



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

SECONDARY SCHOOL TEACHERS' CONCEPTUALISATION AND IMPLEMENTATION OF THE AIDS ACTION PROGRAMME IN ZIMBABWE

ROSE MUGWENI

MARCH 2012



**SECONDARY SCHOOL TEACHERS'
CONCEPTUALISATION AND IMPLEMENTATION OF THE
AIDS ACTION PROGRAMME IN ZIMBABWE**

by

ROSE MUGWENI

Submitted in partial fulfilment of the requirements for the degree

PHILOSOPHIAE DOCTOR

Department of Education Management
and Policy Studies
Faculty of Education
UNIVERSITY OF PRETORIA

PROMOTOR

Prof. C. Hartell

CO-PROMOTOR

Dr. N.C. Phatudi

March 2012

PRETORIA



I dedicate this PhD thesis to
my late sister Ms Estella Manjindo,
for her immense contribution to my education.
I cherish the values and ethos I learned from my late
parents Solomon and Rarami Mukuni,
and my father-in-law Timothy Mugweni.
You are greatly appreciated.

ACKNOWLEDGEMENTS

My sincere gratitude and appreciation go to the following whose input enabled me to realise my dreams and achieve this goal:

- My Supervisor, Professor Cencil Hartell and my Co-Supervisor, Dr. Nkidi Phatudi, for their efficient and effective supervision, support, patience, guidance, sacrifices, motivation, academic and technical assistance that made this work of high quality possible.
- My husband, Osmond Mugweni, for being a strong pillar to lean on during my studies. Osmond, you are my hero.
- Our children and VaMadhuve, for their prayers, support and encouragement.
- My sisters Edah, Jean and Tafara, for their prayers, support and encouragement. Friends Thelma, Emily, Gamuchirai and Ellen, for encouraging me to keep pressing on to the goal.
- Dr. J. Chabilall for supplying technical support and advice, Ms. Carina Barnard and Ms. Hester van der Walt for the final editing and proof reading of the thesis and Mrs. Adrië van Dyk for the final technical editing.
- The University of Pretoria, Faculty of Education, for awarding me a bursary to undertake the doctoral study.
- Great Zimbabwe University for granting me study leave
- Messrs. J. Mukona, J. Sithole, A. Mufanechiya, M. Kufakunesu, D. Madzanire, and C. Dekeza and Miss. R. Chikwavava, thank you for being a strong support system.

I thank my heavenly Father, the Lord God Almighty, through his son Jesus Christ, for giving me additional stamina, patience, peace and tenacity to carry on even when I felt weary and worn out. 'Not that we are competent in ourselves to claim anything for ourselves, but our competence comes from God' (2 Corinthians, 3 verse 5). 'It does not therefore depend on man's desire or effort, but on God's mercy' (Romans, 9 verse 16).

DECLARATION OF ORIGINALITY

I, Rose Mugweni, hereby declare that this PhD thesis titled *Secondary school teachers' conceptualisation and implementation of the AIDS Action Programme in Zimbabwe* is my original work and that all sources that I have consulted have been indicated and acknowledged by means of complete references.

Signature _____

Date _____

---oOo---



CERTIFICATE OF LANGUAGE EDITING



Translating.Writing.Editing

Hester van der Walt
HesCom Communication Services
Member: Professional Editors' Group

+27 84 477 2000
+27 12 379 2005
Fax2mail 086 675 9569

hester@hescom.co.za
hmvanderwalt@telkomsa.net
PO Box 30200
Wonderboompoort 0033
633 Daphne Ave
Mountain View
0082

LANGUAGE EDITING STATEMENT

2012-03-28

*SECONDARY SCHOOL TEACHERS' CONCEPTUALISATION AND
IMPLEMENTATION OF THE AIDS ACTION PROGRAMME IN ZIMBABWE*
by ROSE MANETSWA MUGWENI

- Has been edited for language correctness and spelling.
- Has been edited for consistency (repetition, long sentences, logical flow)
- Has been checked for completeness of list of references and cited authors.

No changes have been made to the document's substance and structure (nature of academic content and argument in the discipline, chapter and section structure and headings, order and balance of content, referencing style and quality).

HESTER VAN DER WALT



SUMMARY

In 2003 the Ministry of Education – Zimbabwe, in partnership with UNICEF introduced an HIV and AIDS subject area named the AIDS Action Programme for Schools (AAPS) in secondary schools. It was mandated that AAPS be a compulsory subject area taught alongside other subjects in the curriculum as the objective of the strategy was to use the life-sustaining power of education to reduce the learners' vulnerability to HIV infection. Despite the innovation there still exists a high prevalence of 11,1% of HIV infection among secondary school learners (UNAIDS 2010183). The high HIV infection rate prompted the study into how secondary school teachers understand, respond to and implement the AAPS. The study was founded upon the Concerns-Based Adoption Model. The sample comprised twenty teachers, four school heads and two Ministry of Education officials from the Masvingo district. Data for the qualitative case study was collected via individual interviews, focus group interviews and open-ended questionnaires.

The study found that the AAPS has a low status in schools. Most teachers face numerous challenges regarding their understanding and implementation of the AAPS. It became apparent that teachers had mixed perceptions, were uninformed, ignorant, frustrated or confused regarding the AAPS policy, curriculum requirements and components. They developed negative attitudes because they lacked resources, syllabuses and prescribed textbooks, support, sufficient time for the subject area and a protective policy to cover them when they teach sensitive topics. The lack of understanding among teachers created feelings of helplessness and fear of implementing the subject area. Teachers feared loss of status among colleagues in the schools, and that they or their learners might be labelled as being HIV-positive. Teachers feared teaching orphaned and vulnerable learners in their classrooms, some of whom were infected and affected by HIV and AIDS, without being able to offer them practical solutions. Teachers who had a positive attitude attempted to adapt the curriculum while many were reluctant and ignored implementation of the subject area. Evaluated against the Concerns-Based Adoption Model, it was revealed that many of the teachers implemented the AAPS

at low stages of concern and levels of use. Overall, the subject area was implemented with reluctant compliance and compliance with constraints, revealing a disjunction between policy and curriculum requirements and practice in the schools.

In the light of these findings, recommendations were made with regard to the study on training and support of teachers. The Ministry of Education should become proactive in developing teachers' knowledge and skills via significant and ongoing professional development and training for all teachers in HIV and AIDS education. School heads should exercise control and provide support with regard to curriculum implementation. Subject area coordinators, and school heads should deliberately create opportunities for staff to collaborate and exchange creative ideas and information that will improve teachers' conceptualisation and implementation of the curriculum. Qualified and interested teachers should be appointed in a permanent capacity to teaching HIV and AIDS education. Universities should develop and provide programmes that will prepare teachers to effectively implement the curriculum of the AIDS Action Programme for Schools.

KEY WORDS

- AIDS Action Programme for Schools
- Understand
- Knowledge
- Teacher
- Secondary school
- Response
- Attitude
- HIV
- AIDS
- Implementation

LIST OF ACRONYMS AND ABBREVIATIONS

AAPS	AIDS Action Programme for Schools
ABCD	Abstinence and secondary 'virginity', behaviour change, correct and consistent use of condoms, and early diagnosis and treatment of STIs
AIDS	Acquired Immune Deficiency Syndrome
ARHEP	Adolescent Reproductive Health Education Project
CADEC	Catholic Development Committee
CBAM	Concerns-Based Adoption Model
CDC	Centre for Disease Control
CRC	Convention on the Rights of the Child
ECD	Early Childhood Development
EFA	Education for All
GoZ	Government of Zimbabwe
HEAT	HIV/AIDS in Education Assessment Team
HIV	Human Immune Deficiency Virus
HoD	Head of Department
LoU	Levels of Use
MGDs	Millennium Development Goals
MoESAC	Ministry of Education, Sport, Arts and Culture
NAC	National AIDS Council
OVC	Orphans and Vulnerable Children
PED	Provincial Education Director
PLWHA	People Living With HIV and AIDS
SADC	Southern African Development Community
SAFAIDS	Southern Africa HIV/AIDS Information Dissemination Service
SoC	Stages of Concern
STIs	Sexually Transmitted Infections
TARSC	Training and Research Support Centre

UNAIDS..... United Nations joint programme on AIDS
UNESCO..... United Nations Educational, Scientific and Culture Organization
UNICEF..... United Nations Children’s Fund
VCT..... Voluntary Counselling and Testing
WHO..... World Health Organization
WLSA..... Women and Law in Southern Africa
ZHDR..... Zimbabwe Human Development Report
ZIMSEC..... Zimbabwe Schools Examination Council

---oOo---

TABLE OF CONTENTS

	Page
CHAPTER 1	
BACKGROUND AND ORIENTATION	
1.1 INTRODUCTION	1
1.2 RATIONALE	3
1.3 STATEMENT OF THE PROBLEM	6
1.3.1 MAIN RESEARCH QUESTION	7
1.3.2 RESEARCH SUB-QUESTIONS	7
1.4 AIMS OF THE STUDY	7
1.5 BACKGROUND TO HIV AND AIDS EDUCATION IN ZIMBABWE	7
1.5.1 THE ZIMBABWE AIDS POLICY AS A BASIS FOR THE AIDS ACTION PROGRAMME FOR SCHOOLS	7
1.5.2 HIV AND AIDS EDUCATION AS CONTENT OF THE AIDS ACTION PROGRAMME FOR SCHOOLS	9
1.5.3 AIDS ACTION PROGRAMME FOR SCHOOLS – ZIMBABWE	10
1.6 TEACHER UNDERSTANDING IN CURRICULUM IMPLEMENTATION AND CHANGE	11
1.7 META-THEORETICAL ASSUMPTIONS	14
1.8 THEORETICAL FRAMEWORK	15
1.9 LIMITATIONS OF THE STUDY	16



	Page
1.10 DEFINITION OF CONCEPTS	16
1.10.1 AIDS ACTION PROGRAMME FOR SCHOOLS.....	16
1.10.2 TEACHER.....	17
1.10.3 SECONDARY SCHOOL.....	17
1.10.4 CONCEPTUALISATION.....	17
1.10.5 UNDERSTANDING.....	18
1.10.6 RESPONSE.....	18
1.10.7 IMPLEMENT.....	19
1.10.8 HIV.....	19
1.10.9 AIDS.....	19
1.11 RESEARCH METHODOLOGY	19
1.11.1 QUALITATIVE RESEARCH PARADIGM.....	19
1.11.2 RESEARCH DESIGN.....	21
1.12 DATA COLLECTION	22
1.12.1 POPULATION AND SAMPLE SELECTION.....	23
1.12.2 DATA COLLECTION STRATEGIES.....	23
1.12.2.1 Individual Face-to-Face Interviews.....	24
1.12.2.2 Focus Group Interviews.....	25
1.12.2.3 Open-ended Questionnaire.....	25
1.12.2.4 Field Journal.....	26
1.13 DATA ANALYSIS	26
1.14 ETHICAL MEASURES	27
1.15 ORGANISATION OF THE THESIS	28
1.16 CONCLUSION	30

CHAPTER 2 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1	INTRODUCTION	32
2.2	RATIONALE FOR HIV AND AIDS EDUCATION IN ZIMBABWE	33
2.3	THE ZIMBABWE NATIONAL HIV AND AIDS POLICY FRAMEWORK	37
2.4	BACKGROUND TO AIDS ACTION PROGRAMME FOR SCHOOLS	37
2.5	POLICIES FOR THE AIDS ACTION PROGRAMME FOR SCHOOLS	38
2.5.1	PURPOSE AND OBJECTIVES OF THE AIDS ACTION PROGRAMME FOR SCHOOLS	41
2.5.2	CURRICULUM CONTENT FOR THE AIDS ACTION PROGRAMME FOR SCHOOLS	42
2.5.3	STRATEGIES FOR IMPLEMENTATION OF AIDS ACTION PROGRAMME FOR SCHOOLS	43
2.6	IMPORTANCE OF EDUCATION IN PREVENTING THE FURTHER SPREAD OF HIV INFECTION	44
2.7	TEACHER CONCEPTUALISATION AND POLICY IMPLEMENTATION	45
2.8	CURRICULUM IMPLEMENTATION BY TEACHERS	48
2.9	TEACHERS' RESPONSE TO CURRICULUM CHANGE AND IMPLEMENTATION	52
2.9.1	IGNORING CURRICULUM CHANGE	54
2.9.2	RESISTING CURRICULUM CHANGE	55
2.9.3	ADOPTING CURRICULUM CHANGE	56
2.9.4	ADAPTING CURRICULUM CHANGE	57



	Page
2.10 FACTORS THAT INFLUENCE TEACHERS' RESPONSE TO CURRICULUM IMPLEMENTATION	59
2.10.1 EXTERNAL FACTORS	59
2.10.1.1 Professional Development	59
2.10.1.2 Resources	62
2.10.1.3 Teacher Support	63
2.10.2 INTERNAL FACTORS	65
2.10.2.1 Teacher Attitudes and Beliefs	65
2.10.2.2 Motivation and Workload	67
2.10.2.3 Teacher knowledge	69
2.11 BARRIERS TO CURRICULUM CHANGE AND IMPLEMENTATION	72
2.12 CONCLUSION	73

CHAPTER 3 THEORETICAL FRAMEWORK

3.1	INTRODUCTION	76
3.2	CONCERNS-BASED ADOPTION MODEL	76
3.2.1	CONCERNS-BASED ADOPTION MODEL ASSUMPTIONS	79
3.2.2	STAGES OF CONCERN	82
3.2.3	LEVELS OF USE	88
3.2.4	INNOVATION CONFIGURATIONS	92
3.3	CONCLUSION	94

---oOo---

CHAPTER 4 RESEARCH DESIGN AND METHODOLOGY

4.1	INTRODUCTION	95
4.2	RESEARCH APPROACH	96
4.3	RESEARCH DESIGN	97
4.4	RESEARCH QUESTIONS	99
4.5	CONTEXT OF THE STUDY	100
4.6	SAMPLE SELECTION	101
4.7	PARTICIPANTS	102
4.8	DATA COLLECTION	104
4.8.1	PILOT STUDY	104
4.8.2	PHASES OF DATA COLLECTION	105
4.8.3	DATA COLLECTION STRATEGIES	106
4.8.3.1	Open-ended Questionnaire	107
4.8.3.2	Semi-structured Individual Interviews	108
4.8.3.3	Focus Group Interviews	109
4.8.3.4	Field Journal	111
4.9	DATA ANALYSIS	111
4.10	CREDIBILITY AND TRUSTWORTHINESS CONSIDERATIONS	113
4.11	ETHICAL MEASURES	115
4.12	CONCLUSION	117

CHAPTER 5 DATA ANALYSIS AND RESULTS

5.1	INTRODUCTION	119
5.2	ANALYSIS OF QUALITATIVE DATA	121
5.3	ANALYSIS OF BIOGRAPHICAL INFORMATION OF PARTICIPANTS	122
5.4	THEMATIC DISCUSSION OF THE RESEARCH	127
5.4.1	THEME 1: TEACHERS' UNDERSTANDING OF THE AIDS ACTION PROGRAMME FOR SCHOOLS.....	127
5.4.1.1	Teachers with the requisite knowledge to implement the AIDS Action Programme for Schools.....	127
5.4.1.2	Teachers lacked the requisite knowledge and skills to implement the AIDS Action Programme for Schools.....	131
5.4.1.3	Teachers lacked resources and support to effectively implement the AIDS Action Programme for Schools.....	138
5.4.2	THEME 2: TEACHERS' EXPERIENCES WITH IMPLEMENTATION OF THE AIDS ACTION PROGRAMME FOR SCHOOLS.....	142
5.4.2.1	Teachers experienced feelings of frustration and Fear regarding implementation of the AIDS Action Programme for Schools.....	143
5.4.2.2	Teachers experienced the AIDS Action Programme For Schools as a sensitive subject.....	149
5.4.2.3	Teachers experienced lack of direction and being overburdened during implementation of the AIDS Action Programme.....	154
5.4.3	THEME 3: TEACHERS' RESPONSE TO THE IMPLEMENTATION OF THE AIDS ACTION PROGRAMME FOR SCHOOLS.....	158
5.4.3.1	Teachers responded to the implementation of the AIDS Action Programme with a positive attitude.....	158
5.4.3.2	Teachers responded to the implementation of the AIDS Action Programme with a negative attitude.....	165



	Page
5.5 SYTHESIS OF RESULTS ON TEACHER CONCEPTUALISAN AND IMPLEMENTATION OF THE AAPS	171
5.5.1 ANALYTICAL DISCUSSION OF STAGES OF CONCERN	171
5.5.2 ANALYTICAL DISCUSSION OF LEVELS OF USE	175
5.6 CONCLUSION	178

---oOo---

CHAPTER 6 OVERVIEW, SYTHESIS OF FINDINGS AND RECOMMENDATIONS

6.1	INTRODUCTION	179
6.2	OVERVIEW	180
6.3	SYNTHESIS OF FINDINGS IN TERMS OF THE RESEARCH QUESTIONS	185
6.3.1	RESEARCH QUESTIONS 1 HOW DO TEACHERS UNDERSTAND, RESPOND TO AND IMPLEMENT THE AIDS ACTION PROGRAMME FOR SCHOOLS?	185
6.3.1.1	Teachers had misconceptions, lacked capacity and were confused and reluctant to implement the subject area	185
6.3.1.2	Teachers lacked resources, support and professional development in responding to the implementation of the AIDS Action Programme for Schools	186
6.3.1.3	Teachers responded emotionally to the implementation of the AIDS Action Programme for Schools	187
6.3.1.4	Teachers responded to implementation of the AIDS Action Programme with a positive attitude	188
6.3.1.5	Teachers expressed negative attitudes towards the implementation of the AIDS Action programme	189
6.3.1.6	AIDS Action Programme for Schools was viewed as less important with low status among teachers. The AAPS teachers were also viewed as having low status at school	189
6.3.1.7	Teachers ignored, reluctantly complied and complied with constraints to the implementation of the AAPS	190
6.3.2	RESEARCH QUESTION 2 WHAT ARE THE POLICY, CURRICULUM REQUIREMENTS AND COMPONENTS OF THE AIDS ACTION PROGRAMME FOR SCHOOLS	191
6.3.2.1	The AIDS Action Programme for Schools must be accorded equal status with other subjects on the curriculum	191
6.3.2.2	The AIDS Action Programme for Schools is a compulsory subject area. At least one period per class per week must be allocated to the teaching of HIV and AIDS and Life Skills education	192
6.3.2.3	The curriculum content should be derived from the objectives outlined in the Ministry of Education policy documents	192

	Page
6.3.2.4 Each school should appoint qualified teachers to teach the AIDS Action Programme for Schools	193
6.3.2.5 Ongoing in-service training for the subject area teachers should be institutionalised at school, cluster, district and provincial levels	194
6.3.3 RESEARCH QUESTION 3 HOW ARE SECONDARY SCHOOL TEACHERS AFFECTED BY IMPLEMENTATION OF THE AIDS ACTION PROGRAMME FOR SCHOOLS	195
6.3.3.1 The secondary school teachers responded to implementation of the AIDS Action Programme for Schools with negative emotions of fear	195
6.3.3.2 Teachers experienced frustration in their implementation of the AIDS Action Programme for Schools	196
6.3.3.3 Teachers experienced sensitive topics as emotional in their response to implementation of the AAPS	196
6.3.3.4 Teachers lacked direction and motivation in implementing the AIDS Action Programme for Schools	197
6.3.4 RESEARCH QUESTION 4 WHAT IS THE DISJUNCTURE BETWEEN POLICY PROVISIONS AND EDUCATIONAL PRACTICES REGARDING THE AIDS ACTION PROGRAMME FOR SCHOOLS	198
6.3.4.1 Teachers lacked resources, support and requisite qualifications to effectively deliver AAPS in their classes	198
6.3.4.2 The study found that the AAPS policy was developed by the Ministry of Education but it was not disseminated to all Schools	199
6.3.4.3 The curriculum for the AIDS Action Programme for Schools is enshrined in the subject area's objectives which are difficult for teachers to convert into a syllabus	199
6.3.4.4 Policy requires that the AIDS Action Programme for Schools is given equal status with other subjects on the curriculum, but in practice it is not given similar status and time as other subjects on the time table	200
6.3.4.5 Policy for the AIDS Action Programme for Schools stipulates that qualified teachers should be tasked to teach HIV and AIDS education in schools but, in practice teachers who implemented the AAPS have no qualifications in the subject area	200

	Page
6.4 RECOMMENDATIONS	201
6.5 RECOMMENDATION FOR FURTHER RESEARCH	202
6.6 LIMITATION OF THE STUDY	204
6.7 CONCLUSION	205

---oOo---

REFERENCES	206
-------------------------	-----

---oOo---

APPENDICES	227
Appendix 1: Sample of letter to the Provincial Education Director	228
Appendix 2: Sample of letter to the Permanent Secretary Ministry of Education	229
Appendix 3: Request for Informed Consent – School principals/Heads	230
Appendix 4: Sample of Letters of Informed Consent – Teachers	232
Appendix 5: Map of Zimbabwe showing Masvingo District	234
Appendix 6: Interview Schedule A – Ministry of Education Officials	235
Appendix 7: Interview Schedule B – School principals/Heads	236
Appendix 8: Focus Group Interview Schedule C – Teachers	238
Appendix 9: Open-ended Questionnaire Schedule D – Teachers	240
Appendix 10: Ethics Clearance Certificate	245

---oOo---

TRANSCRIPTS

---oOo---

LIST OF TABLES

	Page
Table 3.1: CBAM Phases and Stages of Concern Behaviours	83
Table 3.2: Teacher levels of Use of an Innovation and Typical Behaviours	91
Table 4.1: Research Participants	104
Table 4.2: Composition of Focus Groups	110
Table 5.1: Codes of Individual Interviews: Ministry of Education officials and School Heads	120
Table 5.2: Codes of Open-ended Questionnaire: Teachers	121
Table 5.3: Codes of Focus Group Interviews: Teachers	121
Table 5.4: Analytic Strategy - Research Themes, Categories and Sub-themes	122
Table 5.5: Research Participants' Biographical Information	123

---oOo---

LIST OF FIGURES

	Page
Figure 1.1: Triangulation of Data Sources.....	22
Figure 3.1: Concerns-Based Adoption Road Map.....	81
Figure 3.2: Stages and Expressions of Concerns.....	86
Figure 3.3: The Concerns-Based Adoption Model Applied to the AAPS.....	93
Figure 4.1: Research Methodology overview.....	96
Figure 5.1: Teacher Qualification and Subject Specialisation.....	125
Figure 5.2: Teacher Training in HIV and AIDS Education.....	126
Figure 5.3: Teachers' Implementation of the AAPS.....	173
Figure 5.4: Teachers' Stages of Concern in the Implementation of the AAPS.....	174
Figure 5.5: Teachers' Levels of Use in Implementing the AAPS.....	178

---ooOoo---

CHAPTER 1 BACKGROUND AND ORIENTATION

1.1 INTRODUCTION

In post-colonial Zimbabwe, one of the country's major investments has been in the education sector. However, significant gains in this sector are being eroded by the prevalence of HIV among the general populace (Katsinde & Katsinde, 2007:100; Chavhunduka, Rukanda, Matiza & Matshalaga, 2004). The National AIDS Policy (1999:iv) is indicative of this in the assertion that 'AIDS has, in a period of just one and a half decades, reached an unprecedented crisis level in Zimbabwe.' This information reveals that HIV and AIDS have been firmly embedded in all sectors in Zimbabwe including the education sector (UNAIDS, 2010; 2002). It was forecasted that life expectancy would be reduced by 26 years and a further decrease (by 35 years) by the year 2010 (UNAIDS 2002; Zimbabwe Demographic and Health Survey, 2005-2006, 2007:222). About half of the Zimbabwean population is in school, with a high prevalence of HIV infection of approximately 11.1% among secondary school students (UNAIDS, 2010:183).

The Zimbabwe Human Development Report (2003) reveals that an estimated 30% of learners were likely to be infected by HIV soon after completing their school career and most of them were likely to die of AIDS-related illnesses before turning forty. However, the earlier prediction of 30% was reduced to 11.1% among youths in secondary schools due to the administering of HIV antiretroviral therapy to people infected with HIV (UNAIDS, 2010:183). These developments are consistent with what Baxen, Wood and Austin (2011:4) observed in South Africa that 'the introduction of anti-retroviral medication has seen people living with the virus, rather than dying from it'. In relation to these assertions, the overall objective of my study was to determine how secondary school teachers understand and implement the policy and curriculum

for the AIDS Action Programme for Schools (AAPS¹) in an effort to curb HIV infection among learners.

As a national response to the rapidly increasing HIV infection in the general population, the Government of Zimbabwe (GoZ²) through the Ministry of Education, Sport, Arts and Culture (MoESAC³) introduced HIV and AIDS education into schools as one of the HIV and AIDS prevention strategies and initiative under the name AIDS Action Programme for Schools (GoZ, 2003a; 2006a; Chirawu, Murungu, Nzira, Chikwanda & Zunguze, 2007:2). Despite the introduction of the AIDS Action Programme for Schools curriculum in Zimbabwe, research (Moyo & Muvezwa, 2004; Boler, 2004; Jackson, 2002) reveals that the educational needs of learners are not yet being met to the satisfaction of policy makers and curriculum developers. Among other militating variables, it could be that teachers have attitudes and concerns which influence their responses to curriculum change and implementation negatively (Bowins & Beaudoin, 2011:4; Lloyd & Yelland, 2003). Accordingly, Clasquin-Johnson (2011) conceptualises the relationship between teachers and curriculum change as not always being a process of adaptation, adoption or fidelity implementation.

Surveys undertaken with Form Three⁴ students in some schools revealed that although HIV and AIDS education is being taught under the AIDS Action Programme for Schools, students indicated that they needed more information in the subject area (Ndamba, Mugweni, Chirobe & Chakanyuka, 2011; GoZ, 2003c). Although the AAPS appears to be offered in Zimbabwean schools, there is still a significant gap in teacher motivation and knowledge to effectively implement the curriculum (Chireshe, 2006; GoZ, 2006a). I acknowledge that although HIV and AIDS education is important, it is only one of the several approaches needed to curb the spread of the pandemic (Baxen, *et al*, 2011). Unless social structural, economic and political changes are made, education alone will not be able to have much impact in reducing the further spread of HIV among the youth in schools (Baxen, *et al*, 2011).

¹ AAPS is the abbreviation of AIDS Action Programme for Schools. The abbreviation AAPS is used interchangeably with AIDS Action Programme for Schools in some sections of the thesis.

² GoZ is the abbreviation for Government of Zimbabwe. The abbreviation is used in some sections of the thesis.

³ MoESAC is the abbreviation for the Ministry of Education, Sport, Arts and Culture. The two terms are used interchangeably in this thesis.

⁴ Form Three: refers to the third year in secondary school education.

This study explored the meanings, concerns and practices of secondary school teachers by investigating how these teachers conceptualise⁵ and implement the subject area⁶ AIDS Action Programme for Schools in Zimbabwe. The AIDS Action Programme aims to reduce the spread of HIV among learners and their communities (O'Donoghue, 2002:388; UNICEF, 2000; UNAIDS, 2000). Accordingly, this study aimed to establish how secondary school teachers understand, respond to and implement the AIDS Action Programme for Schools in secondary schools, explore the requirements and components of the policy and curriculum of the subject area and establish whether there is a disjuncture between policy, curriculum provisions and educational practices regarding the AIDS Action Programme for Schools. In the following paragraph I provide the rationale for the study.

1.2 RATIONALE

To achieve the aim of the study stated above it was justified to search for the meanings attached to the AIDS Action Programme for Schools by teachers and how they respond to the innovation in terms of implementation of the curriculum in their classrooms. The interest in investigating these phenomena stemmed from findings of a survey undertaken by the Ministry of Education Sport, Arts and Culture which revealed that although the AAPS is being implemented, schools are not responding adequately and effectively to the implementation of the curriculum and to the HIV and AIDS educational needs of students (HIV/AIDS Assessment Team, 2002:xi). Research (Chireshe, 2006:213; Kasaira, Chireshe & Chipandambira, 2004:61) reveals that despite the implementation of HIV and AIDS education under the AIDS Action Programme for Schools, Zimbabwe is still facing multiple challenges with the HIV and AIDS epidemic and learners' understanding of the disease. It therefore became essential to study the manner in which teachers understand, respond to and implement the AIDS Action Programme for Schools in order to inform policy and curriculum execution, professional development programmes, training programmes, interventions for teachers as well as to ensure empowerment of the child with informed knowledge and life skills in a context ravaged by HIV and AIDS (Baxen, *et al*, 2011:2; HIV/AIDS Assessment Team, 2002:xi).

⁵ In this study the term conceptualise means understanding; the two terms are used interchangeably in this thesis.

⁶ Subject area: refers to the AIDS Action Programme for Schools which is offered to all learners from Grade Four to Grade Seven in the primary school and Forms One to Six in the secondary school. A subject area is a field of knowledge that is imparted to learners.

Policy implementation in terms of HIV and AIDS education is influenced by at least two main issues: firstly, teachers' understanding or perceptions (knowledge, beliefs and attitudes), and secondly, teachers' skills that are needed for the day-to-day classroom activities (Ni & Guzdial, 2007:2; Perry, Tracy & Howard, 1999). My pilot study with teachers in schools revealed that teachers have misconceptions of their core mandates in implementing the AIDS Action Programme for Schools. It seemed that the subject area does have its insightful place and status in schools. With regard to the propositions on teacher responses to innovations, Bantwini (2010:83) argues that 'it would be irrational and naïve to expect teachers to accept educational reform easily without objection. In practice, some teachers found it difficult to accept and adapt to the change while others ignored or resisted implementing the change (Clasquin-Johnson, 2011).

In Zimbabwe, any teacher, regardless of specialisation, is mandated to teach the subject area. The Secretary for the Ministry of Education's Circular No. 3 of 2002 (GoZ, 2002b:7) stipulates that each school should have a team of male and female teachers to implement the AAPS curriculum. The challenge is that very few secondary school teachers have qualifications in HIV and AIDS education and most are subject-specific specialists who may not be willing to effectively teach HIV and AIDS education (GoZ, 2003c). Preliminary informal interviews I conducted with Form Three students and interactions with teachers in two secondary schools revealed that most teachers are reluctant to teach the subject area. Some of the teachers viewed the sessions as time for students to do independent study or complete unfinished work in other subject areas. The AIDS Action Programme for Schools was viewed by teachers as an extra burden on the teachers' already full workload with no extra remuneration. As an experienced educationist, it is my view that such information is a cause for great concern since Zimbabwean teachers seem to have adopted negative attitudes towards implementing the subject area.

Shumba, Chakuchichi, Dhlomo and Kaziboni (2006:23) found that generally, secondary school teachers in Zimbabwe are reluctant to talk about sex and sexuality issues, resulting in a conspiracy of silence. Commenting on teacher reluctance, Hargreaves (2005b:11) posits that 'teacher resistance to change' is often due to fear of the unknown and loss of motivation. Hargreaves (2005b:11) further submits that if

teachers see through the ‘smoke and mirrors’⁷ of educational reform, they will resist the change. My assumption is that the situation observed by Hargreaves (2005b) may be prevailing among teachers who are implementing the AAPS in Zimbabwe.

Teacher understanding of policy reforms and innovative programmes plays a critical role in determining their pedagogical practices (Jorgenson, 2006:3; Flores, 2005:401). There seems to be a precise link between what teachers say (espoused conceptions) and what they do (enacted conceptions). Research (O’Sullivan, Carroll & Cavanagh, 2008:1; Christiaan, 2006; Perry, Tracy, & Howard, 1999) shows that beliefs adopted by the teachers about their subject and their pedagogy, as well as their access to customised professional development programmes, are strong influences on their responsiveness and adaptation to change. Due to the high prevalence of the HIV and AIDS pandemic, effective implementation of life skills through the AIDS Action Programme for Schools in Zimbabwe is highly relevant and significant (Prinsloo, 2007:158). Wilson, Hickson and Miller (2003:84-85) contend that comprehensive knowledge generated through informed practice allows for appropriate control of HIV and AIDS. With particular reference to this study, effective practice depends on how teachers understand, respond to and implement the AAPS in their schools.

As a consequence, the intriguing question that remains is, ‘why are teachers reluctant to teach HIV and AIDS and sexuality issues although it forms the core content of the AIDS Action Programme for Schools?’ The puzzle provoked me to undertake this study in a bid to discover teachers’ understanding, responses and implementation of the curriculum. The results aimed to add new insights to the existing knowledge base on policy implementation, professional development, training programmes, school-based HIV and AIDS prevention programmes and curriculum change.

In Zimbabwe there is minimal research in this area as well as within the context of the implementation of policy and curriculum change using qualitative methods at secondary school level (Chirume, 2007:45; Kelly, 2004). According to the Government of Zimbabwe (2003a) it is imperative for teachers to know that the AIDS Action Programme for Schools is a core subject area that aims to develop positive

⁷ Smoke and mirrors refers to confusion, lack of clear understanding or distorted view.

behaviour change and life skills and a strategy to curb the spread of HIV and AIDS among learners. If teachers undermine effective implementation of the subject area it could increase learners' vulnerability to HIV infection (GoZ, 2006a; O'Donoghue, 2002). This study attempts to close the gap in the literature by investigating teachers' understanding, concerns and levels of implementation of the AIDS Action Programme for Schools. Further, findings of this study are necessary to generate awareness among teachers, the Ministry of Education, heads of departments and school heads regarding the importance of teacher understanding and implementation of the AAPS.

1.3 STATEMENT OF THE PROBLEM

In Zimbabwe the ideal situation is that teachers in secondary schools should receive comprehensive professional development on HIV and AIDS education and be given sufficient resources to effectively implement the AIDS Action Programme for Schools in their classes. The existential situation in secondary schools is that despite the fact that the Ministry of Education Sport, Arts and Culture held training workshops on the implementation of the policy and curriculum for the AIDS Action Programme for Schools, there still appeared to be some misconceptions, lack of motivation and resistance among secondary school teachers to teach the AIDS Action Programme for Schools. Such factors could lead to ineffective implementation of the subject area curriculum and perhaps be one of the reasons for the high prevalence of HIV infection among the youth in Zimbabwe (Priestley, 2011:2; UNAIDS, 2010:183; WHO, 2004). Although the AIDS Action Programme for Schools was instituted in secondary schools in 2003 focusing mainly on behaviour change, there has been an unabated spread of HIV and AIDS specifically among the youth in schools. Hence forth, the study intended to explore teachers' understanding and implementation of the AAPS with the hope to inform professional development of teachers in universities and colleges, policy makers, Ministry of Education and school heads. The study also aimed to improve policy and curriculum performance, for effective execution of the subject area in schools as well as to reduce HIV infection among the learners.

In light of the above problems as well as issues discussed in the rationale for the study the following research questions were formulated:

1.3.1 MAIN RESEARCH QUESTION

- *How do secondary school teachers understand, respond to and implement the AIDS Action Programme for Schools?*

1.3.2 RESEARCH SUB-QUESTIONS

In pursuit of answers to the main research question, the following sub-questions were formulated:

1. What are the policy, curriculum requirements and components of the AIDS Action Programme for Schools?
2. How are teachers experiencing the implementation of the AIDS Action Programme for Schools?
3. What is the relationship between policy, curriculum provisions and educational practices regarding the AIDS Action Programme for Schools?

1.4 AIMS OF THE STUDY

The primary aim of this study was therefore to shed light on the manner in which secondary school teachers conceptualise (understand), respond to and implement the AIDS Action Programme for Schools. To answer the above research questions of the study, it was imperative to formulate the following secondary aims:

- To determine what the policy, curriculum requirements and components regarding the AIDS Action Programme for Schools entail.
- To investigate how secondary school teachers are experiencing the implementation of the AIDS Action Programme for Schools.
- To explore the relationship between policy, curriculum provision and educational practices regarding the AIDS Action Programme for Schools.

1.5 BACKGROUND TO HIV AND AIDS EDUCATION IN ZIMBABWE

1.5.1 THE ZIMBABWE HIV AND AIDS POLICY AS A BASIS FOR THE AIDS ACTION PROGRAMME FOR SCHOOLS

The Zimbabwean National HIV and AIDS Policy was first instituted in 1999 and revised in 2003 after wide consultation with expert groups, mainly Non-Governmental Organisations (NGOs) (Katsinde & Katsinde, 2007:100; Zimbabwe Human

Developmental Report (ZHDR), 2003). The policy then became the springboard for the development of all HIV and AIDS intervention programmes. HIV and AIDS, sexual health, education and gender issues, among others, are the focus of the Zimbabwe HIV and AIDS Policy. In education, the impact of HIV and AIDS is manifested in teachers and learners' absence from school owing to ill health or attendance at close relatives' funerals (Chirawu *et al.*, 2007:2).

The HIV and AIDS Policy promotes abstinence and secondary 'virginity', behaviour change, correct and consistent use of condoms, and early diagnosis and treatment of sexually transmitted infections (STIs). This is what is referred to by Chirawu *et al.* (2007:60) as the ABCD⁸ strategies. The National HIV and AIDS Policy⁹ emphasises that all people should be afforded access to information on HIV and AIDS and STIs. According to the policy, people should be empowered in order to prevent vulnerability and further infection.

The need to respect children's rights is spelt out in the policy document, in accordance with the Convention on the Rights of the Child (CRC) (1989) to which Zimbabwe is a signatory so that children are not exposed to HIV infection through sexual abuse (GoZ, 2005a). The ZHDR (2003:129) says that, 'The children and young people should be informed about HIV and be empowered to prevent themselves from being infected with HIV and STIs. Also, children should be supported by professionals should they seek reproductive health care support services such as contraceptives.'

Regarding gender matters, the National AIDS Policy highlights that inequalities between men and women should be removed in order to reduce the vulnerability of women and girls (Chirawu *et al.*, 2007). However, despite the noble guidelines and constructive recommendations of the national AIDS policy document, only a few of the given recommendations are adopted in current HIV and AIDS prevention and awareness programmes in Zimbabwe. The ZHDR (2003) highlights issues such as informing children and youth about HIV, AIDS and STIs as well as empowering them to protect themselves through the development of positive behaviour and life skills. In

⁸ ABCD strategy refers to: A – Abstinence; B – Behaviour change; C – Condom use; and D – Diagnosis (early diagnosis and treatment).

⁹ National AIDS Policy: refers to the Zimbabwe HIV and AIDS policy on which the AIDS Action Programme for Schools was founded.

an effort to respond to the HIV and AIDS epidemic in 1993, Zimbabwe launched its AIDS Action Programme for Schools and revised it in 2003 through partnership with the United Nations Children’s Fund (UNICEF) and the Ministry of Education Sport, Arts and Culture as key role players for HIV and AIDS education (SAFAIDS, 2003; GoZ, 2003b). However, a study carried out in Zimbabwe revealed that implementation of the policy and curriculum innovation AAPS is not meeting the sexual health needs of the learners (HIV/AIDS Assessment Team, 2002).

1.5.2 HIV AND AIDS EDUCATION AS CONTENT OF THE AIDS ACTION PROGRAMME FOR SCHOOLS

The aim of the Ministry of Education Sport, Arts and Culture is to provide high quality and relevant primary and secondary school education (GoZ, 2006a:8; 2003a). Hence, the Ministry of Education needs to promote national development through the production of disciplined, socially well-adjusted and productive individuals with sound physical and mental health practices. This is referred to as educating the ‘*head, the heart and the hand*’ (GoZ, 2005a:1). Accordingly, the Ministry of Education’s national curriculum is aimed at educating the learners’ heads, hearts and hands through the provision of HIV and AIDS and Life Skills education under the AIDS Action Programme for Schools (GoZ, 2005a:1; 2000a).

The Ministry of Education, Sport, Arts and Culture, Director’s Circular No. 2 of 2003, outlines the major policy guidelines on HIV and AIDS and Life Skills education in all schools in Zimbabwe. The curriculum of the subject area stemmed from the realisation that the Ministry of Education, Sport, Arts and Culture is a key player in the fight against the AIDS epidemic because of its role in the development of children and the intensive interaction it consequently has with school children at all levels (GoZ, 2006a:8; 2002b:12).

In the light of the above mission, it is sad to note that the education sector, regardless of its mandate, and the fact that it caters for young people, has been hard hit by the HIV and AIDS epidemic. Although the AAPS is institutionalised throughout Zimbabwe, maintaining high-quality curriculum implementation is a constant challenge regardless of the fact that many teachers received initial training at the inception of the programme.

1.5.3 AIDS ACTION PROGRAMME FOR SCHOOLS - ZIMBABWE

As discussed earlier, the AIDS Action Programme for Schools as a subject area in secondary schools provides information about sexually transmitted infections and HIV and AIDS (Chireshe, 2006:16; GoZ, 2005b). As a subject it facilitates the development of life skills to enable youth to make informed decisions regarding relationships and sexual behaviour (Katsinde & Katsinde, 2007; GoZ, 2006a:7; 2002b:12; O'Donoghue, 1996:1).

The policy stipulates that the curriculum reform is mandatory in every secondary school where one 40-minute lesson per class per week is to be taught from Forms One to Six (GoZ, 2003c; 2002b:12; Moya, 2002:2). Specifically, paragraph 3.1 of the HIV and AIDS policy in schools stipulates that at least one period per class per week be allocated for the teaching and learning of HIV and AIDS and Life Skills education (GoZ, 2005b; 2000c).

Learners' textbooks on the subject area include core and supplementary materials addressing four topics: relationships, life skills, health and human growth as well as sexual maturation development (O'Donoghue, 1996:5). Supplementary materials for the subject area include 'body talk in the age of AIDS' and 'play scripts' for use in school drama competitions. The book and supplementary materials support the main purpose of teaching HIV prevention (GoZ, 2006a:7; Moya, 2002:2). The Government of Zimbabwe, through the Ministry of Education¹⁰, is drafting policy guidelines for the institutionalisation of the AIDS Action Programme for Schools from early childhood development (ECD) at (preschool level) to high school (Chireshe, 2006:63; Nyanungo, 2005:1). The major goal of the AAPS is to assist learners and their communities to develop positive behaviour change and overcome the challenges of the AIDS pandemic (Maturure, 2004:2).

Throughout its implementation phase, the AAPS consistently works to 'meet the five UNAIDS criteria for best practices in school-based HIV and AIDS education and prevention: effectiveness, ethical soundness, relevance, efficiency, and sustainability' (Moya, 2002:2). Since the AIDS Action Programme for Schools was instituted across

¹⁰ Ministry of Education is the short form for the Ministry of Education, Sport and Culture. The two terms are used interchangeably in this thesis

the nation, the goal to maintain effective programme implementation uniformly has been a constant challenge. Philliber Research Associates (1997) and ActionAid (2004) revealed a constant need for additional training and support. The latter drew attention to the fact that long-term commitment and continuing technical input were crucial to ensure the success of this significant programme (Philliber Research Associates, 1997). Due to missing links in the implementation of the subject area, HIV infection among Zimbabwean youth remains a critical concern for teachers and policy makers (National AIDS Council, 2007). Levels of knowledge about HIV and AIDS and behaviour change among learners have been found to be still too low to curb the further spread of HIV in Zimbabwe (Zimbabwe Demographic & Health Survey, 2005-2006 (2007:222)).

1.6 TEACHER UNDERSTANDING IN CURRICULUM IMPLEMENTATION AND CHANGE

The teaching profession has people who enjoy working independently and take great pride in developing a degree of expertise in designing units and courses (Jorgenson, 2006:6). In Wagner's (2001:378) view, teachers are like craftsman but their identity may be threatened by policy makers' imposition of structure on what the teachers love to do. Curriculum change that has swept through schools for the past decade tends to reinforce the belief of many teachers that innovations are the transitory fancy of leaders who are here today and gone tomorrow and hence, not to be believed (Miller, Hickson & Wilson, 2008; Jorgenson, 2006:6; Wagner, 2001:378). This dimension of teacher decision-making is consistent with the literature which suggests that we see, interpret and react to the world according to what we have experienced in the past (Priestly, 2010:1; O'Sullivan *et al.*, 2008:168;). Nyaumwe and Buzuzi (2007:21) and Cohen (1990:339) elaborate that teachers are inspired by prior experience. They (Nyaumwe & Buzuzi, 2007:21; Cohen, 1990:339) assert that teachers cannot simply shed their old ideas and practices like a shabby coat, and slip on something new. As they reach out to embrace innovation, they reach out with their old professional selves including all their ideas and practices.

Similarly, teachers' knowledge, beliefs and perceptions play a fundamental role in their understanding and implementation of reforms relating to HIV and AIDS education (Blignaut, 2007). In the context of this study it is important to note that

teachers may have attitudes, tacit theories or concerns that influence the way they adopt, adapt, ignore, or resist the teaching of the AAPS. There might be confusion, lack of support systems, stress, fear of the unknown, misunderstanding, reluctance or even resistance to implementing the curriculum. Bowins and Beaudoin (2011:1) contend that though many factors are found to affect the adaptation to the change process, the relative experience of teachers appears to affect their confidence. Spillane, Reiser and Gomez (2006:47) and Burges, Robertson and Patterson (2010:51) observe that even when teachers implement policy, failure may still result due to other variables at play such as the available form of professional development, training, workload intensity and teacher understanding. Hence forth, in suggesting positive practice Wood (2009) ponders that 'by adopting a holistic and critical approach to HIV and AIDS education, educators are able to move beyond the traditional responsibilities of the teacher, and thus play a major role as agents of change in their school and community'.

According to Lloyd and Yelland (2003:82) a challenge that faces individual teachers is how they meet externally imposed requirements, and how they respond to new and conflicting discourses of their work. O'Sullivan *et al.* (2008:1) argue that teachers' beliefs about their subject and their pedagogy, and their access to customised professional development programmes are strong influences on their responsiveness and adaptation to change. According to O'Sullivan *et al.* (2008) the possibilities for reform in practice are enhanced when teachers understand and value the nature of the changes in the curriculum, have time and resources to adapt their classroom strategies, and feel supported throughout the implementation phase. Similarly, Roehrig and Kruse (2005:412), undertook a study on the role of teachers' knowledge and beliefs in their implementation of a reform-based chemistry curriculum. The study found that few teachers successfully and consistently implemented enquiry-based instruction in their classrooms. The results of the particular study also revealed that teachers' degree of change is related to the teacher's beliefs about teaching and learning, depth of subject content knowledge and teaching experience. I reason that the study reinforces the need to assist teachers in implementing a reform-based curriculum such as the AIDS Action Programme for Schools as intended by policy makers.

In Arab Emirates, Shaver (2010) undertook a qualitative study to examine the impact of class-level teacher professional development and satisfaction. Results of the study indicated that teacher curriculum transmission resulted in neither teacher professional development nor satisfaction. The study observed that in pedagogical practices some teachers continue to develop beyond initial training while others rarely take action to advance their career. Shaver (2010:597), views that concerns have been expressed in his context about in-service teacher development opportunities. Related to my study on teacher implementation of AAPS, concerns might be expressed that teachers may run completely different curricula content in their classes despite teaching the same subject area.

Evans (1996:34) says that teacher change is a personal adjustment of a teacher at an individual level, basing on his or her personal experience and prior knowledge. Teachers perceive change and to teach subjects out of their field of specialisation either in a positive or negative way and this may result in confusion and unpredictability (Evans, 1996:34). For the teachers, 'it takes time to shift mindsets, to gain confidence in practicing new skills and to develop a sense of purpose and identity' (Baxen, *et. al.*, 2011:4). In articulating the teachers' implementation of change cycle, Pennington (1995:705) avers that a teacher's implementation of change is behavioural and perceptual, that is, attitudinal and cognitive. Teaching, as viewed by Freeman (1992:1), is an integration of thought and action. Teacher response to change is influenced by awareness of the need for change, available alternatives, the teacher's experience, rigid time-tables and the philosophy of teaching. Teacher attributes act as a psychological barrier, frame or selective filtering mechanism (O'Sullivan *et al.*, 2008:1; Pennington, 1995:705). Change implies abandoning all familiar practices and this may be accompanied by profound feelings of loss, confusion and uncertainty (Miller *et al.*, 2008; Bellah & Dyer, 2007:66; Hargreaves, 2004:288). Educational change may not be a result of a teacher's dogmatic resistance and bad intentions, but may be due to genuine concerns, such as difficulty in understanding the innovation and its demands related to planning and coordinating a multi-level social process (Oloruntebge, Duyilemi, Agbayewa, Oluwatelure, Dele & Omoniyi, 2010:707; Fullan, 2001a:69).

