a clear ending and beginning of the lesson?	
f. Health and hygiene facilities • clean • separate for men and women • soap available			

Appendix II: Secondary Data Sources

Secondary data sources collected at the MOEZ

Ministry of Education, Zambia (2002) *Training and Resource Manual for Education Staff,* HIV/AIDS Programme, Ministry of Education, Zambia

Ministry of Education (June 2003) *Life Skills Education Training Manual* Zambia Basic Education Course

Ministry of Education, Zambia (2006) *HIV and AIDS Workplace policy for the Education Sector for Management and Mitigation of HIV and AIDS* Ministry of Education, Zambia

Malinda M (May 2006) *HIV and AIDS Peer Education Model: Organization Chart for Colleges of Education*

Ministry of Education, Zambia (February 2003) *Strategic Plan 2003-2007*

Ministry of Education, Zambia (May 1996) *Educating Our Future: National Policy on Education* Ministry of Education, Zambia, Zambia Educational Publishing House

Ministry of Education, Zambia (2004) *2004 Educational Statistical Bulletin* Directorate of Planning and Information

Kelly, M. J and Kanyika J (2000) *Final Report on Zambia's National Assessment Process* The Examinations Council of Zambia on behalf of The Basic Education Sub-Sector Investment Programme (BESSIP)

Secondary data sources collected at the College:

Ministry of Education, Zambia (2003) *HIV/AIDS Guidelines for Educators*, HIV/AIDS Programme Ministry of Education, Zambia

Ministry of Education, Zambia (2003) *Interactive Methodologies Manual for HIV/AIDS Prevention in Zambian Schools* HIV/AIDS Programme, Ministry of Education, Zambia

Report from the Anti AIDS Committee on activities and money spent during the first quarter of 2006

Report from the Anti AIDS Committee on activities and money spent during 2004

University of Zambia in association with the College *Meteorology and Climatology Module 1 January – December 2006*

College (2003) *Strategy for Mainstreaming HIV and AIDS into College Activities*

Presentation on Sexual Abuse used by college lecturer

Presentation on HIV and AIDS used by college lecturer

Appendix III: Summary answers given during observation

The two high school classrooms were asked the following questions and the students gave some of the responses below. The responses are direct quotes and were not developed or questioned.

6. **What are the main forms HIV/AIDS can be transmitted?**
- Razor blade
- Prostitution
- Rape cases
- Poverty
- sex
- mother to child
- blood transfusion

7. **What is HIV/AIDS?**
- A disease
- HIV is a virus which causes AIDS
- AIDS is the disease caused by HIV
- Human Immunodeficiency Virus
- Acquired Immunodeficiency Syndrome

8. **What are some myths surrounding HIV/AIDS in Zambia?**
- You can get it by touching
- You can get it by living with someone who is infected

9. **What are some factors relating to the high prevalence in sub-Saharan Africa?**
- Poverty
- Traditional practices – sexual cleansing
- Poor governance
- Condoms not being 99 % safe
- Government not preaching abstinence and advocating for condom use
- Polygamy
- Lack of institutions
- Untreated STI's
- Unemployment because you engage in immoral activity
- Lack of self control

10. **What is the impact of HIV/AIDS on our communities?**
- Orphans
- Land not being available because of so many dead
- No manpower for food
- People dying so a lot of orphans, a lot of street kids
- Loss of parents
- No sponsorship
- AIDS is a great disaster in Zambia