Teachers' individual agency is a crucial element in attempts to implement structural reform or educational change. Fullan (2001b:4) also draws attention to what he terms

the ‘phenomenology of change’. There is a need to take into account the way in which ‘people actually experience change as distinct from how it might have been intended’ (Flores, 2005:403; Miller, Hickson & Wilson, 2008; Fullan, 2001a). For the purpose of this study it is important to establish how teachers understand, respond to and implement the AIDS Action Programme for Schools as a curriculum innovation; why some teachers adapt and others ignore or resist change when new curricula (AAPS) are introduced; why there are inconsistencies between policy and practice in the ways teachers implement change (AAPS) (Flores, 2005:403; Hargreaves, 2004); and how the teachers comply with the requirements of the subject area.

1.7 META-THEORETICAL ASSUMPTIONS

Research explorations concerning teachers should be undertaken within the school settings to understand the nature of the reality of the teachers and their contexts (Mouton, 1996:16). One has to recognise teachers’ attitudes and educational practices in the context of the social norms of their schools (Zimmerman, 2006:239). Teachers are fully aware that Zimbabwe is affected by a high prevalence of HIV infection among youths aged 15 to 24 (UNAIDS, 2010:183; ZDHS, 2005-2006, 2007:222). As a result they are expected to assist learners in developing positive behaviour change on sex and sexuality issues by implementing the AAPS in their classes. Teachers are also expected to help students develop life skills for survival and sound adolescent health in the context of HIV and AIDS. There are certain responsibilities a teacher has to be sensitive to in the creation of the classroom as a place for developing learners in totality. In the context of this study the responsibilities include: posing worthwhile HIV and AIDS questions and tasks, orchestrating stimulating HIV and AIDS discourses, thoughtful planning and reflecting on their teaching and creating classrooms where positive behaviour change and attitudes are the foci (GoZ, 2006a:7; 2003b; O’Donoghue, 1996:5). Researching on teacher conceptualisation and implementation of the AAPS in Zimbabwe would reveal teachers’ knowledge, attitudes, responses and experiences regarding the subject area in the particular context.

1.8 THEORETICAL FRAMEWORK

To establish an appropriate theoretical framework for this study, a survey of recent literature on teacher conceptualisation, teacher response to change, and policy implementation was undertaken and Hall and Hord's (1987; 2001) Concerns-Based Adoption Model (CBAM¹¹) proved to be the most suitable. This theory is used to guide empirical inquiry, because it provides a system of explicit explanations of the empirical phenomenon, its scope and how the phenomenon ought to be analysed. The theoretical framework therefore aided the process of finding out how teachers understand and use the policy framework and curriculum of the AIDS Action Programme for Schools.

The Concerns-Based Adoption Model is a widely applied theory and methodology for studying the process of implementing educational change and curriculum implementation by teachers and by persons acting in change-facilitating roles (Sweeny, 2008:3; Hall & Hord, 2001; Anderson, 1997:331). The theory is primarily concerned with describing, measuring and explaining levels of implementation experienced by teachers attempting to implement curriculum materials and instructional practices (Bellah & Dyer, 2007:68; Sweeny, 2003:1; Anderson, 1997). Applied to this study, the key components of the model include some basic assumptions about this form of educational change and the concepts of Stages of Concern (SoC), and Levels of Use (LoU) (Sweeny, 2008:3; Hall & Hord, 2001; Anderson, 1997:331).

The Concerns-Based Adoption Model acknowledges teachers as the focal point in school change efforts, and states that teachers experiencing curriculum change ask concern questions (Hall & Hord, 2001; Loucks-Horsley, 1996:1). The Concerns-Based Adoption Model also contends that school heads or principals and teachers are change facilitators serving as key factors in the success or failure of curriculum implementation (Bellah & Dyer, 2007:68; Hall & Hord, 1987:11). In this study, the theory assisted in establishing teachers' understanding, response to and implementation of the AIDS Action Programme for Schools. A comprehensive description of the theoretical framework is presented in Chapter 3.

¹¹ CBAM: is the abbreviation of the Concerns-Based Adoption Model; a theoretical framework which informed this study.

1.9 LIMITATIONS OF THE STUDY

My study had challenges emanating from the fact that sexuality and HIV and AIDS issues are sensitive, and that it impacted on the teachers' personal taboos, beliefs, emotions, attitudes and behaviour (Kachingwe, Norr, Kapondal, Norr, Mbweal & Magai, 2005:1). Some teachers may not have been free to talk about their conceptualisation and implementation of the AAPS. During focus group interviews, the teachers could have influenced each other to come up with a general view which may not reflect understanding of all variables at play. As a female researcher, male participants interacting with me in the interviews could have found me to be threatening their territories and gender beliefs and attitudes.

My own bias regarding secondary school teachers' participation in the AIDS Action Programme for Schools could have also been a limitation. As a result, I tried not to filter data through the personal lens influenced by my social and professional experience (Creswell, 2003:182). Lastly, findings of this study may not be transferable nationally since I undertook a case study involving teachers in only four schools in Masvingo district. Due to the nature of the research design, secondary school teachers on the AAPS were selected purposefully in order to solicit rich data that addressed the research problem. Fieldwork was done when I also had full lecturing duties at my workplace; hence, time constraints were limitations that could have affected the breadth and depth of the data collected. Finally, financial resources were a major limitation because I did not secure funding for the research project.

1.10 DEFINITION OF CONCEPTS

The definitions of terms given are unique to this study and the terms may assume other meanings outside the context of the study. The following are concepts that are used often throughout the thesis.

1.10.1 AIDS ACTION PROGRAMME FOR SCHOOLS

As mentioned earlier, the AIDS Action Programme for Schools is a compulsory subject area in schools for all learners in both primary and secondary schools. The programme was introduced as a policy and curriculum reform by the government of Zimbabwe to curb the spread of HIV infection among learners and their communities.

The focus of the programme, HIV and AIDS education, is to help learners develop positive attitudes and behaviour change in the context of the high prevalence of HIV and AIDS in Zimbabwe.

1.10.2 TEACHER

A teacher is defined by Fraser, Loubser and Van Rooy (1990:5) as somebody who is responsible for inducting a learner into adulthood and an expert to the novice he is leading. It is someone who is trained in the art of teaching within a school context. The noun 'teacher' also means tutor, instructor, coach, guide, professor, lecturer, mentor, facilitator and educator (Collins, 2005). In his or her practice the teacher demonstrates authority, respect, trust and expertise (Griessel, 1988:12). In this study a secondary school teacher is an educator that is a subject-specific specialist who is asked to teach HIV and AIDS education to adolescents at secondary school level. In this study the concept teacher refers to educators that are teaching at secondary schools. These teachers are subject-specific specialists who are requested to teach the AIDS Action Programme for Schools to adolescents at secondary school level.

1.10.3 SECONDARY SCHOOL

Within the context of this study secondary school refers to an institution where six years of schooling (Forms 1-6¹²) take place in the Zimbabwean education system – post primary school level and prior to university or college education. At secondary school students are approximately 12 to 18 years of age. The study explores how teachers at secondary school understand and teach the AIDS Action Programme for Schools to the students at their schools.

1.10.4 CONCERN

Concern means 'the composite representation of the feelings, preoccupations, thought and consideration given to a particular issue or task' (Hall & Hord, 1987:61). Regarding this study 'concern' refers to the perceived problems of teachers, the feelings, attitude and thoughts teachers experience frequently in the implementation of the AIDS Action Programme for Schools.

¹² In the Zimbabwean education system, Forms 1–6 are the six years of secondary school education students go through before starting university education.

1.10.5 CONCEPTUALISATION

A conception is an understanding or a belief of what something is or what something should be (Hornby, 2000). Conceptualisation is the process whereby an idea or belief is formed in one's mind. In this study conceptualisation refers to the course of action which teachers adopt towards understanding the AIDS Action Programme for Schools. The concepts 'conceptualisation' and 'understanding' are regarded as synonymous and are used interchangeably in this study. I will therefore give an additional explanation of the term understanding.

1.10.6 UNDERSTANDING

Understanding means knowing something or knowledge of something, through learning or direct experience. The verb 'understand' means: to know or comprehend, perceive, see, grasp, follow, recognise, be aware of, gather information and draw conclusions (Collins, 2005). Understanding is defined by Wieske (1998:40) as the ability to think and act flexibly with the knowledge one possesses. The two terms understand and knowledge are used in this thesis. To understand involves being able to explain:

- Why something is so
- How things work
- What they imply
- What they relate to.

Wiggins and Mctighe (2006) assert that to understand is to make sense of what one knows and to be able to use the knowledge in different situations. Understanding is revealed through behaviours that clearly or explicitly explain issues, how things work, what they mean, where they relate, how they happen and why. It is the knowledge that somebody has on a particular discipline or subject (Hornby, 2000:1413). In this study the concept 'understand' means the teacher's 'knowledge of and ability to comprehend the AIDS Action Programme for Schools, its related policies and how to effectively implement the subject area.

1.10.7 RESPONSE

To respond is to react to information that has been given or an experience that has occurred. It involves saying, answering, coming back to, or writing something as a result of particular knowledge or experience (Collins, 2005). In the context of this study the concept 'response' refers to how teachers react to the implementation of the AIDS Action Programme for Schools.

1.10.8 IMPLEMENT

According to Hornby (2000:650) 'implement' means to make something that has been officially decided upon, start to happen or be used. To 'implement' is to carry out, effect, apply, carry through, complete, perform, realise, fulfil, enforce, execute, bring about, enact, and put into action or effect a newly agreed upon policy, programme or plan (Collins, 2005). In this study, implementation will refer to how teachers put the AIDS Action Programme for Schools into effect in secondary schools through teaching HIV and AIDS and Life Skills education in their classrooms.

1.10.9 HIV

This study defines HIV as Human Immunodeficiency Virus. It is a virus that disables the immune system and makes a person susceptible to opportunistic diseases and AIDS (Hornby, 2000:26).

1.10.10 AIDS

For the purpose of this study AIDS means Acquired Immune Deficiency Syndrome, a condition caused by a virus called Human Immunodeficiency Virus (HIV) (Hornby, 2000:616).

1.11 RESEARCH DESIGN AND METODOLOGY

1.11.1 QUALITATIVE RESEARCH PARADIGM

The philosophical underpinning of this study is a qualitative paradigm. The approach focuses on understanding the phenomenon under study as a whole in its natural setting (Creswell, 2007). In qualitative research reality is best understood from the

perspective of the participant (de Vos, Strydom, Fouché & Delpont, 2011:291; Creswell, 2007:15-30; McMillan & Schumacher, 2006:22). As a qualitative researcher, I believe that seeking knowledge is seeking the truth and that seeking the truth begins with understanding the phenomena that one is dealing with. Research was conducted in the natural setting (the school) using multiple sources of evidence to elucidate responses in addition to gaining insight into teachers' understanding and implementation of the AIDS Action Programme for Schools (Marshall & Rossman, 2011; de Vos *et al.*, 2011:66; Creswell, 2007:212; Babbie & Mouton, 2001).

Using a qualitative research paradigm allowed me as a researcher to:

- Conduct research in schools and engage with the social process over time within the natural setting.
- Understand and emphasise events in the perspective of the insiders who are teachers.
- Provide description and understanding of the phenomenon under investigation, namely teachers' conceptualisation and implementation of the AIDS Action Programme for Schools.
- Come to grips with the specificity of teachers' understanding and implementation of the AIDS Action Programme for Schools.
- Hear the voices of participant teachers in terms of knowledge, practice, assumptions, attitudes, concerns and beliefs.

In qualitative research, human actions are viewed from the perspective of social actors. I interpreted the phenomenon in terms of meanings the participants attributed to it (Creswell, 2007:36; Denzin & Lincoln, 2005:3). Although it was not scientifically possible to generalise the findings of this study to Zimbabwe and the Southern African Development Community (SADC), the emergent findings are significant in terms of added knowledge. In that vein, I accept Denzin & Lincoln's (2005) proposal that qualitative research necessitates a collection of varied empirical data from multiple data sources. Further, multiple empirical data was archived through a research design which constituted an open-ended questionnaire, individual interviews, focus group discussions and field notes as discussed below as well as in Chapter Four.

1.11.2 RESEARCH DESIGN

A qualitative case study research design was employed in this study to illuminate¹³ the phenomenon of secondary school teachers' understanding and response to the implementation of the AIDS Action Programme for Schools (Hancock & Algozzine, 2006:15). The research design was used as a plan or blue print of the entire research process (McMillan & Schumacher, 2006). A case study design was preferred because it involves intensive analysis and description of a single unit or system bound by time and space (Hancock & Algozzine, 2006:11). Also, being qualitative, the research is richly descriptive in nature (Marshall & Rossman, 2011; Merriam, 2001). The approach allowed me to observe nuances, behaviours and gestures or group dynamics during focus group interviews (Babbie & Mouton, 2001; Merriam, 2001). Furthermore, observations allowed me to unobtrusively capture the participants' experiences in order to probe deeply and analyse intensively the multifarious phenomena (Cohen, Manion & Morrison, 2007:106-107). I explored a programme of special interest where I employed vignettes and **verbatim accounts** of key participants to report data from the teacher questionnaire, individual interviews, focus group interviews and field notes to create mental images that bring to life the complexity of the variables inherent in the phenomena (de Vos *at al.*, 2011:321; Hancock & Algozzine, 2006).

In this research, I explored and taped information supplied by teachers in four schools in the same district which formed my case study's environment for a more thorough examination of teacher conceptualisation, response to and implementation of the AIDS Action Programme for Schools in Zimbabwean secondary schools. I endeavoured to be investigative and exploratory in that I sought to identify themes and categories of events and behaviour rather than to prove relationships.

The methods adopted for data collection in this study were based on the case study tradition (de Vos *at al.*, 2005:314; Creswell, 2003:15; Maxwell, 1996; Wolcott, 1994). Triangulation as an approach was applied. Triangulation is part of data collection that cuts across two or more techniques or sources. By using a combination of procedures, I was able to easily validate and cross-check findings. Each data source has its strengths and weaknesses, and by using triangulation the strength of one

¹³ Hornby (2000:645) says that the term illuminate means making something clearer or easier to understand.

procedure can compensate for the weaknesses of another approach (de Vos *et al.*, 2005:314). To obtain triangulation of data collection strategies and sources the Ministry of Education officials¹⁴ and school heads were interviewed individually while teachers completed open-ended questionnaires and participated in focus group interviews. Hence, rich data from teachers teaching the AIDS Action Programme for Schools was obtained using the case study research design through use of the different data collection methods discussed below.

1.12 DATA COLLECTION

Informed by the research questions and a qualitative research design three phases of data collection were engaged to gather data and answer the research questions (Creswell, 2007:36). Various strategies and interrelated methods were used to collect data. The approach I employed is in agreement with the views of Cohen *et al.*, (2007:37) that triangulation of data sources enables a researcher to solicit salient and consistent issues from the data.

Hence, the visual presentation in Figure 1.1 illustrates how triangulation of data collection strategies and data sources was achieved in this study.

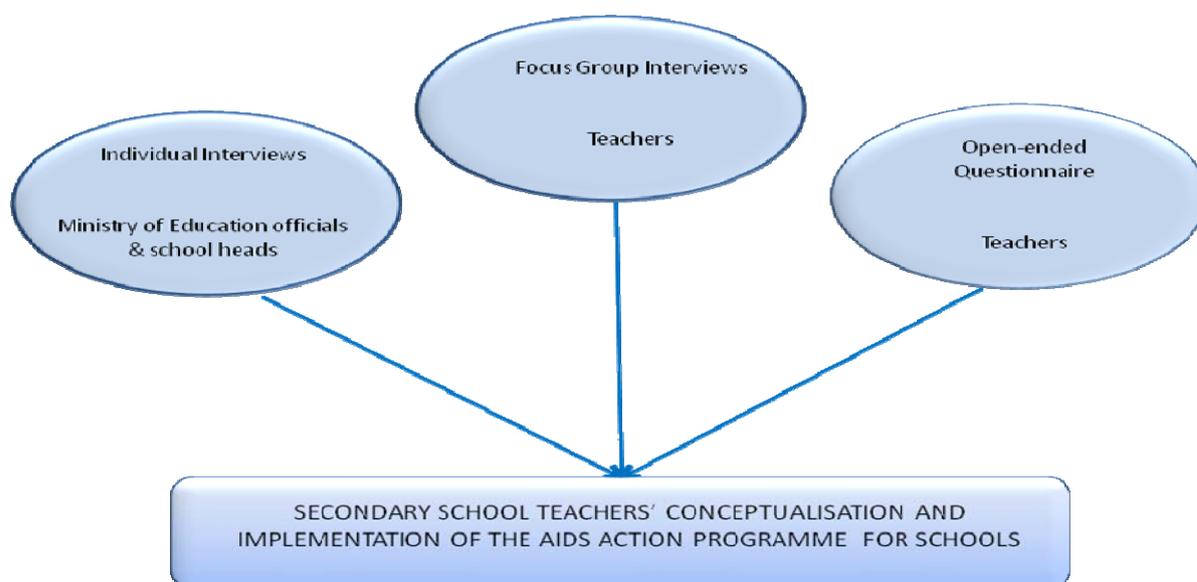


FIGURE 1.1: Triangulation of Data Sources (Adapted from Marshall & Rossman, 2011:66)

¹⁴ Ministry of Education officials: is a short form of referring to the officers responsible for implementation of the AIDS Action Programme for Schools in the Ministry of Education, Sport, Arts and Culture.

1.12.1 POPULATION AND SAMPLE SELECTION

The basic source of information was the purposive sampling of secondary school teachers who were teaching the AIDS Action Programme for Schools. In the opinion of de Vos *et al.*, (2011:392), and McMillan and Schumacher (2006:319), purposive sampling involves ‘selecting information-rich cases for in-depth study’ without generalising the findings. Purposive sampling was also employed to increase the utility of results obtained from the small sample. Supplementary data was sourced from school principals and Ministry of Education officials. I included Ministry of Education officials and school heads in this study as secondary participants because of the management, supportive and leadership roles they provide to schools and teachers during a process of change. It implies that they have influence on how policy and/or curriculum is implemented in their schools. A sample of 20 teachers from four government schools, four school heads (one from each school) and two Ministry of Education officials in the regional office was purposefully drawn from a population of all teachers, school heads and ministry officials implementing the programme in the Masvingo district. The teachers selected were believed to be a good sample because they were teaching the subject area at their schools.

The teachers, school heads¹⁵ and Ministry of Education officials had first-hand experiences in curriculum change and policy implementation. Hence, they were considered to be relevant informants to supply information on how teachers understood, responded to and implemented the AIDS Action Programme for Schools (Creswell, 2007; Miles & Huberman, 1994). The sample was representative of the characteristics and attributes of the population in terms of policy delivery as well as professional and social experiences as suggested by Denzin and Lincoln (2000:370). In selecting participants, the sample size was not statistically determined since data was based on saturation and not representativeness.

1.12.2 DATA COLLECTION STRATEGIES

Data was solicited from secondary school teachers using an open-ended questionnaire and focus group interviews (McMillan & Schumacher, 2006). Firstly, Ministry of Education officials were engaged in individual interviews. Secondly,

¹⁵ In this study the terms school head and school principal are used interchangeably to mean a senior and experienced teacher who is in charge of a school.

individual face-to-face interviews with school principals were undertaken. Whilst I was conducting individual interviews with school heads, the teachers taking part in the AIDS Action Programme for Schools completed an open-ended questionnaire. Lastly, the teachers participated in focus group interviews. The teachers completed an open-ended questionnaire before focus group discussions because I wanted to obtain their individual responses and views on the phenomenon before being influenced by the group in interviews. Information from the open-ended questionnaire complemented the data from the focus group interviews.

Individual interviews were conducted with Ministry of Education officials and school heads to obtain data with regard to the AIDS Action Programme for Schools policy and implementation framework from an administrative and management point of view. Data was also merged with that from teachers, who are the frontline policy and curriculum implementers in schools. Field notes were captured in a research journal. The recorded notes helped me to be reflective and mindful of researcher bias.

1.12.2.1 Individual Face-to-Face Interviews

At the root of the semi-structured face-to-face interviews was an interest in establishing understanding and eliciting responses and educational experiences of teachers in their implementation of the AIDS Action Programme for Schools (De Vos, Strydom, Fouché & Delpont, 2005:295). The interviews were conducted with two Ministry of Education officials in the provincial office, and four school heads in their offices at their schools. I used in-depth semi-structured interviews because social abstractions such as articulating curriculum change issues and HIV and AIDS education are best understood through the experiences of individual school principals working with teachers on the programme together with the Ministry of Education officials who engage in professional interaction with the teachers while monitoring programme implementation (Marshall & Rossman, 2011; Cohen *et al.*, 2007:174; Kvale, 1996:174).

Face-to-face individual interviews were conducted with school heads to establish the central themes of the school heads' experiences with teachers in schools during curriculum implementation. Each of the individual interviews lasted for approximately an hour. The interviews allowed me to engage in insightful face-to-face interactions

with the participants (Maxwell, 1996:91). The in-depth interviews facilitated an enquiry into the research topic. Data from the semi-structured interviews helped me to establish how teachers understand, respond to and implement the AIDS Action Programme in their school contexts.

1.12.2.2 Focus Group Interviews

I undertook four focus group interviews with five subject area teachers at each school. Focus group interviews were preferred because they are less time-consuming and capitalise on the sharing and creation of new ideas that sometimes do not occur if participants are interviewed individually (Hancock & Algozzine, 2006). In comparison to individual interviews, the focus group interview was a less threatening context that allowed participants to volunteer information freely and openly as they were encouraged to discuss issues that seemed common to them all (Hancock & Algozzine, 2006:39-40). Techniques such as summarising, paraphrasing, clarification, probing and non-verbal responses were employed to extract and reveal existing knowledge (Silverman, 2004:272). I ensured that participants' viewpoints were cross-examined for truthfulness through the use of counter-check questions.

Each interview was audio-recorded. To record the focus group data, I used both handwritten notes and audio taping the interviews with the participants' consent. Recording the interviews was justified because the primary data of qualitative interviews are verbatim accounts of what transpired in the interview (McMillan & Schumacher, 1998). Audio-recording the interviews ensured completeness of the verbal interactions and provided material for reliability checks. Voice recording also enabled me to concentrate on the topic and the dynamics of the interviews at the time rather than to be distracted by note-taking (Kvale, 1996; Seidman, 2006).

1.12.2.3 Open-ended Questionnaire

A researcher-designed open-ended questionnaire dealing with items exploring teachers' understanding of, response to and implementation of the AAPS was also used to collect data. Teachers selected to complete the questionnaire were those who were teaching the subject area.

A mixture of questions was adopted in the instrument to obtain meaningful, accurate, comprehensive or rich data from the questionnaire (De Vos *et al.*, 2005:340). It was necessary to have open-ended questions because the information gathered was detailed and had a clear status as credible data (Srivastava, 1994). I decided to use open-ended questionnaires to get more information that might not have been discussed in the focus-group interviews. Further, open-ended questions allowed the respondents to compose their own answers rather than to choose from a number of given alternatives. Thus, open-ended questions were more likely to produce valid data since the respondents were able to express their views in their own words and think through issues. Use of the open-ended questionnaire allowed for anonymity, individual opinion to be expressed and was an economical way of accumulating information in terms of time, effort and cost (De Vos *et al.*, 2005:340; Srivastava, 1994; Oppenheim, 1992).

1.12.2.4 Field Journal

During fieldwork I maintained a field/research journal. Through the research journal, I was able to capture information and keep running field notes and reflections of activities directly observed in the school settings which yielded information relevant to my study (Hancock & Algozzine, 2006:46-47; Seidman, 2006). These various recorded observations strengthened the validity of the study and were relevant during data analysis. Through the use of a research journal I was able to capture and observe salient things that participants might not have talked about freely in interviews (Cohen *et al.*, 2000:315). The information from field notes was corroborated with data from other sources in the triangulation (de Vos *et al.*, 2011; McMillan & Schumacher, 2006). I realised that although methods and procedures do not guarantee validity, they are nonetheless essential to the process of ruling out validity threats and increasing the credibility of my conclusions.

1.13 DATA ANALYSIS

Data analysis was a final inductive process of narrowing, presenting and interpreting data (Sarantakos, 2000:210). Qualitative data analysis enables organising the data into categories as well as identifying relationships and emerging patterns among the categories (McMillan & Schumacher, 2001:461; Ely, Vinz, Downing & Anzul,

1997:165; Creswell, 1997:237). This is the final stage of data reduction, presentation, analysis and interpretation (Sarantakos, 2005; Ely *et al.*, 1997:165; Coffey & Atkinson, 1996:23). Data analysis was an ongoing process after the first batch of data was collected. During the data analysis, analytical and interpretive processes worked in tandem in generating meanings.

Wolcott (1994:23) submits that analysis carries with it connotations of acts that are cautious, controlled and methodological; whereas interpretation connotes freewheeling and unbounded acts. Extending Wolcott's (1994:23) view, analysis involves discerning patterns, themes and issues in the data and these findings are seen in relation to one another and against a larger theoretical perspective. Interpretation implies drawing meanings from the analysed data (Ely *et al.*, 1997:160). In this study, data were systematically collected and meanings, themes, categories, sub-themes and general descriptions of the experience within the context of the study formulated. Informed by the research questions of the study, thick descriptions and vignettes were used to present the findings. The methodology and data analysis are exhaustively and explicitly discussed in Chapter 4.

1.14 ETHICAL MEASURES

Since, the study dealt with HIV and AIDS education, ethical considerations were integral to this research project. Ethics is the science of criteria, norms and values of human action and conduct (Babbie, 2001:417). In this study the ethical measures considered were based on sound scientific principles because the research entailed extraction of sensitive and personal information from participants (Babbie, 2001:417). Ethics deals with engagement in reflection and analysis of morals concerning whether an act is good or bad and how it influences our basic quest for meaning, our search for humanity and our attempt to create a human society. The intention of ethics is to safeguard human dignity and promote justice, equality, truth and trust (Medical Research Council, 1993:13). The four principles of ethics I considered are: autonomy, beneficence, non-maleficence and justice. In this study, the ethical requirements set by the Medical Research Council (MRC) and in line with the University of Pretoria, Faculty of Education's expectations were addressed (MRC, 1993:13-14). The ten basic ethical codes of research behaviour considered in this study are:

- the participant as a person
- human rights
- the ethic of justice, fairness and objectivity
- competence
- integrity
- sensitivity
- confidentiality
- demarcation of roles
- communication
- possible dangers taken into consideration

A detailed discussion of the ethical considerations is provided in Chapter 4.

1.15 ORGANISATION OF THE THESIS

The study focuses on secondary school teachers who had the responsibility of teaching HIV and AIDS and Life Skills under the subject area AIDS Action Programme for Schools. I sought to establish the teachers' understanding of, response to and implementation of the AAPS in relation to official policy, curriculum requirements and components and the teachers' pedagogical practices. I began with the intention of soliciting views from the teachers on whether policy and curriculum expectations of the AIDS Action Programme for Schools were consistent with their implementation needs. The outline of the chapters in this thesis is presented below.

CHAPTER ONE: Background and Orientation

This chapter sets the background and orientation of the study by defining the key constructs and discussing the aim and statement of the problem. The main research question and sub-research questions are highlighted. A brief literature review exploring a situational analysis of the HIV and AIDS Policy and issues in Zimbabwe is presented in order to place the study in context. The research population and sampling strategies are explored. Key concepts and terms in the study are defined. I indicated how the research methodology, design and data collection strategies were implemented. In this chapter the theoretical foundation of the study is introduced.

CHAPTER TWO: Literature Review

The second chapter covers the literature review of the research. The review was used as a tool to focus the study and formulate the research instruments in a bid to better understand what constitutes teacher understanding and implementation of the AIDS Action Programme for Schools. The relevant literature in respect of the following critical issues of the study was also reviewed:

- Rationale for HIV and AIDS education in Zimbabwe
- Policies for the AIDS Action Programme for Schools
- The importance of education in preventing the spread of HIV and AIDS
- Teacher conceptualisation and policy implementation
- Curriculum implementation
- Teacher response to curriculum change
- Factors that influence teachers' responses to curriculum change and implementation
- Barriers to curriculum change

The above issues were reviewed because they are seen as influencing the teachers' espoused and enacted pedagogical content knowledge and practice in implementing the subject area. In Chapter 3, the theoretical framework – the Concerns-Based Adoption Model which provides an organised plan and an analytic tool to understand what constitutes teacher conceptualisation and implementation of the AIDS Action Programme for Schools – is discussed.

CHAPTER THREE: Theoretical Framework

Chapter Three discusses the theoretical framework upon which the study on secondary school teachers' conceptualisation and implementation of the AIDS Action Programme for Schools is founded. The theoretical framework – the Concerns-Based Adoption Model – was also applied as an analytical tool to data collected in this research. In this chapter, the main three components of the Concerns-Based Adoption Model namely: the Stages of Concern (SoC), Levels of Use (LoU) and Innovation Configuration (IC) are explicitly explored. The chapter highlights the basic assumptions of the Concerns-Based Adoption Model in implementing a subject area such as the AIDS Action Programme for Schools.

CHAPTER FOUR: Research Methodology and Research Design

This chapter presents an in-depth view of the research approach, methods and design employed in the study. An outline of data collection strategies, analysis and interpretation is discussed. Ethical considerations that informed the study are clarified. Processes undertaken when administering open-ended questionnaires, individual interviews, focus group interviews and observations are deliberated upon. Of significance is that a qualitative research design was utilised.

CHAPTER FIVE: Data Presentation, Analysis and Results

Results of the study on secondary school teachers' conceptualisation and implementation of the AIDS Action Programme for Schools are presented using themes, categories and sub-themes. The results were analysed and interpreted for emerging categories and themes. This was done to reveal how teachers understood, responded to and implemented the AIDS Action Programme for Schools in their classrooms. Findings of the study are discussed in relation to the key research questions.

CHAPTER SIX: Overview, Synthesis of Findings and Recommendations

I present and discuss the findings of the study in relation to the key research questions and to the literature and the theoretical framework. Recommendations for teachers, school heads, Ministry of Education officials, teachers' colleges and universities with specific reference to the AIDS Action Programme for Schools policy and curriculum implementation in schools are presented. Possible areas for further research are outlined and the chapter ended with a final conclusion.

1.16 CONCLUSION

This introductory chapter provided a background and orientation that placed the study in the correct context in Zimbabwe and clarified the aim, primary research question, secondary research questions, objectives and the study's methodology. The need to research and document secondary school teachers' conceptualisation and implementation of the AIDS Action Programme for Schools in Zimbabwe was justified. It is a policy and curriculum innovation issue that has not yet received much attention from researchers in Zimbabwe despite its being an important subject area in the fight against the high prevalence of HIV and AIDS in Zimbabwe and Southern

Africa as a region. Evidence of this fact is the scant literature on teacher policy and curriculum conceptualisation and implementation in Zimbabwe as shown by the brief literature review in this chapter. Teachers' espoused beliefs seem to be inconsistent with their practice in most policy and curriculum reform implementation cases. Therefore, the preliminary literature review and Hall and Hord's (1987; 2001) Concerns-Based Adoption Model were viewed as suitable analytical tools to analyse secondary school teachers' conceptualisation and implementation of the AIDS Action Programme for Schools in this study. The following Chapter 2 discusses literature related to this study.

---oOo---

CHAPTER 2 LITERATURE REVIEW

2.1 INTRODUCTION

The review of literature in this chapter explores related studies on how teachers understand and implement policy and curriculum innovations (such as the AIDS Action Programme for Schools) in school contexts. In Zimbabwe a series of changes have been implemented in the Ministry of Education, Sport, Arts and Culture (GoZ, 2006a). The AIDS Action Programme for Schools is one of the new changes in policy and curriculum implementation. Hence, Chapter Two examines existing research on teacher understanding of policy and curriculum innovations and how the teachers respond to changes with regard to their knowledge, attitude, skills, concerns and educational practices in implementing an innovation. The chapter further explores the existing literature in terms of the state of research conducted on the topic under study. It evaluates areas in the existing knowledge base on teacher policy and curriculum conceptualisation in addition to implementation where the findings of this study would contribute as added knowledge.

In exploring the literature sources, the content is organised around themes for further analysis. Literature on the Zimbabwe HIV and AIDS Policy framework is reviewed. The background and rationale for the Zimbabwe school-based AIDS prevention programme, namely the AIDS Action Programme for Schools are discussed. Then, a critical synthesis of literature on the role of education in preventing the spread of HIV and AIDS, teacher conceptualisation and policy implementation, teacher response to curriculum change are explored. Lastly, I explore the literature to establish a suitable theoretical framework for this study, which is Hall and Hord's (1987; 2001) Concerns-Based Adoption Model (CBAM) presented in Chapter Three. The theoretical framework provides conceptual knowledge of how teachers understand and implement curriculum innovations in schools and also serves as an analysis tool in Chapter Five.

2.2 RATIONALE FOR HIV AND AIDS EDUCATION IN ZIMBABWE

HIV and AIDS education research among the youth in Zimbabwe reveals that HIV and AIDS poses a major threat to the well-being of every Zimbabwean including adolescents in schools (Katsinde & Katsinde, 2007:102; Chireshe, 2006; Leach & Machakanja, 2003; UNAIDS, 2000). Those infected are battling with the disease, but there are others who are affected: children who lose their parents, young children who have to take on the added responsibility of looking after other children and especially young girls who drop out of school to provide home-based care (Chirawu *et al.*, 2007). The poignant factor is the ripple effect that HIV and AIDS have on Zimbabweans and adolescents in secondary schools in particular.

Studies on secondary school students' HIV and AIDS awareness undertaken in Western countries and in Southern Africa, including Zimbabwe, revealed that the students were aware of HIV and AIDS and related issues (Chireshe & Chireshe, 2003; Maluwa-Banda, 2004; Katsinde & Katsinde, 2007). In Zimbabwe, the Ministry of Health and Child Welfare suggests that the cheapest, surest and sustainable solution to prevent HIV infection is behavioural change (Katsinde & Katsinde, 2007:99). Hence, it is important that adolescents in schools have accurate information on sexuality and quality reproductive health knowledge in order to achieve sound adolescent health. To this end, the Ministry of Health and Child Welfare in Zimbabwe embarked on major awareness campaigns involving teaching society how to promote protective measures and avoid HIV transmission. The youth is a special group targeted by HIV and AIDS awareness campaigns because of their vulnerability to HIV infection. Students are at risk of HIV infection as they become targets of adults who may exploit them sexually (Katsinde & Katsinde, 2007:100).

A study carried out by Katsinde & Katsinde (2007:109) in Zimbabwe revealed that students aged seven to nineteen years of age were sexually active, of which the majority were boys. In the study, most of the reasons for teenage sex related problems depended upon to how students interacted with each other. The fear of HIV and AIDS tended to be downplayed by other labels and stigmas which appeared to be paramount. Despite the fact that AIDS does carry labels and stigmas enough to frighten students, the study revealed that both boys and girls feared other forms of discrimination more such as being labelled 'stupid' or 'unloving' by peers or those

they interacted with. Katsinde & Katsinde (2007) also revealed that girls considered that engaging in sexual intercourse was another way of making love relationships stronger. It was also found that boys regarded coitus¹⁶ as a way of achieving recognition and popularity. I assume that, the view by the boys is unfounded and a misconception which needs to be corrected through effective implementation of AAPS in schools.

Studies in Zimbabwe and elsewhere indicated that high factual knowledge about HIV and AIDS does not necessarily lead to change in behaviour (Katsinde & Katsinde, 2007:102; Maluwa-Banda, 2004; ActionAid, 2004). A study conducted by Chirawu *et al.* (2007) revealed that despite high awareness levels about HIV and AIDS through the promotion of abstinence, secondary 'virginity' behaviour change, correct and consistent use of condoms and early diagnosis and treatment of STIs (referred to as the ABCD¹⁷ strategy) no significant change was observed. Even with the ABCD strategy, infection rates are still high among the youth of school-going age (UNAIDS, 2010). Consequently, the efficacy of these strategies outlined in the National HIV and AIDS Policy is uncertain. Consistent with the above view, Chireshe and Chireshe (2003) in their study of students' perceptions of the causes and effects of HIV and AIDS in Masvingo Urban High Schools in Zimbabwe found that secondary school students had accurate factual information about HIV and AIDS but at the same time they had some misconceptions. In the study, it was recommended that relevant stakeholders facilitate HIV and AIDS awareness and necessary attitude change among students both theoretically and in practice. Regarding implementation of AAPS, I acknowledge that that using a behavioural approach to implement the subject area has its limitations. Effective implementation of AAPS without considering other variables at play (social, political and economic) might not make much difference in changing the behaviour of learners. However implementation of AAPS is significant in that it increases learners' knowledge of HIV and AIDS. Baxen *et al* (2011:2) argue that 'educators should not only focus on HIV education but should also take cognisance of the social and cultural practices and belief systems that shape people's (teachers') lives.

¹⁶ Coitus: to have sexual intercourse (Hornby, 2000:230).

¹⁷ The ABCD strategies refer to: A – abstinence; B – behaviour change; C – condom use; D – early diagnosis and treatment.

Maticka-Tyndale (1992) was concerned about the lack of correlation between knowledge and behaviour on issues pertaining to HIV and AIDS awareness among college students in Canada. He therefore carried out a study on social construction of HIV transmission and prevention among these college students. The researcher (Maticka-Tyndale, 1992) found that, although students exhibited a high degree of scientific knowledge on HIV and AIDS, the scientific knowledge on HIV and AIDS had not been incorporated into students' common sense¹⁸. Similarly, in South Africa, Baxen, *et al*, (2011:1) observed that despite an increase in HIV and AIDS prevention programmes, increase in HIV infection among the youth indicates that the running programmes are not very effective in curbing the transmission of HIV infection. They (Baxen, *et al*, 2011), found that youth were 'engaging in unsafe sexual practices that continue to expose them to HIV infection, despite their high levels of knowledge about the pandemic.

Zambia's Ministry of Education (MoE) in partnership with the Young Women's Christian Association (YWCA) undertook a study on early pregnancies and unprotected sex among school-going children in the Mongu District of Western Province in 2007. The methodology used was a cross-sectional survey. The focus of the study was to gain more insight into the different perspectives regarding the sexual behaviour of adolescents in the complexity of social relations that form the context in which the sexual behaviour takes place. The study explicitly aimed to establish factors that contributed to early and unprotected sex among school-going adolescents. The findings of the survey indicated that many adolescents were sexually active. In that particular study the average age for the first sexual experience for girls was 14,9, and 14,1 years old for boys. It was also found that most of the adolescents did not use condoms. Programmes by the MoE to promote abstinence were not achieving the desired outcomes among school going youth. The particular study also revealed that adult guidance in the sexual development of the youth was minimal – hence the youth got information on sexuality predominantly from peers and the media. Further, findings indicated that both boys and girls had never discussed sexual matters with their parents or guardians.

Considering the importance of adult guidance for HIV prevention, the study recommended that prevention programmes emphasising adult guidance in sex

¹⁸ Common sense refers to working knowledge that should help a person in daily interactions and behaviour.

education should be embarked on (MoE & YWCA, 2007:5). Results of the study also revealed that about 60% of the girls and 67% of the boys were victims of peer pressure at school or in the community and felt compelled to engage in sexual activities. Of the adolescents who had sex, most of them reported that their first sexual intercourse was without their voluntary consent. They were under pressure by peers and boy/girlfriends (MoE & YWCA, 2007). Lessons learnt from the Zambian case strengthen the need for researching on teachers' understanding and implementation of the subject area AAPS in secondary schools where there are adolescents who engage in sexual relationships.

Mapfumo, Shumba and Chireshe (2007) conducted a study on *Sexual relationships among students in higher education in Zimbabwe: Implications for HIV and AIDS*. It emerged from the study that both male and female students from the two universities viewed men as initiators who took control and responsibility of sexual encounters. The authors viewed the practice as one that increased the vulnerability of women and girls, who might contract HIV as a result. Based on such findings, Mapfumo *et al.* (2007) suggested that methods adopted for the control and prevention of HIV and AIDS should focus upon the roles played by men and women in their sex encounters. Both men and women must take full responsibility for protecting themselves, and each other, from the possibility of contracting HIV.

In the light of the social problems discussed above, the government of Zimbabwe produced materials for use in schools under the AAPS to try to guide students to protect themselves against HIV infection. It is government policy that every class in schools be involved in the AIDS Action Programme for Schools so that learners are assisted to understand the HIV and AIDS pandemic, to change their attitudes and refrain from unsafe sexual behaviour (Jackson, 1992). At least one period per class per week should be assigned for teaching the subject area (GoZ, 2006a). However, indicators such as the increasing number of HIV infections and schoolgirl pregnancies confirm that some students continue to engage in risky sexual behaviour and that the subject area might not be effective (Katsinde & Katsinde, 2007). It was therefore necessary to conduct a scientific study to determine how teachers understand and implement the prescribed AIDS Action Programme for Schools.

2.3 THE ZIMBABWE NATIONAL HIV AND AIDS POLICY FRAMEWORK

In line with the regional conventions, treaties and declarations to which Zimbabwe is a signatory, a number of policies relevant to HIV and AIDS have been put in place by the government of Zimbabwe. Of significance to this study is the National HIV and AIDS policy of 1999 that outlines 43 guiding principles. These principles direct intervention in prevention, care, mitigation and research in response to HIV and AIDS in Zimbabwe (National HIV/AIDS Policy, 1999).

Among the 43 guiding principles, those relevant to this research and relevant to the AIDS Action Programme for Schools curriculum content include:

- A multi-sectoral approach in addressing the AIDS pandemic
- Human rights and dignity for people living with HIV and AIDS
- Confidentiality
- Voluntary counselling and testing (VCT)
- Burnout experienced by care providers
- Protection of the rights of children, both infected and affected by HIV
- Wilful transmission of HIV and AIDS
- Prevention of parent to child HIV transmission
- Condom use promotion and availability (Chirawu *et al.*, 2007:36; National HIV/AIDS Policy, 1999).

2.4 BACKGROUND TO AIDS ACTION PROGRAMME FOR SCHOOLS

The Zimbabwe AIDS Action Programme for Schools is a skills-based health education programme. Notwithstanding its uniqueness, the programme is informed by other skills-based health education programmes such as the Uganda School-based HIV and AIDS prevention programme (O'Donoghue, 1995).

Among the first countries to implement a school-based HIV and AIDS prevention programme in 1987 was Uganda. The programme ran parallel with other health promotion activities in the country and aimed to provide school children with reliable, correct information which resulted in behaviour change. According to O'Donoghue (1995), there were two major challenges with the Uganda programme. Firstly, it was observed that simply providing students with HIV and AIDS content did not

automatically result in behaviour change. Secondly, it was apparent that teachers were the weak link in the project implementation process. It was evident that the teachers were untrained and they were uncomfortable handling information on HIV and AIDS and sexuality issues. The teachers were found to avoid core HIV and AIDS issues and only dealt with peripheral matters such as other health topics (O'Donoghue, 1995).

Similarly, a baseline survey undertaken in Zimbabwe at the onset of the AIDS Action Programme for Schools found that although teachers were keen to teach prevention education, there were some knowledge gaps on the part of the teachers (GoZ, 2003b). Uganda is often seen as a model for Africa in the fight against HIV and AIDS as it boasts strong government leadership, broad-based partnerships and effective public education. All these contributed to the decline in the number of people living with HIV and AIDS in the Uganda from 15% in the 1990s to 5% in 2001 (O'Donoghue, 2002). The approach used in Uganda has been named the **ABC** approach – firstly, encouraging sexual **A**bstinence until marriage; secondly, advising those who are sexually active to **B**e faithful to one partner; and finally, urging **C**ondom use, especially for those who have more than one sexual partner. The **ABCD** approach encouraged in the AIDS Action Programme for Schools is a concept that has been borrowed from Uganda by the Government of Zimbabwe.

2.5 POLICIES FOR THE AIDS ACTION PROGRAMME FOR SCHOOLS

It is significant to note that young people are particularly at risk of HIV infection and sexually transmitted infections. Of specific interest to this study is the fact that at 11,1% Zimbabwe has one of the highest HIV prevalence rates among the youth in Africa (UNAIDS, 2010:183). Zimbabwe, in collaboration with UNICEF, initially introduced the HIV and AIDS and Life Skills policy called AIDS Action Programme for Schools through the Chief Education Officer's Circular Number 16 of 1993 and the programme was revised in 2003 through the Director's Circular Number 3 of 2003. All schools have since been obliged by policy to provide HIV and AIDS prevention education from Grade 4¹⁹ to Form 6²⁰ (GoZ, 2003a; 2003b).

¹⁹ Grade 4: in the Zimbabwean education system Grade 4 refers to the 4th year of primary school education.

²⁰ Form 6 is the 6th year of secondary school education prior to entry into university.

The documents that contain the policy provisions for the AAPS are the Director's circulars Number 2 and 3 of 2003 which prescribe how teachers teaching HIV and AIDS and Life Skills education should implement the subject area. Other relevant policy documents are: the Zimbabwe National Behavioural Change Strategy for the Prevention of Sexual Transmission of HIV 2006-2010 (GoZ, 2006b), and the Secretary's Circular Number 5 of 2000. These policy documents emphasise the role of schools in preventing HIV and AIDS among learners and are punctuated by statements such as, 'Teachers are expected to use participatory and learner-centred methodologies ...' (GoZ, 2003a; 2000a); and, 'Heads and teachers are also expected to assist children affected by the pandemic' (GoZ, 2003a:3). In the same vein the Government of Zimbabwe (2006a:19) submits that schools will therefore be equipped to promote life and negotiation skills as well as teach pupils about all effective HIV prevention methods including abstinence, faithfulness and condom use. These policy documents clearly pronounce the rights of children as well as the teacher mandate to educate learners, to control the spread of HIV and to assist children affected by the pandemic (Machawira & Pillay, 2009:753). In addition, policy states that there should be reduced stigma and discrimination of the infected and affected (GoZ, 2006a:27).

In summary, the official policy documents (GoZ, 2006a; 2005b; 2003a; 2003b) outline the following policy, curriculum requirements and components of the AIDS Action Programme for Schools:

- The AIDS Action Programme for Schools must be accorded equal status with other subjects on the curriculum.
- The APPS is a compulsory subject area; at least one period per class per week must be allocated to HIV and AIDS and life skills education.
- Curriculum content for the subject area should be derived from the objectives outlined by the Ministry of Education, Sport, Arts and Culture in policy documents.
- Each school should appoint qualified teachers to teach HIV and AIDS education.
- A gender-balanced core team of at least four teachers per school should be selected to assist the subject area coordinator to develop a school syllabus from the given objectives, teach the subject area to learners, and organise staff development on requested topics.

- Teachers assigned to the AAPS team should be allocated reduced subject and co-curricular workload to facilitate this additional duty.

Over and above the preceding requirements and components, the MoESAC Basic Education policy also states that more books on sexual abuse, sexually transmitted infections and HIV and AIDS should be published so that schools have up-to-date books for the AAPS (GoZ, 2006a:27).

Goal number six of the Basic Education Policy (2006:7) in Zimbabwe aims to reduce HIV and AIDS among other diseases in the education sector. The objective is also to contribute to the prevention of HIV and AIDS and other communicable diseases that are preventable through teaching a subject area such as HIV and AIDS education in schools (MoESAC, 2006:7). Further, the basic principle in the National HIV and AIDS policy (1999), emphasises the right of all persons to have access to clear and accurate information, education and communication on HIV, AIDS and sexually transmitted infections.

Accordingly, over 2000 Zimbabwean teachers have been trained to teach HIV and AIDS education using pre-service and a cascade model of in-service training. The subject area is taught in over 6000 schools and should have 'equal status as other curriculum subjects' (GoZ, 2005b:7). Supporting textbooks and teaching materials have been developed and the programme has the full support of the government and other influential groups such as churches (GoZ, 2005b:7). Through the AIDS Action Programme, MoESAC mandates schools to ensure that all learners in primary and secondary schools have information and advice on protection from unwanted pregnancy, STIs and HIV and AIDS (GoZ, 2006a:26). The AIDS Action Programme for Schools, according to MoESAC, is meant to ensure that issues relating to sexual abuse and HIV and AIDS are taught to learners. The AAPS is a didactic information-based programme that seeks to effect attitudinal and behaviour change among learners in order to reduce their risk of HIV infection. Under the AIDS Action Programme for Schools, one weekly HIV and AIDS education lesson is compulsory for all learners at primary and secondary schools (O'Donoghue, 1996:1; 2002).

2.5.1 PURPOSE AND OBJECTIVES OF THE AIDS ACTION PROGRAMME FOR SCHOOLS

MoESAC introduced the AIDS Action Programme for Schools as an educational policy and curriculum innovation to combat the spread of HIV among learners. The subject gives factual information about HIV and AIDS and develops learners' skills to make informed choices and avoid HIV infection (GoZ, 2003c; O'Donoghue, 1996:5). According to the subject area, teachers are mandated to focus on building pupils' life skills to enable them to take better decisions for themselves and assume positive attitudes and behaviour with less emphasis on the science of the disease. Implementation of the subject area was initiated partly because HIV and AIDS constitute an emergency in Zimbabwe. Implementation of the subject area allows learners to make informed decisions about personal health, positive social relationships and how to exercise their constitutional rights as well as respect the rights of others.

Outlined below are the specific objectives of the programme defined by the Curriculum Development Unit at its outset GoZ (2003a), and presented by O'Donoghue (1996:7).

- Develop pupils' knowledge and understanding of AIDS issues and problems.
- Develop desirable attitudes in pupils to good health through what they learn and how they learn it.
- Challenge prejudices and fears which stigmatise people with HIV and AIDS as victims or outcasts, and help pupils develop understanding, support and a sense of community responsibility for the problem of HIV and AIDS.
- Help pupils to understand and deal with their health problems, fears, and anxieties about puberty, sexuality and relationships.
- Let pupils develop values and life skills such as problem-solving, analysis, evaluation and prediction that are conducive to positive, responsible and healthy lifestyles.
- Promote responsible behaviour in pupils that maximises protection from sexually transmitted infections, including AIDS.
- Increase self-assertiveness and self-confidence in pupils in their relationship with peers and adults.

- Enable pupils to recognise physical, emotional and sexual abuse and deal with it.
- Develop an appreciation of girls and women as equal partners to boys and men in society.
- Foster a new youth and pupils' consciousness of themselves as members of a relatively HIV-uninfected group.
- Enable pupils to make better use of available resources to improve health care.
- Develop an appreciation by pupils of the socio-economic, cultural and historical factors in the transmission of HIV.

2.5.2 CURRICULUM CONTENT FOR THE AIDS ACTION PROGRAMME FOR SCHOOLS

The AIDS Action Programme for Schools curriculum does not have a set syllabus for secondary school education. Information from the Ministry of Education, Sport, Arts and Culture suggests that they are still in the process of designing this. Teachers are therefore expected to derive content from the outlined objectives and a resource book (*Let's Talk about It*) which are supposed to be used for HIV and AIDS education lessons in both primary and secondary schools (GoZ, 2003b). As a result of the fact that schools design their own syllabuses from the objectives, the content taught in schools may not be uniform and standardised as is the case with other subjects in the curriculum.

From the onset of the Zimbabwe AIDS Action Programme for Schools, it was established that the goals of behaviour and attitude change could be achieved through a participatory, pupil-centred approach to teaching and learning (GoZ, 2003a; O'Donoghue, 1996:7). It was also agreed that the basic content of the AAPS curriculum must reflect pupils' everyday lives, dealing with issues of importance to pupils. Hence, the life skills approach is adopted. Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO, 1993). The five foundation life skills areas emphasised in the AIDS Action Programme for Schools in Zimbabwe are: 'decision making/problem solving, creative thinking/critical thinking, communication/interpersonal skills, self-awareness/empathy and coping with emotions/coping with stress' (O'Donoghue, 1996:8).

In the subject area, the participatory teaching methods adopted are viewed as an essential component of the life skills approach. The emphasis is on ‘experiential learning through active participation rather than didactic teaching or listening to lectures’ (O’Donoghue, 1996:8; WHO, 1993). During the lessons, pupils practise the life skills needed to help them to avoid risky behaviour.

2.5.3 STRATEGIES FOR IMPLEMENTATION OF AIDS ACTION PROGRAMME FOR SCHOOLS

The Ministry of Education, Sport, Arts and Culture Director’s Circular No. 2 of 2003 outlines information which assists school heads and teachers to implement the AIDS Action Programme for Schools in all schools throughout the country at both primary (starting at Grade 4) and secondary school levels since it is a compulsory subject area. These include time allocation, methodology, capacity development for school heads and teachers, building support, resource materials, networking, supervision and record-keeping. The Zimbabwean education system is heavily examination-oriented but the AIDS Action Programme for Schools as a subject area is not examinable. Stakeholders assumed that if the subject area is examined, the focus would shift to giving learners factual information for them to pass examinations rather than to assist them to develop life skills that promote attitude and behaviour change. At the onset, it was observed that it would be difficult to set examination questions to test attitudes and behaviour change. Curriculum initiators considered that making the subject area examinable ‘would result in didactic rather than participatory teaching’ (O’Donoghue, 1996:8).

MoESAC established that AIDS education should be taught in English in order to be congruent with other curriculum areas where English is used as a medium of instruction. However, in the subject area, teachers have the option to use the mother tongue where use of English does not facilitate communication. On the other hand, in the Zimbabwean cultures, certain topics related to sexuality are sensitive. Teachers find it difficult to communicate sex and sexuality issues with young people because of cultural practices and beliefs (O’Donoghue, 1996:9; Mapfumo, 1999:74). Preliminary studies show that some teachers are not comfortable with sexuality and AIDS education (Leach & Machakanja, 2003). The fact that teachers are not comfortable with the subject area may suggest that a gulf still exists in Zimbabwe between adults and youth pertaining to discussion on sexuality issues.

Initially, fitting the AAPS into the curriculum was debatable. On one hand, it was observed that HIV and AIDS education could be integrated into other curriculum subject areas. On the other hand stakeholders such as churches, non-governmental organisations and other civic groups in Zimbabwe assumed that if the subject area were integrated into other curriculum areas it might not be taught unless there was an established implementation strategy adopted to ascertain that teachers taught the subject area (Chirawu *et al.*, 2007; O'Donoghue, 1996). The position adopted was that AAPS be a stand-alone subject on the curriculum. However, since the subject area was not allocated sufficient time on the school timetable, teachers were encouraged to integrate AAPS wherever possible in their different subjects of specialisation.

2.6 IMPORTANCE OF EDUCATION IN PREVENTING FURTHER SPREAD OF HIV INFECTION

Existing literature focuses mainly on the impact of HIV and AIDS on education (UNESCO, 2000). The rapid spread of the HIV and AIDS pandemic in Southern Africa has impacted negatively on the education sector forcing most governments in the region and their ministries of education to initiate a number of policies and to embark on HIV and AIDS prevention programmes (Baxen & Bredlid, 2004). These efforts are consistent with Millennium Development Goal number six which aims to 'combat HIV and AIDS and other diseases' as well as 'halt and begin to reverse the spread of HIV and AIDS' (UNESCO, 2005:294). The prevention programme also aims at fortifying the HIV and AIDS-affected education sector. The efforts also launch schools at all levels to fight this deadly disease of the twenty-first century. Despite efforts undertaken at national, regional and international level to fight the AIDS pandemic in terms of policy actions and practical interventions, there appears to be little empirical research on teachers' understanding and implementation of HIV prevention (Kelly, 2004; World Bank, 2002; UNAIDS, 1999).

Literature (Leach & Machakanja, 2003; World Bank, 2002) reveals the need to harness the great potential of schools to prevent the further spread of HIV infection and to offer care and support to the infected as well as to protect the education sector from the deadly disease. It is acknowledged that use of a school-based programme such as the AAPS is only one of the many HIV and AIDS prevention

strategies or prongs used in Zimbabwe. In this argument, Kelly (2004) advocates that the principal beneficiaries on HIV and AIDS prevention measures are young people, hence, education must play a leading role in preventing HIV transmission. Education is endorsed in order to strengthen a country's response by focusing on both prevention and care for the infected and affected. In the paper 'Education and HIV: A Window of Hope' the World Bank (2002) illustrates the need to prevent HIV among the nine to fourteen age group – the so-called window of hope.

In literature it is argued that the education of children and youth merits the highest priority in a world afflicted by HIV and AIDS (Kelly, 2004; World Bank, 2002). The justification for this is that good basic education is one of the most effective and cost-effective means of preventing HIV and AIDS. According to the World Bank (2002), education has been seen as a cheap strategy to combat the spread of HIV and AIDS. It equips children and youth with skills to make informed decisions related to their lives as well as to realise long-term healthy behaviours and hope (WHO, 2007). Education is viewed as a powerful means to reduce vulnerability of adolescents to HIV infection, especially girls. It means education is seen as a unique tool to curb the further spread of HIV.

2.7 TEACHER CONCEPTUALISATION AND POLICY IMPLEMENTATION

A baseline study carried out in Zimbabwe when the school-based AIDS prevention curriculum was initiated, found some knowledge gaps on the part of the teachers (GoZ, 2003b). The levels of knowledge about HIV and AIDS and behaviour change remained too low to produce anything approaching an AIDS-free generation (GoZ, 2003c). Similarly, in Mozambique, Visser (2004a) in his study found that age, personal experience with HIV and AIDS and the level at which the subject matter was taught were some of the factors that impacted on teachers' willingness to talk about HIV and AIDS.

For the past ten years studies on implementation of school-based prevention programmes illustrate that teachers have been found to be a weak link in the implementation process (Education Policy Consortium 2001; O'Donoghue 1995). It was also found that while teachers were eager to participate in HIV and AIDS education, they tended to shun people with HIV or AIDS and in some cases they

were uncomfortable about having social contact with people infected with HIV and suffering from AIDS (GoZ, 2003b). For teachers to be able to help learners develop positive attitudes towards people living with HIV and AIDS, the teachers as facilitators need to first develop positive attitudes themselves (GoZ, 2003b).

Policy implementation involves what Jansen (2001a) refers to as the relationship between 'policy images' and the 'personal identities' of teachers. To Jansen, 'policy images' are the official projections through various policy texts of what the ideal teacher looks like and what is expected of him. On the other hand, 'personal identities' are the understanding that teachers hold of themselves in relation to official policy images. Jansen (2001a) states that teacher identities mean teachers' sense of self as well as their knowledge and beliefs, dispositions, interests and orientation towards work and change. Hence, teacher identities are the way teachers feel about themselves professionally, emotionally and politically, given the conditions and demands of their work.

The professional basis of teacher identity involves the ways in which teachers understand their capacity to teach as a result of, *inter alia*, subject matter competence, levels of training and preparation, and formal qualifications. In other words, the formal and prior training that the teacher feels he has shapes his or her ability to understand and implement a particular policy reform (Jansen, 2001b:242). This is a cause for concern about how teachers conceptualise or understand their capacity to implement a proposed policy. Thus, of relevance to this study is how teachers as professional actors view their capacity in relation to the AIDS Action Programme for Schools, given how the policy initiative defines their mandate.

The emotional basis for teacher identity refers to the ways in which teachers understand their capacity to handle the emotional demands made on them by a new policy in the context of existing stresses and pressures. Such difficulties may be in the form of large classes, managing and disciplining learners and demands from school management for accountability on learner performance. In contemporary classrooms, the teacher also has to deal with the emotional trauma of learners with HIV and AIDS and students whose parents or siblings have died or are terminally ill due to the pandemic (Jansen, 2001a). This implies that the emotional disposition of teachers is expressed in terms of teacher response to a proposed policy based on

the stresses and pressures in their operational environment – the school. The captivating question is how teachers, as emotional actors, conceptualise, experience and respond to the AIDS Action Programme for Schools, given the definition of the subject area's attributes to their role.

The political basis for teacher identity refers to the ways in which teachers 'understand and act on their value commitments, personal backgrounds and professional interests in the context of change demands' (Jansen, 2001b:243), particularly if a teacher is required to teach a new curriculum area in a school. This point of reference might directly or indirectly undermine a particular policy mandate without its being easily recognised (Jansen, 2001b:243). Consistent with the view, Jansen and Christie (1999) state that competences expected of teachers are sometimes viewed by teachers as complex, difficult, demanding, ambitious, unrealistic and impractical given the existing demands on teachers. This reflects teacher understanding of their authority to implement or withhold action in response to a particular policy reform; at school and classroom level. As a consequence, this study will indirectly help to answer the following question:

- *How do teachers as policy implementers conceptualise and act on their authority with respect to the AIDS Action Programme for Schools given the outlined teacher mandates?*

The dislocation between policy visions and practical realities in schools and classrooms remains a vexing problem to educational change (Hargreaves, 2005b; Jansen, 2001a:242). Machawira and Pillay (2009:753), who were alert to the challenge, observed that 'policy images of teachers' made demands that conflicted with their personal 'identities as practitioners'. Therefore, Sachs (2001) suggested that identity conflict may lie at the heart of the implementation dilemma in educational change. This observation explains the apparent inconsistency between teachers' espoused and enacted practice in policy implementation. I assume that 'unless teachers have a holistic approach to AIDS education, they may unwittingly contribute to the spread of HIV' (Baxen, *et. al*, (2011:7).

Policies and outcomes are influenced by the immediate context in which they are implemented. They are also impacted on by the larger ideas that shape the

perspectives of political authorities. Most implementation studies, however, focus narrowly on issues of policy and practice. The focus of this study is to determine whether a policy initiative has been put into practice, consistent with its legislative intent, and whether implementation outcomes differ from initial expectations.

Literature shows that analysts rarely ascertain whether goals of public policy or the dynamics of social change shape a policy's implementation (Jansen, 2001a). The inability of conventional implementation studies to account fully for the gap between policy intentions and outcomes suggests the need for a more penetrating look at this aspect of policy process. Just as ideas have become a key factor in explaining why policies are enacted at certain times and in particular forms, they may also increase understanding of policy implementation. Implementation, which refers to the way in which decisions are or are not executed, warrants criteria leading to success or failure. To have an insight into teacher policy implementation there is need to understand how policy is turned into practice, how government policy gets or does not get translated into practice and factors that help or hinder implementation (Hunter & Marks, 2002). If there is a problem, then it is not so much an absence of policy as a surfeit because those charged with its implementation lament the constant outpouring of initiatives – all competing for attention and stretched resources, both human and financial (Hunter, 2003; Hunter & Marks, 2002). Teachers are policy gatekeepers in that they can facilitate policy innovation or they can prevent change.

In a context of considerable uncertainty, policy overload and major organisational turbulence, the processes of implementing policy and reaching sustainable decisions are likely to become more difficult to put in place successfully. Governments in Southern Africa, including Zimbabwe, insist that the policy framework is clear and unambiguous and that what is required is effective implementation (Jansen, 2001a). Delivery is the mantra, not lack of policy; the issue is how national policy aspirations can be translated into clear policy guidelines at local level.

2.8 CURRICULUM IMPLEMENTATION BY TEACHERS

Curriculum implementation involves change. In terms of this view, Hargreaves (2004) suggests that globally it seems that educational innovation and change is a policy priority and major public news. Successful implementation of innovative programmes

and their sustainability initially requires an inherent change in people (Slabbert, 2001:291). Consistent with educational change, Swanepoel and Booyse (2006:1) state that teachers are the key players in the facilitation of programme implementation and change. Analysing the views submitted by the authors I contend that teacher facilitation of programme implementation and change depends on their tacit theories, professional qualifications, beliefs and value they attach to a task such as the AAPS.

A study undertaken by Poppleton and Williamson (2004) on teachers and school change found that the active involvement of teachers in implementing school change is more powerful than any of the variables for promoting a positive attitude, receptiveness and positive feelings. The more teachers participate in responsible and initiating roles in school change, the more positively they welcome the change and the more willingly they participate in future change (Poppleton & Williamson, 2004:289). Similarly, Swanepoel and Booyse (2006:1) stress the importance of the active involvement of teachers as the key agents for change and implementation in the school or classroom.

Wood and Olivier (2007:1) observe that there is great pressure on teachers to deliver and produce good results in academic subjects, leading them to give insufficient attention to the holistic development of the learner. In Wood and Olivier's (2007) view, teachers often feel despondent and develop a lack of intrinsic motivation in their academic work. Existing research findings show that teachers generally do not possess skills, knowledge, attitudes and values required to be effective HIV and AIDS facilitators (Wood & Olivier, 2007; Lethoko, 2002; Steyn & Van Wyk, 1999). Teachers have to develop a belief in their ability to cope in their school environment and to deal with problems that erode their self-efficacy. As teachers, they need to develop the needed confidence to be effective HIV and AIDS role models. Teachers with positive self-efficacy might effectively teach and impart life skills to learners because teacher self-efficacy is positively related to general teacher behaviour in the classroom, and specifically during delivery of HIV and AIDS education lessons (Wood, 2004). High-level teacher efficacy results in high learner achievement and motivation as well as successful programme implementation (Wood & Olivier, 2007:2; Hoy & Woolfolk, 1993:358).

Chiwela and Siamwiza (1999) undertook a study on teachers' knowledge, attitudes, practices and skills in teaching HIV and AIDS prevention and psychosocial life skills. The results reveal that 25% of the teachers acknowledged that they did not understand HIV and AIDS and life skills, and they felt unqualified to teach the subject. About 30% of the teachers thought that sex education led to promiscuity among learners. The finding by Chiwela and Siamwiza (1999) shows a misconception among the teachers who were believed to be facilitators of the HIV and AIDS prevention programme.

Chireshe (2006) undertook a survey involving 314 school counsellors and 636 students on the effectiveness of school guidance and counselling services in Zimbabwean secondary schools. Data was collected using questionnaires. The study revealed that the majority of both school counsellors and students viewed the school guidance and counselling as a positive innovation but that its effective implementation was being negatively affected by lack of resources, training in guidance and counselling and non-performance of counselling duties by some school counsellors. In the study, school counsellors viewed the school guidance and counselling policy as not mandatory. Both teachers and learners viewed the subject as being of low status and not one to be taken very seriously. Also, planning, needs assessment and evaluation of school guidance and counselling services were rated negatively. Teachers who taught guidance and counselling were perceived as incompetent (Chireshe, 2006). Overall, Chireshe (2006) found that surface level implementation was being done in guidance and counselling in most Zimbabwean secondary schools. Since the study explored the effectiveness and delivery of guidance and counselling in Zimbabwean secondary schools, it provides explicit information on how teachers interpret and implement government policy.

Educational research seems to have neglected investigation into teachers' attitudes, conceptualisation and perceptions of HIV and AIDS, along with other related issues and how these affect their role in delivering HIV and AIDS education. In the developing world, including Zimbabwe, minimal research has been conducted to understand the individual and contextual factors that affect teachers' understanding of their roles to help moderate the spread of HIV and AIDS and how this process affects their pedagogical practices as teachers. Visser (2004a) observed that there appeared to be an assumption that with practical training, time and curricula space a

teacher is the appropriate medium to deliver HIV and AIDS content to learners. Visser (2004b) argues that teachers who have a high awareness of personal risk are likely to talk about HIV and AIDS. I contend that in addition to teachers' high awareness of personal risk to HIV and AIDS (Visser, 2004b), the teachers' concerns should also be addressed by policy makers, Ministry of Education, and school management for teachers to have high self-efficacy.

A review of the literature illustrates that there is a lack of research focusing at the micro-level on teacher conceptualisation and implementation of HIV and AIDS prevention education in school contexts (Baxen & Breidlid, 2004:17). Baxen and Breidlid's (2004:17) research stance considers teachers as producers, interpreters and reproducers, mediators and purveyors of knowledge and safe sex messages. Teachers may be viewed as people who work in a field where HIV and AIDS knowledge is considered private or secret. In terms of Baxen and Breidlid's (2004:17) observations, teachers have been positioned as deliverers of an uncontested, already negotiated body of HIV and AIDS knowledge within settings that are unproblematic. Teachers have consequently been targets of training programmes that have largely portrayed 'them as lacking the knowledge and skills to teach' life skills or HIV and AIDS effectively (Baxen & Breidlid, 2004:17). Implied in such research is the assumption that teachers are subjects in a system rather than individuals who are contributors, negotiators and facilitators in their working contexts.

In Zimbabwe, government policy documents explicitly outline mandates given to teachers in order for them to fulfil their roles as givers of knowledge and facilitators of the learning process (GoZ, 2003a:2). Statements such as, 'School Heads and teachers are expected to assist children affected by the AIDS pandemic', and 'Teachers are expected to use participatory and learner-centred methodologies' (GoZ, 2003b:2) have placed 'emphasis on the role of schools' in the prevention of HIV infection through sexual transmission among pupils. Such policy positions proffer 'an expanded role for teachers in the implementation' of the AAPS (Machawira & Pillay, 2009:753). The Zimbabwe National Behavioural Change Strategy for the Prevention of Sexual Transmission of HIV (2006-2010) highlighted that schools are equipped to promote life and negotiation skills as well as to educate about all effective HIV prevention methods including abstinence, faithfulness and condom use

(GoZ, 2006b:19). Such policy positions clearly spell out the mandates 'of teachers to create an AIDS-free generation' (Machawira & Pillay, 753).

Silent in policy documents (GoZ, 2003a; 2003b) is the consideration of teachers' knowledge and attitudes as important factors in implementing HIV and AIDS prevention programmes such as the AIDS Action Programme for Schools. Policy pronouncements do not address how teachers' understanding, beliefs and concerns impact on their delivery of policy mandates in schools in the context of HIV and AIDS.

2.9 TEACHERS' RESPONSE TO CURRICULUM CHANGE AND IMPLEMENTATION

Teachers are frontliners in policy implementation. They serve as a way through which policy results are realised since they bring policy into the classroom. They mediate between education policy and practice. However, an analysis of literature on education policy and practice reveals that there seems to be much more emphasis on policy issues than on the actual practice in classrooms (Lloyd & Yelland, 2003; Hall & Hord, 2001). Reid, Brain and Bowels (2005) suggest that since policies are implemented by teachers in schools, there is need for an examination of the implementation process. Successful curriculum change depends on a strategy that utilises teachers' professional knowledge, skills, attitudes, motivation, values and concerns (Reid *et al.*, 2005). According to Lloyd and Yelland (2003:82) policy initiators and curriculum *drivers* should focus on the knowledge, attitudes and skills integral to teacher change.

There are multiple decision-making points for secondary school teachers at different stages of curriculum implementation. The first stage called initiation is defined by Fullan (2001b:53) as, 'the process leading up to and including the decision to proceed with the implementation'. Rogers (2003) and Burgess, Robertson and Patterson (2010:52) refer to the initiation as an information-seeking stage that is balanced with a personal needs assessment. The next stage, *persuasion*, occurs when a teacher forms a positive or negative attitude towards an initiative (Rogers, 2003:169). In the persuasion stage the teacher considers the particular elements of the initiative such as the relative advantages, compatibility and complexity (Burgess *et al.*, 2010:52; Rogers 2003:15). Implementation is execution and is the last stage.

Execution can be accomplished with total loyalty or may consist of compliance with constraints and alteration of procedures and routes. It begins when the individual teacher decides to put an initiative into use in his or her teaching in the classroom. According to Rogers (2003:16), it is at this stage that the 'trialability'²¹ and 'observability' characteristics of an initiative become critical to a teacher's positive attitude and adoption.

Consistent with the idea of putting an innovation to the test, Walsh and Gardner (2006) and Burgess *et al.* (2010:52) submit that if a teacher is able to select and test aspects of an initiative, and that trial produces beneficial results for the teacher, then a positive attitude and further implementation is likely to occur. This change process involves first a change in behaviour and, where the teacher acknowledges success, a possible transformation of the teacher's beliefs, attitudes and knowledge (Burgess *et al.*, 2010:52; Clarke & Hollingsworth, 2002:947; Rogers, 2003). In the view of Hall and Hord (2001), teachers who implement an initiative after the trial stage and adopt aspects of an initiative are generally classified as curriculum implementers (users).

Bailey (2000) contends that getting teachers deeply involved in envisioning and managing change means abandoning the idea of a preconceived outcome. It should also not be assumed that enough is known about particular school cultures or needs of individual classrooms. Bailey's (2000) argument is extended by Clasquin-Johnson (2011:61) who views that it is therefore impossible to design just one (one-size-fits-all) programme which will repair the ills of school and society. This realisation may enhance our understanding of why some teachers refuse to accept implementing policy or curriculum changes (Bailey, 2000). However, it should not be assumed that teachers have all the answers, or that local problems cannot be informed by a broader perspective and more comprehensive knowledge base (Bailey, 2000).

It is noted that teachers' receptivity towards curriculum reform depends to a large extent on their level of involvement and acceptance of the change effort. In the context of this study secondary school teachers were found to respond to curriculum change by pushing or sustaining curriculum change, resisting it, or actively subverting change. Teacher agency in curriculum change can be passive or active (Clasquin-

²¹ The term 'trialability' is derived from the word trial. In this study it refers to the process of testing the applicability and impact of AAPS before the teacher makes a final decision to adopt and implement it.

Johnson, 2011:67). Existing research (Bowins & Beaudoin, 2011:8; Mosia, 2011:122; Clasquin-Johnson, 2011:167; Wood & Oliver, 2007:175) reveals that teachers respond to policy or curriculum implementation and change in the following ways:

- a) ignoring
- b) resisting
- c) adopting or
- d) adapting the official policy or curriculum reform.

The above teacher-response strategies are further discussed below.

2.9.1 IGNORING CURRICULUM CHANGE

In Zimbabwe, Cleghorn and Prochner (1997:346) found that early childhood teachers ignored the policy mandate to implement a play-based curriculum. The teachers in that particular study continued teaching reading and writing instead. The teachers reported that they were constrained by lack of materials for a play-based curriculum, large classes (average pupil: teacher ratio of 50:1) and pressure from departmental officials to achieve a certain amount of progress in academic subjects within the first three months of the academic year.

Studies such as those conducted by Chireshe (2006:214) and Chirume (2007:45) in Zimbabwe, Kachingwe *et al.* (2005:199) in Malawi, Samuel (2004:162) in India, Clasquin-Johnson (2011:136) in South Africa, Burgess *et al.* (2010:52) in Australia and ActionAid (2004:8) in Kenya, reveal that limited resources and inadequate professional development are barriers to effective curriculum implementation and a critical factor in teachers ignoring change. On the issue of teacher response to change and use of resources, curriculum materials have long been viewed as the primary means through which to infuse the methods and goals of educational reform into the classroom (Brown, 2009; Remillard, 2005:211).

Historically, for their part, teachers were often considered passive users of these curriculum materials. Remillard (2000:331) and Forbes (2011:19) observe that most curriculum resources, developed over the years, are made to speak through teachers rather than directly to them. As a result teachers rarely enact curriculum materials precisely as is expected by policy makers. Forbes (2011:19) notes that perspectives

on the teacher-curriculum relationship should recognise and embrace as an affordance²² the important role that teachers play in curriculum change and material use. Similarly, in Greece, Kallery and Psillos (2002:777) found that most Grade R teachers in their study ignored many of the official requirements. In their study in Mexico, Datnow and Castellano (2000) revealed that the most common reaction to top-down mandates is to reject the change and continue as before. Accordingly, Rowan and Miller (2007:256) contend that teachers ignore change as a result of the failure of policy makers to obtain teacher cooperation or moral purpose.

Bristo (2010:2) notes that change shakes or threatens the comfort zone and makes teachers doubt both their roles in the school and their efficacy to fulfil those roles. It is a threat to the established models of those who are affected by the change (Remillard, 2000). A study undertaken by Sorour (1997:643) in Egypt found that ‘teachers are a critical factor in making reform work provided they understand and assimilate it, are convinced by it, and most importantly benefit from it’, otherwise they oppose the change. In 2000 Kenya introduced an active learning and play-based curriculum. Despite the merits of the new curriculum, teachers continued to teach reading, writing and mathematics. The teachers ignored guidelines for the new curriculum because they were pressurised by parents’ demands that their children be taught to read and write. Hence, teachers face a dilemma when the new curriculum emphasises values that are opposite to the cultural traditions of society (Remillard, 2000) and they are compelled to ignore and resist the reform. The above discussion is relevant to my study in that I approached data collection with an open mind, having understood teachers’ experiences in policy and curriculum implementation.

2.9.2 RESISTING CURRICULUM CHANGE

Like practitioners in other fields, teachers are reluctant to adapt new practices or procedures unless they feel confident that they can make them work (Mosia 2011:122; Guskey, 2002:386). For the teachers to change or try something new means risking failure. In addition Phatudi (2007:6) contends that national policies have evoked resistance and criticism from many quarters in various fields of knowledge as they were seen as an imposition by the government. In their study in Greece, Kallery and Psillos (2002:59) found that there are significant disparities

²² Affordance: refers to a benefit (Forbes, 2011:19).

between policy and implementation. The teachers in that particular study ignored many of the official requirements. Prior to the study by Kallery and Psillos (2002), Datnow and Castellano (2000:777) found that the most common reaction of teachers to top-down official mandates is to reject the change and carry on as before. Zimmerman (2006) submits that when change is top-down, many teachers fail to see the necessity of the new initiative. In addition, Bristo (2010:1) says that change brings with it an increased workload; hence most teachers will actively resist new initiatives if they do not see the relevance of such implementation. Accordingly, Rowan and Miller (2007:256) argue that teacher resistance to change is a result of the failure of policy makers to obtain teacher cooperation or moral purpose.

As viewed by Hargreaves (2005b:11), teacher resistance to change can be the result of a fear of change or loss of motivation. According to Hargreaves, this is a common response to change by mid-career teachers who may have a wealth of experience. If teachers see through the smoke and mirrors of educational reform, they will resist the change (Hargreaves, 2005b:11). Consistent with this view, Gitlin and Margonis (1995:385) say that teachers resist change because their self-esteem may be undermined. Ballet and Kelchtermans (2008:59) also concur that self-doubt triggers various emotional responses and can be a source of resistance to change. Ballet & Kelchtermans (2008:60) further submit that teachers experience feelings of uncertainty and insecurity when they doubt their capacity to cope with change. Teachers resist ill-designed and poorly implemented reforms because they have been swamped by innovations and excluded from policy discussions (Fink & Stoll, 2005). Fink and Stoll aver that resistance can signify good sense because of teachers' deep understanding of their institutional circumstances.

According to Gitlin and Margonis (1995:397-398), teachers resist change because of increased workload, lack of consultation and contrived collegiality during curriculum implementation. Heifetz and Linsky (2002) warn leaders that asking people to change is in essence challenging how they identify themselves. Calabrese (2002) and Zimmerman (2006:240) contend that principals should guard against blaming teachers for resisting change without taking into account any underlying systemic issues that could be at the heart of the implementation problem. In the view of Datnow and Castellano (2000:794), attention should be given to teachers who resist

change, since failure to address their concerns, however small their number, can derail reform efforts and cause failure to adopt the change.

2.9.3 ADOPTING CURRICULUM CHANGE

The number and types of change teachers undertake during the process of implementation can indicate the breadth and depth of change (Hall & Hord, 2001). Datnow and Castellano (2000:778) reveal that a series of imposed changes creates a culture of compliance leading teachers to search for ways to implement the expected change as painlessly as possible. Literature (Carless 1998:354) on teachers' adoption of change describes a common pattern whereby an individual moves from the entry level, awareness or initiation²³ stage (Burgess *et al.*, 2010:51) through to a personal construction and control stage referred to as renewal, (Hall & Hord, 1987) intervention or as critical (Bigum & Green, 1993) where pedagogical skills and teacher understanding are put to creative application to the innovation (Lloyd & Yelland 2003:84; Russell, 1995:173).

Hargreaves (2005b:9) submits that teachers' responses to policy changes often show frustration. Compliance to reforms may mean teacher behaviour change, but their attitude may remain the same. This confirms what Crump (2005:9) says, namely that values and attitudes are major factors of motivation and performance at work. Penuel, Fishman, Yamaguchi and Gallagher (2007:927) contend that the adoption approach teachers engage in constitutes implementation fidelity. Penuel *et al.* (2007) further argue that teachers must either assimilate teaching strategies into their current repertoire with little substantive change or they ought to reject those suggested changes altogether.

Accordingly, simply adopting curriculum change could be limited and unimaginative, especially if changes are made only around the edges of teaching and learning, rather than affecting the classroom itself (Hargreaves, 2005a:9). For teachers to adopt change there is need for curriculum reforms to take cognisance of classroom conditions. Ballet, Kelchtermans and Loughran (2006:2010) warn that externally imposed teaching behaviours, defined competences and objectives down-play teachers' meaningful involvement in curriculum planning and reduce their extent of

²³ Initiation: Fullan (2001:53) views initiation as the process leading up to and including the decision to proceed with implementation.

professional control. This may limit teachers' abilities to reflect on, collaborate with and adapt to change.

2.9.4 ADAPTING CURRICULUM CHANGE

Prior research suggests that adaptation is central in teachers' use of curriculum materials and that no curriculum is used blindly or without adaptation (Drake & Sherin, 2006:159). Exploring teachers' patterns of adaptation when using new curricula can provide interesting insights into the ways in which teachers incorporate reform principles into their instructional practices (Drake & Sherin, 2006:154). Teachers implement curricula to varying degrees depending upon what curriculum resources are available to them and their understanding of the materials, the nature of their students and constraints of time (Remillard & Bryans, 2004:364). Their use of these curriculum materials can be characterised along a continuum from implementation with absolute fidelity, in which teachers enact curriculum materials as designed, to invention or adaptation (Brown, 2009:17), in which curriculum materials serve as a foundation for modification based upon their professional decision making (Forbes, 2011:19; Forbes & Davis, 2010:365).

Drake and Sherin (2006:182) state that 'when working with a complex, conceptually rich curriculum, different teachers make different choices and adaptations'. In response to change, basically, teachers read, evaluate and adapt an innovation. Forbes (2011:20) observes that while teachers' curriculum adaptations are often minor and inconsequential, they can demote the goal of curriculum developers and they can also fundamentally shape and maintain core classroom cultures. However, the ways in which teachers adapt²⁴ curriculum reform are not always consistent with expected outcomes (Schneider, Krajcik & Blemenfeld, 2005:283). An appropriate balance needs to be struck between programme fidelity²⁵ and mutual adaptation considerations. Close collaboration between curriculum developers and teachers can facilitate the process of adaptation (Guskey, 2002:387). In accordance with this view, Gitlin and Margonis (1995:403) recommend that policy makers should focus on the preconditions for change and afford 'teachers the authority and time to teach in ways

²⁴ Adapt: means making significant changes to a curriculum during its implementation. These changes primarily involve either the presentation of the conceptual material or the role of the teacher in the lesson.

²⁵ Programme fidelity: means the quality of being loyal to a programme or curriculum and not distorting or betraying it.

they find educationally defensible'. Similarly, policy *drivers* or facilitators should take cognisance of factors that influence teacher response to change. Accordingly, in relation to my study, it is important to take cognisance of teachers' experiences with the AAPS.

2.10 FACTORS THAT INFLUENCE TEACHERS' RESPONSE TO CURRICULUM IMPLEMENTATION

It is generally agreed that teachers' conscious and unconscious beliefs about a theory influence change. There are external and internal factors that influence teachers' responses to change. The factors which are relevant to this study are discussed below (Bantwini, 2010:84; Prinsloo, 2007:165).

2.10.1 EXTERNAL FACTORS

The external factors relevant to this research are teacher professional development, resources and support.

2.10.1.1 Professional Development

An evaluation by the Ministry of Education (HIV/AIDS in Education Assessment Team, 2004) of the implementation of the second phase of the AIDS Action Programme for Schools in Zimbabwe in 2004 revealed that, regardless of the mode of training adopted, the training of teachers did not reach all schools or, where it did, the school-level training was limited. According to the assessment, the inadequate training of teachers militated against effective programme implementation and to some extent caused the negative attitudes of some teachers (HIV/AIDS in Education Assessment Team, 2004; Chavunduka *et al.* 2004). If the training had been successful, it could have produced teachers who display the three key virtues of an effective HIV and AIDS educator reported by Schenker (2001), namely: openness, sincerity and a sense of humour.

In Prinsloo's (2007) study in South Africa, results from the Life Orientation (LO) teachers revealed that teachers had little rigorous formal training in the presentation of LO programmes. Their training had consisted of one- to three-day short courses on the content and aims of the programme. Teachers criticised the knowledge and

experience of the trainers/facilitators who had been appointed by the relevant department to empower them for their task (Prinsloo, 2007:164). Their major criticism was that the trainers had limited teaching knowledge, inadequate knowledge of didactic methods in the learning area and little knowledge of the current conditions in schools and classrooms. That is, facilitators did not seem to comprehend the problems in contemporary classrooms and they lacked the necessary knowledge and skills. The study (Prinsloo, 2007:165) also found that the success or failure of teacher implementation of LO programmes was closely linked to the said factors because teachers who lacked training and skills lacked motivation and confidence. In addition it was found that teachers lacked motivation to implement LO because the subject area had low status among teachers. Teachers who taught the curriculum were labelled as ineffective by colleagues. The results show that teachers acknowledged that they had little influence on the learners and were unable to alter the learners' behaviour.

In another study in South Africa, Jansen (2002:199) found that despite unprecedented investments in policy making and policy production, 'there appears to be very little change in the daily routines of schools and classrooms'. There continues to be 'a policy-practice gap' in South African education (2002:199). The study found that the significant part of the explanation for the distance between policy and practice lies outside of conventional factors attributed to education reform under Third World conditions. These may be the lack of capacity, the large number of under-qualified teachers or resistance to change by some conservative communities. What government officials intend in terms of the project and actual practices in classrooms are always inconsistent.

Ndamba *et al.* (2011) carried out a study on teacher preparedness for the implementation of the HIV and AIDS Education Policy at primary school level in Masvingo urban. The major challenge reported was the lack of adequate content as the majority of the teachers did not do HIV and AIDS education during their training at teachers' colleges. Other problems cited in the study (Ndamba *et al.*, 2011) were that teachers were not free to discuss sexual matters with both boys and girls in one class and administrators rarely supervised or observed the teachers teaching AIDS education lessons. Similar to these findings Wood and Olivier (2007), in a study in South Africa on increasing the self-efficacy beliefs of Life Orientation teachers, found

that the teaching of the subject was a daunting task for most educators since they did not believe that they were equipped to be effective instructors and modellers of life skills. Therefore, classroom practice can be weak and apathetic due to the lack of adequate basic knowledge on HIV and AIDS.

A survey conducted by ActionAid (2004) in Kenya revealed that about 50% of the country's 240 000 teachers did not receive any training in HIV and AIDS education. The teachers reported that teacher training programmes in the country were not comprehensive and systematic enough to equip practicing teachers with knowledge, adequate skills and materials. It is imperative that those who are about to take part in implementation of the new curricula should be educated.

Writing about 'change in developing countries', Carless (1998:355) suggests the following four elements as compulsory for successful teacher training in support of curriculum change:

- Permanent and locally available in-service training, for example through a cascading model;
- Establishment of effective systems for supervision and support of teachers;
- Adjustment of the content of teacher training to the teachers' own level of knowledge and experience; and
- Encouragement of teacher motivation and commitment, for example through improved working condition or opportunities for professional development.

The above submission suggests that in order to ensure successful curriculum change, training needs to be continuous and developmental rather than bit by bit. Teachers need both on- and off-site training. The former 'relates the innovation to the realities of the school context, and the latter, to permit the opportunity to reflect on the meaning of the innovation away from the pressures of daily routines (Carless, 1998:355). Traditional external professional development sessions such as train-the-trainer may induce change as these sessions assist teachers to understand the content of a curriculum initiative and may influence the decision to initiate engagement with the innovation (Burgess *et al.*, 2010:52; Fullan & Hargreaves, 1992).

Cohen & Hills (2001) reveal that expecting teachers to embrace a new curriculum without sufficient training and information as to why such change is necessary, often leads to inadequate support to adopt the initiative. Training events, however, place teachers as passive stakeholders where knowledge is delivered by experts (Kennedy, 2005:237). Bolam, McMahon, Stoll, Thomas, Wallace and Greenwood (2005) and Stoll, Bolam, McMahon, Wallace, and Thomas (2006) suggest that a high investment of time, effort and focus may be required to sustain the development of a learning community of teachers as well as to actually implement the curriculum initiative. Overall, training reduces the problem of teachers' misconceptions about change. Sweeny (2003) argues that if teachers' professional development needs are not met, they can easily become stuck at some lower levels of growth, perhaps even for the rest of their career.

2.10.1.2 Resources

Inadequate funding of educational reforms is a common feature in most sub-Saharan African countries. The implication of inadequate funding in curriculum development and implementation is that teachers of whatever category are poorly represented in development and planning, poorly trained and poorly remunerated (Oloruntegbe, Duyilemi, Agbayewa, Oluwatelure, Dele & Omoniyi, 2010:707). There is minimal research on the implementation of the AIDS Action Programme for Schools at secondary school level in Zimbabwe. As a result the nearest research reviewed under resources is on guidance and counselling. Mapfumo (2001:11) revealed a shortage of human resources on the guidance and counselling programme.

In the context of this study, the shortage of human resources with relevant qualifications to teach HIV and AIDS and life skills is a concern as shown in Chapter Three, Table 3.1. All twenty teachers who participated in the study had degrees, but no qualifications in HIV and AIDS education. Other studies have noted that headmasters did not allow sufficient time for guidance and counselling (Chireshe, 2006:214; Chivonivoni, 2006:33; Chireshe & Mapfumo, 2005:19; Kasaira *et al.*, 2004:61). While school heads appreciated the value of guidance and counselling, Ndanga (1991:4) found that they expressed concerns about the challenges of accommodating the subject on the timetable. Thus implementation of the AIDS

Action Programme for Schools may be affected by time as well as human and material resource constraints.

2.10.1.3 Teacher Support

Support is a key variable in curriculum implementation and change. Teachers who are initially enthusiastic about an innovation, may easily become disillusioned if there is lack of support for the change, such as inadequate resources, lack of teacher collaboration and negative sentiments from colleagues or the school head (Bowins & Beaudoin, 2011:4; Carless, 1998:354). Headmasters create the organisational features that support curriculum changes in schools. They influence the teachers' capacity to implement curriculum change by demonstrating critical support, a desire for change and the belief that change is possible (Hertberg-Davis & Brighton, 2006:90).

The dissemination of an innovation from curriculum developers or change agents is often insufficient to achieve understanding amongst potential implementers. What is needed is negotiation of meaning between developers and teachers, so that a shared vision of the implications of the change can be developed (Hartell, 2005; Carless, 1998:356). Similarly, writing about teacher consent, Hartell and Maile (2004:187) contend that 'it is crucial to note that information is a prerequisite for consent'. It means people cannot faithfully implement change they know nothing about, hence the need for professional development. Consistent with the issue of the need for teacher support, Bantwini (2010:86) notes that the absence of inspectors of schools has resulted in a culture where teachers often go to their classes without proper preparation and planning. The impact on the potential for curriculum change can be so severe that an overall assessment of the state of preparedness prior to developing and launching the reform is essential (Dyanda, Makoni, Mudukuti & Kuyayama, 2006) to 'ensure that key needs are addressed concurrently, thus increasing the likelihood' of the success of the reform (Bantwini, 2010:86).

Teacher collaboration is an important factor in implementing curriculum change. By sharing their successes and concerns during meetings and planning times, respected teachers cultivate self-efficacy in their colleagues and help them refocusing (Zimmerman 2006:243). Rogers (2003) expresses the view that through collaboration

influential teachers can exert influence over their colleagues in the adoption of innovations. In their study, Bechtel and O’Sullivan (2007:221) indicate that the collaboration and support teachers receive from fellow teachers, principals and students facilitate their adaptation to change. As noted by Fullan (2001a) and Zimmerman (2006:243) ‘peer pressure combined with peer support is most effective in developing a culture of change in schools’. Consistently more literature stresses the importance of collaboration and being supported by colleagues during a change process (Hartell, 2007; Fullan, 2003; Johns, 2003:345). Fullan concludes that when teachers experience change as a group, the collegiality that occurs allows the teachers to adapt more effectively.

In the same vein Lloyd and Yelland (2003:94) suggest that in reform processes it is essential to engender an environment of care rather than one of censure. Support coupled with demands is essential for continuing educational improvement. Support allows those involved ‘in the difficult process of implementation to tolerate the anxiety of occasional failures’ (Guskey, 2002:388). Further, ‘pressure is often necessary to initiate change among those whose self-impetus for change is not great’ (Airasian, 1987:393). It provides the encouragement, motivation, and occasional nudging²⁶ that many practitioners require in order to persist in the challenging tasks that are intrinsic to all change. Drake and Sherin (2006:159) confirm that for curriculum to be a vehicle for reform, teachers must be supported and guided in making adaptations that maintain the reform-oriented goals of the curriculum.

When teachers in their own setting try to independently implement change and build their mastery to the routine level of task management (Stage of Concern), that is when support becomes so critical for the teacher to succeed in implementation (Sweeny, 2003; Joerger, 2002). According to Sweeny (2003), if teachers are not supported the following may occur:

- they cannot continue to grow
- implementation problems will often overwhelm them and the innovative practices will be discarded, and
- weaker coping strategies may be adopted.

²⁶ Nudging: in this particular study nudging involves pushing the teacher(s) gently or gradually in a particular direction so as to reach a particular curriculum implementation level in response to change.

In the context of this study O'Donoghue (1995:ii) suggests that good quality teacher training plus support is needed to ensure the success of the AIDS Action Programme for Schools in the long run. Teachers must be trained on both the participatory approach to education and on the specific materials that are to be used in the classroom. Teachers desperately need guidance on how to deal with sensitive, emotional and sexually explicit issues that may cause fear and embarrassment to themselves and/or their learners (O'Donoghue 1995:ii). Similarly, Mugweni, Mufanechiya and Dhlomo (2011:95) suggest that institutions should be committed to empower practitioners by scaffolding and providing them with ethically structured support if change and implementation is to be realised in reform efforts. These external factors work consistently with teacher internal factors.

2.10.2 INTERNAL FACTORS

2.10.2.1 Teacher Attitudes and Beliefs

Teacher change is behavioural and perceptual, that is, attitudinal and cognitive (Pennington 1995:705). Zimmerman (2006:239) notes that attitude towards curriculum change is a variable that has been a factor to employee acceptance of new policies. Teachers' attitudes towards and beliefs about curriculum change obviously play a fundamental role in their understanding of the reform and affect their behaviour in the classroom (Bantwini, 2010:83; Blignaut, 2007). Freeman (1992:2) refers to the cognitive factor as the internal mental landscape of the classroom. It means teacher response to change is an integration of thought and action (Ni & Guzdial 2007:2-3; Freeman 1992:1). The attitudes towards curriculum change and implementation that teachers develop tend to be derived from their experiences as learners, their training, their teaching experiences, their interaction with colleagues and the societal values and norms of their working contexts (Carless, 1998:354). In addition, Ni and Guzdial (2007:4) aver that teachers' prior experiences play a role in convincing them to adopt curriculum change and implementation. Consistent with Carless's (1998) submission, Bowins and Beaudoin (2011:1) state that though many factors were found to affect teacher adaptation to change, 'the experience of these teachers mainly appeared to affect their confidence'. When teachers' attitudes are congruent with the innovation, then they are likely to be positively disposed towards implementing the change. Bowins and Beaudoin (2011:1) aver that if change is

incompatible with teachers' existing attitudes, resistance to the reform is likely to occur. Chisholm and Leyendecker (2008) argue that in practice ideas are recontextualised and displaced and are often unable to meet the social development goals demanded of them.

In a study pertaining to teachers' responses to a new early childhood education curriculum in Australia, Burgess *et al.* (2010:53) found that 395 of the teachers expressed negative attitudes to the launch and implementation of the initiative. It was established that the negative attitudes emanated particularly from concerns associated with workload or work priority which seemed to highlight the multiple curriculum initiatives. In that particular study it was also found that the content of the curriculum initiative provoked teachers' negative responses to change. According to Burgess *et al.* (2010:53), teachers either found the documents daunting or they felt confused or disappointed. Time was also an issue for the teachers with negative attitudes and a critical concern across all educational settings where teachers attempted to find time to undertake professional development (O'Sullivan, Carroll, & Cavanagh, 2008:170; Stoll *et al.*, 2006:221; Little, 2001).

Like teacher attitudes, teacher beliefs impact on practice during curriculum implementation. Previous research has stressed the importance of teacher beliefs when adapting to change (Bechtel & O'Sullivan, 2007:221; Tsangaridou, 2006). In Bowins and Beaudoin's (2011:4) study on the manner in which experienced physical education teachers adapted to a new curriculum in Canada, it was found that change was effectively implemented when teachers believed that the change would enhance their students' learning. As Fullan (2003:34) indicated, change would not be possible unless teachers believe they were doing something worthwhile. Ha, Lee, Chan and Sum (2004:421), however, observed that in tasking teachers to implement reforms very little consideration is 'given to the teachers' pre-existing beliefs and perceptions of the need to change'.

In a different context Perry *et al.* (1999) undertook a study on teachers' beliefs about the learning and teaching of mathematics in New South Wales (NSW), Australia. The survey technique was employed where the sample of 273 secondary school mathematics teachers responded to a questionnaire. The study found that teachers'

espoused²⁷ beliefs about mathematics teaching and learning were important because these seemed to influence their practice and teaching approaches.

Another study was commissioned by World Education in Ghana to establish an up-to-date picture of teachers' HIV and AIDS knowledge, attitudes and behaviour. The study explored teachers' willingness to participate in HIV and AIDS programmes, their knowledge and capacity and the magnitude of their personal risk-taking (Adamchak, 2005). It was found that although teachers were willing to help with HIV and AIDS education efforts, not many had undergone professional development to effectively teach HIV and AIDS education. The study established furthermore that teachers were reluctant to talk about and demonstrate the use of condoms. Teachers in the study believed that exposing students to condoms promoted promiscuity. Overall, the study found that risk-taking among teachers was low but present. The majority of the teachers perceived schools as safe and secure zones for students and the teachers expressed ambivalence about interacting with people who might be HIV-positive (Adamchak, 2005).

Bantwini (2010:84) argue that people involved in school reform have their own ideas about how change should proceed, and that they act on these attitudes. It is a misconception to think that teachers are without wills of their own and that they can be manipulated (Bantwini, 2010:84). In the context of this study, it becomes clear that an insight into teachers' attitudes and beliefs must inform policy makers to develop and facilitate (Fullan and Miles, 1992) the AIDS Action Programme for Schools curriculum implementation in the classroom and future curriculum change.

2.10.2.2 Motivation and Workload

The level of development that a particular nation experiences will be in some way a reflection of the calibre of the teachers that it has (Oloruntegbe *et al.*, 2010:706). In his study, Bantwini (2010:86) notes that teachers viewed requirements of a new curriculum as threatening since it demanded more of their limited time. Hart (2009:26) reveals that teachers contended that they did not have enough time to do what they were expected to do in their daily practice. Researchers such as Giles and

²⁷ Espoused beliefs refers to what teachers say about something; in this particular context, it refers to what teachers say about mathematic influence their teaching of the subject.

Hargreaves (2006), Kennedy (2005), Fullan (2005) and Zimmerman (2006) concur that there is a sharp imbalance between teacher time and teacher workload.

Bantwini reports that teachers were of the view that they were overloaded with administrative work and, for them, it was therefore impossible to do that kind of work for the poor salary they got. In their study on teacher understanding and implementation of curriculum change, Burgess *et al.* (2010:57) reveal that teachers expressed a concern with their personal workload, overwhelming content and lack of time. This implies that teachers were experiencing an increased workload and as a result, this might have impacted negatively on their responses to curriculum implementation.

Jansen (2001b) indicates that failure of education policy is a direct result of the over-investment of the state in the political symbolic rather than its practical implementation in terms of personal availability of funds and related issues. My experience in schools shows that teachers are sometimes assigned to teach subjects not according to their areas of specialisation, but according to the needs of the school. Some teachers relate the issue of salaries to the question of work overload. As Stoffels (2004) notes, a lack of job satisfaction during curriculum change was apparent in the responses of some teachers who stated that curriculum change intensified teachers' workload. In his study in South Africa, Bantwini (2010:86) finds that teachers compared their remuneration with that of friends in other fields of work, and concluded that they were not fairly remunerated. Oloruntegbe *et al.* (2010:707) contend that teachers' salaries contributed to low motivation and negative impressions during curriculum implementation.

A study carried out by Action Aid aimed at showing how HIV and AIDS education was received by schools and implemented in India and Kenya. Among other things, the study found that attempts to implement HIV and AIDS education in schools was constrained by the existing social and cultural restraints and power inequalities in discussing HIV and AIDS and sexual relations (ActionAid, 2004). As a result, HIV and AIDS messages were not communicated at all or were taught selectively. In a study by Wood and Oliver (2007:175) in South Africa, it was revealed that teachers in general were unmotivated and demoralised and had little hope for positive change in the school system. Many of the teachers had lost their passion for teaching, but it

appeared that reflection was a powerful tool to assist teachers to gain their self-efficacy and sense of purpose. According to Osterman and Kottkamp (1993), reflective practice is a process that empowers the individual and the group and decreases defensiveness, alienation, powerlessness and isolation.

2.10.2.3 Teacher Knowledge

Priestley (2010:2) views teachers as having been situated in policy as facilitators of transformation. In the view, teachers are the official bearers of 'professional models of transformational change' (Priestley (2010:2; Scottish Executive Education Department, 2006). The meaning each teacher attaches to curriculum change acts as his or her map to understanding the new curriculum and the implementation journey, and frequently determines the success of the reform (Bantwini, 2010:89; Zimmerman, 2006:239; Perry *et al.*, 1999). Further, 'teachers employ their knowledge of daily conditions and experiences as lenses or windows through which they view new reforms' (Bantwini, 2010:89).

Bantwini (2010:89) further submits that beliefs, values, experiences and daily challenges influence and shape the meanings that teachers actually attach to the new reforms, which in turn play a vital role in their acceptance and classroom implementation. Lemon (2004:269) warns that ignoring these issues can aggravate the gap between political symbolism and implementation. It is a fact that the adoption of an innovation or change is influenced by social and cultural background of the individual (Toyin, Adebola, Motunrayo, Mohammed & Omeiza, 2010:8; Mackenzie, 2011:64; Perry *et al.*, 1998). In some circumstances, the shifting of occupational boundaries has led to a widely noted lack of clarity (Mackenzie, 2011:64) about teacher mandates in curriculum change.

If teachers are to implement change successfully, it is essential that they have a comprehensive understanding of the principles and practice of the proposed change (Carless, 1998:355). Carless mentions that it is desirable that teachers understand both the theoretical underpinnings and classroom application of the innovation, since the lack of sound subject knowledge leads to ineffective curriculum implementation. Fullan (2001b) warns of the cardinal fact of social change, namely that people will always misinterpret and misunderstand some aspects of the purpose or practice of

something that is new to them. Bantwini (2010:84) contends that it is important to know teachers' perceived meanings when aiming to understand and help them, particularly when the assigned meaning does not align with the intended new curriculum vision.

Similarly, Pennington (1995:705) submits that a teacher's awareness and knowledge of alternatives is coloured by that teacher's experience and philosophy of teaching which acts as a psychological barrier, frame, or selective filtering mechanism. In an investigation of implementation of a new language policy in Greek secondary schools, Karavas-Doukas (1995:53) found that teachers showed incomplete understanding of the reform they were mandated to implement, and that these misconceptions led to negative perceptions of the innovation. Teacher understanding can be enriched by generating specific teaching methods for the change, along with resource materials that can be used without adaptation in the targeted classrooms (Carless, 1998:556).

In Zimbabwe, the culture of silence is a popular assumption to explain the poor public policy on the institutionalisation of HIV and AIDS education to learners in secondary schools (Stewart, 2004). As revealed by Musengi, Ganga and Mugweni (2011:2) the process of sexual maturation or growing up and its management in adolescence appear to be affected by a culture or the conspiracy of silence. This culture of silence in many communities including Zimbabwe is due to the observance of taboos and stereotypes associated with sexuality issues (Moyo & Muvezwa, 2004). Shumba *et al.* (2006:23) found that in the African culture, discussing issues on sexuality was wrongfully perceived as eroding societal values and norms. My assumption is that these taboos and stereotypes in the context of Zimbabwe make stakeholders hesitant to recommend the deliberate teaching and learning of HIV and AIDS information in early childhood classes (Musengi *et al.*, 2011). It should be understood that a culture of silence creates a context where neither parents nor teachers systematically and deliberately inform young children about how to cope with HIV and AIDS and sexual abuse. The result is the children's lack of informed knowledge and skills for dealing with HIV and AIDS-related problems. The lack of informed knowledge, guidance and life skills often cause anxiety, stress, and emotional turmoil for the individual child (Moyo & Muvezwa, 2004).

Fuller (1994) conducted a case study in the United States of America to examine factors that primary school teachers say determine the formation and modification of their conceptions. Three female teachers (two taught sixth grade and one fifth grade) from public schools participated in the study. Data were collected using interviews and observations. Fuller found that the role of the teacher is important because the teacher makes decisions on whether or not to implement change. The study provides illuminative information on teacher conceptualisation and pedagogical practices in school policy and programmes.

Consistent with Fuller's (1994) findings, Thompson (1992) views teachers' understanding as emanating from their teaching experience and beliefs and that there appears to be a strong relationship between teachers' conceptions and their practice in classrooms. In day-to-day life we see, interpret and react to the world according to what we have experienced in the past. Cohen (1990:339) maintains that teachers are historical beings who do not simply shed their old ideas like a shabby coat and slip on something new. Cohen argues that as teachers reach out to embrace an innovation, they reach out with their old professional selves. An analysis of these findings in relation to my study portrays that, among other variables, critical to the classroom implementation of the AAPS are secondary school teachers' understanding.

In Zambia, Chiwela and Siamwiza (1999) carried out a survey to establish teachers' knowledge, attitudes, practices and skills in teaching HIV and AIDS prevention and psychosocial life skills. About 25% of the teachers said that they had limited knowledge of HIV and AIDS and psychosocial life skills. The teachers viewed themselves as unqualified for AIDS education. Of the teachers, 30% were of opinion that that sex education led to promiscuity among students. Some of the teachers revealed that they worried about their own HIV and AIDS status and were willing to share the sentiments with someone.

In South Africa, Prinsloo (2007) undertook a qualitative study on the extent to which schools and Life Orientation (LO) teachers succeeded in achieving outcomes of the programmes. Teachers' views regarding their training and skills in the LO area were investigated. Factors that determined successful implementation of the programme were probed. Data was collected using semi-structured questionnaires and interviews

with school principals and LO teachers. The results from the principals' data presented the following constraints in their creating a supportive climate for teachers' implementation of LO: lack of a value system, lack of parental involvement, the influence of the community, lack of proper role models among the teaching staff, difficulties with policies of the Department of Education, and issues of cultural diversity. All the principals of culturally diverse schools in this study mentioned that teachers had difficulty in creating relationships of trust and a climate of success in the classroom.

In Zimbabwe, using a narrative research design, Machawira (2008) investigated how three HIV-positive teachers in primary schools understood, interpreted and acted on the Zimbabwean school HIV and AIDS and Life Skills policy. The study found that in a context where AIDS is prevalent there are limits to what education policy can achieve if it remains out of touch with the real world where children and teacher 'are either infected or affected by HIV' (Machawira & Pillay, 2009:573). The study also found that while the Zimbabwean HIV and AIDS policy is about 'bodies' and about 'emotions', it is blind to the 'bodies' and the emotions of those implementing it. (Machawira & Pillay, 2009:573; Machawira, 2008) concludes that it is this oversight that creates the wide gap between policy intentions and outcomes. Some of the teacher factors can act as barriers to change as explored below.

2.11 BARRIERS TO CURRICULUM IMPLEMENTATION AND CHANGE

As elucidated earlier, curriculum implementation and change is both a 'highly complex phenomenon' (Carless, 1998:353; Markee, 1997) and one that requires further research. As a result, study after study indicates that there has been relatively little change behind the classroom door (Hall & Hord, 2001). Barriers to curriculum implementation and change have been seen to cause unsuccessful adoption and they frustrate implementation efforts.

A study undertaken in Australia by Burgess *et al.* (2010) on decisions of early childhood teachers in curriculum implementation, reveals that a range of factors, some of which are critical to successful change process, also act as barriers to change. A range of process and contextual factors that were recognised as key barriers to change are:

- Non-involvement or lack of support by key stakeholders (Stoll & Fink, 1996).
- Colleagues who have rejected initiatives (Hall & Hord, 2001; Anderson, 1997).
- Difficulty in maintaining motivation (Garet, Potter, Desimone, Birman & Yoon, 2000).
- The overwhelming nature of multiple initiatives (Fullan, 1999).
- Lack of knowledge of the change process (Hall & Hord, 2001).
- Lack of time (Easton, 2008; Little, 2001).
- Lack of confidence in working on the new curriculum material and habit (Ni & Guzdial, 2007:7; Greenberg & Baron, 2000).
- Failure to recognise the need for change (Zimmerman, 2006:239).

The study also found that barriers to change operated in school systems, and the most frequent factor was the impact of other stakeholders on the teacher. Sweeny (2003) notes that change facilitators should avoid ignoring what teachers say so that they understand the teachers' level of need for support and ensure that assistance is always on target. In combination these barriers cause similar responses of partial implementation or the decision to ignore and abandon particular changes (Burgess *et al.* 2010:56), resulting in the smouldering of the process of change (Lamie, 2004:115; Fullan, 1999). Similarly, Ni and Guzdial (2007) argue that the main barrier to adoption is the problem of convincing colleagues to implement a reform.

2.12 CONCLUSION

In this chapter literature on the AIDS Action Programme for Schools and teacher response to curriculum change is explored. The inclusion of HIV and AIDS education under the AAPS as a curriculum area ensures that the government of Zimbabwe's policy visions on reducing HIV infection among youths in secondary schools and the general population are achieved through fostering attitudes and behaviour change. In the initial phase of investigating literature, the Zimbabwe HIV and AIDS policy framework was explored. Of significance is the realisation that the Zimbabwe school-based HIV and AIDS prevention programme is driven by a strong policy framework.

Literature on professional development that had been explored revealed that there is lack of research that focuses on how teachers understand and implement policy in

Zimbabwean schools. Jansen (2007) agrees that while the bulk of research conducted so far has been useful at policy and advocacy level, there has not been adequate investment in a critical examination of the place called 'school'. According to Baxen and Breidlid (2004:17) there is a stark lack of research that focuses on teachers and schools. This emphasises the fact that there is very little research done to explore and fully and explicitly document experiences in schools related to the HIV and AIDS pandemic.

Further, Baxen and Breidlid (2004:17) observe that where teachers have been subjects of research, they have been seen as deliverers of an uncontested, already negotiated body of HIV and AIDS knowledge in schools. It has also been assumed that teachers, especially at secondary school level have not to be affected or infected by HIV and are able to teach sex education issues without being influenced by their own experiences during the lessons. In this regard, teachers have consequently been targets of training programmes that have largely portrayed them as lacking knowledge and skills to teach life skills and sex education effectively (Baxen & Breidlid, 2004:17). The reviewed literature reveals that teachers are key players in educational change and policy implementation.

Overall, literature reviewed shows that teachers respond to change in different ways (Bantwini, 2010; Burgess *et al.*, 2010; Zimmerman, 2006; Pennington, 1995). Teachers ignore or avoid change, resist change, adopt change or adapt the change. It also reveals that internal and external factors such as attitudes, experience, habits, support, and professional development impact on teacher response to curriculum change. Most of the studies done in Zimbabwe (Machawira, 2008; Chireshe, 2006; Chirume, 2007; Kasaira *et al.*, 2004), reveal teacher reluctance, lack of motivation and shortage of resources during policy implementation as barriers affecting curriculum change.

In this study, I undertook a qualitative stance and explored the secondary school context where the AIDS Action Programme for Schools was implemented by teachers. It is my intention, via this study, to contribute to existing research by introducing a line of inquiry that explores how teachers conceptualise and implement the school-based HIV and AIDS prevention programme. I contend that the teachers' conceptualisation (knowledge level), personal identities, attitudes, and concerns work

as filters of their told and acted (espoused and enacted) beliefs. What teachers talk about or what they do in their classrooms is critical to obtaining an insight into teacher understanding and implementation of curriculum reform. Similarly, teacher knowledge and beliefs also facilitate fidelity implementation or resistance to change, resulting in what (Jansen, 2001b) refers to as a policy for action versus policy in action dilemma. Chapter 3 discusses the theoretical framework of the study.

---oOo---

CHAPTER 3 THEORETICAL FRAMEWORK

'By approaching adoption through the eyes of the adoptees, the CBAM provides a developmental perspective on how an individual's concerns influence his or her integration of an innovation'
(Straub, 2009:632).

3.1 INTRODUCTION

The theoretical framework selected for understanding secondary school teachers' conceptualisation and implementation of the AIDS Action Programme for Schools (AAPS) is Hall and Hord's (1987:2001) Concerns-Based Adoption Model (CBAM). The Concerns-Based Adoption Model provides a different perspective on facilitating adoption of change or an innovation. It is about the parallel process of change that teachers go through whenever they engage on something new or different (Horsely & Loucks-Horsley, 1998:1). The theoretical framework assumes that teachers have concerns that need to be addressed in order for them to proceed to higher levels of curriculum implementation, during which process they may ignore, resist, adopt and adapt change depending on the support given to them (Sweeny, 2003; 2008:3). In this study, the concerns which were investigated were related to the conceptualisation, teaching and adoption of the AAPS in classrooms at secondary school level as an education innovation.

3.2 CONCERNS-BASED ADOPTION MODEL

The Concerns-Based Adoption Model is a theory specifically developed for teachers. CBAM is primarily used in reference to the teaching profession, although it can be used outside academic settings (Straub, 2009:634). The theory is largely concerned with describing, measuring, explaining and understanding the process of change experienced by teachers attempting to implement the curriculum material and instructional practices (Bellah & Dyer, 2007:68; Sweeny, 2003:1; Anderson,

1997:331). The model describes how people develop as they learn about an innovation in curriculum change and implementation (Sweeny, 2008:3). The Concerns-Based Adoption Model views the teacher as the focal point in school curriculum change and implementation efforts, and simultaneously acknowledges and attends to the social and organisational influences (Loucks-Horsley, 1996:1). While other models treat curriculum change and implementation as an event, the CBAM treats curriculum change and implementation as a process. Actually, the Concerns-Based Adoption Model is a complex, multi-part system, of which the *Stages of Concern*, *Levels of Use* and *Innovation Configurations* are the three parts. The Stages of Concern describe feelings that individuals experience during implementing an innovation, while Levels of Use describe individuals' behaviours as they experience and implement curriculum change. The third component – Innovation Configurations – spells out what the new programme or practice will look like when it is in operation (Hall & Hord, 2001).

Designed as a diagnostic but not prescriptive tool, the three components of the Concerns-Based Adoption Model inform the facilitator as to how to best facilitate the adoption of an innovation (Straub, 2009:634). The CBAM does not describe the whys of an innovation adoption but, rather, it deals with how understanding concerns of a population (of teachers) can facilitate innovation adoption.

The Concerns-Based Adoption Model also focuses on innovations. Straub (2009:626) says that at its broadest sense, an innovation is any idea new to a population. Rogers (1995:11) defines an innovation as an idea, a practice or an object perceived as new by an individual adopting it. According to Straub (2009:626) it does not matter if the idea, practice or object is objectively new; rather it is the perception of novelty that is experienced. In addition, an innovation also does not necessarily mean that something is better or that the new idea is more beneficial to an individual. Whereas innovation can refer to something abstract, like an idea it can also mean something concrete (Straub, 2009). This study focuses specifically on implementation of the AAPS at secondary school level as a particular type of innovation of interest.

Scholars (Hall & Hord, 1987; 2001) writing from the perspective of the Concern-Based Adoption Model proceed from the assumption that teachers, as the relatively

autonomous practitioners of education at the level where it really happens are key adopters of concern. Hence, the Concerns-Based Adoption Model is an exceptionally powerful tool for diagnosing teachers' implementation efforts by tracking the progression of adopters' concerns and their behaviours related to innovation use. Policy makers have historically tended to design policy, curriculum implementation and professional development activities based on skills and knowledge they assume teachers have and/or need, rather than allowing teachers to identify their needs and concerns when designing new policy and programmes (Vaughan, 2010:1).

Research suggest that successful implementation of programmes depends on teachers' participation and comfort level of the initiative. The Concerns-Based Adoption Model reveals that at the early stages of an innovation (such as the AAPS), teachers' concerns tend to be more personal. As personal concerns are resolved, teachers tend to be more concerned about the application, task and impact of the programme (Vaughan, 2010). Precisely the CBAM assumes that change is a process that follows a seven-stage developmental sequence regarding the concerns that teachers have when an innovation (such as AAPS) is adopted. Based on these premises, the Concerns-Based Adoption Model emphasises the teacher and the innovation as the focus (Hall & Hord, 2001).

Hall and Hord (1987:11; 2001) characterise teachers and principals in an education system as change facilitators. A change facilitator might also be a developer involved in introducing a particular educational reform. As innovation users and non-users, teachers need to be probed using two diagnostic tools. The tools relate to user Stages of Concern and Levels of Use, as measures to match resources with the needs of the teachers who are the frontline implementers of change (Bellah & Dyer, 2007; Sweeny, 2003). Within the context of the CBAM, teachers need guidance for them to understand, adopt and adapt change. The Concerns-Based Adoption Model focuses on two facets of an individual's developmental growth in relation to an innovation (such as the AAPS in the case of this study).

Hall and Hord (2001) and Joerger (2002) clearly point to the inequality of investment in people, time, and resources as they pertain to development and implementation of educational innovations. Inasmuch as policy makers and curriculum developers are eager to get an innovation in the hands of teachers, most resources are allocated to

development (Bellah & Dyer, 2007:69). Fewer resources and care are provided to the implementation and monitoring of change, often relegating the change to failure status when formative and summative evaluations are performed, and teachers report non-use of the innovation (Bellah & Dyer, 2007:69). According to Loucks-Horsley (1996), without ongoing resources, facilitator support and continuous professional development, sustained use or implementation of the innovation is questionable. I agree with the observations by Bellah and Dyer (2007:6) and Loucks-Horsley (1996) that implementation of innovations require conducive environments, care and on-going support. The reason being that in the Zimbabwean context the gains of once off professional development, support and care can be easily eroded by the exodus of teachers through retirement and the search for better conditions of service (greener pastures) as well as moving in of new teachers who do not have requisite knowledge of the policy and curriculum requirements of the AAPS from Teachers' Colleges.

3.2.1 CONCERNS-BASED ADOPTION MODEL'S BASIC ASSUMPTIONS

The goal of Hall and Hord's (1987, 2001) Concerns-Based Adoption Model is to ease the problems as well as diagnose group and individual needs during the policy and curriculum adoption process so that the innovation would be more easily facilitated. By addressing affective and cognitive concerns of teachers, the CBAM can ease the change process (Straub, 2009:633). The CBAM sets forth several assumptions and assertions based upon the implementation of innovations in school settings. These assumptions form the basis of the three components of the Concerns-Based Adoption Model already mentioned in paragraph 3.2: Stages of Concern (SoC), Levels of Use (LoU) and Innovation Configurations (IC).

The following six explicit assumptions form the basis of the Concerns-Based Adoption Model established for observing and facilitating the process of policy and curriculum change and implementation (Straub, 2009:633; Dirksen & Tharp, 1997:1065; Hall & Hord, 1987):

1. Change is a process, not an event and it takes time to institute change;
2. Individuals accomplish change. The individuals must be the focus if change is to be facilitated and institutions (such as schools) will not change until their members change;

3. The change process is extremely personal experience and how it is perceived by the individual will strongly influence the outcome;
4. Change involves developmental growth. That is, individuals experiencing new practice progress through various stages regarding their emotions and capabilities resulting to the innovation;
5. Change is best understood in operational terms. The availability of a teacher-centred diagnostic approach can enhance the individual's facilitation during curriculum implementation or/ and staff development; and
6. The focus of facilitation should be on individuals, innovations and context. In addition, people responsible for the change process need to be monitored constantly.

Consistently, the Concerns-Based Adoption Model addresses three basic assumptions. First, the theory focuses on the individual's concerns about the innovation or change. In the case of this study, it refers to the teacher's concerns about the AAPS as a subject area. Second, it addresses the particular manner in which the innovation is delivered or implemented (how the AAPS) is implemented by teachers. Lastly, the CBAM looks at the adaptation of the innovation to the individual teacher (Hall & Hord, 2001). Figure 3.1 shows the Concerns-Based Adoption Model as a road map to policy and curriculum implementation. In the case of this study, it acts as a basis in understating the teachers' conceptualisation and implementation of the AIDS Action Programme for Schools.

The Concerns-Based Adoption Model Road Map indicated in Figure 3.1 clearly shows that since curriculum change and implementation is process-oriented, individual teachers respond differently. Regarding this study, the teachers do implement the AIDS Action Programme for Schools at different paces, stages and levels. Some teachers move fast to adopt and adapt curriculum implementation at higher stages and levels of the CBAM while others trail behind at low stages and levels. Those teachers operating at high levels act as facilitators in encouraging others to emulate effective practice. Like travellers on a road, as the teachers' concerns are resolved through support by policy makers, school management, professional development and in-service training, they move on to higher Levels of Use and attainment of effective implementation of the subject area in their classes. The situation is visualised as people travelling on a road towards a common

destination, who are at different points on the journey, with some well advanced, some in the middle while others are at the starting point as indicated in Figure 3.1.



Figure 3.1: Concerns-Based Adoption Model Road Map (Adapted from WestEd 2000:11)

An analysis of the Concerns-Based Adoption Model's assumptions implies that since change is a process and not an event, it is a highly personal experience. Hence, interventions (such as the AAPS) must be related to the teachers first and the innovation second. In Zimbabwe, the Ministry of Education, Sport, Arts and Culture, and school management's (facilitator) role is to clarify what is expected of the teachers, assess and pay attention to teachers' concerns during implementation of the subject area. The facilitators should also match support and resources to teacher's subject implementation needs in the stage of change. As indicated in figure 3.1 above, there is a need for a clear vision of an innovation so that it acts as a road map to successful implementation of the innovation. Teachers have to be motivated by school management and knowledgeable colleagues in order for them to embrace

an innovation such as the AIDS Action Programme for Schools and implement it in their classrooms.

Designed as a diagnostic but not prescriptive tool, the Concerns-Based Adoption Model helps inform the change facilitator (school management) as to how to best facilitate the adoption of an innovation. The Stages of Concerns address the intensity of the feelings and perceptions that the individual teachers adopting policy and curriculum implementation express. The Levels of Use measure addresses behaviours related to how the individual implement or use the innovation such as the AIDS Action Programme for Schools in the case of this study. Lastly, Innovation Configurations requires the development of word maps that describe the operational components of an innovation and how each can be adapted, re-invented, or in some cases mutated (Dirksen & Tharp, 1997:1065; Hall & Hord, 1987).

3.2.2 STAGES OF CONCERN (SoC)

The Stages of Concern is a framework that focuses on individual characteristics and pertains to teacher attitudes about curriculum change and implementation (Straub, 2009:634; Anderson, 1997:335). SoC focus on the affective dimension, how teachers feel about doing something new or different, and their concerns as they engage with a new programme or practice (Horsely & Loucks-Horsely, 1998:1). It describes the feelings and motivations a teacher might have about a change in curriculum and/or instructional practice at different points in its implementation (Anderson, 1997:334). Stages of Concern involve the concerns teachers have as they progress through the adoption process. According to Anderson (1997), Stages of Concern represent a developmental progression in implementing an innovation (such as the AAPS). Hall and Hord (2001) suggest that the stages are not mutually exclusive – teachers may show concerns of all stages at any given point during the innovation implementation process. In fact, many teachers do not reach the highest Stages of Concern. The Stages of Concerns are also not hierarchical, and as a teacher moves out of one stage, he or she still may have concerns consistent with previous stages (Straub 2009:634) The concept of ‘concerns’ is defined as the composite representation of the feelings, preoccupation, thought and consideration given to a particular issue or task (Hall & Hord, 2001). The process of change can be more successful if the

‘concerns’ of the individual teacher as identified in the Concerns-Based Adoption Model, are considered.

In this study, the Stages of Concern of the CBAM relate directly to how secondary school teachers feel about the educational innovation the AIDS Action Programme for Schools, which they are tasked to implement (Hall & Hord, 2001). The SoC are seven stages of feelings and perceptions experienced in a change process (Anderson, 1997:334). Stages of Concern have three phases. The three phases are: self-concerns, task concerns and impact concerns. These three stages are expanded into seven dimensions of concerns that can vary in intensity. Self-concerns consist of three stages: Stage 0 – Unconcerned/Awareness; Stage 1 – Informational; and Stage 2 – Personal. Task concerns are Stage 3 – Management; and Impact concerns are in Stage 4 – Consequence; Stage 5 – Collaboration; and Stage 6 – Refocusing. Table 3.1 below clearly shows the three phases and seven Stages of Concern.

Table 3.1: CBAM Phases and Stages of Concern (Adapted from Hall & Hord, 1987:63)

Phases and Stages of Concern		
	Stages of Concern	Expressions of Concern
IMPACT	Stage 6: Refocusing	I have some ideas about something that would work even better.
	Stage 5: Collaboration	I am concerned about relating what I am doing with what my co-workers are doing.
	Stage 4: Consequence	How is my use affecting clients?
TASK	Stage 3: Management	I seem to be spending all of my time getting materials ready.
SELF	Stage 2: Personal	How will using it affect me?
	Stage 1: Informational	I would like to know more about it.
	Stage 0: Awareness	I am not concerned about it.

The Unconcerned or Awareness stage looks at teacher involvement with the innovation. The Informational stage focuses on gaining more information about the innovation such as general characteristics, effects, components and requirements for (AAPS) use. The Personal stage deals with how the innovation relates to the individual teacher (that is, role, decision making, consideration of potential conflict or lack of success). The Management stage involves the mechanics of using/implementing or integrating the innovation. The Consequence stage focuses on the effects or impact of the innovation on learners. The Collaboration stage involves coordinating efforts in using the innovation with others. Lastly, the Refocusing stage emphasises the exploration of other ways to utilise the innovation in a more effective and efficient way (Hall & Hord, 2001).

The stages span the areas of little concern, knowledge, or involvement in an innovation to a teacher's focus on further exploration of more universal benefits or alternative forms of the innovation (Bellah & Dryer 2007:69; Hall & Hord, 2001). Sweeny (2003:1) says that the Stages of Concern range from early concerns about self (What is it, and how does it affect me?), to concerns about task (How can I best manage the innovation?) and finally concerns about impact (How does the innovation affect my students and me). These three are landmarks or critical stages of concern. According to Wills (1992:82) the CBAM recognises that while a person's focus of concern may shift from one stage to another, it does not indicate that the previous stage of concern is alleviated.

The Stages of Concern profile graphically represents the relative intensities of each of the seven stages of concern. The profile pattern, taking note of the highest peaks, characterises the concerns of a nonuser, inexperienced user, or a renewing user. The shape of the concerns profile typically changes as the user moves through the innovation implementation process shifting from an emphasis on self-concerns, to task, to impact concerns (Vaughan, 2010).

The Stages of Concern have major implications for teachers' practice. They point out the importance of identifying where teachers are and addressing their concerns at the time, they indicate them (Hall & Hord, 1987; 2001). Policy makers and school management tend to focus on student learning and outcomes before teachers are comfortable with an innovation and its components, such as objectives, content and

strategies (Loucks-Horsley, 1996:1). It implies that they focus on how-to-do-it before addressing teacher self-concerns. Monitoring of teacher concerns and professional development should be seen as key to effective policy or curriculum implementation.

Further, the Concerns-Based Adoption Model emphasises the importance of paying attention to a sufficient period during implementation of an innovation, in order for teacher concerns or challenges to be addressed (Newhouse, 2001; Loucks-Horsley, 1996). This is because it takes time for teacher concerns to be resolved, especially when teachers are implementing a new curriculum for the whole year where new approaches to teaching are expected and when each topic in the innovation brings new surprises (Sweeny, 2008; Hall & Hord, 2001).

Figure 3.2 illustrates the stages and typical expressions of concerns, which teachers experience about a curriculum innovation ranging from the lowest stage Unconcerned²⁸ or Awareness to the highest stage Refocusing. Through the seven Stages of Concern, teachers go through the process of ignoring, resisting, adopting and adapting change based on their understanding of the innovation and support given (Hall & Hord, 2001).

In the three lower stages, which focus on oneself, a teacher uses 'I' and 'me', as in 'I am frustrated' (Sweeny, 2003). During these stages, a teacher experiencing the change may lack awareness about the innovation and seek information. If the teachers fail to acquire sufficient information about the innovation, they may ignore or resist adopting it. The middle stage – Management – that is task-oriented focuses on mastery of the tasks. The teacher may use 'it' or a reference to the activity and not the self. For example, a person struggling at the management stage could use a statement like 'Prioritising my use of time and managing paper work is killing me' (Sweeny, 2003; 2008:3). At the management stage, the teacher has some understanding of the innovation and has adopted it, but is still facing some implementation challenges. In the upper Stages of Concern, which focus on result and impact of the innovation, a clue is that the teacher might make statements, which refer to clients, protégés or participants who receive the benefits of the innovation. For example, the teacher might say, 'The students are really learning and showing

²⁸ *Unconcerned* and *Awareness* are terms used to describe the lowest stage on the Concerns-Based Adoption Model. The two terms are used interchangeably in this thesis.

positive attitudes and behaviour change since I started teaching HIV, AIDS and Life Skills education in my class.'

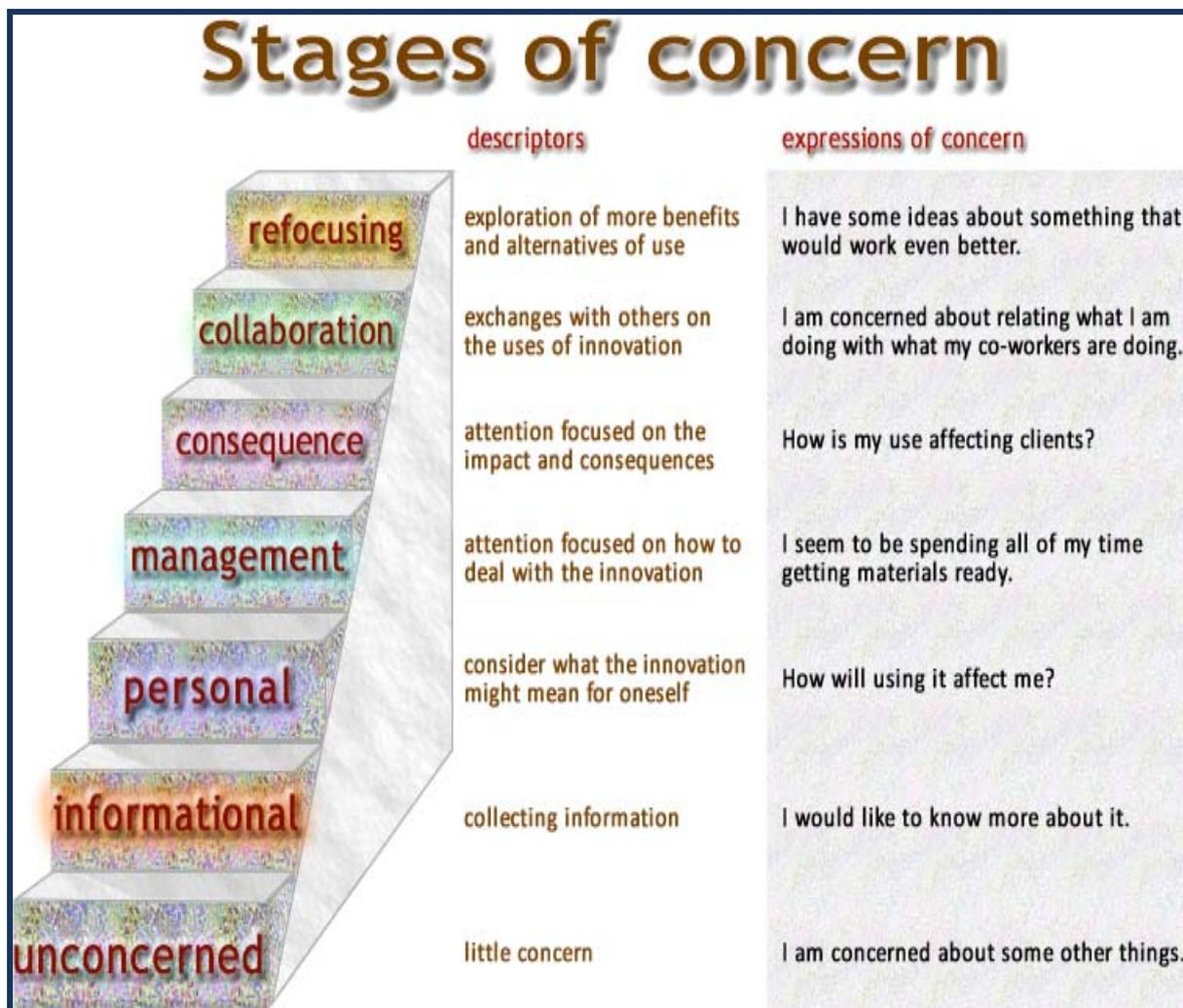


FIGURE 3.2: Stages and Expressions of Concern (Adapted from Hall & Hord, 2001)

As indicated in Figure 3.2, during the Unconcerned or Awareness stage teachers have little concern and knowledge about or interest in the AAPS – the innovation (Anderson, 1997:334). The AIDS Action Programme for Schools is seen not to be affecting the teachers at this stage. Hence, little involvement with the innovation AAPS is indicated. In the second stage, Informational, teachers have general or vague awareness of the AIDS Action Programme for Schools and its components. Teachers may begin some information seeking to gain additional knowledge about the subject area. The teacher is interested in learning more about the AAPS and the implications of its implementation. The person seems to be unworried about self in relation to AAPS – the innovation or change (Straub, 2009:635). Hall and Hord (2001) poses that in implementing an innovation, the teacher is interested in

substantive aspects of the innovation in a selfish manner such as general characteristics, effects and requirements for use. The Personal stage typically reflects strong anxieties about the teacher's ability to implement the AIDS Action Programme for Schools, the appropriateness of the curriculum, and the personal cost of getting involved (Anderson, 1997:334). Teachers focus on how a particular innovation, the AIDS Action Programme for Schools, will change the demands or conflict with existing understanding of what they do (Straub, 2009). An individual is uncertain about the demands of the innovation, his inadequacy to meet those demands and his role with the innovation.

The Management stage is reached when the teacher begin to experiment with implementation of the AAPS. At this stage, teacher concerns intensify around the logistics and new behaviours associated with putting the change into practice (Straub, 2009:635; Anderson, 1997:334). Issues related to efficiency, organising, managing, scheduling and time demands are utmost important to the teacher. At the Consequence stage, teachers' concerns focus predominantly on the impact of the AAPS on students in their classrooms and on the possibilities for modifying the innovation or their use of it to improve its effects. Hall and Hord (2001) contend that at this stage attention focuses on relevance of the AAPS for students and changes needed to increase student outcomes. The high stage – Collaboration, reflects teacher interest in working with other teachers in the school to jointly improve the benefits of the AAPS implementation for learners.

At some point in the change process, teachers may reach the highest stage – Refocusing. At this stage, the teacher is thinking about making major modifications in the use of the innovation, or perhaps replacing it with something else (Anderson, 1997:334). It enables teachers to begin to have concerns about how they compare to their peers and how they can work with their fellow teachers on an innovation – the AAPS. The focus is on partnership, coordination and cooperation with others regarding use of the innovation. In the last stage – Refocusing, teachers' concerns focus on how to improve implementation of the AAPS – the innovation (Straub, 2009:635). Teachers explore more universal benefits from the innovation, including the possibility of major changes or replacement with a more powerful alternative for effective curriculum implementation. The second major dimension of the Concerns-Based Adoption Model is the Levels of Use of an innovation.

3.2.3 LEVELS OF USE (LoU)

The CBAM's Levels of Use focus on general patterns of teacher behaviour as they prepare to use, begin to use, and gain experience implementing a classroom change (such as AAPS). LoU describes the behavioural dimensions of change, for example, what teachers actually do in the classroom when making the transition from teaching one way to teaching differently (Horsley, & Loucks-Horsley, 1998:2). Progression from one level to the next is marked by key decision points and corresponding behaviours in several domains: acquiring information, assessing, sharing, planning, status reporting, performance and knowledge (Anderson, 1997:335). Levels of Use illustrate how performance changes as an individual becomes more familiar with an innovation and more skilful in using it. That is, Levels of Use or practice corresponds with teacher behaviour in relation to the educational change in question. Hall and Hord (2001) outline eight levels as indicated in Table 3.2 at which a teacher is positioned in terms of the extent to which the innovation is used or implemented. The Levels of Use are: Non-use (0), Orientation (1), Preparation (2), Mechanical use (3), Routine (4a), Refinement (4b), Integration (5), and Renewal (6). Newhouse (2001) argues that these levels are the sequence through which a teacher passes during the change process, as he or she gains confidence in adopting educational change. Hall and Hord (1987) posit that the eight levels show how a teacher adapts to implementing an innovation starting from a low level of adoption, Mechanical use to the highest level Renewal.

The Level 0 – Non-use reflects a state in which the teacher has little knowledge of the change and no plans for its implementation. A teacher enters Level 1, Orientation, when he made a decision to implement it (Anderson, 1997:335). At level 2, Preparation, a teacher is actively preparing to put the change into practice, but has not actually begun to implement it in the classroom. At Level 3, Mechanical, the teacher begins adopting and implementing the change (such as AAPS). At this level, the teacher is struggling with the logistics of implementation and the acquisition of requisite information, new content and teaching skills. At this level, teacher decision making is oriented towards making the innovation more manageable and easy to implement (Anderson, 1997:335). In other words, changes in innovation use are teacher-centred. Hall and Hord (1987) possess that a teacher who establishes a pattern of regular use, and who makes few changes and adaptations in use of the

innovation, is said to have attained Level 4a – Routine use. According to Hall and Hord (2001), most teachers settle in at a Routine level of use. Some, however, may actively assess the impact of the innovation on their students and initiate changes in the innovation or their use of it on this basis and reach Level 4b – Refinement (Straub, 2009). At Level 4b a teacher's adoption to changes in innovation use are student-centred. Level 5 – Integration, describes a state in which teachers collaborate with other teachers to make changes in implementation for the benefit of their students (Hall & Hord, 2001). As viewed by Anderson (1997:335) during integration, teacher actions now extend to the impact of implementation beyond their own individual classrooms. Eventually, at Level 6, some teachers begin to explore alternative practices to the innovation.

Anderson (1997:335) espouses that in line with the Stages of Concern, the CBAM's Levels of Use schema represents a possible, not a necessary, developmental progression in teacher behaviours and classroom practice. It focuses on the implementation of a specific change in practice. According to Anderson (1997), teachers often engage in Orientation behaviours to learn about promising innovations, but do not implement everything that they are tasked to do. Teachers may decide to abandon new policies, curricula or practices while still at a Mechanical level of use, due to reasons such as lack of assistance, poor curriculum and lack of resources. Hall and Hord (2001) observe that teachers who attain a Routine level of use in implementing new practices often continue using those practices without active modifications in implementation for the benefit of the teacher and students. Consequently, what level of use a teacher progresses to in implementing change is depended on the interaction between a number of factors such as: teacher norms, innovation characteristics, implementation assistance, resources, time, experience with implementation and administrative pressure and support.

The Concerns-Based Adoption Model shows that individuals first adopt and use an innovation at Mechanical level (Level 3) and Management stage (Stage 4). During this time, the teachers' planning is short-term and their organisation and coordination of the innovation are disjointed. Experience and familiarity with the innovation move the teacher to Routine level of use and Refinement where changes are made based on the needs of students. This is where a teacher is able to adapt the innovation in the implementation process. The CBAM shows that when change is well planned,

experienced users develop more concerns at the Consequence, Collaboration and Refocusing stages (Loucks-Horsley, 1996; Sweeny, 2003). According to Sweeny (2003) once teachers attain the collaboration level, they know the value of the innovation, and given the opportunity and time, will continue to give collaborative support to their colleagues in change agendas. These behaviours are consistent with a positive response to policy and curriculum implementation. In addition, the practice that teachers who are the agencies of change, continue to develop to effectiveness over time, ensures success in reforms.

According to Hall and Hord (1987; 2001), Levels of Use of an innovation also change in predictable ways. Generally, individuals develop from Level zero, Non-use, through to Routine use at Level 4a up to Renewal, which is Level 6. At that point, individuals may move to any of the higher levels, back to Level 3, Mechanical uses, or may remain at the Routine level indefinitely. The knowledge about how concerns and levels of use of teachers involved in an implementation effort are likely to develop over time can equip policy drivers and school management with a guiding framework. The framework enables the policy and programme initiators to plan and support interventions.

Lastly, the Concerns-Based Adoption Model acknowledges that it is often the case that once teachers' practice becomes routine, they do not progress to higher levels. This could be due to lack of time and space, which will limit them to reflect whether their pedagogical practice is congruent with policy expectation and reform objectives (Hope, 1997:147; Kember & Mezger, 1990:50). According to Hope (1997), there are psychological factors to consider when an educational innovation (such as AAPS) is introduced to teachers, specifically the effects of learning to use the innovation. Additionally, Hall and Hord (2001) observed that teachers face the situation of having to implement innovations with limited usage instruction, and without a clear understanding of the innovation's purpose or their role in what they are asked to do. As a result, teachers motivated to move from an Awareness stage of concern and Orientation level may return to the classroom and implement the innovation in a manner that is not in line with what the developers of the change originally envisioned (Bellah & Dyer, 2007:69; Hall & Hord, 2001).

Table 3.1 shows eight levels of how a person adapts to implement an innovation starting from a low level to the highest level.

TABLE 3.2: Teacher Levels of Use of an Innovation and Typical Behaviours

(Adapted from Hall & Hord, 1987:84)

Levels of Use	Behavioural Indicators
6. Renewal	The user seeks more effective alternatives to the established use of the innovation.
5. Integration	The user makes deliberate efforts to coordinate (collaborate) with others in using the innovation.
4b. Reinforcement	The user makes changes to increase outcomes.
4a. Routine	User makes few or no changes and has an established pattern of use.
3. Mechanical	The user makes changes to better organise use of the innovation.
2. Preparation	The user has definite plans to begin using the innovation.
1. Orientation	User takes the initiative to learn more about the innovation.
0. Non-Use	No action is being taken with respect to the innovation.

Burgess *et al.* (2010:56) observe that lower levels (Mechanical and Routine) indicate a day-to-day adoption or adaptation of an initiative at a surface level of change. The upper levels indicate teachers whose behaviours of reflection and collaboration show a more meaningful engagement with the subject area (Kember & Mezger, 1990:50). The risk of teachers practicing at Mechanical level is one of superficial implementation (Hall and Hord, 1987; 2001), where the innovation (such as AAPS), is directly adopted into practice with limited absorption of the underlying principles, contextualisation or integration (Burgess *et al.*, 2010:56). This practice seems to be aligned with the pattern of implementation by teachers in school contexts.

Lastly, according to the Concerns-Based Adoption Model, it is observed that if resources for introduction, implementation, and sustained adoption of such innovations are inadequate teacher implementation challenges may increase. When there are insufficient, resources and lack of support, teachers frequently find themselves struggling to understand and use newly introduced educational innovations (Hall & Hord, 2001). Consequently, Bellah and Dyer (2007) observed that in most cases, evaluation measures, when implemented, serve simply to assess if a teacher is using an innovation, and they do not consider whether there are

appropriate and adequate resources. If results show non-use, the innovation is deemed a failure. If the evaluation results indicate teacher use regardless of availability of adequate resources, the innovation is viewed as a success. In this study, the Stages of Concern and Levels of Use are appropriate analytical tools to explore how secondary school teachers understand, respond to and implement the AIDS Action Programme for Schools.

3.2.4 INNOVATION CONFIGURATIONS (IC)

As a component of the CBAM, Innovation Configurations allows the teacher to communicate what effective innovation use in the intended setting such as the classroom actually looks like and even to specify what adaptations can be made to reduce strangeness or complexity without rendering the innovation ineffective. In addition, Innovation Configurations represent the pattern of use that result when different teachers implement change in their classrooms (Hall and Hord, 2001). This enables school management and evaluators to make sure that the teachers are implementing an innovation in an appropriate manner.

In a way, Hall and Hord (2001) point out that Innovation Configurations help to define what the new programme or practice is that is to be implemented in the classroom. What is needed is to try and identify the main components of a new programme. Innovation Configurations help the school management to know what the behaviours are that are occurring in the classroom. According to Hall and Hord (2001) Innovation Configurations data can be used to measure the progress of an implementation and to identify and address problems associated with the implementation of an innovation. What the CBAM does through Innovation Configurations is to learn more about innovations and to figure out more effective ways to support teachers engaged in implementation, by studying what is going on with them. Innovation Configurations find out what is going on in a naturalistic way so that the change process can be tracked. According to Hall and Hord (1987) at its core, the Innovation Configurations construct helps to ensure that every teacher is on the same page. This third part of the CBAM – Innovation Configurations, is not used as an analysis tool in this research because it would change the focus of the study. The Concerns-Based Adoption Model's two parts, which are most relevant to this study and employed as a data analysis tool, are the Stages of Concern and Levels of Use.

Figure 3.3 shows the visual representation of implementation of the AAPS using the CBAM's Stages of Concern and Levels of Use dimensions as the foundation. The main elements in Figure 3.3 are that the subject area AAPS comes first. The next element in the figure is the teachers who are the agents of change and users of the AAPS in their classrooms. Thirdly, there is need for probing and intervening by the policy makers, curriculum developers, school management and knowledgeable colleagues to facilitate implementation of the curriculum and change process. The teachers engage into Stages of Concern and Levels of Use. The end result is that there are users and non users of the subject area AAPS depending on the teacher's Stage of Concern and Level of Use.

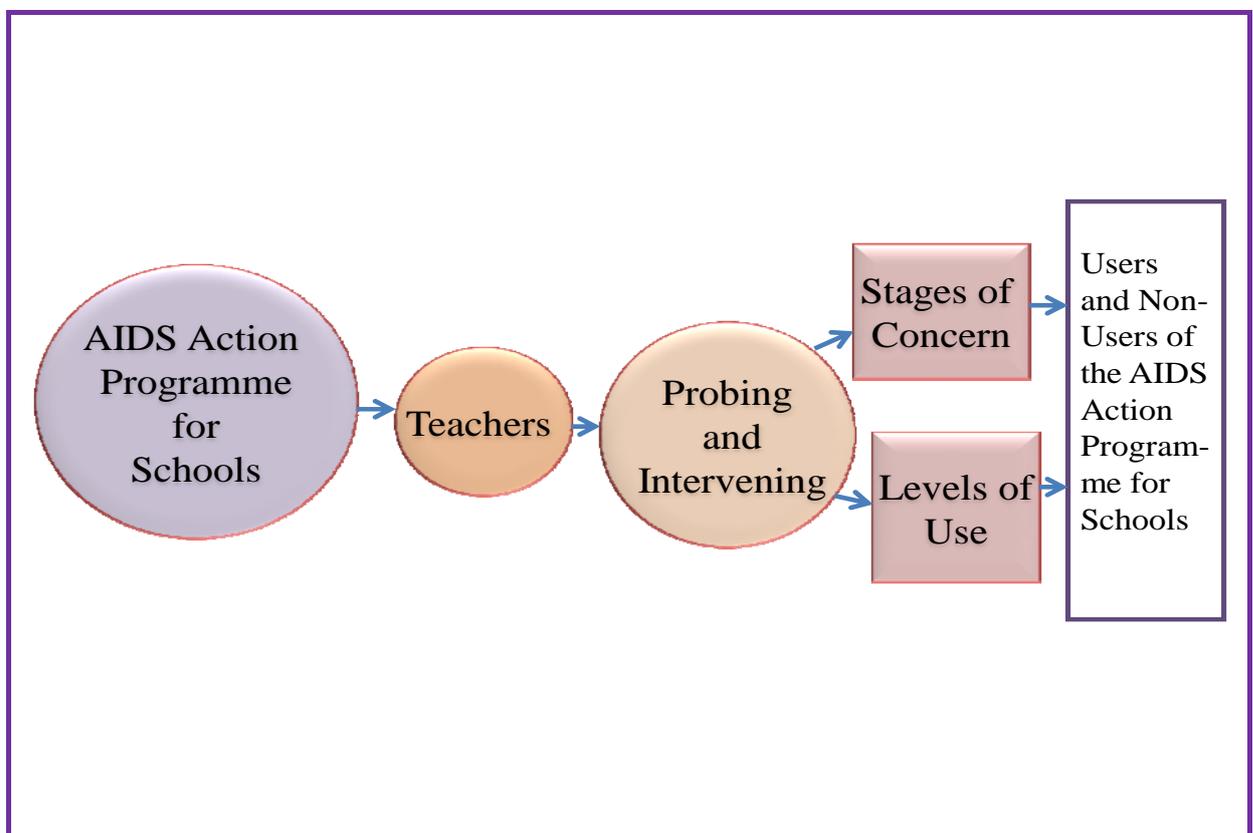


Figure 3.3: The Concerns-Based Adoption Model applied to the AAPS (Adapted from WestEd 2000:10)

The teachers' Stages of Concern and the Levels of Use influence effective implementation of the AIDS Action Programme for Schools. The probing and intervention by the school management enhance the teachers' motivation and performance through influencing their understanding of the AAPS policy, curriculum components and requirements. As indicated in Figure 3.3, depending on their Stage

of Concern and Level of Use, teachers can be either users or non-users of the innovation (AAPS) in their classrooms (Hall & Hord, 2001). An innovation implementation support system has to be created by the facilitators where probing and intervening takes place for change to be realised. Intervention could be in the form of in-service training workshops and provision of resources. Probing can be done during monitoring the subject area's implementation process.

3.3 CONCLUSION

In the current chapter it has been discussed that the Concerns-Based Adoption Model provides an elaborate framework and methodology for describing key dimensions of the process, content and support for teacher implementation of changes in policy, curriculum and instruction. Various schemas for classifying teacher implementation attitudes and behaviours, change management approaches and change-facilitation interventions and roles were explored. The theory is made up of three major components namely: Stages of Concern, Levels of Use and Innovation Configurations, with the first two being relevant to this study. The CBAM does not predict what interventions work best in resolving which concerns in particular circumstances. The model does, however, include a framework for describing interventions to facilitate policy and curriculum change and implementation. The concept of change facilitator is a critical element of the Concerns-Based Adoption Model framework. It was noted that teachers' progress in implementing an innovation can vary in different schools, regardless of whether they received the same initial staff development. This led to this study employing the Concerns-Based Adoption Model framework in investigating of secondary school teachers' conceptualisation and implementation of the AIDS Action Programme for Schools. The upcoming Chapter 4 discusses the methodology and approaches used in this study.

---oOo---

CHAPTER 4 RESEARCH DESIGN AND METHODOLOGY

Phenomenological approaches seek to explore, describe and analyse the meaning of individual lived experiences: how they perceive it, remember it, make sense of it and talk about it with others
(Marshall & Rossman, 2011:19).

4.1 INTRODUCTION

The literature review in Chapter 2 aimed to validate this research while Chapter 3 discussed Hall and Hord's (2001) Concerns-Based Adoption Model which was employed as the theoretical framework of the study. In this chapter, the epistemological interpretivist view and the qualitative study as a research design, and the selected research strategies of an open-ended questionnaire, semi-structured individual interviews and focus group interviews are discussed. An outline of the coding format of the transcribed data follows and lastly an explanation of my approach to data analysis is given. The subsequent presentation illuminates²⁹ the research process followed during the inquiry which resulted in the data analysis presented in Chapter 5.

While working with human subjects, it was important for me to adhere to ethical standards and refrain from infringing on the rights of the participants throughout the investigation of the research problem.

The visual presentation in Figure 4.1 clearly outlines the methodological overview of the research approach and design employed in this study.

²⁹ The term illuminate is used to describe and explain the research strategies and procedures employed in undertaking the research (Schlager, 1999).



FIGURE 4.1: Research Design and Methodology Overview (Adapted from Chabilall, 2010:71)

4.2 RESEARCH APPROACH

This study took a qualitative approach using qualitative methods in natural settings, framed within an interpretive paradigm (de Vos, Strydom, Fouché & Delport, 2011:325, Creswell, 2007:212, Smith & Shepard, 1988:310) in order to acquire meanings from teachers' experiences of the AAPS and ways they implement this subject area. Conducting the research in naturalistic settings enabled me to

understand whether teachers teach the subject area³⁰ in accordance with policy provisions. Throughout the interview process, I allowed participants to be heard and not be silenced, distorted, disengaged or marginalised in their submissions in order to facilitate understanding of the topic under study through their perspectives (Creswell, 2007:212; Nieuwenhuis, 2007b:51). Adopting a qualitative research paradigm was beneficial as the interpretive nature of the methodology allowed for a representation of secondary school teachers with regard to their conceptualisation and implementation of the AIDS Action Programme for Schools (McMillan & Schumacher, 2006:22).

My commitment was to the 'naturalistic perspective and to the interpretive understanding of human experience' (de Vos *et al.*, 2011:310). I observed that reality is subjective: it resides in people and is constructed by people who experience it (Creswell, 2007:15-30). This informed me to solicit different views and meanings from teachers who have lived experiences in implementing the AAPS curriculum. As an interpretivist epistemologically, I believe that searching for knowledge is seeking the truth and obtaining the truth is about understanding the phenomenon that one is exploring. It is about alternatives that work best in a specific context (Creswell, 2007:20-34). I therefore strived to understand the subjective world of teachers' experiences and practices in implementing the AAPS (Cohen *et al.*, 2000:22). Due to my particular interest in the participants' knowledge, beliefs and attitudes, I observed teachers' actions to ascertain their intentions and behaviours, in order to share their experiences and obtain what Cohen *et al.* (2000:22-23) view as *behaviour-with-meaning*. By using an interpretivist approach it was possible to attain a holistic understanding of the topic under study.

4.3 RESEARCH DESIGN

A qualitative case study design was employed in this study with 20 secondary school teachers, four heads of schools and two Ministry of Education officials to illuminate secondary school teacher participants' comprehension and response to an official policy innovation, namely the AAPS (Hancock & Algozzine, 2006:15; Schlager, 1999:257). Since I was interested in the meanings teachers give to their experiences

³⁰ In this study the term subject area refers to the AIDS Action Programme for Schools and the two terms are used interchangeably in this thesis

in implementing the AAPS, it was justified to use a case study in order to immerse myself in the phenomenon (de Vos *et al.*, 2011:321). The qualitative design was considered given that qualitative research is an imperial inquiry that investigates a contemporary phenomenon within a real life context using multiple data collection strategies such as semi-structured individual interviews, focus group interviews and observation (Cohen *et al.*, 2007:18). According to Creswell (2007:73) and Nieuwenhuis (2007a:75) the researcher enters a bounded system (that is, the four government secondary schools implementing AAPS), and collects comprehensive data involving triangulation of data sources and methods in order to produce thick descriptions and case-bound themes. In using a qualitative research design my intention was to provide a unique example of real people in real situations (secondary school teachers) hence enabling readers to understand ideas more clearly (Cohen *et al.*, 2007:253; Creswell, 2007:15-30).

My study involved an exploration of teacher conceptualisation and implementation of the AAPS in Masvingo district. Hence forth, an exploratory or instrumental case study (comprised of 20 teachers in four secondary schools, four school heads and two Ministry officials) was utilised (de Vos *et al.*, 2011:321; Mark, 1996). The purpose of the exploratory case study was to produce new knowledge on teacher policy, curriculum understanding and pedagogical practices, in order to inform policy formulation, curriculum implementation and teacher professional development. The exploratory/instrumental case study facilitated my acquisition of knowledge about a specific educational and social issue – teacher conceptualisation and implementation of the AAPS in schools, (de Vos *et al.*, 2011:322). Utilising the exploratory case study and the theoretical framework – CBAM, I was able to discern the understandings, experiences and behaviours of secondary school teachers regarding the AAPS.

Overall, the qualitative design used allowed me to: (i) conduct the research in four schools in Masvingo district, Zimbabwe; (ii) engage with teachers over time in their natural settings; (iii) understand events in the perspective of the teachers; (iv) provide thick descriptions of the phenomenon under study and (v) come to grips with the specificity of teacher conceptualisation and implementation of the AAPS curriculum in schools (Denzin & Lincoln, 2005). Since my aim was to discern and gain insight into the issues that are intrinsic in the case itself (de Vos *et al.*, 2011:321; Schwandt, 2007:28), the design enabled me to answer cognitive questions such as: How do

teachers understand, respond to and implement the AIDS Action Programme for Schools? I was able to employ the qualitative case study design to reveal what occurs in classrooms at the four selected schools regarding implementation of the subject area.

4.4 RESEARCH QUESTIONS

The research questions are imperative for understanding the data collection methods chosen. They determine the scope, periphery, and direction of the study with its subtle factors. The questions are also important in determining the type of data needed in the study in order to explore and answer the research problem. The questions indicate the research participants and spell out the nature of the study (Creswell, 2007). These arose from the aim of the study stated in Chapter 1, section 1.4, namely to investigate how secondary school teachers conceptualise and implement the AIDS Action Programme for Schools as a policy and curriculum initiative.

Below is a discussion of the primary and secondary research questions which underlined this research. The questions that are aligned to the research methodology are significant in understanding teachers' knowledge and practice with regards to implementation of the AIDS Action Programme for Schools. The primary research question is:

- *How do secondary school teachers understand, respond to and implement the AIDS Action Programme for Schools?*

This question aimed to reveal teachers' interpretations of policy and curriculum regarding the AIDS Action Programme for Schools as a critical subject area. It discerns how these teachers, who are the frontline policy implementers, understand the curriculum innovation and in turn use it in their classrooms.

By focusing on teacher knowledge, practice and levels of implementation, I gained insight into their attitudes, beliefs, and practice. Question one also allowed me to probe the teachers' common response to curriculum implementation. Exploring such understandings was significant because of the symbiotic relationship that seems to

occur between knowledge and practice. Teachers' knowledge and beliefs are seen as factors that influence their attitude towards change and curriculum implementation positively or negatively. Accordingly, Hall and Hord (1987:2001) in the Concerns Based Adoption Model argue that teacher knowledge, attitude and support impact on how they receive an innovation, thereby impacting on the level of practice on which a teacher engages with an innovation. By posing question one I was able to ascertain the meanings that teachers attach to the AIDS Action Programme for Schools and how they in turn implement the curriculum.

In order to answer the main research question, secondary research questions were generated and explored:

1. *What are the policy, curriculum requirements and components of the AIDS Action Programme for Schools?*

By focusing on sub-question one I was able to measure teacher practice in curriculum implementation against policy and curriculum requirements and components.

2. *How are teachers experiencing the implementation of the AIDS Action Programme for Schools?*

This question focused on highlighting teachers' experiences including emotional experiences regarding implementation of the AIDS Action Programme for Schools as a subject area.

3. *What is the relationship between policy, curriculum provisions and educational practices regarding the AIDS Action Programme for Schools?*

By asking sub-question three, I was able to focus on whether teachers perceive any discordance between policy and practice. It probes on both internal (attitude, beliefs, concerns and level of use) and external factors (support, collaboration, professional development) regarding implementation of an innovation. This question enabled me to reveal a point of disjuncture that exists between policy and practice regarding implementation of the AIDS Action Programme for Schools.

4.5 CONTEXT OF THE STUDY

Four government secondary schools participated in this study. All four public schools had similar policy and curriculum requirements for the AIDS Action Programme for Schools. All the schools selected had classes running from Form One up to Form Six. Two of the schools are located in a township with low urban socio-economic status. One school is located at a district service centre (popularly known as growth-point in Zimbabwe) with low rural socio-economic status. The fourth school is located in an affluent suburb in Masvingo urban and is attended by children of a middle-class community. All these schools run double sessions (or hot seating), that is, they have full classes in the morning session as well as in the afternoon session. For a geographical understanding of the Masvingo district, see Appendix 5.

4.6 SAMPLE SELECTION

Purposive sampling was adopted (Creswell, 2007; Denzin & Lincoln, 2000:370; Miles & Huberman, 1994) to select 20 teachers, four school heads and two Ministry of Education, Sport, Arts and Culture officials. I focused on these people because they were found to have certain attributes relevant to the phenomenon in that they were involved in the implementation of the subject area in different portfolios. As suggested by Cohen *et al.* (2000:103), I chose the four schools comprising the case to be included in the sample based on their *typicality* that they were engaged at varying levels with the HIV and AIDS education curriculum in their settings (De Vos *et al.*, 2005:375). Choice of the sample was also based on feasibility as total coverage of all AAPS teachers in Masvingo district was not possible (de Vos, 2011:224; Sarantakos, 2000:139). They then became rich samples for in-depth study of the topic under investigation to acquire deep understanding or a solid appreciation of teacher understanding and implementation of the AIDS Action Programme. The use of purposive sampling increased the utility of information acquired from the participants (Cresswell, 2007).

In selecting the research participants, the sample size was not statistically determined since gathering of comprehensive and reach data was the basis and not representativeness. At each of the four government schools, five teachers teaching the AAPS and the school head were interviewed. These variables were seen to be

relevant in sourcing interesting data regarding the programme under study. The sample size was directly correlated to the nature and purpose of the research problem, data collection strategies and access to information-rich cases. Informed by McMillan and Schumacher (2006:322) I realised that for credible and rich data³¹ to be obtained in this investigation the participants should have experiences in the subject area.

4.7 PARTICIPANTS

All the teachers who participated in this study had degrees in different areas of specialisation except for four who had diplomas in education. The teachers ranged from 28 to 45 years of age. Both male and female teachers formed the sample. These teachers were recruited because they were responsible for teaching the AAPS at their respective schools.

I opted to work with secondary school teachers because they are a unique group in that they are subject specialists, tasked for the implementation of the AAPS over and above their subjects of specialisation. The four school headmasters and two Ministry of Education, Sport, Arts and Culture officials in the sample, provided complementary data based on their leadership and administrative roles in implementing the AIDS Action Programme for Schools. Hence, they were seen as credible sources of data. All the teacher participants in this study formed the unit of analysis (Schlager, 1999:239). A bio-data account of the participants and their research names is shown in Table 4.1.

³¹ By rich data, I mean data that is detailed and complete enough that it provided a full and revealing picture of the topic under research (Maxwell, 1996:95).

TABLE 4.1: Research Participants

School	Context Location	Teacher & Teaching Experience in Years	Gender and Age	Professional Qualification	Subject Specialisation
Target Copy – A	African high-density township school	1. Dudu: 19 2. None: 20 3. Mitz: 22 4. Precious: 23 5. Denio: 10	1. Female: 40 2. Male: 42 3. Female: 47 4. Female: 44 5. Female: 31	1. MBA, BSSc, CE ³² 2. BA, Grad. CE 3. BA, Grad. CE 4. BA Hons., Grad. CE 5. 'A' Level ³³ , DE	1. Science 2. Shona & RS ³⁴ 3. Shona & Divinity 4. History & English 5. History
Mucheke – B	African high-density township school	1. Nyasha: 12 2. Kay-Kay: 13 3. Muller: 15 4. Esx: 21 5. Concerned: 16	1. Female: 34 2. Male: 35 3. Male: 47 4. Female: 45 5. Female: 43	1. BSc in Educ. 2. MEd. 3. MEd. 4. STC, BEd. 5. BA, Grad. CE	1. Geography 2. Mathematics 3. Physics & Biology 4. Biology 5. English Literature
Rhodene -C	Former affluent white government school. Now a multiracial school	1. Rejoice: 10 2. Rtramile: 6 3. Shingairai: 10 4. Pauline: 15 5. Chiwanza: 16	1. Male: 32 2. Male: 30 3. Female: 33 4. Female: 39 5. Male: 40	1. BEd. 2. BSc, Grad. DE 3. BA, Grad. DE 4. BEd. 5. BSc. Hons.	1. Home Economics 2. Agriculture 3. Literature in English 4. Religious Studies 5. Biology
Nemanwa – D	Rural Service-centre/Growth point school. Rural and the Centre children attend this school	1. Praise: 8 2. Chiwawa: 20 3. Shumba: 3 4. Quevee: 3 5. Speaker: 9	1. Female: 32 2. Female: 43 3. Male: 25 4. Male: 26 5. Male: 34	1. BA. Grad. DE 2. BA, CE 3. 'A' Level, DE 4. 'A' Level, DE 5. 'O' Level ³⁵ , DE	1. History 2. English 3. Business Studies 4. Computer Science 5. Agriculture

³² MBA: Master of Business Administration; MEd. Master of Education; BEd. Bachelor of Education; BA: Bachelor of Arts; BScC: Bachelor of Science – Counselling; BSc: Bachelor of Science; Grad. DE: Graduate Diploma in Education; Grad. CE: Graduate Certificate In Education; DE: Diploma in Education; CE: Certificate in Education, STC: Secondary School Teacher certificate

³³ In the Zimbabwean education system 'A' Level refers to the 6th and last year in secondary school education

³⁴ RS: Religious Studies

³⁵ In the Zimbabwean education system 'O' Levels refers to the 4th year of secondary school education

From Table 4.1 it is clear that all 20 teachers have degrees in their specific areas of specialisation. They do not have a qualification in HIV and AIDS education and most of them were not trained to teach the subject area except one who had a Bachelor of Science degree in Counselling. Teachers who teach in their fields of specialisation were given the AAPS as an additional subject area to teach.

4.8 DATA COLLECTION

Prior to onset of data collection, I first sought permission to undertake the study in government secondary schools from the Permanent Secretary, Ministry of Education, Sport, Arts and Culture. After permission was granted by the Secretary, I applied for permission to conduct the research from the Provincial Education Director (PED). Permission was also obtained from schools which participated in the study. I then applied for ethics clearance at the University of Pretoria, Faculty of Education which was granted (see Appendix 10).

4.8.1 PILOT STUDY

Research instruments were tried and tested during construction to avoid ambiguity and misunderstanding. The results of the pilot study informed me to revise, rephrase, and clarify some of the items on the instruments. Besides refining data collection instruments, I did not use the pilot test results for any other purpose in this study (Yin, 2003:7). The drafts of all the instruments, namely questionnaire and interview schedules, were included in the application for ethics clearance, which was successful. An ethics clearance certificate was issued by the University of Pretoria as indicated in Appendix 10.

I conducted a qualitative pilot study to pre-test or trial run the data collection instruments, and improves reliability (Marshall & Rossman, 2011; 1999:64) at one of the secondary schools. The school selected for the pilot test was not in the sample, but it had the same characteristics as those that were in the main study. The Ministry of Education officials' data collection instrument was tested on one of the Education Officers involved in the AIDS Action Programme for Schools in the provincial office. The pilot test aimed to validate the items and confirm that they would be clear and meaningful to the participants. I also wanted to establish whether the instruments

were functional before undertaking the main study. Finally, the Ethics Committee of the Faculty of Education – University of Pretoria, cleared me to undertake fieldwork.

4.8.2 PHASES OF DATA COLLECTION

The qualitative research methodology applied in this study involved three main phases of data collection. In the first phase I investigated the national policy status on the AIDS Action Programme for Schools. It consisted of interviews with Ministry of Education, Sport, Arts and Culture officials responsible for implementation of the curriculum. This was done to explore policy issues and establish the degree of support offered to schools by the Ministry for effective policy implementation. In the second phase, school principals' views on school support and teachers' response to the AIDS Action Programme was undertaken. In the third phase, I investigated teachers' knowledge of the AAPS, regarding policy and curriculum requirements, and how the teachers implement the subject area in their classrooms. I also enquired among the teachers whether there was a disjuncture between policy and practice that could have been affecting the teachers' implementation of the subject area (Burgess *et al.*, 2010:56).

Since teachers were the key informants, the process of data collection involved that they completed an open-ended questionnaire that was administered by the researcher first. The teachers were encouraged as much as possible answer all questions in the open-ended questionnaire. This was done to enable teachers to volunteer personal data on the topic under study. The second stage involved the teachers in focus group interviews to acquire both their personal and group views regarding their conceptualisation and implementation of the AAPS. During the process respondents' answers were viewed as describing internal realities – feelings, meanings and occurrences (Silverman, 2010:225). All questions on the interview schedule with follow up probing questions were asked. Participants were also invited to add information that they were willing to give even if no specific question would have been asked.

4.8.3 DATA COLLECTION STRATEGIES

Strategies utilised to collect data in this study were open-ended questionnaires for subject area teachers, semi-structured individual interviews for Ministry of Education officials and school heads, and focus group interviews for the teachers. The strategy enabled different of data collection methods to be applied (triangulation), and thus strengthened the quality of the research design. Using qualitative research methods, I solicited rich data that was embedded in the context, and provided depth to descriptions. It was possible to collect information from a diverse range of individuals and settings, using varied methods. The rationale for using triangulation as an approach was to strengthen the worthiness and validity of the data in the study. Triangulation was applied to aid in the elimination of bias and to allow dismissal of plausible rival explanations (Mathison, 1998). I did this so as to obtain an objective proposition on the topic under study, namely secondary school teachers' understanding and implementation of the AIDS Action Programme. Triangulation enabled me to solicit different data, what Yin (2003) refers to as different images of understanding or converging lines of evidence. In this study, establishing the converging lines of evidence gave me a sense of related issues in the experience of various participants and a view of the larger group experience beyond that of the individual participant.

I utilised data triangulation by using several data sources involving teachers, government officials, and school heads. To attain methodological triangulation, I used multiple strategies sequentially and simultaneously to study a single research problem (McMillan & Schumacher, 2006:322). In qualitative research the object is to 'develop a complex and holistic view of social phenomena' and construct detailed descriptions of social reality (de Vos *et al.*, 2011:65, 66). So, I combined data collection strategies to achieve an objective outcome. I also used triangulation not as an end in itself but as a way of challenging my own findings and revisiting my interpretations. These strategies I employed complemented each other in a unified research design (Cohen *et al.*, 2007:288). Below is a detailed discussion of each of the strategies.

4.8.3.1 Open-ended Questionnaire

I used a researcher-designed, open-ended questionnaire to explore the 20 teachers' knowledge³⁶ about and practices in implementing the AIDS Action Programme for Schools curriculum. Silverman (2010:123) contends that open-ended questions can be administered to small samples. The questionnaire was made up of open-ended questions that sourced data on both broad and specific issues regarding policy and teacher practice. Among other things, the questions solicited data on: teachers' knowledge of the official curriculum; policy mandates; teachers' responses to policy implementation; challenges faced by the teachers; teachers' engagement with the curriculum at a personal level; and teacher suggestions for effective programme implementation in schools. All 20 teachers in the sample completed the questionnaire in order to submit their experiences at a personal level.

A mixture of questions was adopted in the instrument to obtain meaningful, comprehensive data from the questionnaire. Mathison (1998) suggests that it is necessary to have open-ended questions because the data gathered is detailed and has a clear status as qualitative research data. Using the questionnaire allowed participants to compose their own answers rather than to choose from a number of given alternatives (Silverman, 2010). The open-ended questions were likely to produce valid and reliable data since the respondents were able to express views in their own words and think through issues.

The use of the open-ended questionnaire allowed for anonymity because the participants did not use their real names, and was an economical way of accumulating information in terms of time, effort and cost (Silverman, 2010:123, Oppenheim, 1992; Srivastava, 1994). The open-ended questionnaire was appropriate for addressing the research problem and it enabled me to attain triangulation of data collection strategies (see Appendix 9). Qualitative data from the open-ended questions was analysed for emerging themes, categories and sub-themes. I took the open-ended questionnaire with me to the schools during conducting individual interviews with school heads and administered it to the teachers. Administering the questionnaire personally, afforded me the opportunity to

³⁶ In this study, knowledge refers to understanding and the two terms are used interchangeably in sections of this thesis (Oxford Advanced Learners' Dictionary 2000:714)

create rapport and bonding with teachers (de Vos *et al.*, 2011:325). This was done prior to conducting focus group interviews. I was able to obtain all teacher responses. Data collected through this method was merged with that from focus group discussions and field notes.

4.8.3.2 Semi-Structured Interviews

Semi-structured interviews were conducted with two Ministry of Education officials and four school heads. I employed a schedule as a guide and not a prescriptive device (Berg, 2001:70). Each of the individual interviews lasted for approximately 45 minutes. I recorded all interviews with a digital voice recorder to facilitate smooth discussions. The one-on-one interviews enabled participants to express their personal experiences, beliefs and opinions to me (Cohen *et al.*, 2007:350). At the root of the interviews was an interest in establishing how Ministry of Education officials and school heads view teachers' understanding and implementation of the AIDS Action Programme for Schools. It was also important to obtain information from these participants on their administrative and support role in the implementation of the subject area in schools. Interviews were used because social abstractions such as articulating HIV and AIDS issues, and teaching them, are best understood through experiences of school heads and Ministry officials who work with teachers in implementing programmes. Two interviews were conducted in Ministry officials' offices and four in the headmasters' offices. Throughout the conversations with these participants rapport was warm and non-threatening. They actually indicated that they were comfortable to share their experiences with me.

Issues that were explored through interviews included: teacher understanding regarding the AAPS; teacher understanding of the reform and its related components; teacher policy mandates; views on teacher academic and professional competence; programme implementation concerns; administrative and teaching support, as well as the dynamics of school politics in policy implementation and change. The transcribed data was taken back to the Ministry officials and school heads for them to verify whether their responses had been captured correctly. Field notes recorded in a research journal complemented the interviews. I transcribed the interviews as soon as I could and started analysing the responses. For explicit detail of these instruments see Appendices 8 and 9.

4.8.3.3 Focus Group Interviews

Focus group discussions were employed with four purposefully selected groups. Each group constituted of subject area teachers teaching Forms One to Six in selected schools. The method builds on a group processing of information, thereby strengthening the credibility of my study (McMillan & Schumacher, 2006:360). Through use of focus groups the aim was to determine how the teachers understood, responded to and implemented the AIDS Action Programme for Schools in their school contexts. A range of responses from the submissions of the participants' views was elicited. I was also able to solicit collective views from the participants.

The groups were met once at each school and the interviews lasted for approximately one hour. The interviews were conducted in the natural settings of the schools in order to enhance realism. Three of the interviews were held in offices and one in an empty classroom. These were found to be private, neutral and distractive-free interview locations. A twenty-item interview schedule with explorative and descriptive questions guided the discussions as indicated in Appendix 8. Techniques such as probing, clarification, paraphrasing, and minimal verbal and non-verbal responses were adopted to explore and uncover teachers' lived experiences, knowledge and behaviour (Silverman, 2004:272). The interviews were audio-recorded and transcribed verbatim to capture complete data for each focus group discussion session. Voice recording the interviews enabled me to concentrate on the topic and the dynamics of the interviews. Subsequently, the transcribed data were explored for themes and categories to initiate interpretation and discussions in relation to the research questions (Ely *et al.*, 1997).

However, tape-recording the interviews presented a decontextualised version, because it did not include the visual aspects of the situation and the social atmosphere that prevailed (Seidman, 2006). Hence, field notes complemented the tape-recorded data and included things such as nuances, body language, gestures, incomplete submissions and my own reflections. To continuously enhance validity, I ensured that every participant's viewpoints were considered by cross-examining issues through the use of counter-check questions. By so doing, a context was created within the focus groups where participants expressed themselves freely and explicitly, showing dynamism as they reacted to each other' submissions (Louw,

1993). I capitalised on the sharing and creation of new ideas that might not have occurred if participants were interviewed individually (Hancock & Algozzine, 2006). I found the focus group discussions to be fruitful because issues were discussed and summarised for a consensus position. Soon after the focus group interviews data was transcribed and taken back to the participants for verification. Table 4.2 shows the composition of the focus groups at each of the four schools.

TABLE 4.2: Composition of Focus Groups

Setting	Group Composition	Gender and Number	Age
Target copy	Five Forms 1-6 AIDS Action programme teachers	Females: 4 Males: 1	31-35 years: 1 36-40 years: 1 41-45 years: 2 46-50 years: 1
Mucheke	Five Forms 1-6 AIDS Action programme teachers	Female: 3 Males: 2	30-35 years: 2 41-45 years: 2 46-50 years: 1
Rhodene	Five Forms 1-6 AIDS Action programme teachers	Females: 2 Males: 3	30-35 years: 3 26-40 years: 2
Nemanwa	Five Forms 1-6 AIDS Action programme teachers	Females: 2 Males: 3	25-30 years: 2 31-30 years: 2 41-45 years: 1

As indicated in Table 4.2, both male and female teachers were assigned to teach the curriculum area AAPS although females were one more than males. None of these teachers had a relevant professional qualification to provide HIV and AIDS education under the AAPS as indicated earlier in Table 4.1. Most of the teachers assigned to teach the subject were below 40 years of age. Three teachers were 45 years old and two were 50 years old. On the days I conducted interviews I got to the schools early to pay a courtesy call to the headmaster, set the venue, test the functionality of my digital voice recorder and chart with the teachers before commencement of the interviews. Before commencement of the interview I reassured participants about confidentiality, anonymity and consent. I took the time to explain the purpose of the study. It felt as if the participants were treating me as a colleague and not a researcher *per se*.

4.8.3.4 Field Journal

As a researcher and an observer during fieldwork, I maintained a research journal to record personal observations, impromptu discussions, reflections and notes of perceived body language shown during interactions with teachers, school heads, and Ministry of Education officials. In the journal I also made other observations that were relevant to my study during individual and focus group interviews which took place in their settings, which were mostly offices. I also recorded methodological decisions, feelings and thoughts in the field journal during data collection while at the school settings (Lincoln & Guba, 1985:327). In using the research journal, I was able to capture and keep the field notes and reflections of activities directly observed in the school settings which yielded relevant information to my study. I was able to draw inferences that could not be obtained by relying exclusively on tape-recorded individual interviews and focus group discussions.

By using a research journal I gained insight into the informants' perspectives that they were unable to express verbally during interviews. The notes constituted descriptions of the *who*, *what*, *where* and *how* of a research context (Mosia, 2011:74) and directed the research process. These field notes strengthened the validity of the study and proved to be relevant during the data analysis. In using the journal I realised that although methods and procedures do not guarantee validity, they are nonetheless essential to the process of ruling out validity threats and increasing the credibility of my conclusions.

4.9 DATA ANALYSIS

The purpose of conducting the qualitative exploratory/instrumental case study was to produce underlying meanings or findings. The qualitative data analysis transformed data into findings. The data analysis process involved 'bringing order, structure and meaning to the mass of collected data' (de Vos *et al.*, 2005:338). As observed by de Vos *et al.*, (2011:397), the data analysis involved 'constructing a framework for communicating the essence of what the data reveal'. Creswell (2007:150) views data collection, recording and analysis as interrelated, simultaneous procedures that are ongoing. At the onset of data collection, I took note of the suggestion by Coffey and Atkinson (1996:1-2) that researchers should never collect data without substantial

analysis going on simultaneously. Both verbatim transcriptions of interviews and open-ended questionnaire data were analysed using Tesch's method of qualitative data analysis (Creswell, 1994:154-155). The method entails scrutinising the data obtained for the emergence of themes. By using this method of data analysis I intended to capture the essence of teacher experiences studied through the identification of their constituent parts. Categorising and coding entailed identification of words and segments in the transcripts that related to teacher understanding of, response to and implementation of the AAPS. I was careful to ensure that the data analysis undertaken was rigorous, systematic and methodical (Schwandt, 2007:6). Field notes from the journal were used to interpret meanings and fill in missing links in the data obtained from interviews and questionnaire (Kvale, 1996:11). Refinement of identified themes continued as I held consensus discussions with supervisors during the data analysis phase (Creswell, 1994:158).

Tesch's method of data analysis used to analyse all the data from interviews and an open-ended questionnaire involved the following processes outlined in Creswell (1994:154-155), Skhosana and Peu (2009:5) and Mosia (2011:75):

For the open-ended questionnaire, I initially organised and analysed data according to individual research participants (the 20 teachers). I considered all the responses of each individual before moving on to the next participant's responses in order to preserve the coherence and integrity of the individual response and to develop a holistic image of each participant (Cohen *et al.*, 2007:467). On completion of the questionnaire responses, I could reflect on salient issues emerging and I developed tentative themes, categories and sub-categories.

In analysing individual interviews and focus group interview data, I started by transcribing all the data from the audio-tapes. Then the transcripts were read carefully in their entirety. Some ideas were jotted down as they came to mind. I placed the transcripts in such a way that those that were interesting and short were on top of the pile. I then chose one transcript at a time and reviewed it. During the review of the transcripts, I asked myself questions that shed light on the underlying meanings to the data given. A list of themes was made for each transcript. These themes were then clustered according to similarity. The list of themes was compared to the data and codes were allocated. The most descriptive wording for each theme

was found, and it became the theme of the data. The data were then divided and organised into the relevant themes, categories and sub-themes.

During data analysis I used thick description vignettes (Ely *et al.*, 1997:70) and quotes from the interviews and questionnaire. The strategy created mental images that brought to life the complexities of the variables inherent in how secondary school teachers understand and respond to curriculum implementation in their contexts (Hancock & Algozzine, 2006:16).

4.10 CREDIBILITY AND TRUSTWORTHINESS CONSIDERATIONS

The validity and reliability of my study hinge on the truth value, the transferability and the consistency of the study. As viewed by Merriam (2001:166) the truth value or internal validity and the transferability or external validity is the extent to which one's findings match reality. Reality in terms of teacher understandings, response to and implementation of the AIDS Action programme in schools is multi-faceted and cannot be resolved into a single truth. Reliability is a multiple set of mental and social, context-specific constructions (Wiersma, 2000:198). As a researcher, I tried to represent the multiple constructions adequately. I also aimed for credibility and the confidence in the truth of the data (Silverman, 2004). To present findings that are convincing and believable, I employed triangulation, respondent validation and thick descriptions.

In short, validity refers to the trustworthiness of inferences drawn from data. It is the correctness or credibility of a description, conclusion, explanation, interpretation or other sort of account (Maxwell, 1996; Wiersma, 2000:199). Validity as a component of my research design consists of the strategies used to eliminate threats. I made sure I did not engage in distortions through use of audio-tapes, interview transcripts and running field notes to capture data. It was critical to employ the approach so that anyone assessing my investigation could access the evidence to authenticate the accuracy of the accounts given. I constantly focused on the question, Am I measuring what I intend to measure? This I did in order to attain interpretive validity – the meanings which research participants give, which are not physical but mental. It includes all thoughts, feelings, beliefs understandings and perceptions of the respondents (Denis, 1994). I respected participants' verbatim accounts. The *emic*

aspects of an account, in this study, were grounded in the language of those studied; that is, teachers, school principals and Ministry officials' views were inherently inferential.

To achieve member checks or respondent validation, I solicited feedback on the data and the conclusions I made from the research participants as suggested by Guba and Lincoln (1989). I took the research transcripts back to the participants I interacted with for their own verification and perceptions. By the time I completed the data collection, the respondents were still in their settings so it was possible to take the research findings back to them.

To ensure credibility detailed descriptions were utilised to portray the image and feeling of the setting. These are an interpretive characteristic of descriptions (Schwandt, 2007:296). As viewed by Denzin and Lincoln (2000:393), the description of people and events is the cornerstone of qualitative research. For my research to be credible I carefully presented participants' views as reflected in the transcripts on their response to curriculum implementation. Being conscious of my personal attitude, opinions, experience and expectations as an educator, I tried to remove bias (Cohen *et al.*, 2007). I made it sure that data collection and analysis was logical, traceable and well documented (Creswell, 2007). Prolonged engagement in the field, detailed field notes, high quality audio-recordings and use of multiple data sources improved the credibility and trustworthiness of this study.

This study was further validated by the reviewed literature. Among other things the literature review related my research within existing literature and identified a niche for my study to contribute added knowledge and new insights into teacher policy and curriculum understanding, response to and implementation regarding AAPS (Merriam & Simpson, 1984). I was able to understand the assumptions behind the research questions and improved my knowledge of research and intellectual traditions that inform and support my study (Mosia, 2011:79; Marshall & Rossman, 1995:280). I conducted literature review to develop and sustain my confidence as a researcher (Woods & Catanzaro, 1998:136; Burns & Grove, 1997:545). The literature study strengthened the research's stance to be valued as part of cumulative knowledge-building regarding the research inquiry in terms of the research topic (Rubin & Babbie, 2001:121): how secondary school teachers conceptualise and implement the

AIDS Action Programme for Schools. Hence forth, the credibility and trustworthiness considerations were realised by employing the discussed measures.

4.11 ETHICAL MEASURES

Ethics was an integral part of this research. It is the science of criteria, norms and values of human action and conduct (MRC, 1993). It demands engagement in reflection and analysis of morals concerning whether an act is good or bad and how it influences our basic quest for meaning, our search for humanity and our attempt to create a humane society (Cohen *et al.*, 2000). More critically, ethics is vital for improving the quality of research. The four principles of ethics I considered in this study are: autonomy, beneficence, non-maleficance and justice. My aim was to safeguard human dignity and promote justice, equality, truth and trust (MRC, 1993).

Prior to data collection, I applied for ethics clearance which was granted before I proceeded to fieldwork. During the data collection process, I took cognisance of the fact that ethical issues could arise from the problem being investigated and the methods that I was using to source data (Cohen *et al.*, 2000:49). It implied that each phase in data collection was a source of ethical dilemma (Clasquin-Johnson, 2011:93). The basic assumption in my research was the autonomy of the individual within the broader context of human relations. Participants were treated as human beings in the context of their social, political and professional environments. Effort was made not to cause physical or psychological harm to participants. Therefore, I strictly focused on non-maleficance which is the absence of harm to the research participants. The research is of benefit to the research participants since information generated in the findings could highlight the problems teachers experience with the implementation of the AIDS Action Programme for Schools curriculum in order for the Ministry of Education, Sport, Arts and Culture and heads of schools to provide better support and in-service training.

The study was conducted in line with ethical requirements set by the Ethics Committee of the Faculty of Education, University of Pretoria, through applying the ten MRC's (1993:13-14) basic ethics codes of behaviour: The autonomy of the participants was respected. Ministry officials, teachers and school heads were treated as a unique people within the context of their school systems. I made sure

voluntary participation and freedom of choice were safeguarded. The basic rights of participants as human beings were respected as well as the rights of the school communities who were part of the research sites. To achieve the ethic of justice, fairness and objectivity, it was compelling that I guard against exposing participants to intentions and motives not directly attached to my research project.

Throughout my research integrity was promoted by being honest and fair. Research participants were kept informed of issues relevant to them and I strictly honoured my appointments. Balance of research interests with general values and norms affecting the human dignity of the participants was maintained. Under all circumstances confidentiality was respected. I safeguarded all the research documents such as transcriptions, audio-tapes and completed questionnaires. The documents were made accessible to people in terms of the limits of my study. Mutual understanding of my roles and interest as an investigator and participant observer in the study was negotiated. Participants were made aware of their roles in terms of the number of times they were to volunteer data. I ensured clear and understandable verbal communication with factual data. I took into consideration the participants' emotional and cultural values whilst investigating the research problem.

Special care was taken not to treat participants as mere objects. My research complied with the basic principle of treating human beings with respect. I also avoided direct or indirect coercion of participants such as taking advantage of them or misusing the authority and influence of the research. Throughout the study, participants' concerns, confidentiality and anonymity were highly considered. The nature of my research is qualitative and it involved close personal involvement. Interviews and observations employed were based on human interactions. Hence, two qualitative stances in my study were applied namely: absolutist and contextualist or holistic stance.

Under the absolutist stance I knew that I had no right to invade the privacy of research participants in order to avoid inducing harm on them. According to Cohen *et al.* (2000:61), privacy comprises three perspectives such as the sensitivity of information being given; the setting that is being studied; and the dissemination of information. Participants were assured of their right to privacy. The information they volunteered was not going to reveal their identities due to use of pseudonyms. As

viewed by the MRC (1993:13) under the contextualist stance, I advanced detailed descriptions and aimed at understanding events, actions and processes in the schools in which they occurred. I did not make an attempt to generalise the findings of my research beyond my target population.

During pursuing my qualitative study with human participants, it was absolutely important that I considered respecting their rights under ethics principles. Hence, participants were told in advance that the aim of the study was to explore how they understand, respond to and implement a curriculum reform, the AIDS Action Programme for Schools. Participants were informed of the intended uses of the data captured. Throughout the investigation transparency was observed (Cohen *et al.*, 2000:51; 2007:52); hence, it was anticipated that the participants would be quite ready to share their views. They were informed that their participation was voluntary and that anyone would be free to withdraw from the study at any point during the course of the research as reflected in Appendix 4.

The participants were assured that the information that they provided would be treated with strict confidentiality. Further, pseudonyms instead of the participants' real names were used both during transcription and in the final writing of the thesis. Hence, the participants' real names were not linked to the data in an obvious manner. I also obtained written consent from the participants to use names and organisational affiliations where they would add strength to statements and responses given. The concerned participants were given an opportunity to verify their statements where names and organisational affiliations were to be used. Information revealing a participant's identity was specifically labelled as 'confidential'. A copy of the thesis will be given to the Ministry of Education, Sport, Arts and Culture who gave me permission to carry this study in their schools. Finally, data generated in this research will be stored in a password-protected file at the University of Pretoria.

4.12 CONCLUSION

I planned and conducted a qualitative study in four government secondary schools in Masvingo district in order to investigate how teachers understand, respond to and implement the AIDS Action Programme for Schools. As an ethical researcher working

with teachers in schools it was imperative that I kept strict confidentiality to prevent recognition of the participants even after the research (Christiaan, 2006). The qualitative case study appropriately allowed for individual semi-structured interviews with Ministry of Education officials and school heads, completion of open-ended questionnaires and focus group interviews with teachers. During planning and execution of the study ethical measures as per requirements of the University of Pretoria were adhered to. The justification behind my choice of the theoretical framework and the methodology in this chapter was to enhance the findings in the next chapters so as to address the research questions logically. A detailed discussion of the analysis of the collected data is presented in Chapter 5.

---oOo---

CHAPTER 5

DATA PRESENTATION, ANALYSIS AND RESULTS

Change and the tendency to embrace or to resist it seem always to have been part of the human condition. Change leads to consternation for some, indignation for others, shock for still others and hope for a few
(Hall *et al.*, 1975:52).

5.1 INTRODUCTION

In Chapter 4, a comprehensive presentation of the qualitative research approach and design was discussed in order to respond to the main research question and secondary research questions of the topic under study. After the approval of my ethics application, data was collected. Participants' responses were noted during the data collection strategies described in Chapters 1 and 4, which were:

- Semi-structured individual interviews with Ministry of Education, Sport, Arts and Culture officials and school heads.
- Focus group interviews with teachers who teach the AIDS Action Programme for Schools.
- An open-ended questionnaire that was administered to teachers of the AIDS Action Programme for Schools.

In this chapter, I carefully consider the data I collected during the fieldwork at the Ministry of Education provincial offices and at four government secondary schools in the Masvingo District of Zimbabwe. I engaged in the process of data collection and analysis concurrently throughout fieldwork (Ely *et al.*, 1997:12). Initially, the bulk of the collected data was considered. Then the data was coded and significant ideas were singled out and systematically arranged in themes and categories for a thematic discussion as indicated in Tables 5.1 to 5.3. Then I report the results of this study according to the emergent themes, taking cognisance of the research questions outlined in Chapter 1. At this initial stage, I advanced a non-evaluative reporting of data as suggested by Merriam and Simpson (1984:180).

The thematic contentions were evaluated against seven discrete Stages of Concern (SoC) and eight Levels of Use (LoU) of an innovation that the teachers might demonstrate during implementing the AIDS Action Programme for Schools as described by Hall and Hord's (1987; 2001) Concerns-Based Adoption Model (CBAM) (see Chapters 1 and 3). The themes helped to categorise the responses of the research participants in terms of implementation of the AAPS as well as in relation to the literature. Accordingly, the teachers' responses were analysed to determine how they understand, respond to and implement the AIDS Action Programme for Schools. The analysis pursued what Nieuwenhuis (2007a:99) refers to as the presentation of meaningful and symbolic data. The discussion of the results also aimed to answer the main research question of this study, which was:

- *How do secondary school teachers understand, respond to and implement the AIDS Action Programme for Schools?*

There were four school heads, two Ministry of Education Sport, Arts and Culture (hereafter referred to as Ministry of Education) officials and 20 teachers who participated in the study. Rhodene, Muccheke, Hillside and Nemanwa were chosen as the schools' pseudonyms. In order to maintain anonymity of the research sites and research participants, codes were assigned to the responses that emerged from the transcripts. Therefore, the codes in Tables 5.1, 5.2 and 5.3 were utilised.

TABLE 5.1: Codes of Individual Interviews: Ministry of Education officials and School Heads

Code	Explanation
ME-OF	Ministry of Education official
SH-R	School Head – Rhodene
SH-M	School Head – Muccheke
SH-N	School Head – Nemanwa
SH-H	School Head – Hillside

TABLE 5.2: Codes of Open-ended Questionnaire: Teachers

Code	Explanation
TO-H	Teacher Hillside
TO-M	Teacher Mucheke
TO-R	Teacher Rhodene
TO-N	Teacher Nemanwa

TABLE 5.3: Codes of Focus Group Interviews: Teachers

Code	Explanation
TF-R	Rhodene
TF-M	Mucheke
TF-H	Hillside
TF-N	Nemanwa

Hence, TF-R2:10 would mean:

- TF-R2: Teacher number 2, focus group interview, Rhodene
- 10: page 10 of the transcript

5.2 ANALYSIS OF QUALITATIVE DATA

During the research process, there were situations where I had to separate, merge or adapt emerging themes. It was my intention that the interpretations from the participants' responses would result in the findings being trustworthy and relevant to the research questions. In addition, it must be noted that data from observations during fieldwork were included in the subsequent thematic discussion. Table 5.4 introduces the themes, categories and sub-categories highlighted in the ensuing data analysis and discussion. For ease of understanding raw data, *vignettes* (Ely *et al.*, 1997:70) or actual words spoken by the participants during semi-structured interviews and focus group interviews and those written responses to the open-ended questionnaire appear in sections indented and italicised for ease of identification in the consequent analysis of results.

TABLE 5.4: Analytical Strategy – Research Themes, Categories and Sub-categories

THEME 1	
Teachers' understanding of the AIDS Action Programme for Schools	
Category 1	Teachers with the requisite knowledge
Category 2	Teachers lacked the requisite knowledge and skills
Category 3	Teachers lacked resources and support

THEME 2	
Teachers' experiences with implementation of the AIDS Action Programme for Schools	
Category 1	Teachers experienced feelings of frustration and fear
Category 2	Teachers experienced the AIDS Action Programme for Schools as a sensitive subject
Category 3	Teachers experienced lack of direction and felt overburdened

THEME 3	
Teachers' response to implementation of the AIDS Action Programme for Schools	
Category 1	Teachers responded with a positive attitude
	1.1 Teachers adapted and adopted implementation of the AAPS 1.2 Teachers collaborated with colleagues and interested partners
Category 2	Teachers responded with a negative attitude
	2.1 Teachers were reluctant and ignored implementation of the programme 2.2 Teachers lacked motivation

5.3 ANALYSIS OF BIOGRAPHICAL INFORMATION OF PARTICIPANTS

Questions 1, 2, 3, 4 and 5 (Appendix 9) in the open-ended questionnaire were asked to obtain biographical information regarding the research participants such as gender and age, academic and professional qualifications, subject specialisation and years of teaching experience. The biographical responses are presented in Table 5.5. These details enabled me to advance an analysis of the research participants' personal and professional backgrounds in relation to their knowledge and responsibility to teach the AIDS Action Programme for Schools.

I anticipated that the use of the pseudonyms would enhance the anonymity of participants in the study. Information on gender and age might indicate the participants' maturity and teaching experience to execute the implementation of the AAPS. Data on academic and professional qualifications would reveal the professional development and training that the participants had received to determine their capacity to present HIV and AIDS education as set out in the AAPS policy documents.

Lastly, information on the participants' years of teaching experience contributed to my understanding of the teachers' competence level and professional maturity with regard to implementing the AIDS Action Programme for Schools in their classes. The participants' responses to questions one to five are indicated in Table 5.5.

TABLE 5.5: Research Participants' Biographical Information

Pseudonym	Gender & Age	Academic and Professional Qualification	Subject Specialisation	Teaching Experience
Dudu	Female: 40 years	MBA, BSc, C.E ¹	Science	19 years
None	Male: 42 years	BA, Grad. CE	Shona & RS ²	20 years
Mitz	Female: 47 years	BA, Grad. CE	Shona & Divinity	22 years
Precious	Female: 44 years	BA Hon., Grad. CE	History & English	23 years
Denio	Female: 31 years	'A' Level ³ , DE	History	10 years
Nyasha	Female: 34 years	BSc in Educ.	Geography	12 years
Kay-Kay	Male: 35 years	MEd.	Mathematics	13 years
Muller	Male: 47 years	MEd.	Physics & Biology	15 years
Esx	Female: 45 years	STC, BEd.	Biology	21 years
Concerned	Female: 43 years	BA, Grad. CE	English Literature	16 years
Rejoice	Male: 32 years	BEd.	Home Economics	10 years
Rtramile	Male: 30 years	BSc, Grad. DE	Agriculture	6 years
Shingairai	Female: 33 years	BA, Grad. DE	Literature in English	10 years

¹ MBA: Master of Business Administration; MEd. Master of Education; BEd. Bachelor of Education; BA: Bachelor of Arts; BScC: Bachelor of Science – Counselling; BSc: Bachelor of Science; Grad. DE: Graduate Diploma in Education; Grad. CE: Graduate Certificate In Education; DE: Diploma in Education; CE: Certificate in Education, STC: Secondary School Teacher certificate

² RS: Religious Studies

³ In the Zimbabwean education system 'A' Level refers to the 6th and last year in secondary school education

Pseudonym	Gender & Age	Academic and Professional Qualification	Subject Specialisation	Teaching Experience
Pauline	Female: 39 years	BEd.	Religious Studies	15 years
Chiwanza	Male: 40 years	BSc. Hon.	Biology	16 years
Praise	Female: 32 years	BA, Grad. DE	History	8 years
Chiwawa	Female: 43 years	BA, CE	English	20 years
Shumba	Male: 25 years	'A' Level, DE	Business Studies	3 years
Quevee	Male: 26 years	'A' Level, DE	Computer Science	3 years
Speaker	Male: 34 years	'O' Level ⁴ , DE	Agriculture	9 years

Analysis of results presented in Table 5.5 reveals that of the 20 teachers who participated in the study, 11 were females and 9 were males; possibly indicating that more females were assigned to teach the AIDS Action Programme for Schools in their contexts. The results show that all the participants were qualified teachers and had Bachelor's degrees in various subjects and areas of specialisation. Two of the teachers had diplomas in education. None of the teachers had a qualification in HIV and AIDS education, with the exception of one who had a Bachelor of Science degree in Counselling. However, two other teachers had Bachelor of Science and Bachelor of Education degrees in Biology, which is one of the areas related to the AAPS. All the teachers had significant teaching experience ranging from three years up to 23 years. These teachers were assigned to teach the subject area over and above their normal teaching load in their specialised subjects. Figure 5.1 shows the different subject area specialisations of the teachers implementing the AIDS Action Programme for Schools in their classes.

⁴ In the Zimbabwean education system 'O' Levels refers to the 4th year of secondary school education

Teacher Qualification and Subject Specialisation

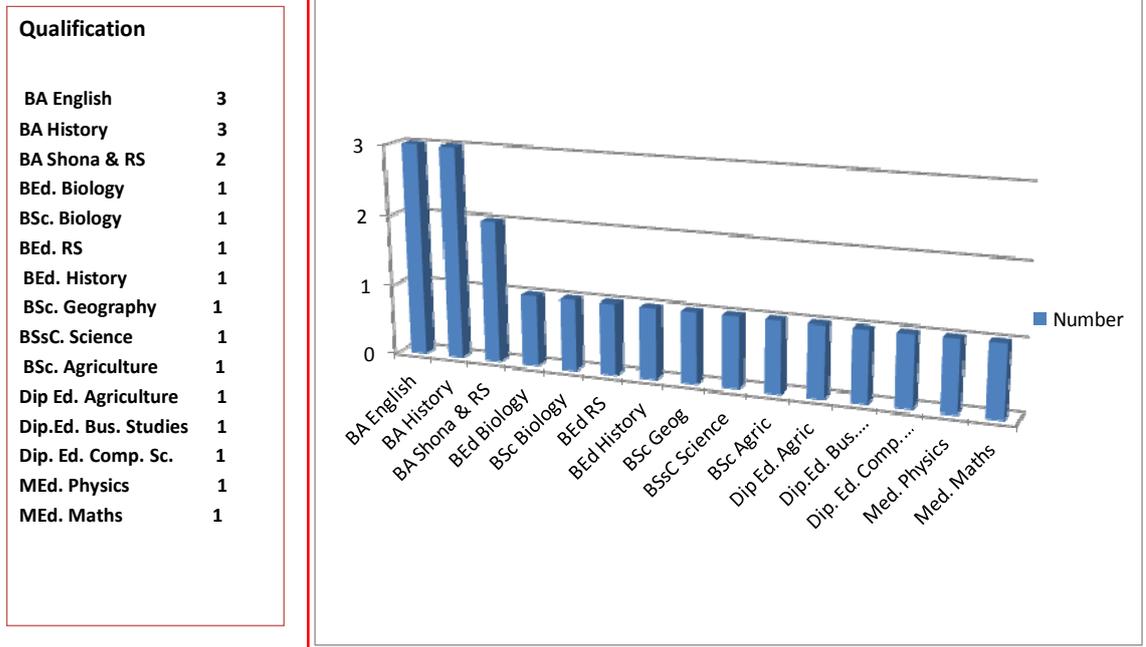


Figure 5.1: Teacher Qualification and Subject Specialisation

Reflecting on the results in Table 5.5 and Figure 5.1, my reservations were that most of the teachers might face content-knowledge challenges in HIV and AIDS education although they had sound academic and professional qualifications in their different subjects of specialisation and relevant teaching experience. Accordingly, I reasoned that all teachers in this study had adequate academic and professional qualifications to teach different subjects in secondary schools but only three (one with a BSc Counselling degree and two who majored in BSc and BEd Biology respectively) of them had qualifications related to HIV and AIDS education. Considering these results, I concluded that teachers who are academics and specialists in different subjects were tasked to implement the AIDS Action Programme for Schools as an additional subject area⁵ to their normal teaching load in their subjects of specialisation.

⁵ In this thesis subject area refers to the AIDS Action Programme for Schools the two terms are used interchangeably.

Most of the teachers' response during focus group interviews and completion of questionnaires revealed that few of the teachers (three as indicated in Figure 5.2) implementing the AIDS Action Programme for Schools had adequate in-service training in HIV and AIDS education. Figure 5.2 shows a visual distribution of the teachers' training in HIV and AIDS education. Most of the teachers were all not experienced in teaching HIV and AIDS education, as a subject area, which means that according to the CBAM, they started implementing the AAPS at the Orientation Level of Use where they were still collecting information and wanting to know more about the subject area (Hall & Hord, 2001).

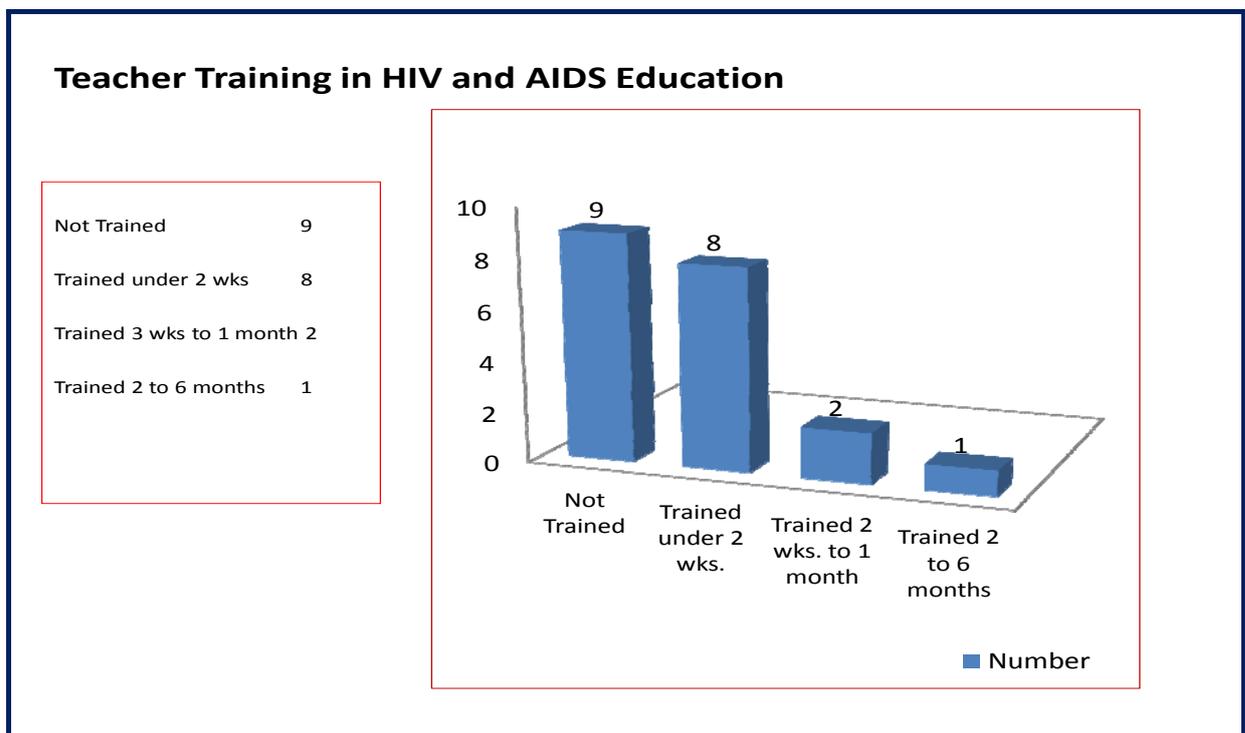


Figure 5.2: Teacher Training in HIV and AIDS Education

The presentation in Figure 5.2 reveals that of the 20 teachers who were implementing AIDS Action Programme for Schools nine had no formal training or induction in HIV and AIDS education at all. I reasoned that these nine teachers relied on HIV and AIDS literature search to acquire knowledge in the subject area at an individual level. Of the teachers who had induction, or received training, eight of them attended workshops not exceeding two weeks. Further, two of the teachers had training not exceeding one month. In fact, according to these results, 17 of the teachers implementing the AAPS in this study can be classified as having no and very little insight about the content and components of the subject area due to lack of

requisite qualification. Based on Hall and Hord's (1987; 2001) CBAM, these teachers were mostly practicing AAPS at Orientation, Preparation and Mechanical Levels of Use. Only one teacher received formal training in HIV and AIDS education for a period of up to six months through workshops and seminars.

5.4 THEMATIC DISCUSSION OF THE RESEARCH

5.4.1 THEME 1: TEACHERS' UNDERSTANDING OF THE AIDS ACTION PROGRAMME FOR SCHOOLS

In exploring teachers' understanding of the AIDS Action Programme for Schools it was found that the teachers showed both basic understanding in some respects and ignorance in others about what the subject area's policy, curriculum requirements and components were. The teachers' understanding of the AAPS can be divided into two categories, namely those with basic knowledge and those who lacked the essential knowledge. It became apparent that most teachers who teach the AAPS did experience various knowledge challenges and had misconceptions relating to their understanding and interpretation of policy, curriculum requirements and components when implementing them in their classrooms. However, there were a few teachers in some of the schools (Nemanwa, Hillside & Rhodene), who showed basic understanding of the programme's provisions. The disparities in terms of teacher understanding of the AAPS implied that the teachers were engaging with the subject area at different levels of practice according to Hall and Hord's (1987; 2001) Concerns-Based Adoption Model. A thematic discussion of teacher understanding of the AAPS and levels of practice will follow.

5.4.1.1 Teachers with the requisite knowledge to implement the AIDS Action Programme for Schools

For the purpose of clarity in the thematic discussions that follow, I reiterate what has been stated in Chapter 2, namely that the AAPS does not have a specific subject syllabus at secondary school level. There are only a set of objectives given to schools by the Ministry of Education Sport, Arts and Culture. Teachers are expected to develop individual school syllabuses from the stipulated objectives for use in their classes (GoZ, 2003c; 2006a).

Data analysis of the results from both focus group interviews and open-ended questionnaires revealed that generally, the teachers were aware of the AAPS but only few teachers from three of the four participating schools showed the requisite understanding of the policy and curriculum requirements for the AIDS Action Programme for Schools. The teachers who displayed an understanding of the subject area (TO-H2:1; TO-M2:1) in their responses averred that the AAPS is an important subject area which ought to be taught to learners from Grade 4 in the primary school up to Form 6 in the secondary school. According to the teachers' responses, the curriculum should equip learners with the prescribed HIV and AIDS knowledge and life skills to be able to live with the infected and affected and to make responsible decisions and choices. Participants did regard the AAPS as an important subject, as expressed by a teacher who stated that:

TO-N1:1 *AAPS is a programme that helps learners understand more about HIV and AIDS. It emphasises that every pupil must be taught HIV and AIDS education at least one lesson per week.*

A participant (TF-H1:1) responded that the AAPS compels individual schools to teach HIV and AIDS education, sexually transmitted infections and related issues. The latter is in line with the content requirements of the AAPS. A participant from the focus group interviews expressed the teachers' understanding of the AIDS Action Programme for Schools as follows:

TF-N2:1 *AIDS Action Programme for Schools is a curriculum implemented by schools in Zimbabwe in order to develop HIV and AIDS awareness and related issues among the pupils and later disseminate information to the community concerning HIV and AIDS.*

The participants' understanding of the subject area revealed that they emphasised the seriousness of the AAPS. Participants were aware of the subject area as outlined in policy documents and literature (GoZ, 2006a; 2003c; O'Donoghue, 1996:5) and were aware that the AAPS is a policy and curriculum innovation designed to combat HIV infection among children in both primary and secondary schools and also to equip children with life skills. In order to illustrate teachers' understanding of the significance of the policy guidelines for the AAPS, a participant (TF-N2:2) contended

that the policy stipulates that it is compulsory for all schools to educate learners on HIV and AIDS. It is not supposed to be side-lined or replaced by any other subject and/or other learning or teaching, but should appear on the school timetable as HIV and AIDS education (TF-N1:2). Reiterating the views of participants who showed basic understanding of the subject area, a teacher in a focus group interview stated:

TF-H3:1 *This subject area brings about HIV and AIDS awareness and child abuse issues within different groups of pupils of school-going age. In addition, it gives awareness of the social implications of HIV and AIDS. The subject area is beneficial in its mandate to bring about that understanding so that pupils will know where to go and what to plan for in their lives in the context of HIV and AIDS.*

Participants' responses were in line with the Ministry of Education's expectations that the AAPS should be regarded as compulsory and be treated as a separate subject area with equal status as other subjects in secondary schools (GoZ, 2002b:12; 2003c; 2006a). Participants concurred with this stating:

TF-N2:1 *Just to add on what has already been said, as per policy mandate the subject has to be treated equally like any other subjects on the curriculum.*

TF-N3:1 *The policy says for all schools it's compulsory to teach HIV and AIDS education and its one lesson per class per week.*

The empirical data revealed that the participants' understanding was consistent with the information in the AAPS policy and curriculum documents (GoZ, 2003b; 2005b; Moya, 2002:2; O'Donoghue, 1996:1) such as the AAPS policy framework, which was summarised by a Ministry of Education official as follows:

ME-OF:1 *The policy framework is that all the children in schools should be informed about the AIDS pandemic. Policy encourages the teaching of the AIDS awareness programme by teachers in the schools. The aim is to ensure that as much as possible all learners including vulnerable children are protected and are made aware of the problem of HIV and AIDS.*

The Ministry of Education officials explained the policy that teaching the subject area was a requirement in all schools and that all school pupils must be taught this subject. Two school heads (SH-R: 2; and SH-N: 2) pronounced that it was actually an act of misconduct not to teach the subject area in schools. One school head elaborated upon the implementation of the AAPS policy framework revealing that:

SH-N:2 *Policy [...] states that HIV and AIDS education should be offered as a subject area to learners by teachers in schools. The aim is to ensure that as much as possible, children are protected from being infected by HIV.*

In exploring teacher understanding of the AIDS Action Programme for Schools, a participant (TO-N3:1) in an open-ended questionnaire responded that the programme in schools was meant to make learners aware of the deadly disease and to care for the infected and affected people. The key components of the AAPS identified by participants are to:

- Impart HIV and AIDS knowledge to pupils (TF-N2:2)
- Develop social skills that pertain to HIV and AIDS (TF-N2)
- Encourage abstinence from sexual activity early in a child's life (TF-H3:1)
- Prevent child sexual abuse (TF-N3).

On reflection, it became apparent from the results that participants who portrayed basic understanding of the AIDS Action Programme for Schools and who put it into effect, collaborated and exchanged knowledge and skills with those teachers who shared their ideas. The results measured against Hall and Hord's (1987; 2001) Concern-Based Adoption Model revealed that teachers who showed a basic understanding of the AAPS were likely to collaborate with each other and with heads of schools in order to acquire more information to implement the subject area efficiently. Such teachers realised that effective implementation of the AAPS in a school was not a task that could be assigned to one person but should rather be approached in collaboration with others. The issue of knowledgeable teachers who act as AAPS facilitators was realised by a Ministry of Education official when he commented:

ME-OF1:2 *There are usually one or two teachers in a school who have been exposed to the literature and knowledge and they are supposed to induct others who may not have attended workshops.*

One of the principles that guide the CBAM is that in implementing an innovation the knowledgeable teachers' task is to facilitate or assist others in ways that are consistent with their concerns so that they become more effective in teaching the subject area and embracing necessary procedures (Hall & Hord, 1987:10).

5.4.1.2 Teachers lacked the requisite knowledge for them to implement the AIDS Action Programme for Schools effectively

Teachers who lacked the requisite knowledge of the AAPS were the majority. Responses from participants in focus group interviews, individual interviews and the open-ended questionnaires revealed that most of the teachers had serious knowledge deficiencies in terms of their understanding of the policy and curriculum provisions of the AIDS Actions Programme for Schools. All 20-teacher participants had bachelor's degrees with the exception of three, who had diplomas in education, and they lacked specific HIV and AIDS education qualifications. Teachers were tasked to teach the subject area on an ad hoc basis to fill up their timetable. Teachers who lacked content knowledge of the AAPS also happened to be ignorant of the policy guidelines. In explaining the lack of teacher knowledge of the subject area participant TO-M5 said:

TO-M5:1 *AIDS Action Programme is an awareness programme to young people. I am not aware of its components. I don't have knowledge about the Ministry policy.*

As revealed in the verbatim report above, the teacher's response illustrated a lack of knowledge about the AAPS and its policy guidelines, which formed the source of reference for the teachers who were expected to, base their teaching of the subject area thereon. Taking cognisance of the fact that teachers employed their knowledge of daily experiences as lenses or windows through which they viewed the curriculum it was of concern that these participants had misconceptions about the subject area they were implementing (Zimmerman, 2006:239). Based on information obtained

from the participants I inferred that the lack of knowledge was because policy and curriculum documents were not disseminated to some of the teachers who were supposed to implement these. This was confirmed in the responses of participants during the focus groups interviews, where it emerged that there was a general lack of knowledge of the curriculum and its implementation mandates. Writing on policy planning Haddad (1995) suggests that policy planners should ascertain that the intended implementers understand policy requirements. This study found that there was reluctance and resistance to teach the subject area due to the teachers' lack of knowledge and confusion as indicated by the following submission from a participant (TF-M3) who was not even aware whom the subject area was designed for. She stated:

TF-M3:1 *I think it is a programme designed to cater for people who can be affected by the epidemic or who are already affected by the epidemic disease which is called AIDS. [...] and it again educates the public about how to handle people who are HIV affected.*

The participant's response confirmed the teacher's lack of clear understanding of the official government policy and curriculum initiative. The teachers' ignorance of policy mandates and guidelines could be attributed to the lack of commitment on their part to learn about a subject outside their field of specialisation that they had to teach. When teachers adopt a negative attitude to change, it becomes difficult for them to develop the required knowledge and skills for effective implementation of an innovation (Bantwini, 2010:83; Blignaut, 2007). Jansen and Christie (1999) mention that sometimes teachers view the knowledge and competencies expected of them as difficult, complex, unrealistic, ambitious and impractical given the existing demands upon them. A Ministry official confirmed the teachers' lack of knowledge of the subject area in schools when he stated:

ME-OF1:2: *The problem really is that [...] those teachers who have attended HIV and AIDS education workshops are a minority that normally are overwhelmed by the majority who may not have accessed the information and are ignorant.*

Measured against Hall and Hord's (1987; 2001) Concerns-Based Adoption Model teachers with such an approach are stuck at the initial stage of Unconcerned/Awareness, Informational and Personal, where the individual shows little concern and lack of knowledge, is not ready to accept change and may therefore ignore or resist implementation of the subject area. Zimmerman (2006:239) observes that teacher knowledge and skills are affected by psychological factors (such as teacher feelings, values and attitude) when teachers are required to teach a subject outside their field of specialisation. Hall and Hord (2001) aver that psychological factors are embodied in teachers' espoused concerns during implementation of a prescribed innovation (such as the AAPS).

Most of the teachers who displayed a lack of knowledge of the AAPS blamed the Ministry of Education, Sport, Arts and Culture for the failure to disseminate the policy and relevant curriculum information about the subject area to schools on time. Guskey (2002) who observes that close collaboration between curriculum developers and teachers can facilitate the process of adaptation supports this. A participant (TF-M3) expressed the teachers' concern with regard to their lack of the essential knowledge as follows:

TF-M3:3: *I think it runs from the government offices. There is no policy in place, which enforces, so that the HIV and AIDS programme can be successful. Because even our Ministry of Education, it's just on paper but practically there is nothing which is being done. Therefore, we are having problems when it comes to understanding and teaching that subject.*

In addition, it seemed that dissemination of information on the AIDS Action Programme for Schools did not reach all schools. A Ministry of Education official affirmed the response during an individual interview:

ME-OF1:4 *The schools face a number of problems or challenges you see. One of the challenges is lack of information. The booklets we talk about may not be there early, they are not available. They did not go around all the schools.*

The response from the Ministry of Education official (ME-OF1:4) implied that there was a shortage of the policy and prescribed textbooks necessary to inform the teachers about implementation of the AAPS. This resulted in teacher despondency. According to Wood and Oliver (2007:1), teachers can get despondent due to the lack of basic information about a subject they are tasked to implement. They could develop a lack of intrinsic motivation in implementing the subject area (Adamchak, 2005). Hargreaves (2004) and Jansen (2001b:242) view such a situation of teacher despair and lack of knowledge about a subject area such as the AAPS as ‘the dislocation between policy provision and practical reality in schools’. One of the participants who responded to the open-ended questionnaire expressed her views as follows:

TO-M4:1-2 *Ministry policy for the programme I am not aware. Curriculum for the programme, I am not aware. Key elements of the programme I am not aware either.*

Participants claimed that the curriculum content was not stipulated and the prescribed booklets that some schools received were not appropriate. Consequently, the teachers often used their own ideas and experience in teaching the subject area. The teachers were perturbed by the lack of information about policy, clear teaching directives and the non-availability of syllabuses in schools. This is supported by findings of Prinsloo’s (2007:165) study, that the success or failure of teachers’ implementation of Life Orientation was closely linked to lack of training, motivation and confidence. A teacher TF-M4 stated the source of the concerns:

TF-M4:2 *Teachers are not aware simply because there are no syllabuses to cover. People don’t have knowledge, and again without knowledge on how to teach these children, where do we go, what do we do? We are concerned [...].*

Besides expressing a lack of knowledge, the above participant went further to point out the lack of direction, inadequate remuneration and a sense of helplessness that exists among teachers at the schools. Commenting on teachers’ inadequate remuneration and a sense of helplessness prophesied by the teachers a Ministry of Education official averred:

ME-OF2:3-4: *I can simply say government does not have enough money to run the AIDS intervention programme in schools. Anybody, who is teacher enough, knows the importance of giving a proper curriculum to the child. Any curriculum that does not include HIV and AIDS as an integral part is not useful to the child.*

According to Hall and Hord's (1987; 2001) CBAM, the participant's response indicates that most of the teachers could have been stuck at Orientation, Preparation and Mechanical Levels of Use. At these levels, teachers are mainly focusing on the self and seeking information about the subject area that they are supposed to adopt and teach. Bellah and Dyer (2007:69) suggest that it may require a lot of time and support for teacher-needs to be addressed, especially if teachers are implementing a curriculum about which they have no clarity.

These results reveal that most participants faced serious lack of knowledge, challenges and misconceptions relating to the policy and curriculum for the AIDS Action Programme. In this regard, the findings are in keeping with Zimmerman's (2006:239) view that teacher knowledge of an innovation acts as a road map to the implementation journey. It has to be noted that when teachers have misconceptions and distortions, their practice of a subject area might also lack focus and direction (Burgess *et al.*, 2010:52). According to Hargreaves (2005b:11) the teachers' ignorance in understanding a subject area made them confused.

Participants reported that teachers were not aware of the AAPS policy requirements. Discussing teacher knowledge, Stoll *et al.* (2006) suggest that a high investment of time, effort and focus may be required to sustain the development of a learning community of teachers and to actually implement the curriculum initiative. A teacher expressed this when she said:

TF-R1a:2 *For us to discuss about policy position at this stage it's not applicable at the moment. Because we do not have [...] and even if it's there, the teachers who are teaching about this disease have not been trained; it's just from reading literature here and there.*

TF-R1b:2 *[...] and nobody has taught you what the underlying policy for the programme is. There is a policy gap. Most of the teachers that are teaching this subject don't know anything about it they are ignorant, not trained.*

Teachers indicated that their lack of awareness about the existence of the policy was frustrating them to such an extent that they preferred not to refer to the subject or talk about the policy issue at all. These results are similar to earlier findings by Mapfumo (2001:11) and Chireshe (2006:214) in Zimbabwe who found that teachers lacked content knowledge and skills to implement the Guidance and Counselling programme. Inquiring how AAPS information is passed on from the Ministry of Education offices to the teachers in schools, a Ministry of Education official responded saying:

ME-OF1:3a *It's mainly through the heads of schools that senior officers like me pass information to teachers. We talk to the heads in the hope that the heads will take the message to their schools and communities, to their teachers.*

ME-OF1:3b: *There are no resources to have direct contact with every teacher, say at provincial and district level. We try to convince school heads that the programme is essential. So, heads when they meet their teachers they also do the same.*

The response by the Ministry official might imply that teachers do not have direct access to the Education Officers, who are more knowledgeable of the policy, curriculum provisions of the subject area. A participant (TF-R3) reiterated challenges faced by the teachers regarding the lack of the AAPS policy documents in schools when she contended that:

TF-R3:3: *We just talk of AIDS from a layman's point of view, from humanity, from our experiences. What I see in my family, at work place, wherever, from other people's stories, that's the information that we use when we are talking about AIDS. We have nothing clearly stipulated or even literature. We don't know, we have never received any literature on AIDS.*

Despite the teachers' lamentation about their lack of understanding of critical policy and curriculum guidelines, the Ministry of Education seems not to have heeded the teachers' concerns about their lack of knowledge. At the Ministry of Education level, it appears that officials are satisfied that the policy documents with implementation guidelines for the AAPS have reached most schools. The following response from a Ministry of Education official during individual interviews reflects the notion that schools had received the policy document. The Ministry of Education official averred:

ME-OF2:3 *I would say at the moment we have made sure that every one of our schools has got the policy document. It instructs them what to do, how to do it, so in other words every school head has made sure that his or her school has got the syllabus and has the circulars. The documents actually specify our approaches to HIV and AIDS pandemic in schools.*

Responding to whether heads of schools and teachers were well informed about the AAPS during individual interviews, a Ministry of Education official expressed his opinion as follows:

ME-OF1:2 *Heads of schools are aware of the policy but in this case, again you find some of the school heads will not be fully aware of the policy. It is resistance again from the Heads, who think that the AIDS Action Programme for Schools is irrelevant. They claim they don't have time for it and that on the school curriculum is an added burden for their teachers and for them to supervise. Therefore, they resist the teaching.*

Analysing the Ministry of Education official's response it appears that some of the heads of schools, who should provide leadership and management roles in implementing the AAPS, lacked the requisite understanding of the subject area and its policy requirements.

In a similar way, it seems that not all schools had received textbooks that would have helped teachers to design school syllabuses and to overcome the challenges most of them faced in implementing the AAPS. Alternatively, it is also possible that the teachers themselves had not taken the initiative to source the documents from their school heads or from the Ministry of Education offices. This resulted in the teachers'

failure to acquire the critical knowledge needed for them to effectively implement the subject area in schools.

5.4.1.3 Teachers lacked resources and support for them to effectively implement the AIDS Action Programme for Schools

For the sake of clarity in reading this chapter let me state that in this study, although the issue of resources is a factor discussed on its own under this heading, it is apparent that lack of resources as a critical determining factor emerged very strongly across most of the preceding and subsequent themes.

Teachers on the AAPS were perturbed by the lack of resources such as syllabuses and prescribed textbooks to teach the subject area as well as the lack of support from the school heads and the Ministry of Education to effectively implement the AAPS curriculum. Participants were dissatisfied with the lack of workshops and in-service training to capacitate them with the necessary knowledge and skills to teach HIV and AIDS education.

It seemed that the teachers were not aware that the Ministry of Education expected them to develop their own school syllabuses from the given objectives. The response from one the participants (TF-R2) during the focus group interviews outlined his concerns as follows:

TF-R2:2: *The other problem for me I have never attended any workshop, so for me I don't know even the policies, even the objectives for the Ministry of Education. We have just been talking about the objectives from what we think should be taught to the learners.*

The above quotation refers to the challenge of the critical shortage of resources to effectively execute the AAPS in schools. As indicated by literature studies such as those conducted by Chireshe (2006:214) and Chirume (2007:45) in Zimbabwe, ActionAid (2004) in Kenya, Kachingwe *et al.* (2005:199) in Malawi, Samuel (2004:162) in India, Clasquin-Johnson (2011:136) in South Africa, Shower, (2010:597) in Arab Emirates and Burgess *et al.* (2010:52) in Australia, limited

resources and inadequate professional development were barriers to effective curriculum implementation.

Responses, during focus group interviews and open-ended questionnaires, from participants who received textbooks revealed that they thought that there was a general lack of appropriate content for the AAPS. One participant, TF-R3 expressed the view:

TF-R3:3-4 *There is a text book 'Let's Talk about It' but it doesn't have much. Its scanty information, the same book is taught from primary school. In primary school, they use the same literature. We are told to use the same book (Let's Talk about It). It's got no information whatsoever about living with 'it' and how to help affected and infected children. That's the literature I think they say they have sent. But it's not [...] it's so shallow.*

In response to the concerns about the teachers' lack of knowledge due to insufficient information on the subject area being disseminated to schools by the Ministry of Education, Sport, Arts and Culture the participant (TF-R3) went on to say:

TF-R3:4 *Even if you were to use the text book you don't get anything else out of it other than people who are saying I am HIV positive, you know and the meaning of the abbreviation AIDS and it's not much. There isn't much information in those books that they have sent to schools which the Ministry could say we have sent information. [...] and teachers are not ready to teach it.*

Confirming the teachers' assumptions on the lack of the subject area syllabus in schools one of the Ministry of Education officials said:

ME-OF2:6 *Teachers would like the syllabus. Some teachers say they don't know the syllabus, it's possible. [...] We use the primary school Grade four to seven syllabus, that one we have.*

Yet, contrary to the views on lack of resources expressed by the teachers, the other Ministry of education official claimed:

ME-OF1:3 *We make sure that every school has got a number of copies of that material (prescribed test book) and encourage schools to expose that material, that information to pupils through the teachers.*

The non-availability or lack of resources could be a contextual factor within the schools that negatively affects the implementation of the AAPS (Van den Berg, 2008:187). Teachers utilise their knowledge and experiences as a frame of reference to a new subject outside their area of specialisation given to them (Bantwini, 2010:18; Zimmerman, 2006:239). Hence, the teachers' knowledge and experience has direct implications for the success or failure of execution of the AIDS Action Programme for Schools.

Participants were further perturbed by a lack of adequate time at schools with most of the teachers at three of the four schools maintaining that they did not have adequate time to teach the subject area (TF-M1:4; TF-M2:4). The lack of sufficient time for the AAPS in schools affected the teaching of the subject area to the extent that teachers were frustrated and did not want to talk about the issue. Participants in this research were concerned about the fact that the subject area was not given the recognition it deserved on the school timetables. Little time was allocated to the subject area at some schools while at others the subject area was given a space not reflected on the timetable at awkward times of the day. During focus group interviews, one participant expressed the teachers' concerns over the lack of time as follows:

TF-H2:4 *We also have limited time for lessons on the AIDS Action Programme for Schools.*

Participants stated that for their professional development and training, workshops were the most necessary resource (TF-N2:16; TO-R5:8; SH-N: 2; TF-M1:5). The following response by a participant (TF-H2) clearly portrays the teachers' need for professional development:

TF-H2:15 *Teachers who teach HIV and AIDS education should be trained so that they have deeper content and good qualities and skills to teach that subject for it to become effective.*

In their studies, Cohen and Hills (2001) and Ndamba *et al.* (2011) found that the lack of teacher knowledge and sufficient training often led to ineffective implementation of the curriculum. Reiterating the concern regarding the teachers' lack of support and training, a school head (SH-M) categorically stated her line of thinking on the need for teacher training in the related subject area as:

SH-M: 11 *Let them be trained to teach AIDS and related issues on the programme. The subject should be taught at universities where teachers are professionally trained. That should be the best way to equip teachers with the necessary methods, information and whatever is required by the subject area.*

Most participants in this study revealed that besides the lack of in-service training, the teachers lacked support from the Ministry of Education, non-governmental organisations (NGOs) and from school management. With regard to school support, there were no clear parameters set for teachers. Some participants reported that they were receiving minimal support from their school heads and Heads of Departments (HoDs) (TF-H2:9; TO-M3; TF-H3:9). The school management ensured mainly that the subject was time-tabled but no provision was made with regard to the training and support of teachers. Similarly, Bantwini (2010:86) in South Africa found that the absence of school management support and inspectors (supervisors) at schools resulted in a culture where teachers often went to their classes without preparation and proper lessons plans. Discussing the teachers' frustration, a participant (TF-M1) expressed her concern for the lack of support from HoDs and school heads during focus group interviews saying:

TF-M1:8 *We don't get much support from the school heads and Heads of Departments. I think even the administration is in problems in terms of this programme [...] he is also affected by the policies which are not in place and one cannot help.*

Over and above the challenge of the lack of support for the teachers from the school management, a participant (TF-H1) reported that there was also a serious lack of consistent support from NGOs. Projects and activities started by NGO partners at the schools lacked continuity. The teachers reported that the partners would just start a

project at a school and then disappear for long periods resulting in programme implementation gaps. A teacher expressed this when he said:

TF-H1:4 *They offer us 'hit and run programmes'. NGOs just come to the schools, start something as a support project for HIV and AIDS education and then disappear for long periods of time without any feedback.*

Evaluating the results of insufficient resources and teacher support against Hall and Hord's (1987; 2001) Concerns-Based Adoption Model, it should be noted that resources such as policies, curriculum, learning materials and teacher support were critical support external factors for the effective implementation of the AIDS Action Programme at Schools. According to Hall and Hord (1987:6-10), one of the Concerns-Based Adoption Model's basic assumptions is that to attain curriculum change, the teacher had to change first. In order for the teacher to change, it was important that there was adequate knowledge and an enabling support system or structure in place. The effectiveness of the implementation of the AAPS depended on whether teachers and the school management considered the subject area seriously (Sweeny, 2008). It implies addressing teacher concerns through the provision of resources, professional development and general or specific administrative support as key to effective implementation of the AAPS (Hall & Hord, 1987; 2001; Loucks-Horsley, 1996:1).

5.4.2 THEME 2: TEACHERS' EXPERIENCES WITH IMPLEMENTATION OF THE AIDS ACTION PROGRAMME FOR SCHOOLS

My aim in exploring this theme was to obtain an understanding of teachers' experiences when implementing the AIDS Action Programme for Schools. The theme also allowed for the teachers' emotions and feelings to be revealed and analysed in order to obtain insight into the topic under investigation. Data on teacher experiences was informative in terms of the study as the views of the teachers regarding their experiences were vital to understand how they were engaging with the AAPS and their feelings and overt concerns. The Concerns-Based Adoption Model (Hall & Hord, 2001) contends that teacher experiences, and immediately apparent concerns are pivotal to understanding teacher practices in terms of their use in the subject area.

5.4.2.1 Teachers experienced feelings of frustration and fear regarding the implementation of the AIDS Action Programme for Schools

Teachers confessed to experiencing frustrations due to lack of understanding and insufficient time allocated to the teaching of HIV and AIDS lessons at the schools. My observations while carrying out interviews at the schools revealed that the AAPS was not on the timetable in three of the four schools. The timetables were filled with other subjects as the schools had double sessions. Accordingly, a participant (TF-H2) expressed the teachers' frustration as follows:

TF-H2:4 *You find out that the school is double session and most of the HIV and AIDS lessons are off session, it's frustrating. Most of the pupils will be tired from learning examinable subjects. They will be hungry too. As a result, [...] you see, most pupils do not come to such off session lessons.*

I reasoned that the lessons, which are taught 'off session', as expressed by the participants, implied that, they might not have been compulsory to the learners and the teachers. In addition, the off session lessons do not reflect on the schools' timetable. The participants viewed failure to place the subject on the timetables as a source of frustration and problems for the AAPS teachers. Regarding this result, Bailey (2000) argues that teachers faced with daunting emotional experiences are not likely to be deeply involved in envisioning and managing the teaching of a subject area.

If teachers were frustrated by failure to place the AAPS on the school timetable during morning sessions like is the case with other subjects on the curriculum, they have a genuine concern, which needs to be addressed by the school management. In order for the teachers to progress to higher levels of practice, it should be known that progression through the Levels of Use is determined by decision points and related behaviours in acquiring information, sharing ideas, planning tasks, reporting, performance and knowledge (Hall & Hord, 2001). If teachers' frustrations are eliminated and the teachers are content with the support given to them by school management their practice may progress to higher levels (Anderson, 1997:335).

Measured against the CBAM, teachers who face daily frustrations during policy and curriculum implementation are likely to function at the initial levels of use of an innovation – Mechanical and Routine. Teachers practicing at Mechanical and Routine Levels of Use face the challenge of implementing the AAPS at a superficial level (Hall & Hord, 1987; 2001). In a way, operating at Mechanical and Routine Levels of Use limits the capacity of teachers and they adopt the AAPS with limited knowledge of the underpinning requirements and components (Burgess *et al*, 2010:56). Empirical data in this study revealed that superficial implementation of the AAPS was being practised by many of the teachers in the four schools, showing that these teachers engaged in routine practice of the AAPS.

During levels below Mechanical use (Non-Use, Orientation and Preparation), the teachers were in a state where they had little knowledge, were making decisions to implement the subject area and were preparing to put the AIDS Action Programme for Schools into practice. In addition, the participants were frustrated by lack of knowledge and adequate time to teach the subject area as indicated by participant TF-H1 during the focus group interviews:

TF-H1:6 *The programme may frustrate and affect us. Let's say if you don't have the requisite knowledge and adequate time you find it difficult to deliver the lessons.*

Teacher frustration might account for reluctance as well as the development of negative attitudes and resentment towards the AIDS Action Programme for Schools. The feelings of exasperation expressed by the participants reflect that the teachers might be in their Unconcerned and Informational stages of Hall and Hord's (1987; 2001) Concerns-Based Adoption Model. It should be noted that for teachers to develop a positive attitude towards policy and curriculum implementation their needs should be considered (Benner, Nelson, Stage & Ralston, 2011; Rogers, 2003:169).

Since the CBAM's Stages of Concern describe feelings and attitudes that individual teachers experience during implementing an innovation such as the AAPS. These results show that the composite representations of the teachers' feelings, preoccupations, thoughts and considerations needed to be given particular attention (Hall & Hord, 2001). In most cases some of the teachers focussed on how the AAPS

was putting extra demands on them since they already had enough teaching loads in their subjects of specialisation. Blaming some of the school heads as being a source of teacher frustration in schools, a Ministry of Education official stated:

ME-OF1:2 *Heads of schools seem to contribute to these problems. Some heads who are up with it may promote the teaching of AIDS education, but I am sure the majority are just neutral or lukewarm.*

The teachers expressed feelings of being uncertain and confused about the demands of the innovation, their adequacy and self-awareness (self-efficacy) to meet those demands and their expected role in implementing the subject area (Straub, 2009). With such concerns, the teachers were operating at the Management stage of the CBAM's Stages of Concern (Hall & Hord, 1987). At this particular stage, the teachers were mostly experimenting and testing carrying out of the subject area without necessarily delivering effective lessons. This showed evidence of the teachers' compliance with constraints in implementing the AAPS.

Not only did participants face challenges from lack of knowledge, but also in addition, frustration was reported as emanating from the teachers' relationship with partners, interested stakeholders and NGOs in providing the AAPS activities to learners. In articulating the challenges teachers meet when they refer infected learners to referral centres for services two participants stated:

TF-H5:9 *Our referral centres are few and they don't give feedback to say what they have given to a child and which programme they have placed the child. So that's another source of frustration. You can help a child and then you refer the child, you don't get any results. You just see a child not coming to school or something is not right.*

TF-H1:14 *We give people information and they go away for good. Us who give the information we appear as fools.*

Evaluated against Hall and Hord's (1987; 2001) Concerns Based Adoption Model, such teachers are classified generally as non-users of an innovation (Clarke & Hollingsworth, 2002:947). Participants were of the opinion that the AAPS should

appear on the official timetable in order to motivate and empower teachers who teach the subject area.

The participants also observed that learners undermine the AAPS teachers' authority as expressed by a participant who said:

TF-R3:2 *Most of the problems we have with pupils you cannot freely talk to them about AIDS because you are not sure on how the pupils take it. So if it could be put on the curriculum as a subject and appear on the timetable it will also make us feel free to talk to [...] even counsel those pupils that we see are in problems or those who have problems in behaviour.*

The result showed that teachers were stressed by the lack of clarity on the part of school management to declare that the AAPS is an official subject by tabling it on the official school curriculum and on the timetable. My observation in the schools revealed that numerous and somewhat inconspicuous fears permeated the minds of confused and frustrated teachers.

Participants reported fear of themselves and their students being identified and labelled as having HIV and AIDS. The teachers stated that they did not want to teach the subject because they would be stigmatised as HIV-positive. A participant, TF-H4, expressed this during focus group interviews when he said:

TF-H4:15 *It is frightening to teachers and to the children to be identified that he or she has got HIV or AIDS. Some will be finding something to laugh at. [...] and in addition, it comes from other teachers and or elderly people in society that's where the big problem is. Many people laugh and stigmatise [...].*

I observed that participants' responses in all the focus group interviews showed lack of knowledge and fear, which expressed their discomfort with the AAPS due to the unavailability of clear policy and curriculum implementation guidelines in schools. The participants lamented the lack of a protective policy by the Ministry of Education at government level. In addition, there were no protective measures for teachers put in place by management in schools implementing the subject area. Acknowledging

teachers' concern of the lack of a protective policy a Ministry of Education official said:

ME-OF2:7 *I know how important it is for government to work together with these teachers, to protect their policy implementers. I don't want to be treated as a "Joe Nobody". I am somebody who is knowledgeable, who can change the behaviour of human beings into something productive to them, for everybody's gain. In a way yes, the teachers need protection.*

What the Ministry of Education official stressed is that there should be a policy put in place to protect teachers who teach the sensitive subject area in schools. He also emphasised that teachers deserve to be respected by the government and communities they service. Participants in the four schools reported that they feared victimisation by people who are perpetrators of child abuse if such cases were reported to the police and lawmakers. The teachers reported that they experienced fear to teach certain sensitive topics. Hence, participants advocated a protective policy. They outlined a policy that would prescribe teachers' limitations and parameters in discussing sensitive issues with children in schools (TF-R4:18; TF-M2:6). A participant explicitly described the teachers' fear as follows:

TF-M2:6 *We do not have protection from the school, the community, the Ministry of Education and we feel if we go deeper with the subject we get into more problems. If you are talking about pupil interaction with a male teacher, we even get more problems. There might be a child with a problem the moment I discuss the problem with the child, if I take further steps from there, which are correct I might get into hot soup.*

Participant's (TF-M2:6) response reveals the non-existence of a protective policy for the AAPS teachers. Due to the policy-practice disjunction teachers feared victimisation from perpetrators of child abuse (who may be learners' relatives) or other sensitive issues that constitute the subject area. During focus group interviews, participants clearly reiterated their fear of attracting problems to themselves. A participant expressed this when she said:

TF-R3:9 *We are afraid because at times if you experience sensitive issues there maybe victimisation. Because some of the things may end up leading*

you maybe to the courts of law so sometimes it's difficult. Therefore, at the end, to be on the safe side you end up leaving some of the issues unfinished. We are also afraid of victimisation from children's elders, parents and relatives who might be the perpetrators of child abuse.

Participants expressed that they were also afraid because they were expected to teach children to stand up for their rights, which is contrary to some African cultural practices in Zimbabwe (TF-M5:3; TF-M5:3). Most of the participants further stated that they feared confrontation by relatives if they empowered a child to report child abuse. Further, teachers (TF-R4, TF-R2) contended that the problem was that of the lack of protection because as teachers they were afraid of their safety:

TF-R2:12 *For example, we have an abused child I don't know what procedures to take [...] maybe the parent is the perpetrator or abuser, I don't know how he is going to take it. Some of the issues we are afraid because of the background factors of the child. So the issue of victimisation even if you were willing to help a child you chicken out⁶.*

Unreservedly all the participants professed that their greatest fear was that teaching the AIDS Action Programme made them feel that they were looked down upon by other teachers and had lost their status among their colleagues and the school community. This was due to the low status given to the subject area in schools. The teachers' experiences of fear during carrying out of the AAPS were summarised by a participant as follows.

TF-N3:10 *First of all the teachers have fear of loss of status in the school. Other teachers underrate teachers who teach HIV and AIDS. So at the end you may find it difficult to assign teachers to do AIDS lessons because they are viewed as teachers of a 'useless subject'. In addition, pupils take it as a 'second-hand subject'. In a lesson, you see some students' busy reading or writing notes for other subjects, which is very irritating, just because the subject is not examinable.*

⁶ 'Chicken out' is colloquial language means to refrain from or stop doing something out of fear.

I conclude that frustration and fear are negative emotions that retard the implementation of the AAPS. A concluding narrative from a participant (TF-R1) clearly reveals the frustrations and emotional suffering teachers experience when interacting with learners during execution of the subject area in their school contexts:

TF-R1:1 *The other children stigmatised him and they did not want him to bath in the same tub as they did. He was always dirty, extremely dirty, because he couldn't bath in the same bathrooms. He couldn't mix with other children freely. So we had to ask the parents what was wrong with the child. That's when the aunt opened up that the mother died and the father was working outside the country. That's when the aunt came to tell us that she had actually put him in boarding school because that was who he was. He was HIV-positive and she couldn't look after him at home. She thought boarding school was the right place to put him. [...] like in this case, faced with a devastating reality, I called other children and told them that, now this is one person you can see that he is infected, but among you there may be others who are infected that you don't know. [...] So the boy ended up leaving boarding school, because he could not take it anymore. These are some of the sad moments that we experience, in teaching the HIV and AIDS education.*

5.4.2.2 Teachers experienced the AIDS Action Programme for Schools as a sensitive subject

In a country like Zimbabwe with a high HIV prevalence rate of 11,1% among school-going youth (UNAIDS, 2010:183) many teachers and learners are infected or affected by HIV. Many children are orphans and many are in child-headed households due to the effects of AIDS. Teachers reveal that they do not want to teach the AAPS because it is a sensitive subject. Most of the participants in all the schools responded that, coupled with insufficient knowledge due to lack of training and skills, was the fact that they did not know what to do about the infected learners in their classes every day. Teachers revealed that they and their learners were also living with HIV and AIDS-related deaths. Some of the teachers resorted to being reluctant and ignoring teaching the subject area because of the sad emotions it evokes in them. Participants described their devastation by sad emotions because

they interacted with infected and affected learners in their classrooms while teaching HIV and AIDS education. This was expressed by TF-H4 as follows:

TF-H4:10 *If you go into a class you see that half of the children in the class are orphans because of HIV and AIDS but it's painful to those who are teaching that. Sometimes pupils fail to understand that you sympathise with them but the 'sympathy ends in the air'⁷.*

Besides facing social and cultural constraints that exist in teaching HIV and AIDS education, the teachers experienced difficult emotions (ActionAid, 2004:7; Brook, 1994). Most of the participants articulated that they found the subject area to be very upsetting. This reaction adversely affected their teaching on many occasions so that they had to seek coping strategies to avoid breaking down emotionally and psychologically. Participants experienced that the AIDS Action Programme for Schools is stressful as well as a daunting task. They reported that during the counselling of students on issues of child abuse they did not even want to be involved emotionally because it disturbed their emotions, as explained by participant TF-R1:

TF-R1:8 *You know, you don't want to put your heart into it when you counsel these kids. If you put your heart into it, you break down. It does affect us emotionally. [...] but now I have learnt to look at it as an observer otherwise, if you put your emotions into it you get angry at some cases. So, it's very stressful.*

Some of the participants responded that they had resorted to avoiding participation in the subject area. It became apparent that teachers did not choose to teach the subject because of its sensitivity. A participant (TF-H3) expressed the teachers' sentiments as follows:

TF-H3:1 *But you find that there are some who shun the programme saying that it's too emotional, it's too sensitive for the pupils to be held in such a way (referring to child abuse).*

⁷ By the 'sympathy ends in the air' the participants meant the sympathy yielded no help to the affected learners.

Some participants, due to a lack of professional skills in the area of HIV and AIDS education, experienced more emotional disturbance than others did who might be well experienced in the subject area and who have developed strategies to handle sensitive topics. ActionAid (2004:39) found that teachers find it difficult to teach about HIV because of the lack of relevant skills. An experienced teacher (TF-R1) expressed the traumatic emotional encounters the teachers went through as follows:

TF-R1:8 *If you are not a counsellor you may fail to handle the issues, especially emotional things or sensitive issues. Sometimes you become pained because you feel for the children so it is difficult.*

The results reveal that some of the teachers faced devastating, sad emotions after interacting with children and their problems. The participants reported that they found solace and peace by praying or adopting what the teachers referred to as the ‘spiritual realm approach’⁸. By applying the approach to their situations, the teachers strengthened the affected child by appealing to his spiritual side and encouraging him to be brave. Expressing the participants’ traumatising experience a teacher TF-H3 clearly stated:

TF-H3:3 *Basically we look at the spiritual aspect of the pupils [...] so that the children accommodate what would have taken place, if they really have to accommodate the situation once they have somebody with HIV and AIDS. In that respect we look at the spiritual side of these pupils [...] they should be brave enough to face reality.*

The experiences these participants narrated are not easily acceptable since the success of appealing to the spiritual nature of a learner depends on the particular child’s faith, culture and belief system (TF-H3:3). The teachers experienced ‘multiple decision-making points’ to come to terms with the reality they experience in their classrooms during the teaching of HIV and AIDS education (Fullan, 2001b:53). A participant, TF-H2, revealed the teachers’ experience with teaching the subject area as follows:

⁸ By ‘spiritual realm’ the teachers referred to praying to God for help to solve sensitive issues related to HIV and AIDS that affected them and their learners

TF-H2:6 *I think generally this subject HIV and AIDS education is very sensitive. Some of the way it affects us [...] it's a subject maybe that has been ignored, that was not talked about for a long time. Maybe I have my relative who died of AIDS so if I have to keep on talking about those things, emotionally, it will also affect me.*

Reiterating the sensitivity of AAPS that some teachers experience in their classes a Ministry of Education official said:

ME-OF1:6a *Teachers in the early days were sensitive [...] if they say to the children somebody who has symptoms of AIDS looks like this, looks like that, looks like the other; that may be how the teachers looks.*

ME-OF1:6b *No teacher wants to undermine his position like that. The children will take the message home and say, our teacher was describing a person with AIDS, that's exactly how he looks like. So, the teacher cannot willingly expose himself, its sensitive.*

Participants' sad emotions were also triggered by other experiences such as the death of a close relative due to AIDS. Some of the participants' sad feelings were the result of seeing their students who are minors grapple with problems beyond their age and capacity. The Concerns-based Adoption Model reveals that such teachers grappling with self, task concerns operate at low stages of concern (awareness, informational, personal and management), and therefore, in most cases they would not effectively implement the AAPS in their classes (Hall & Hord, 1987; 2001).

In the view of Hall and Hord (2001) and Sweeny (2003:2) teachers use their understanding and experiences to effectively progress in implementing a subject area new to them. The sad emotional experiences revealed by the teachers were perturbing and might have prevented the teachers from teaching the subject effectively. During focus group discussions, a participant (TF-N2) further illuminated the teachers' experiences when she said:

TF-N2:6 *At one point you shed tears looking at a child who will be coming to you confessing the truth about her problem deep down. You become emotional, more than a teacher does, more than a parent.*

In the same way as learners were encouraged, the teachers also sought spiritual solutions for their situations so that they could be strong and emotionally resilient to sensitive issues in the subject area. The teachers collaborated in prayers as a teacher (TF-H1) revealed:

TF-H1:7 *The other method that we normally use for pupils and ourselves is the 'spiritual realm'. We pray about it and we believe that the Almighty God have to save us. Otherwise, if we don't do that we feel bad and will not be able to help [...] the next group.*

The following is a narration from a participant (TF-H2) who tried to explain clearly the sensitivity of the subject area in the secondary school curriculum. The narrative summarises this section on the emotional experiences teachers reported they experienced in their classes during their implementation of the AAPS. TF-H2 narrated:

TF-H2:14-15 *Maybe it's the sensitivity of the subject itself. Maybe most of the people are affected so that if you are delivering the content to the child [...] I remember it was 2005 where an English language examination paper from the Zimbabwe Schools Examination Council (ZIMSEC) had a comprehension passage on AIDS. It was emotional. I remember that year pupils failed English. Because if the child had left a parent or a brother suffering from AIDS at home how was that particular child going to concentrate on the examination paper. I see that the issue of HIV and AIDS is still very sensitive. It's not very easy for a child and a teacher in the situation, think about it.*

Based on similar results as this study, Carless (1998:354) recommended that the school management should create a support system or an enabling environment that facilitates teacher collaboration and at the same time discourages negative sentiments from colleagues who are not teaching the subject area. It might be the case that teachers, who were initially enthusiastic about the AIDS Action Programme for Schools but experienced such emotional dilemmas, easily become disillusioned if there is lack of sufficient support in the whole school context (Hertberg-Davis & Brighton, 2006:90).

5.4.2.3 Teachers experience lack of direction and being overburdened during implementation of the AIDS Action Programme

During the time of the study, Zimbabwe was economically weak and it had adopted the American dollar as its official currency, but it was difficult to secure. The Ministry of Education, Sport, Art and Culture was not financially capable to fund sufficient production of learning and teaching materials to be used by teachers and learners in teaching the AAPS in schools. Participants during focus group interviews stated that they were trying to teach the subject area but they lacked focus due to insufficient knowledge and guidance that could be obtained from prescribed books. The participants expressed their confusion and lack of direction as explained by a teacher (TF-M2):

TF-M2:2 *We are trying to teach the subject but we lose focus because we don't have materials, we don't have the content. We don't even know what to do with the kids suppose I am given the [...] time to go and teach the subject.*

Some of the participants confessed that they lacked direction because the content that they got from the resources supplied by the Ministry of Education was limited and insufficient because only one textbook was used for both primary and secondary schools (TF-R1:13; TF-H2:13). Such results, demonstrating a shortage of prescribed materials in the implementation of a curriculum, were also found by Datnow and Castellano (2000:777) and Carless (1998:354). This shortage of material resources is contrary to what the Ministry of Education outlined in the Basic Education policy, namely that 'more books on Sexual Abuse, STIs, HIV and AIDS were to be published for use by teachers and learners' (GoZ, 2006a:8 & 27). The participants proposed that for them to be focused they needed prescribed books about 'real' issues they faced in teaching the subject area (TF-H3:12) which included topics such as home-based care. The need for prescribed textbooks with comprehensive content and methods was expressed by the teachers as well as explained further by TF-R1 who said:

TF-R1:13 *If they can print books with more information that can equip teachers right across [...] how to handle issues, if you meet this you do this, if you meet this you do this. This is how we can teach and implement*

AAPS in schools. Because if we don't have information, definitely there is nowhere we can go.

Related to teacher loss of direction was the issue of the lack of monitoring the implementation of the subject area. Participants at all the schools revealed that Ministry of Education officials and NGOs came to get information on the AAPS in schools, but they did not give the schools feedback on how they used the information. Most teachers in all the schools reported that the lack of monitoring or follow-up of the subject area activities made teachers lose direction (TF-H3:12; TF-R1:13; TF-M2:2). A participant (TF-H1) expressed this during focus group interviews when he said:

TF-H1:14 *The other problem I see which makes us confused and lack of direction is that there are no follow ups of activities. People just come to dump or take information and go for good. No one comes back to appraise or check what is happening, how the affected and infected are being helped and there are no handouts to help orphans in child-headed families.*

Participants contended that for teachers to have focus, the subject area should be taken seriously in schools (TF-R2:14; TF-N3:11). Teachers who lacked direction saw the AAPS lessons as an extra time to work in other subjects because it is not examinable (TF-N3:11). In some schools, the practice was that teachers spent more of their time in the classrooms doing work for examinable subjects in their fields of specialisation, while the AAPS activities, which are important in this context of HIV and AIDS, were neglected. Researching why curriculum change is difficult in Portugal, Jorgenson (2006:1) found that 'teachers valued their autonomy, worrying about their ever-increasing workload and time constraints'. Jorgenson (2006:1) found that by nature teachers were averse to risk and change. This was expressed by a participant (TF-R2:14) who said that the AAPS was not being taken seriously in schools. I observed that although teachers reported teaching the subject area, in reality, it was being ignored, paid lip service to, and implemented at surface level only. Most of the participants also reported lack of teacher direction emanating from the issues around subject accountability as conceded by a teacher TF-N3:

TF-N3:11 *People lack direction because accountability is poor in HIV and AIDS education than is the case in other subjects. For example, the teacher is accountable in History because at the end children are to write examinations [...] but in AIDS education teachers are simply saying to learners today write History notes during the AAPS lesson.*

On the issue of teachers who show lack of direction by using HIV and AIDS education periods to teach subjects in their fields of specialisation, a Ministry of Education official commented:

ME-OF2:5 *Teachers tend to concentrate on the historically measurable subjects, but, there must be some paradigm shift. Where, what do you value? In the end schools that value and emphasise HIV and AIDS education as an integral part of their curriculum, are usually the most successful than those that do not.*

Participants who were concerned by lack of focus on the programme also blamed it on the lack of practice in schools and economic circumstances in the country. Due to the economic weakness of Zimbabwe at the time of this study, most of the supposed provisions of the Ministry of Education ended up as mere empty promises as nothing concrete materialised in schools. Most participants were concerned by the lack of basic requirements for the AAPS to be implemented effectively as explained by a teacher who stated:

TF-H4:5 *For instance, we talk about herbs we don't have the herb garden. We talk about the correct food to eat; we don't have the money to buy the food to assist the needy ones, those who don't get the food who are in child-headed families. We talk about medication but we can't take them to hospital. So I feel there is a lot of theory and it's beyond the teachers' focus.*

Participants were also concerned about the cumbersome workloads that they were tasked to handle (TF-H2:8; TF-N2:10). Earlier, Gitlin and Margonis (1995:398) had observed that if teachers have too many lessons, regardless of their willingness, they would not teach an additional subject effectively. Hall and Hord's (2001) Concerns-

Based Adoption Model contends that teachers respond to curriculum implementation (Levels of Use) based on their experience. A teacher's tacit theory (frame of reference), is based on his experiences in implementing a subject outside his field of specialisation such as the AIDS Action Programme for Schools (Hall & Hord, 1987:8-9). The frame of reference becomes the basis to account for individual teachers' variation of application of the AAPS (Hall & Hord, 1987; Sweeny, 2003:2). A teacher expressed this when he said:

TF-H3:9 *Those teachers involved are overworked, they have their normal workload. For example one teacher is the head of the counselling department, head of the science department, has got a full load of academic lessons and then is supposed to teach this programme off session. At the same time there is nothing in terms of remuneration. Yes, they are willing to do the work they try to do their best. But they are only human beings. They do that extra mile but there isn't anything extra that they get that is different from any other teacher.*

Participants revealed that their concerns were not being addressed (TF-M2:7). The work overload and low status of the subject demotivated teachers. Due to poor remuneration and inconsistencies between policy and curriculum provision (no syllabus, no monitoring, no assessment) teachers did not want to teach the subject area. A participant, TF-N2:10, averred that at times teachers openly said that they were working relentlessly to teach a subject with no money. These results measured against the Concerns-Based Adoption Model revealed that most of the teachers implementing the AIDS Action Programme for Schools function on low Levels of Use of the subject area (Hall & Hord, 1987:8; 2001) due to numerous unresolved concerns the teachers expressed. Teachers experiencing lack of direction, confusion and being overburdened might resist implementation or resort to a day-to-day adoption of the AAPS at Routine and Mechanical Levels of Use, where they engage in surface level practice and superficial implementation (Burgess *et al.*, 2010:56; Hall & Hord, 1987:8).

5.4.3 THEME 3: TEACHERS' RESPONSE TO THE IMPLEMENTATION OF THE AIDS ACTION PROGRAMME FOR SCHOOLS

The teachers' responses revealed how the teachers' actions resonated with the objectives of the AAPS with regard to implementation at their schools. Another aim was to determine whether the secondary school teachers responded to the implementation of the AAPS with a positive or a negative attitude, as well as whether they regarded such a subject area as beneficial to the adolescent children in their classes. Measured against Hall and Hord's (2001) Concerns-Based Adoption Model it was taken that the results in this category would reveal the different levels at which the teachers responded to the AIDS Action Programme in their schools.

5.4.3.1 Teachers responded to the implementation of the AIDS Action Programme with a positive attitude

At one of the schools (Nemanwa), teachers accepted the AAPS with a positive attitude and they showed the zeal and enthusiasm to implement the subject area in their classrooms. Commenting on how the subject was being received by the teachers in the schools, participants responded during focus group interviews that teachers at the school approved the subject, as explained by one participant (TF-N3):

TF-N3:2 *I think the AIDS Action Programme is being received with enthusiasm because most of the teachers do appreciate the subject area. They carry out all the necessary duties required by the curriculum. So the AIDS Action Programme at this school is okay.*

The result shows that the participants responded to the AAPS positively to the extent that they showed motivation and enthusiasm to implement the subject area in their classes. These particular teachers were extrapolating content from the objectives outlined in the official policy and curriculum documents to come up with their specified school syllabus for use and ease of implementation of the AAPS regardless of the fact that the subject area was not examinable. The teachers expressed their experiences in embracing the subject area with positive attitudes as outlined by one teacher:

TF-N4:2 *From the school syllabus that we drew up it seems people have got something to say. Normally most teachers go for the lessons which show that they have got that zeal to teach the subject regardless of the fact that it is not examinable.*

Some of the participants indicated that they received the programme quite well because they viewed it as beneficial to their roles *in loco parentis* (TF-H2:1; TF-N4:2; TF-H3:1). All the five teachers at Nemanwa School showed keen interest in implementing the AIDS Action Programme for Schools in their classes. The teachers operated at the highest level of the Stages of Concern – Collaboration and Refocusing (Hall & Hord, 2001). Practicing at Collaboration and Refocusing stages, the teachers' attention focused on the relevance of the AAPS to their students and the community. The teachers also focused on improvements needed to increase the learners' outcomes. They interest in working with colleagues in their school and with development partners in the local community such as the nurses at the local clinic to jointly improve the benefits of implementing the AAPS. Participants outlined the positive attributes of the subject area as expressed by a teacher TF-H2:

TF-H2:1 *When certain behaviours which are not good are noticed among pupils the AIDS Action Programme for Schools really helps to give direction to the pupils. Hence, it improves discipline among the pupils.*

Two of the teachers at Nemanwa implemented the AIDS Action Programme for Schools at the highest Stage of Concern – Refocusing. During focus group interviews, the teachers expressed that in their practice they thought mostly about improving the way they were teaching the subject area. The teachers reported that they made effort to cooperate and coordinate with others regarding use of the AAPS. These teachers focused on how to better implement the innovation – AAPS (Straub, 2009:635). Evidence of the teachers' keen interest on the subject area and refocusing was revealed by a participant (TO-N1:5) who expressed that she tried to impart as much information about the AAPS to learners and helped them solve problems in their lives. The participant reported that she imparted knowledge on child abuse, HIV, and AIDS to learners because these were the major problems faced by the community and society. The participant (TO-N1:6) emphasised that both learners and teachers needed to be more serious in their approach to the AAPS just like they

did in their subjects of specialisation. These results reveal that at Nemanwa teachers were positive and keen to teach HIV and AIDS content to learners, as stated by a participant (TF-R1:1-2) who said:

TF-R4:2 *The subject area is welcomed positively by everybody who is a teacher because we are the ones who spent most of the time with the children. The infected and the affected, especially the affected child, there is no way you can go to them and talk about how to keep themselves when you don't have this particular subject area in the school.*

The results in this category reveal that most of the teachers at Nemanwa School did receive the subject area with a positive attitude. They appreciated the AAPS in terms of its benefits to the learners rather than bemoaning personal concerns and implementation challenges. Measured against Hall and Hord's (1987; 2001) Concerns Based Adoption Model the teachers were most likely implementing the AAPS at the levels of collaboration and refocusing use (Hall & Hord, 2001; Burgess *et al.*, 2010:56). The positive attitude to school change that the teachers reported leads mostly to active teacher involvement in the AAPS (Poppleton & Williamson, 2004:289). Teacher involvement in curriculum implementation indicates the key agent that mediates between the change agenda and the implementation of the AIDS Action Programme in the school and the classroom (Swanepoel & Booyse, 2006:1).

(a) Teachers adapted⁹ implementation of the AIDS Action Programme for Schools. They collaborated with other teachers, refocused and reflected on their practice

The participants who responded positively to the advent of the AIDS Action Programme for Schools generally devised teaching activities that enhanced students' learning of HIV and AIDS content as well as the development of positive life skills. According to the participants at Nemanwa school, the teachers adapted the teaching strategies and curriculum content for the subject area to maximise students' learning and for effective implementation of the AAPS. One of the participants described the strategies teachers employed to adapt implementation of the subject area as follows:

⁹ Adapted: In this study it means the teachers accepted and modified AAPS in order to make it suitable for their situation so as to be able to implement it more successfully in their schools (Hornby 2000:14)

TF-N1a:4 *Strategy one, we have HIV and AIDS education on the time table. Strategy two, teachers are given loads to teach and the school administration also appoints Head of Department to supervise the teaching of HIV and AIDS education.*

In addition to employing different strategies to successfully implement the AIDS Action Programme for Schools, the teachers collaborated with the Ministry of Education, Sport, Arts and Culture and with interested stakeholders such as NGOs. Collaboration was important in that teachers shared knowledge and experiences in the subject area. Evaluated against the CBAM, it shows a high level of operation in implementing AAPS as policy and curriculum innovation. They collaborated in mobilising resources, as explained by a participant:

TF-N1b:4 *Books are acquired from different departments. For example from the government study packs, from non-governmental organisations like Family Planning, like CADEC¹⁰ [...] Legal Centres are also providing learning materials.*

It was shown that that the teachers at Nemanwa school were able to put administrative logistics in place and secure teaching materials. In addition, they also worked together with the learners to establish clubs such as the drama club where learners performed plays and recited poems pertaining to HIV and AIDS to educate the community on the dangers of HIV and AIDS (TF-N2:4). This stance was accordance with Brown's (2009:17) argument that the curriculum material improves implementation when teachers endorse curriculum materials and adapt these to their needs. In a response, one participant commented on the manner in which teachers adapted the implementation of the AAPS by using different resources:

TF-N3:5 *We have a library specifically meant for HIV and AIDS education. If you look at the shelves maybe we have supplementary reading from other subjects but the main objective of this library is HIV and AIDS education.*

Over and above their efforts to mobilise the resources to equip learners with the necessary knowledge of HIV and AIDS, the participants indicated that teachers also

¹⁰ CADEC is the abbreviation for Catholic Development Commission – a non-governmental organisation

contributed to their life skills development. Some of the participants (TF-N3:11; TF-N4:9) mentioned that they found discussions with learners to be useful. Participants who adapted the AIDS Action Programme for Schools to suit their performance thereof, contended that they were integrating HIV and AIDS education in their subject areas of specialisation such as Science, Biology, Religious studies or Computer Science. Such an adaptation illustrated the point that HIV and AIDS could be integrated into every subject – as a participant (TF-N5) said during one of the focus group interviews:

TF-N5:16 *Even in computer science HIV and AIDS can be integrated because for example when you teach computers there are viruses in computers. Just imagine one lady having many men, you take one disk and put in this computer remove that computer [...] obviously the computer will end up attacked by a virus.*

The analogy of the computer and viruses that could be applied to people was a creative way of teaching HIV and AIDS education to students (Drake & Sherin, 2006:154). The results confirmed a trend whereby the teachers moved from an entry level of awareness or initiation of the AAPS stage by means of personal construction and control referred to as renewal (Hall & Hord, 1987) intervention or as critical where teaching skills and understanding are creatively applied to new contexts (Russell, 1995:173).

In trying to equip students with diverse means of responding to the HIV and AIDS pandemic, the participants (TF-N3:6; TF-N4:7) stated that they taught learners to grow traditional vegetables with nutrients that boosted immunity and reduced illnesses caused by opportunistic diseases. This confirmed that teacher change is behavioural and perceptual, that is, attitudinal and cognitive (Pennington, 1995:705). During focus group interviews teachers reported that they made their learners aware of traditional vegetables and herbs that they can grow and use to improve their health as explained by a participant:

TF-N2:6 *Also the students are trained to use herbs. We have a herb garden which has a variety of herbs so that when they are at home they can make use of these herbs because they are ease to use. It's expensive*

to have to acquire drugs in the community, so the children are taught to make use of herbs.

Attitude towards curriculum implementation and change in practice is a variable that is apparent in the teachers' acceptance and adaptation of new policies (Zimmerman 2006:239). The participants at one of the schools revealed that in adapting implementation of the AIDS Action Programme they collaborated with other teachers, the family planning council, a nearby clinic and a hospital to educate students on HIV and AIDS matters. The result is consistent with the idea that adaptation is central to teachers' use of curriculum material and that no curriculum is used blindly or without adaptation (Drake & Sherin, 2006:159). They revealed that the family planning council emphasised topics such as reproductive health, STIs and other HIV- and AIDS-related diseases (TF-N3:6). On the other hand, the school imparted knowledge about AIDS to pupils and trained them to make informed decisions on how to choose friends, to avoid peer pressure and to prevent abuse from members of the community. Evaluated against Hall and Hord's (1987) Concerns Based Adoption Model in Sweeny (2003:2; 2008:3), teachers who employed different strategies to effectively implement the AAPS were working collaboratively and adapting accordingly when they established how others were using innovative approaches to effectively implement the curriculum (Hall & Hord, 2001).

(b) Teachers adopted¹¹ implementation of AAPS, they engaged in routine use and refinement of the programme

Some of the participants indicated that they implemented the AIDS Action Programme in their schools. Many of the participants from three schools responded that they had accepted the subject area and were doing basic forms of teaching in a routine manner without going deeper into issues and engaging much of their time in order to meet policy requirements. Hall and Hord (2001) contend that the changes teachers undertake during adoption of a new subject outside their area of specialisation can indicate the intensity of their engagement. Participants who adopted the AAPS implemented it primarily in a routine and surface level manner. A participant TF-N4 who stated indicated this:

¹¹ Adopted: In this study adopted means that the teachers formally accepted AAPS as a policy and subject area and begin to teach it as their own (Hornby 2000:17)

TF-N4:9 *During our lessons we teach pupils facts about AIDS. We use teaching media like pictures, posters and we are teaching them on how AIDS is acquired or how we can prevent the spread of the disease, how one can live when he or she is affected with AIDS, Also on how we can take care of people living with AIDS in our community.*

Some of the participants (TF-H1:2; TF-N4:2) indicated that they gave individual tuition to pupils on HIV and AIDS and made sure that the subject area was time-tabled. The results were consistent with findings by Datnow and Castellano (2000:778) that a series of imposed changes creates a culture of compliance causing teachers to seek alternative ways to implement the expected task in a less painful way. One participant stated the strategies the teachers used to implement the AIDS Action Programme for Schools in an appropriate way were as follows:

TF-H4:3 *We give pupils some reading materials [...] and books which actually give information on AIDS and the oral discussions that we have. We also have organisations such as Red Cross and the Scripture Union coming to school to discuss openly about HIV and AIDS [...].*

Another participant (TF-N5:9) indicated that as they teach learners about HIV and AIDS they also helped them to develop self-esteem so that the students could easily fit into the society. In adopting the subject area the teachers revealed that they also invited relevant people to impart knowledge about HIV and AIDS to students – as outlined by a participant who acknowledged adherence to the programme during implementation (Penuel *et al.*, 2007:927). The participant (TF-N3) said:

TF-N3:8 *As teachers we just stick to what is in the syllabus primarily [...] so because of the limited time that we have with the kids you just stick to what is in the syllabus.*

According to Hall and Hord (2001) teachers who adopt aspects of a programme are generally classified, as users of the subject area. The response by TF-N3:8 indicates that simply adopting curriculum innovation could be limiting and unimaginative especially if changes are peripheral (Hargreaves, 2005b:9). As indicated above the participant engaged in routine use of the innovation, the AAPS, in an attempt to

acquire more knowledge. According to Hall and Hord's (2001) CBAM, it may be concluded that in this study the participants also implemented the AAPS at the Refinement level of use where they taught the subject based on the needs of learners and improving on efficiency.

5.4.3.2 Teachers responded to the implementation of the AIDS Action Programme with a negative attitude

The aim in discussing this category was to explain from the data how teachers responded negatively to the implementation of the AIDS Action Programme for Schools in their classes. Many of the teachers who participated in this study displayed a negative attitude towards implementation of the subject area as indicated in Figure 5.4 that of the 20 teachers twelve practiced AAPS below the Management stage of concern. Other participants engaged in compliance with constraints and alterations of procedures and routes.

(a) Teachers were reluctant and ignored implementation of the subject area

Due to the surface level of implementation, the participants in this study mostly were reluctant and ignored implementation of the AIDS Action Programme for Schools (see Figure 5.5) although they acknowledged that the subject area is of great importance to learners. Teachers who responded negatively to the AAPS alleged that lack of training and the absence of syllabus documents and materials were limiting factors. During focus group interviews the participants revealed the need for documents specifying the policy and curriculum provisions for the AAPS. This outlook was expressed by TF-R1 when she said:

TF-R1:9 *There is need for something that is written down. So if you have something maybe the syllabus sort of, then teachers will be guided. [...] as it is now, people will tend to repeat the same things they did so I don't think we can succeed in it. We need information to use, we need materials to use so that we can move forward.*

Teachers who ignored and resisted teaching the subject area had the rationale that there were no syllabuses to provide guidelines which was contrary to policy provisions because schools were expected to draw up their own syllabuses from the

objectives given by the Ministry of Education, Sport, Arts and Culture (GoZ, 2003a; 2006a). This finding was in line with what Bowins and Beaudoin (2011:8) and Clasquin-Johnson (2011:67) in South Africa found earlier on, namely that in their response to policy and curriculum mandates teachers ignored, resisted, adopted or adapted the curriculum. Also in their study Gitlin and Margonis (1995:397-398) found that teachers resisted change because of the increased workload, lack of consultation and weak collegiality during curriculum implementation. This participant emphasised that the lack of knowledge was the root of the teachers' resistance to implementing the AIDS Action Programme for Schools:

TF-M4:1 *Teachers resist because there is no syllabus to cover. They do not have the knowledge and they do not even know how to teach these children, where go, what to do. We will just see it as an extra workload over and above lack of remuneration.*

Participants who were resisting implementing the AAPS indicated that they had no guidance and that at their school the subject area was not on the timetable because there was no place for it. They claimed that the school timetable was full and they were finding it difficult to make the time to teach the subject area (TF-M1:2).

A school head who averred confirmed the particular teachers' concerns:

SH-M3 *Our school has no time allocated to this (AAPS). We have time that we call registration and inspection. Class teachers do it. The 15 minutes of each day are given for that, we expect that during that time the teachers involved talk to students about any matter concerning HIV and AIDS.*

The results were thus consistent with those found earlier by Cleghorn and Prochner (1997:346) that teachers resisted implementing a play-based curriculum in their classes and continued teaching in early childhood classes in the formal way. The participants emphasised their reluctance to implementing the subject area as expressed by a teacher when he said:

TF-M2:1 *I think teachers are ignoring this subject area and not taking it seriously because it's like they really don't know what is involved in making pupils aware of what should be taught or known about HIV.*

TF-M1:1 *[...] the subject is not received in a way other subjects are being treated at this school it's just like a part-time subject that the HoD and other members can find extra time to teach it.*

Many of the participants were of the view that for them to implement the AIDS Action Programme effectively they needed knowledge and skills which could help them to interact with students and avoid becoming too emotional while teaching affected and infected students. I reasoned that the teachers were highlighting concerns to cover up their negative approach to implementing the subject area in their classes. The teachers' confessions about the need for information and skills imply that their self-esteem might be threatened, hence their resistance to the implementation of the AIDS Action Programme for Schools (Gitlin & Margonis, 1995:385). Most of the participants lacked knowledge and training as indicated by a participant who expressed the concern as follows:

TF-R2:10 *[...] through eyes not any other means we can easily tell that this child is infected or affected, so what am I going to talk about to that pupil, then how do I handle others. So I think as teachers we need information.*

A Ministry of Education official inferred the teachers' negative attitude to implementing AAPS in their schools as emanating from of lack of training during their initial professional development in colleges when he stated:

ME-OF2:4 *HIV/AIDS and Life Skills education was not part of our curriculum. I am a trained teacher at [...], but I didn't have that component in my curriculum. I am trying to emphasise that we don't have manpower that is properly trained to handle that subject in schools. There is a knowledge gap, there is a skills gap in HIV and AIDS education in schools.*

It seems that although HIV and AIDS education was being taught in most schools, teachers still encounter multiple challenges. The key challenge they reported was the lack of adequate content knowledge. As highlighted previously, the majority of teachers were not educated about HIV and AIDS during their training at teachers'

colleges. The teachers' resistance to implement the subject could be the result of fear of change or loss of motivation (Hargreaves, 2005b:11). During focus group interviews participants confessed that there was a reason for their resistance to implementing AAPS as explained by one of the teachers:

TF-R3:10 *I think there is need for a choice of teachers because if you take anybody what they impart to the students and how they handle it can be more harmful than what the intended situation should be [...] you need to have special training.*

This exploration therefore revealed that most teachers were demoralised; therefore they refused to implement the proposed AAPS and shifted responsibilities to other teachers whom they viewed as having special training in the subject area (TO-M2:7; TO-H4:7). I reason that the participants' responses in a way reflected self-doubt about implementing the subject area. Self-doubt triggers various emotional responses and could have been a source of resistance to change (Ballet & Kelchtermans, 2008:59). The Zimbabwean AAPS has similarities to Life Orientation in South Africa. In this regard, the emerging results were in line with those of Wood and Oliver (2007) and Mosia (2011:1240) who researched Life Orientation in South Africa and found that the teaching of the subject was a daunting task for most teachers. In those particular studies teachers resisted implementing Life Orientation because they were not subject area specialists.

(b) Teachers lacked motivation in implementing of the AIDS Action Programme for Schools

This study established that participants in three of the four schools experienced a lack of motivation because they lacked knowledge. Teachers regarded the subject as additional to their workload, because of the sensitivity of the subject, the low status of the AAPS, the fact that the subject is not examinable and the scanty resources (TO-R1:7-8; TO-N1:5; TO-R3:8; TO-M5:8; TO-N2:8). Some of the participants in three of the schools clearly stated their perceptions and lack of motivation. A participant (TO-R3) categorically stated:

TO-R3:8 *I am not motivated to teach AAPS. It needs people with knowledge about HIV and AIDS, composure and maturity. I am not even active because we lack knowledge and training in the subject.*

Highlighting the teachers' concern on lack of professional training in HIV and AIDS education, two school heads contended:

SH-H4 *Not all teachers are trained in HIV and AIDS. Only a few teachers are trained. I can say a few are adequately trained and in-serviced.*

SH-M4 *Teachers are not adequately trained no training was given to them. Therefore, it's just reading from the papers, from circulars, and from there you have to know what is expected of you. As a school head, I was not trained.*

This finding validates the lack of teacher motivation for this subject area because it was tasked from top down, as reported earlier by Ballet and Kelchtermans (2008:60). Furthermore, Burgess *et al.* (2010:52) in Australia and Clasquin-Johnson (2011:162) in South Africa had previously revealed that limited resources and inadequate professional development and training are barriers to effective curriculum implementation. In some circumstances, the shifting of subject specialisation boundaries could have led to the widely noted lack of clarity about policy and subject area provisions and about teacher mandates during curriculum implementation (Mackenzie, 2011:64). Not even realising that the teaching method outlined in the policy documents was participatory; the participants articulated that they applied the same methods they used to teach other subjects in their classes. A teacher made this observation when she said:

TF-M1:4 *We just transfer our teaching methods form other subjects to this subject because we don't have a specific subject for it. If I am a Science teacher, I just transfer the teaching method to that, if I am a Shona teacher I just transfer these.*

In addition to most teachers' lack of knowledge and negative attitudes as sources of demotivation, most participants were worried about some of the socio-cultural practices among some Zimbabwean communities regarding HIV and AIDS-related

issues. Other communities (such as the Johane Marange Apostles) do not welcome the teaching of HIV and AIDS to their children on religious grounds. A participant, TO-M3 professed his concern and lack of motivation to implement the subject area when he said:

TO-M3:8 *The whole issue is demotivating you see. There is resistance from some community members to let teachers teach HIV, AIDS, and sexuality to their children on religious grounds. So teachers may end up ignoring the teaching of the subject in their classes.*

A head of school echoed the teachers' sentiments on the resistance of some communities to the subject area being taught to their children when she said:

SH-M7 *These boys and girls in secondary schools are mature. It can be cultural, because in our culture sexuality issues are things to be discussed privately with an aunt or uncle, not in the classroom or openly.*

A Ministry of Education official also expressed his view on the cultural aspect relating the teaching of HIV and AIDS education when he contended:

ME-OF1:4 *It's culturally sensitive in our situation. Therefore, you find some of the old teachers may feel that they are being exposed to things that are taboo to them.*

Results of this research indicate that implementation of the AAPS encountered resistance by most teachers in three of the four schools. The findings were therefore similar to those of Mosia in her study of teacher implementation of Life Orientation and that of Clasquin-Johnson (2011:216) in South Africa where early childhood teachers ignored and resisted implementation of some tasks during curriculum change. There is need to take cognisance of the idea that change processes involve change in behaviour, teacher attitude and knowledge (Burgess *et al.*, 2010:52). Hence, teachers' involvement in the AAPS depends to a large extent on their level of involvement and acceptance of the change effort (Bowins & Beaudoin 2011:8). Examined against the Concerns Based Adoption Model, the teachers who ignored and resisted implementation of the AAPS are in the three lower levels of use where

either no action was taken with respect to implementing the subject area or the teacher made changes to better organise the teaching of the AAPS (Hall & Hord, 1987; 2001).

5.5 SYNTHESIS OF RESULTS ON TEACHER CONCEPTUALISATION AND IMPLEMENTATION OF THE AIDS ACTION PROGRAMME FOR SCHOOLS

In practice sometimes, the Levels of Use do not necessarily match. A teacher at unconcerned stage may be practicing at Orientation or Preparation level of use of an innovation whilst one may be a non-user (Anderson, 1997:335). A teacher may be at a certain stage in terms of his or her motivation, feelings and attitude (Straub, 2009:634; Anderson, 1997:334). The Stages of Concern are not discrete entities. A teacher's stages of concern may fluctuate. He or she may move up and down the Stages of Concern at a particular point in time and in a certain context or situation during implementing the policy and curriculum change, such as the AAPS in the case of this study (Vaughan, 2010). Another teacher may portray concerns at one or two stages at any given time during implementing the subject area (Straub, 2009:634; Hall & Hord, 1987; 2001). Wills (1992:82) emphasises that while a teacher's focus of concern may shift from one stage to another, it may not indicate that the previous stage of concern is alleviated. In this study the results presented in Figure 5.3 and Figure 5.4 show the teachers' Stages of Concern that were obtained at the time of data collection.

5.5.1 ANALYTICAL DISCUSSION OF STAGES OF CONCERN

Figure 5.3 below show a visual distribution of teacher concerns and this inferred how they implemented the AIDS Action Programme for Schools in their classrooms as reflected by their responses during focus group interviews and the completed open-ended questionnaire. Questions were specifically asked to determine stages of concern and levels of use of the AAPS. As indicated in the figure, in terms of Stages of Concern (SoC), two of the teachers were at the first stage namely Unconcerned or Awareness stage. These teachers had little involvement with the AAPS, and were unaware of the subject area's policy, curriculum requirements and components. Subsequently, the teachers were not implementing the subject area effectively in

their classrooms. The second stage of concern – Informational consisted of eight teachers. At this stage the teachers were concerned about acquiring information about the AAPS from policy and syllabus documents and other sources of content or information. It implied that the eight teachers were information seekers due to lack of qualifications and in-service training in the subject area. At the Personal stage there were two teachers, while the other two teachers were at Management stage. These teachers at the three stages of concern namely – Informational, Personal and Management, practiced the AAPS at a surface level without effective skills and deep understanding due to lack of sufficient knowledge and training. One of the teachers was at Consequence stage of concern. According to the Concerns-Based Adoption Model, the teacher was concerned about the impact and consequence of the AIDS Action Programme for Schools on the learners as they are his clients (Hall & Hord, 1987; 2001). The higher stages of concern – Collaboration and Refocusing had three and two of the teachers subsequently. These were the teachers who had adopted the AAPS and were implementing it by collaborating through their teamwork and cooperation effort. It does not necessary mean that effective implementation of the subject area was being done since the teachers also lacked training in HIV and AIDS education. It was only through their initiative, positive attitude and team work that the five teachers (at Nemanwa) attempted to developed their own AAPS school syllabus from the prescribed objectives from the Ministry of Education, shared ideas, content and methods in adopting the AIDS Action Programme for Schools.

Teachers' SoC in the Implementation of AAPS

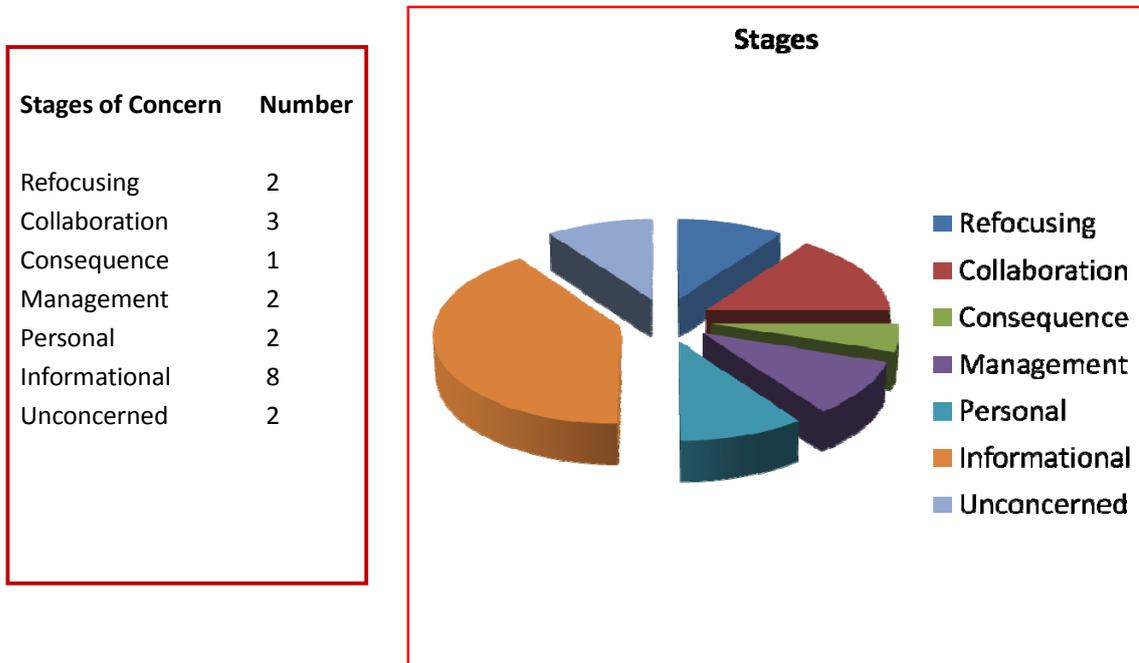


Figure 5.3: Teachers' Stages of Concern in the Implementation of the AAPS

Overall, Figure 5.3 indicates that out of the 20 participants twelve of the teachers were either unconcerned, operated at Personal stage of concern or were seeking information about the policy and curriculum innovation the AAPS but did not implement the curriculum or implemented the curriculum very little. As a result they implemented the subject area at a low or surface level with the fourteen of them operating at the Management Stage of the Concerns-Based Adoption Model and below. The Management stage of concern is the stage when teachers start to adopt using an innovation and mostly focus on mastering the task (Sweeney, 2008:3; Hall & Hord, 1987; 2001). Results indicate that at Management stage of concern teachers may implement the subject area at surface level just to be identified by the school management and Ministry of Education officials as complying with the policy and curriculum requirements. Mostly the implementation of policy and curriculum change at the Management stage is not effective (Hall & Hord 2001). This implies that the AIDS Action Programme for Schools was not well received by teachers in secondary schools as evidenced by the high number (15 teachers) of despondence and

reluctant compliance in implementing the policy and curriculum innovation in some schools in the Masvingo district.

A visual representation of teachers' stages of concern indicated in a pie chart in Figure 5.3 above is presented graphically in Figure 5.4 below.

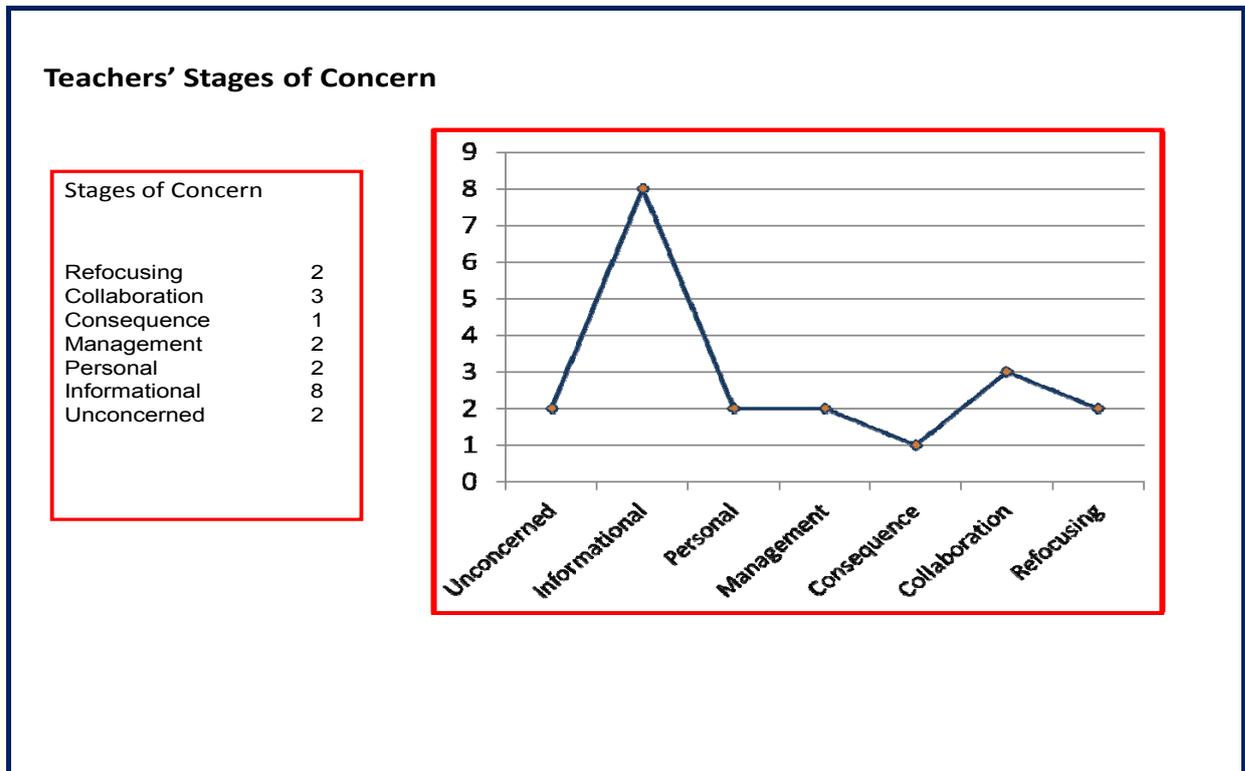


Figure 5.4: Teachers' Stages of Concern in the Implementation of the AAPS

The Figure 5.4 above clearly reveals that only five teachers (at one school) of the 20 who participated in this study attended to implementation the AIDS Action Programme for Schools at Collaboration and Refocusing stages. As mentioned the lack of syllabus, knowledge and training could prevent the effective implementation of the AAPS. During focus group interviews, the participants indicated that the teachers had an awareness of the AAPS and its educational and social value, but they were reluctant, confused and uncertain to teach the subject area effectively in their classrooms. However, informal observations of the teachers in their classes and some of the data from interviews revealed that some of the teachers were using the AAPS periods on the timetable to teach other subjects in their areas of specialisation resulting in low levels of implementation of the subject area. In some cases, the teachers just engaged with the AAPS trying to get information without much effort to

improve practice (Informational and Management stages) for fear of being charged, as the policy stipulates that teacher failure to teach the subject area when it is allocated to him or her attracts a charge of misconduct. The teachers' negative feelings and low levels of motivation, lack of sufficient knowledge and guidance contributed to their in-effective teaching of the subject area (Straub, 2009:654).

Results of the research on teacher conceptualisation and implementation of the AIDS Action Programme for Schools show that most of the teachers implemented AAPS with reluctant compliance¹² (Clasquin-Jonson, 2011) due to fear of breaching policy requirements at school level as well as fear of being charged with an act of misconduct. Similar to these results, in her study Phatudi (2001:6) observed that national policies have caused resistance and criticism from stakeholders in different fields of knowledge as they were perceived as an imposition by the government. Overall, the results reveal that half of the teachers (ten) implemented the AAPS at Mechanical and Routine Levels of Use because they perceived the change as having been imposed on them from above. Based on the Concerns-Based Adoption Model, these are not good levels to effectively implementing a curriculum (Hall & Hord, 1987; 2001). Commenting on such change, Datnow and Castellano (2000:778) viewed that imposed changes creates a culture of compliance resulting in teachers to adopt ways to implement the change as painless as possible. The teachers cited lack of qualification in HIV and AIDS education, absence of syllabuses, learning materials, in-service training, insufficient knowledge and lack of support from the school management as the main factors militating against their effective adoption and implementation of the innovation – AIDS Action Programme for Schools.

5.5.2 ANALYTICAL DISCUSSION OF LEVELS OF USE

While Stages of Concern are not discrete, on the other hand, Levels of Use progress in a hierarchical and developmental manner (Hall & Hord, 1987; 2001). Concerning behaviour or practice, a teacher may show behaviours of a particular Level of Use of an innovation (such as the AAPS) at time. A teacher may progress from low levels of use to high levels depending on teacher understanding, qualification and training,

¹² Reluctant compliance means that the teachers just complied but they were not willing and motivated to teach the subject area effectively.

interest, attitude, motivation, availability of resources and teacher support among others (Bellah & Dyer, 2007:69; Hall & Hord, 1987).

Figure 5.5 shows a representation of the teacher’s overall implementation of the AIDS Action Programme for Schools measured against the Concerns-Based Adoption Model’s Levels of Use (Hall & Hord, 1987; 2001).

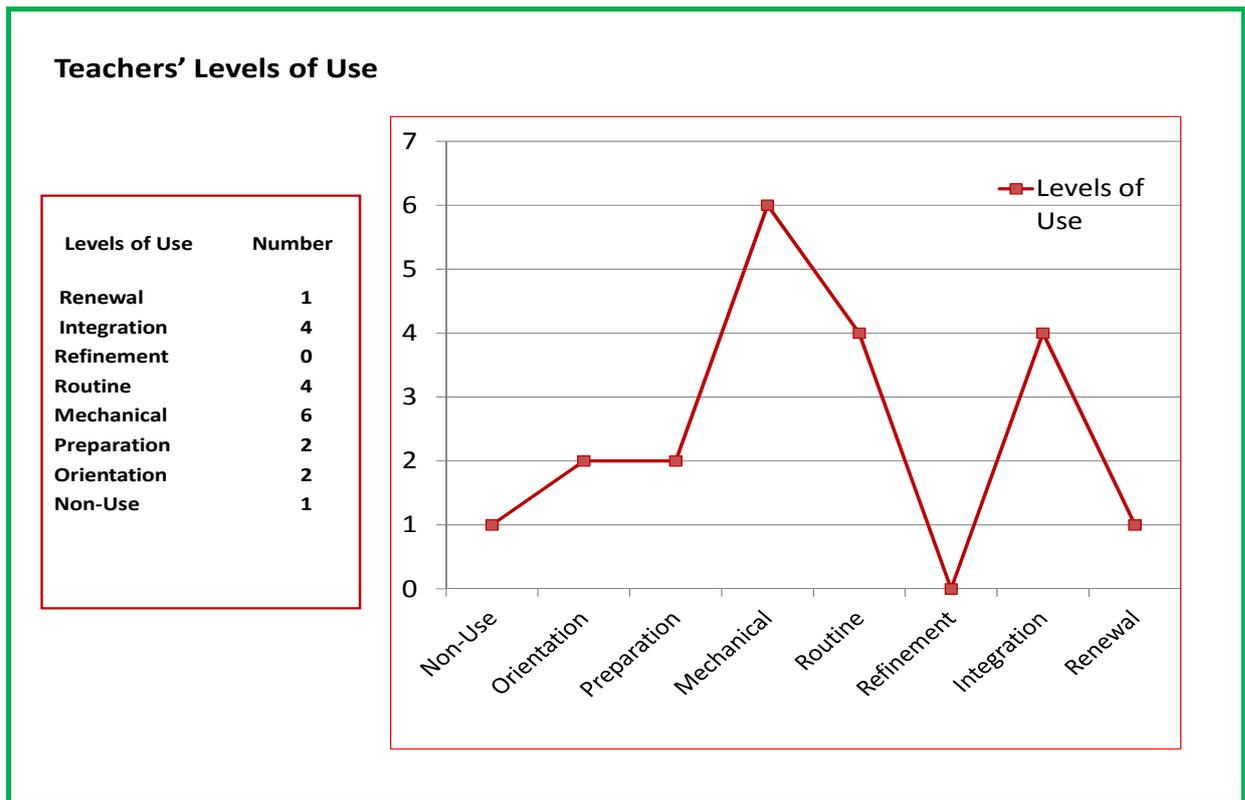


Figure 5.5: Teachers’ Levels of Use in Implementing the AAPS

As indicated in Figure 5.5, teachers’ response to implementation of the AAPS were evaluated against the Concerns-Based Adoption Model in terms of Levels of Use (or practice) of the subject area. The figure indicates that one of the secondary school teachers was at Non-Use level. Hence, the teacher was not implementing the subject area in his classroom (Hall & Hord, 2001). Anderson (1995:335) views such a teacher as being in a state of having very little knowledge of the subject area and having no plans for its implementation. Two of the teachers practiced curriculum implementation at Orientation level. These teachers had made a decision to implement the AAPS but were being incapacitated by lack information and were still sourcing it. Two other teachers practiced at the Preparation Level of Use. Six of the 20 teachers were at Mechanical Level of Use. At this level of curriculum

implementation teachers focused of logistics and acquisition of skills and content of the subject only. The Routine Level of Use had four teachers. These teachers had adopted implementation of the AAPS with minimal changes to establish a regular pattern of use. However, these teachers were overwhelmed by constraints such as lack of qualifications in HIV and AIDS education. Other challenges reported were, absence of a syllabus and prescribed textbooks in the subject areas well as lack of time. Hence, their response to implementation of the subject area was that of reluctant compliance because of their confusion and low self-efficacy. None of the teachers implemented AAPS at Refinement Level of Use where the teacher's focus is student-centred (Straub, 2009).

Subsequently, of the 20 teachers three responded to implementation of AAPS at Integration Level of Use, while the Renewal Level of Use had only one teacher. Of the total 20 teachers who participated in this study, five teachers at one schools operated at the two highest level of use of the Concerns-Based Adoption Model (Hall & Hord, 1987; 2001). These teachers were mostly concerned with collaboration in an effort to integrate and renew the subject area during its implementation. This did not assure effective implementation of the policy and curriculum innovation – AAPS because the five teachers raised constraints of the absence of the official syllabuses to compare with their school syllabus they had developed from the Ministry of Education's prescribed AAPS objectives and in-service training. I reasoned that the five teachers practiced at high levels due to teamwork and collaboration with colleagues, development partners and other interested stakeholders such as NGOs in their community.

Since implementation of the AAPS is a policy requirement, the teachers could not completely ignore teaching the subject area in their classes. Hence some of the teachers complied to teach the subject area but they faced knowledge gap challenges and lack of interest. As indicated in Figure 5.5, 15 of the teachers faced constraints and challenges in implementing the AIDS Action Programme for Schools in their classes. The challenges emanated from lack of knowledge of curriculum components, content and methods because of lack of teacher qualification and in-service training in the subject area. Lack of support from school management and fear of victimisation by perpetrators of child abuse were also highlighted as factors militating against effective implementation of the AIDS Action Programme for

Schools. Overall, Levels of Use indicated in Figure 5.5, of the 20 teachers who participated in this study, 15 teachers implemented the AIDS Action Programme for Schools with reluctant compliance – just teaching AAPS because there is no option. The results are consistent with what Wood and Oliver (2007:1) observed that uncertainty often make teachers to feel despondent and lack intrinsic motivation in implementing policy and curriculum change. Five of the teachers willingly and actively taught the subject regardless of the cited constraints – they engaged in compliance with constraints. Commenting on teacher adoption of policy and curriculum change, Hargreaves (2005b:9) perceives that compliance to reforms may mean teacher behaviour change, but their attitude may remain the same.

5.6 CONCLUSION

The analysis in this chapter explored participants' understanding, response to and implementation of the AIDS Action Programme for Schools within each of the research strategies employed namely, semi-structured interviews with the Ministry of Education officials, together with focus group interviews with teachers and open-ended questionnaires. The theoretical foundation of the research was that of Hall and Hord's (1987; 2001) CBAM that evaluated the secondary school teachers' stages of concern and levels of use during their understanding, response to and implementation of the AIDS Action Programme for schools. Overall it emerged that few teachers (five) received implementation of the AAPS with a positive attitude whilst most of the teachers (15) developed negative attitudes. Measured against Hall and Hord's (1987; 2001) Concerns Based Adoption Model only five teachers at one of the schools (Nemanwa) practice at higher Stages of Concern – Consequence, Collaboration and Refocusing. Many of the teachers' practice in the other three schools (Mucheke, Rhodene & Hillside) operated at the first four lower stages – unconcerned/Awareness, Informational, Personal and Management indicating none and little response to the AIDS Action Programme for Schools. At the lower levels of change teachers mainly implemented the AAPS with reluctant compliance and glossing over (Bellah & Dyer, 2007:69) The following chapter – Chapter 6 – discusses the conclusions of the study and recommendations in relation to the results in Chapter 5 and accordingly answers the research main question as well as the research sub-questions.

CHAPTER 6 OVERVIEW, SYNTHESIS OF FINDINGS AND RECOMMENDATIONS

Policy initiators should focus on the head and heart, the personal and professional which are integral to teacher change
(Lloyd & Yelland, 2003:82).

6.1 INTRODUCTION

The preceding chapter, which was Chapter 5, thematically presented and analysed the results of this research. This chapter confirms the results of this study in relation to how secondary school teachers conceptualise and implement the AIDS Action Programme for Schools in their classes. Accordingly, an overview is presented of each of the preceding chapters in relation to the research results and the research questions which guided this study. The qualitative approach and the interpretive paradigm of this study (Creswell, 2007:212) enabled the realisation of the research goal to illuminate the manner in which secondary school teachers conceptualise and implement the AIDS Action Programme for Schools as a policy and curriculum initiative.

Some of the interesting findings discussed in this chapter are the following: The experiences of the Ministry of Education Sport, Arts and Culture officials, school heads and teachers indicated that most teachers face numerous challenges with regard to their understanding and implementation of the subject area¹³ at schools. Teacher-participants furthermore confirmed that many of them did not have policy and curriculum documents; and they lacked content knowledge, skills, resources and support for the effective implementation of the subject area. This led to inconsistencies, reluctant compliance, compliance with constraints and execution with allegiance in the implementation of the AAPS policy and curriculum. Few teachers attempted to adapt the curriculum while many were reluctant and ignored

¹³ In this study Subject area refers to the AIDS Action Programme for Schools. The two terms are used interchangeably in some sections of this thesis

the implementation of the subject area. Measured against the CBAM it was revealed that the teachers practiced the AAPS at different stages of concern and levels of use with most of the teachers implementing the subject area at the low stages of concern and levels of use.

6.2 OVERVIEW

The overview highlights the synopsis of the study. I discuss brief summaries of the first five chapters of this research, drawing out salient issues that were of significance in the study and precursor to the results. This overview serves as a background to the synthesis of the findings and recommendations that follow on this discussion.

CHAPTER 1:

In this chapter the rationale, statement of the problem, the research questions and aims, preliminary literature review, methodology and definition of key concepts provided the basis of this study in terms of its orientation and background. In addition, details of the relationship between teacher understanding and implementation of policy and curriculum innovations were elaborated upon. Hall and Hord's (1987; 2001) Concerns Based Adoption Model was introduced. This research deliberates upon the seven stages of concern teachers experience and eight levels of innovation use or practice that teachers apply in the process of implementing policy and curriculum innovations.

Although it was not a major focus of this study, it was necessary to explore the Zimbabwe HIV and AIDS policy in order to set the basis for the Zimbabwe AIDS Action Programme for Schools. This policy (GoZ, 1999) is the springboard for the school-based HIV and AIDS intervention curriculum (Chirawu *et al.*, 2007:2). In this chapter, the AIDS Action Programme for Schools was introduced as an official policy innovation and a compulsory subject area in Zimbabwean secondary schools (GoZ, 2006a:7-8). In terms of the preliminary literature review, this chapter revealed that teachers are influenced by their previous experience. They see, interpret and react to change according to what they have experienced in the past (Nyaumwe & Buzizi, 2007:21). According to the literature teachers reacted to change in teaching subject areas in four ways: they ignored, resisted, complied with and adopted, co-operated or adapted change (Bowins & Beaudoin, 2011:8). In this chapter, I delineated the

theoretical framework and the research questions, which underpinned the study. The chapter was rounded off with the assertion that in this study, teachers' concerns and responses to the implementation of AAPS in terms of pedagogical practice were of essence to the successful implementation of the subject area.

CHAPTER 2:

The review of related literature contained in this chapter focused on relevant studies (Ndamba *et al.*, 2011; Bowins & Beaudoin, 2011:8; Clasquin-Johnson, 2011; Brown, 2009; O'Sullivan *et al.*, 2008; Drake & Sherin, 2006; Reid *et al.*, 2005; Crump, 2005;), with reference to teachers' understanding and curriculum implementation. In addition, the literature review explored how teachers respond to policy and curriculum change in terms of their attitudes and pedagogical practices. The literature review explored the AAPS as a policy and curriculum innovation. From the literature review it became apparent that teachers responded to curriculum change with a positive or a negative attitude. Those with positive attitudes attempted to adopt and adapt while teachers with negative attitudes ignored or resisted the subject (Mosia, 2011:122; Bowins & Beaudoin, 2011:8; Wood & Oliver, 2007:175; Richardson & Placier, 2002). In view of that, it was my finding that there were internal factors (teacher attitude and beliefs, motivation and teacher knowledge) and external factors (professional development and training, resources support) which impacted on teacher implementation of policy and curriculum innovations (Oloruntegbe *et al.*, 2010:707; Burgess *et al.*, 2010:52). Swanepoel and Booyse (2006:1) found that teachers were key players in the facilitation of programme implementation and change.

Further, the literature review found that teachers generally did not possess skills, knowledge, attitudes and values required to be effective HIV and AIDS facilitators (Wood & Oliver, 2007:1; ActionAid, 2004; Chiwela & Siamwisa, 1999). The results of this study consistently revealed a strong relationship between teacher knowledge and practice in policy and curriculum implementation and change. The study established that the teachers' implementation of the subject area consisted mainly of reluctant compliance (Clasquin-Johnson, 2011) and compliance with constraints or glossing over. The strategy that I adopted in this qualitative case study was complemented by the theoretical framework of Hall and Hord's (1987; 2001) Concerns Based Adoption Model that was discussed in chapter 3. Hence, the literature review and the theoretical framework strengthened the analysis of my

research findings. This chapter highlighted the significance of teachers' diverse responses to policy and curriculum innovations depending on the influence of personal, social and contextual factors. Consequently, in my study, it was found that teachers could not be taken for granted in their response to implementation of the AIDS Action Programme for Schools. In addition, the literature that was explored indicated a lack of research on teacher implementation on the AAPS, which sets my study in a perfect position to add to the existing body of knowledge.

CHAPTER 3:

In Chapter 3 the theoretical framework employed in this research the Concerns-Based Adoption Model was explored as it forms the basis of this study. The theory explains that teachers proceed to effective implementation of policy and curriculum change through seven stages of concerns and eight levels of practice of an innovation (such as the AIDS Action Programme for Schools). The chapter explored the focus and components of the Concerns-Based Adoption Model. The three diagnostic dimensions of the Concerns-Based Adoption Model for conceptualising and determining change in individuals discussed in this chapter are: Stages of Concern (SoC), Levels of Use (LoU) and Innovation Configuration (IC). The Stages of Concern framework pertains to teacher feelings and attitudes about curriculum change and implementation. The SoC framework presents a possible progression teachers go through in implementing an innovation or a new curriculum. These are: Unconcerned (or Awareness), Informational, Personal, Management, Consequence, Collaboration and Refocusing; with Unconcerned being the lowest Stage of Concern and Refocusing – the positive ideal in curriculum change and implementation.

The second diagnostic dimension of the Concerns-Based Adoption Model discussed in the chapter is Levels of Use. The Levels of Use framework focuses on developmental patterns of teacher behaviour in implementing a classroom change. The Levels of Use of an innovation teachers go through are: Non-use, orientation, Preparation, Mechanical, Routine, Refinement, Integration and Renewal. The levels of Use are determined by the teacher's stage of concern during the implementation process. Innovation Configuration (IC), which is a little different from Stages of Concern and Levels of Use clearly spells out what the new practice will look like when it is in operation in the classroom. Innovation Configuration represents the patterns of use that result when different teachers implement innovations in their

classrooms. Reflecting on Innovation Configuration, assessors can ascertain that teachers are using an innovation in the same way. The element of IC was not relevant to this study hence it was not utilised.

Further, in Chapter 3 basic assumptions about classroom change in policy, curriculum and instruction that underpin the Concerns-Based Adoption Model were highlighted. The following are the basic assumptions for the Concerns-Based Adoption Model that were discussed. (1) Change is a process, not an event; (2) change is attained by individuals; (3) change is a highly personal experience; (4) change involves developmental growth in feelings and skills; and (5) change can be facilitated by interventions directed towards the individuals, innovations, and context involved (Anderson, 1997:333). My use of the CBAM framework strengthened the analysis of research findings in this study.

CHAPTER 4:

In this chapter the research approach and research design are discussed as they form the foundation of the study. A discussion of qualitative and interpretive qualities of the study also featured in this chapter. This entails a concise explanation of the research methods used including the research design and data collection strategies. By employing qualitative methods framed within an interpretive paradigm (Creswell, 2007:12), I was able to enter the life world of secondary school teachers in their school context and I indicate how this process assisted me in understanding them as human beings. In addition, the qualitative approach enabled me to comprehend the participants' reality in terms of their knowledge, feelings, attitudes, motivation, fears, values, social relationships and responses with regard to the AIDS Action Programme for Schools (Marshall & Rossman, 2011). The semi-structured individual interviews, focus group interviews, open-ended questionnaire and field notes as strategies to present in-depth information about the topic under study are described in detail. Four basic principles of ethics, which were considered and adhered to throughout the research process, were: autonomy, beneficence, non-maleficance and justice. Data analysis was conducted according to descriptive analysis and coded. Relevant themes, categories and sub-categories were generated from the data to allow a presentation, synthesis and discussion of the results in Chapter 5.

CHAPTER 5:

In presenting data in this chapter, I chose to consider the results and findings in relation to the reviewed literature and Hall and Hord's (1987; 2001) Concerns-Based Adoption Model pertaining to the teachers' understanding, response to and implementation of the AIDS Action Programme for Schools. The data was divided into three main themes with categories and sub-categories. The data was then coded. It was found that factors such as teacher knowledge, feelings, attitude, resources, experience and support affected the teachers' response to the implementation of the AAPS in different ways in their school contexts. Teachers revealed that they lacked critical resources such as policy documents and syllabuses. They also lacked sufficient support and supervision from the school management and the Ministry of Education Sport, Arts and Culture in order for them to successfully implement the subject area in their school contexts.

The results also revealed that the five teachers at one school who adopted and adapted the AIDS Action Programme for Schools practiced at the highest Stages of Concern namely Collaboration and Refocusing. They collaborated with colleagues to develop their school syllabus from the curriculum objectives specified by the Ministry of Education, Sport, Arts and Culture. The execution of the AAPS by the teachers at this particular school was conducted with faithfulness. This, however, did not imply effective implementation of the subject area. The teachers were only doing their best through cooperation and teamwork. It implied that the five teachers developed compliance with constraints as they attempted to adopt and adapt procedures and expectations regarding the AAPS policy and curriculum. Some of the constraints reported by these teachers were none availability of an official syllabus from the Ministry of Education Sport, Arts and Culture, lack of in-service training through workshops and lack of modern media such as videos at the school.

In the other three schools implementation mostly consisted of reluctant compliance (Clasquin-Johnson, 2011) where the teachers implemented the AAPS for fear of being charged with misconduct. Most (15) of the teacher-participants who were practicing at Routine level of use and below lacked clear understanding and they experienced negative emotions in their response to the AIDS Action Programme for Schools. Measured against Hall and Hord's (1987; 2001) Concerns-Based Adoption Model 14 out of the 20 teachers in this study implemented the AIDS Action

Programme for Schools at levels namely, Orientation, Preparation, Mechanical and Routine use. One teacher was at Non-Use level, it implied that the teacher ignored and resisted implementation of the subject area. In addition, it was revealed that although some of the teachers were willing to help curb the spread of HIV among the youths in their classes through implementation of the AAPS, many of them lacked qualification in the subject area and in-service professional development and training.

6.3 SYNTHESIS OF FINDINGS IN TERMS OF THE RESEARCH QUESTIONS

A meaningful discussion of the research findings is guided by the main research question and the sub-research questions outlined in Chapter 1. Each research finding is enhanced by a discussion in relation to the related literature review and the theoretical background in order to enrich the thesis in terms of comprehensiveness and clarity. Accordingly, by merging the findings of the applied multiple research strategies I was able to respond effectively to the following research questions:

1. How do secondary school teachers understand, respond to and implement the AIDS Action Programme for Schools?
2. What are the policy, curriculum requirements and components of the AIDS Action Programme for Schools?
3. How are teachers experiencing the implementation of the AIDS Action Programme for Schools?
4. What is the relationship between policy, curriculum provisions and educational practices regarding the AIDS Action Programme for Schools?

6.3.1 RESEARCH QUESTION 1: HOW DO TEACHERS UNDERSTAND, RESPOND TO AND IMPLEMENT THE AIDS ACTION PROGRAMME FOR SCHOOLS?

6.3.1.1 Teachers had misconceptions, lacked capacity and were confused and reluctant to implement the subject area (Chapter 1, paragraph 1.2; Chapter 2, paragraph 2.3, 2.5, 2.7; Chapter 5, paragraph 5.4.1.2, 5.4.2.1)

Most of the teachers (15) lacked clear understanding and displayed knowledge deficiencies with regard to what HIV and AIDS education under the AIDS Action Programme for Schools entailed. Consequently, the teachers were uncertain, confused and lacked the necessary capacity to implement the subject area. As a

result they were reluctant and did not feel committed to teach the subject area due to low regard of self-efficacy, the low status of the subject area in schools, confusion about what and how to teach the subject area and lack of motivation (Chapter 5, paragraph 5.4.1.2). In addition, the teachers lacked the relevant professional qualifications and training as well as proper induction at school level. It was determined that teachers blamed their lack of understanding of the policy and curriculum for the subject area on the Ministry of Education, Sport, Arts and Culture for its failure to provide policy and curriculum documents to schools (Chireshe, 2006). Further, the teachers were not HIV and AIDS education specialists. As a result, they lacked a positive disposition, skills, orientation, interest and commitment to implement the subject area. According to the Concerns-Based Adoption Model the teachers operated at the lower stages – Unconcerned, Informational and Personal, indicating lack of content of the AIDS Action Programme for Schools and surface level change (Burgess *et al.*, 2010:56). Similar results in respect of the teachers' lack of confidence were reported earlier by O'Sullivan *et al.* (2008:171) where teachers expressed their anxieties about a new curriculum via metaphors associated with darkness and blindness (Chapter 2, paragraph 2.7). These expressions spoke of the uncertainty the teachers experienced about what they were doing in their classrooms – a finding that was comparable to those I uncovered in this study.

6.3.1.2 Teachers lacked resources, support and professional development in responding to the implementation of the AIDS Action Programme for Schools (Chapter 1, paragraph 1.2.1, 1.6.1, 1.12; Chapter 2, paragraph 2.9.1; Chapter 5, paragraph 5.3, 5.3.1, 5.4.1, 5.4.2.1)

Teachers had no specialisation in HIV and AIDS education. They were troubled by their lack of content knowledge as well as the lack of material and support from the Ministry of Education and their schools management. Subsequently, the teachers felt despondent and were not motivated to teach the subject area effectively. Similarly, studies such as those conducted by Chireshe (2006:214) and Chirume (2007:45) in Zimbabwe, ActionAid (2004) in Kenya and India, Kachingwe *et al.* (2005:36) in Malawi and Clasquin-Johnson (2011:136) in South Africa, revealed that limited resources and inadequate professional development were barriers to effective curriculum implementation and a critical factor in teachers' ignoring and resisting implementation of the subject area (Chapter 2, paragraph 2.9.1). According to the

theoretical framework the teachers were non-implementers and low-level implementers of the AAPS. Based on Hall and Hord's (2001) CBAM, I assert that the Ministry of Education officials and the school management (change facilitators) need to match resources and support with the needs of the teachers (innovation users) for them to move from the information-seeking stage to become effective in their implementation of the subject area (Bella & Dyer, 2007:68).

6.3.1.3 Teachers responded emotionally to the implementation of the AIDS Action Programme for Schools (Chapter 2, paragraph 2.7, 2.8, 2.9, 2.9.1, 2.9.2, 2.9.3, 2.9.4; Chapter 5, paragraph 5.4.2.1, 5.4.2.2, 5.4.2.3)

Teacher participants expressed that misconceptions due to the unavailability of policy documents and subject area textbooks, extra demands and workloads placed on them, poor remuneration, uncertainty, the sensitivity of the subject area and lack of guidance and support by school management and Ministry of Education officials caused fear, frustration, confusion and uncertainty among most of them. In addition, teachers feared the stigma of being labelled HIV-positive. Subsequently, these subject area teachers became despondent and developed negative attitudes towards the implementation of the AAPS in their classes (Chapter 5 paragraph 5.4.2.1, and 5.4.2.2). Wood and Goba (2011:280) in South Africa who found that Guidance and Counselling teachers had difficulties in translating knowledge into practice revealed similar results on teacher fear and frustration. When counselling orphaned and vulnerable children (OVCs) the teachers in Wood and Goba's (2011:280) study feared discussing sensitive issues such as poverty, death, illness and other related social issues. The teachers' emotional experiences indicated that they were in the Unconcerned and Informational stages of the CBAM, which indicate low levels of practice. Therefore, it means the teachers had little concern, knowledge and involvement in implementing the subject area (Bellah & Dyer, 2007:69; Hall & Hord, 2001).

6.3.1.4 Teachers responded to implementation of the AIDS Action Programme with a positive attitude (Chapter 2, paragraph 2.9.4, 2.10.2, 2.12; Chapter 5, paragraph 5.4.3.1, 5.4.3.1(a) & (b))

Teachers at one of the schools responded to implementation of the AIDS Action Programme for Schools with a positive attitude. Drake and Sherin (2006:182) observed that when working with complex, conceptually rich curriculums, different teachers made different choices regarding adaptations (Chapter 2, paragraph 2.9.4). The teachers at the particular school positively adopted and adapted implementation of the subject area in their classes. They collaborated with others and designed a school subject area syllabus for use in their classes guided by the objectives in the policy and curriculum documents. The teachers at this school shared knowledge with each other and were committed to transform the policy guidelines and curriculum into practice in their implementation of the AIDS Action Programme for Schools. In addition, the teachers worked in partnership with NGOs in undertaking HIV and AIDS education projects and activities at school level. Persons knowledgeable in HIV and AIDS education were regarded as resources and invited to conduct lessons at the school. The teachers were enthusiastic in implementing the subject area to such an extent that they identified and developed an HIV and AIDS education library in the classroom of the Head of Department for use by both teachers and learners. Remillard and Bryans (2004:364) indicated that teachers implemented the curriculum in varying degrees depending on what curriculum resources were available to them and their understanding of the materials, the nature of their students and constraints of the time (Chapter 2, paragraph 2.9.4). According to the CBAM the few teachers (five) who were positive about the subject area, operated at the upper stages – *Collaboration* and *Refocusing*, where they indicated behaviours of cooperation, reflection and collaboration showing a more meaningful engagement with the AIDS Action Programme for Schools in their classes than most teachers (Burgess *et al.*, 2010:56; Hall & Hord, 2001).

6.3.1.5 Teachers expressed negative attitudes towards the implementation of the AIDS Action programme (Chapter 2, paragraph 2.10.2.1, 2.12; Chapter 5, paragraph 5.4.1.3, 5.4.2.1, 5.4.3.2)

Teachers who were negative about the AIDS Action Programme for Schools viewed it as an added burden to their already busy schedules and heavy workloads in their subjects of specialisation. A lack of knowledge, training, resources and support were contributing factors to the teachers' development of negative attitudes. Many teachers procrastinated about teaching the subject area by blaming the double session system (hot seating) used in their schools and lack of motivation by learners to attend lessons for the subject area as revealed by participants during focus group discussions (Chapter 5, paragraph 5.4.2.1). The results revealed that the teachers' receptivity towards curriculum reform depended largely on their level of involvement and acceptance of the change effort (Chapter 2, paragraph 2.9). Burgess *et al.* (2010) indicate that predominantly, negative attitudes emanate from concerns associated with work priority when new subjects were introduced. Ni and Guzdial (2007:2-3) confirm that the attitudes teachers develop towards reform tend to be derived from their experiences while they were still learners, their training, their teaching experiences, their interactions with colleagues and societal values and norms of their working contexts (Chapter 2, paragraph 2.10.2.1). Evaluated against the Concerns-Based Adoption Model most of the teachers with negative attitudes were in a state where they had little or no knowledge about the AIDS Action Programme for Schools. The teachers had no involvement with the subject area and were unconcerned about improving their knowledge and to become engaged at higher levels of use – Refinement, Integration and Renewal (Hall & Hord, 2001).

6.3.1.6 AIDS Action Programme for Schools was viewed as less important with low status among teachers. The AAPS teachers were also viewed as having low status at school (Chapter 2, paragraph 2.8, 2.10.1.1, 2.12; Chapter 5, paragraph 5.4.2.3, 5.4.3.2(a))

According to the participants, the AAPS had a low status in the schools and was viewed by teachers, learners and in some cases, the school management, as a less important, non-examinable subject and a free period (Chapter 5, paragraph 5.4.3.2(a)). Teachers did their work in their own field of specialisation during the time

allocated for the subject area. The teachers expressed the issue of extra work with no matching salaries. The voices of the schools heads depicted negativity when they complained about the timetable being full and no allocation of funds for books as with other subjects in the secondary school curriculum. The finding is congruent with what was revealed by Chireshe (2006) in Zimbabwe and Prinsloo (2007) in South Africa (Chapter 2, paragraphs 2.8 and 2.10.1.1) that Guidance and Counselling and Life Orientation respectively were found to have low status among teachers and learners, and teachers of these subjects were perceived as inefficient. Not all schools allocated the subject area its time on the timetable as stipulated by the Ministry of Education Sport, Arts and Culture in the policy documents. Because teachers did not take the AIDS Action Programme for Schools seriously at schools, the subject area was assigned to teachers as an extra teaching load or as a way to fill up their workloads. Measured against the Hall and Hord's (2001) Concerns-Based Adoption Model, with such negative teacher attitudes in schools few teachers moved beyond the Mechanical level (the lowest level of adoption) implementation of the AAPS.

6.3.1.7 Teachers ignored, reluctantly complied and complied with constraints to the implementation of the AIDS Action Programme for Schools
(Chapter 2, paragraph 2.7, 2.9.3, 2.10.2.1; Chapter 5, paragraph 5.3.1, 5.4.1.3, 5.4.2.1, 5.4.3.2, 5.4.3.2(a))

Teachers who resisted teaching the subject area lacked qualifications and guidance that resulted in lack of motivation, despondency, reluctant compliance, ignoring, resisting and compliance with constraints to teaching HIV and AIDS education in their classes. The teachers did not display effort and commitment to acquire knowledge and skills for them to implement the subject area effectively. As a result teachers experienced self-doubt, confusion and lack of direction. However, since the AAPS curriculum was introduced in secondary schools in 2003 it was no longer possible for teachers to take it lightly or to completely ignore or resist teaching the subject area. Most of the teachers adopted a surface-level implementation technique. They implemented the subject area with reluctant compliance and compliance with constraints. The findings in this study confirmed what Crump (2005:9) stated, namely that value and attitudes were major factors of motivation and performance at work (Chapter 2, paragraph 2.9.3).

6.3.2 RESEARCH QUESTION 2: WHAT ARE THE POLICY, CURRICULUM REQUIREMENTS AND COMPONENTS OF THE AIDS ACTION PROGRAMME FOR SCHOOLS?

In the section that follows the empirical data is explored for results using the policy, curriculum requirements and components for the AIDS Action Programme for Schools discussed in the literature review. A policy statement is given from Chapter 2 followed by a discussion of the findings (Chapter 2, paragraph 2.5, 2.5.1, 2.5.2 and 2.5.3).

6.3.2.1 The AIDS Action Programme for Schools must be accorded equal status with other subjects on the curriculum (Chapter 2, paragraph 2.5, 2.5.1, 2.12; Chapter 5, paragraph 5.4.1.1, 5.4.1.2)

Many of the teachers acknowledged that AAPS as a subject area must be accorded equal status with other subjects on the secondary school curriculum. However, regardless of the teachers' knowledge of the policy position regarding the subject, they did not consider the subject area as important. They perceived the subject area as being of low status; therefore, it was unpopular among teachers and learners in the school. To demonstrate that the schools did not give AAPS equal status with other subjects, the subject area was not scheduled on the school timetable at three of the schools. Teachers considered the AAPS as an unimportant subject because it is not examinable. Some of the teachers were very ignorant of the policy position regarding policy and curriculum requirements for the subject area. As revealed by the empirical data, the practice in schools was contrary to policy and curriculum expectations (Chapter 5, paragraph 5.4.1.3 and 5.4.3.2(a)). According to Hall and Hord's (1987; 2001) Concerns-Based Adoption Model these teachers were operating at the first level where they were considered to be non-users of the AAPS (Chapter 2, paragraph 2.12). For the most part, the teachers at this level ignored and resisted policy requirements. This finding was similar to what was found earlier by Cleghorn and Prochner (1997:346) in Zimbabwe where early childhood teachers ignored a policy requirement to implement a play-based curriculum in their classes due to lack of understanding and knowledge about the innovation (Chapter 2, paragraph 2.9.1).

6.3.2.2 The AIDS Action Programme for Schools is a compulsory subject area. At least one period per class per week must be allocated to the teaching of HIV and AIDS and Life Skills education (Chapter 2, paragraph 2.5, 2.5.1, 2.12; Chapter 5, paragraph 5.4.1.1, 5.4.2.1)

Many teachers acknowledged that it was mandatory for learners to be given tuition in the subject area at least one period per week per class but they did not comply with the policy requirement. A school head also reported that non-compliance with the policy requirement was actually an act of misconduct on the part of the teacher (Chapter 5, paragraph 5.4.1.1). Overall, teachers understood that the AAPS policy as a Ministry of Education Sport, Arts and Culture directive to schools and teachers at individual level to provide HIV and AIDS and Life Skills education to all learners in all schools. Despite the fact that many of the teachers acknowledged policy requirement practices in the school, they were nevertheless opposed to what was expected of them in that regard. The study found that failure to allocate the stipulated teaching time for the subject area in keeping with other subjects and placing it off-session was denying it equal status. Many of the teachers ignored the subject area and taught their subjects of specialisation during the AAPS periods (Chapter 5, paragraph 5.4.1.2). Teachers ignored the subject area and were reluctant to implement it and to give it equal status citing that the subject area was not examinable. Thus, practice in schools refuted the policy position. As mentioned in Chapter 5 paragraph 5.4.2.1, some schools did not even have the AAPS on the timetable. Evaluated against the Concerns-Based Adoption Model teachers who failed to promote the subject area were perceived as non-implementers of the subject area (Sweeny, 2003:3).

6.3.2.3 The curriculum content should be derived from the objectives outlined in the Ministry of Education policy documents (Chapter 2, paragraph 2.5, 2.5.1, 2.5.2, 2.12; Chapter 5, paragraph 5.4.1.1, 5.4.3.2(a))

Except for the five teachers at one school who developed a school syllabus, the rest lacked knowledge and felt helpless with regard to the requirement that the subject content should be developed from the objectives stipulated by the Ministry of Education, Sport, Arts and Culture. These five teachers did comply with deriving the subject area content from the objectives in policy documents. However, all the teachers in this study expected the Ministry of Education Sport, Arts and Culture to

send syllabuses to schools (Chapter 5, paragraph 5.4.3.2(a)). Teachers who ignored and resisted teaching the subject area had their reservations stating that without a syllabus they were incapacitated by lack of professional qualifications and knowledge about HIV and AIDS (Chapter 5, paragraph 5.4.3.2(a)). Evaluated against Hall and Hord's (1987; 2001) Concerns-Based Adoption Model teachers at only one school were implementing the subject area at Collaboration and Refocusing levels. Hall and Hord (1987; 2001) point out that teachers' failure to understand innovations resulted in stagnation at lower levels – Mechanical and Routine – of the CBAM with regard to teacher practice. Many of the teachers in this study appeared to have experienced fixation at the lower levels of use (Orientation, Preparation, Mechanical and Routine) of the Concerns-Based Adoption Model. The results were similar to those found earlier by Wood and Oliver (2007:1) that pressure exerted on teachers to produce good results in examinable subjects made them ignore the non-examinable area and pay more attention to examinable subjects (Chapter 2, Paragraph 2.8).

6.3.2.4 Each school should appoint qualified teachers to teach the AIDS Action Programme for Schools (Chapter 2, paragraph 2.5, 2.5.1, 2.11, 2.12; Chapter 5, paragraph 5.3.1, 5.4.1.2)

Empirical data revealed that many of the teachers (17) tasked to teach the AAPS were not professionally qualified to teach the subject area. They had no substantial training in HIV and AIDS education as indicated in Figure 5.2 (Chapter 5, paragraph 5.3; 5.3.1 and 5.4.1.2). The results of this study illuminated that the practice in schools was that more women were teaching the subject area. In addition, all teachers were worried about heavy workloads. Further, the practice in schools was not consistent with policy requirements. The policy stipulates that a gender-balanced core team of at least four teachers per school is supposed to assist the subject coordinator to teach and organise internal staff development on requested topics (Chapter 2, paragraph 2.5.1). The policy specifies that teachers tasked to teach the AAPS should be allocated a reduced workload in co-curricular activities to make provision for the added responsibility. Hall and Hord (2001) contend that unequal investment in human resources in implementation of educational innovations results in non-use of the innovation, rendering the innovation to failure (Chapter 2, paragraph 2.12). An earlier study conducted by Machawira (2008) in Zimbabwe found that in a context ravaged by HIV and AIDS there were limits to what education

policy could achieve if it did not consider the real world in schools where both teachers and learners were infected and affected by HIV (Chapter 2, paragraph 2.10.2.3).

6.3.2.5 Ongoing in-service training for the subject area teachers should be institutionalised at school, cluster, district and provincial levels
(Chapter 2, paragraph 2.5, 2.5.1, 2.10.1.1, 2.12; Chapter 5, paragraph 5.3.1, 5.4.1.2, 5.4.1.3)

Results indicated that many of the teacher-participants did not know the policy and curriculum requirements and components due to lack of professional development and in-service training (Chapter 5, paragraph 5.3.1, 5.4.1.3). Schools were not conducting in-service staff development workshops as was required by the AAPS policy (Chapter 2, paragraph 2.5). The policy stipulates that there should be ongoing in-service training for subject area teachers. This should be done at different levels from the school up to the provincial level (Chapter 2, paragraph 2.5.1). The Concerns-Based Adoption Model also emphasises that for teachers undergoing change to develop from non-use of innovation to high levels of practice such as collaboration and refocusing, they need training (Hall & Hord 2001). Many of the teachers in this study were not collaborating and holding workshops to support each other or sharing knowledge and experiences. As a result, in terms of their feelings and attitude they were stagnating at the first four stages of the CBAM – awareness, informational, personal and management, thereby ignoring or resisting effective implementation of the AAPS (Chapter 2, paragraph 2.12). The AIDS Action Programme for Schools has some similarities to the implementation policies for Life Orientation in South Africa. Research conducted by Wood and Oliver (2007), Prinsloo (2007) and Mosia (2011) on implementation of the Life Orientation curriculum revealed that teachers found the subject area to be a daunting task because they were not qualified or professionally trained to effectively implement the curriculum (Chapter 2, paragraph 2.10.1.1). Similarly, Carless (1998:355) had earlier found that in curriculum change, training needs to be continuous rather than a once-off event.

6.3.3 RESEARCH QUESTION 3: HOW ARE TEACHERS EXPERIENCING THE IMPLEMENTATION OF THE AIDS ACTION PROGRAMME FOR SCHOOLS?

6.3.3.1 The secondary school teachers responded to implementation of the AIDS Action Programme for Schools with negative emotions and fear (Chapter 2, paragraph 2.7, 2.8; 2.12; Chapter 5, paragraph 5.4.1.1, 5.4.1.2)

With the exception of teachers at one school, the teachers at three schools responded with negative attitudes. The negative emotions and experiences emanated from the teachers' serious lack of understanding of the policy and curriculum provisions for the subject area. However, most of the teachers who had misunderstandings and confusion about the policy requirements and curriculum content for the subject area, developed negative attitudes and experienced fear because of the sensitivity of the subject area. Empirical data revealed that the teachers feared teaching HIV-positive children because they felt they were not capacitated enough to help the learners they interact with on a daily basis. In addition, the teachers feared stigma, that is, teachers and students being singled out as suffering from HIV and AIDS. Results on teacher fear were elucidated in earlier studies by Jansen (2001a) in South Africa who found that teachers had to deal with the emotional trauma of learners with HIV and AIDS and students whose parents or siblings had died or were terminally ill due to the pandemic (Chapter 2, paragraph 2.7). In a study conducted by Bristo (2010:2) teachers expressed their anxieties because change shakes or threatens their comfort zones and makes them doubt their role in the schools and their efficacy to fulfil their duties. In addition, in this study teachers experienced fear due to an unavailability of a protective policy for teachers who teach what they referred to as the 'sensitive subject area'. Hargreaves (2005b:11) observed that experience of fear of change is a common response of mid-career teachers. Teachers who experienced fear were practicing at the knowledge-seeking level of the CBAM – Orientation. These teachers were non-implementers of the innovation (Hall & Hord, 1987; 2001). Jansen (2001a) observed that the emotional bases for teacher identity emanate from teachers' understanding of their capacity to execute the demands placed on them (Chapter 2, paragraph 2.7).

6.3.3.2 Teachers experienced frustration in their implementation of the AIDS Action Programme for Schools (Chapter 2, paragraph 2.9.3; Chapter 5, paragraph 5.4.2.1)

The results of this study indicated that the teachers' source of frustration emanated from insufficient time allocated to the subject area in schools as well as the non-availability of policy documents and syllabuses and lack of knowledge to implement the subject area. Some of the teachers reported frustrations due to the extra demands placed on them by the inclusion of the AAPS in the secondary school curriculum. With regard to these results, policy documents were developed by the Ministry of Education Sport, Arts and Culture, but they did not get to some of the schools and in turn to the teachers. Empirical data also reveal that there was lack of coordination and continuity of the subject area projects that NGOs were running in partnership with teachers in schools. In addition, teachers were frustrated by extra responsibilities and poor remuneration as they viewed the subject area as an extra burden since they had full teaching loads in their areas of specialisation. The lack of feedback from referral centres where learners affected and infected by HIV and AIDS were referred to for help frustrated the teachers (Chapter 5, paragraph 5.4.2.1). Hargreaves (2005b:9), writing on new curriculum implementation indicates that teachers' responses to policy changes often demonstrated frustration.

6.3.3.3 Teachers experienced sensitive topics as emotional in their response to implementation of the AAPS (Chapter 5, paragraph 5.4.2.2)

Most of the teachers when teaching about HIV and AIDS under the AAPS, found themselves to be very sensitive and emotional to such an extent that some of them reported that they tried not to be involved emotionally during their interaction with learners when teaching certain topics and when counselling affected and infected learners. The results in terms of this research indicated that some of the teachers regressed emotionally to the extent of shunning the AIDS Action Programme for Schools, alleging that it is too emotionally traumatic to experience a student's abuse through his or her story. Specifically, the lack of qualifications, knowledge and skills in the subject area, inadequate staff development and training and the teachers' personal convictions could contribute to the emotional suffering teachers experienced and reluctance to effective implementation of the AAPS. Regarding the teachers'

experiences of the sensitive nature of HIV and AIDS education, results indicated that although the AAPS was being implemented in schools, teachers were reluctant to teach sensitive topics that were central to the prescribed subject area.

6.3.3.4 Teachers lacked direction and motivation in implementing the AIDS Action Programme for Schools (Chapter 2, paragraph 2.7, 2.8, 2.9.3, 2.12; Chapter 5, paragraph 5.4.2.3, 5.4.3.2(b))

Teachers lacked focus, were confused and not motivated while implementing the AIDS Action Programme for Schools in their classes. Teachers in this study also expressed lack of direction, motivation and loss of control as well as feelings of uncertainty about their professional practice in implementing the AAPS (chapter 5, paragraph 5.4.3.2(b)). They took the AAPS lessons as extra time to do work in other subjects. At some of the schools (three) teachers spent more of their time doing work for examinable subjects in their field of specialisation while HIV and AIDS education was being neglected. Results indicated that teachers lacked motivation because they perceived the subject area as being of low status since it was not examinable. Evaluated against the Concerns-Based Adoption model, the teachers with such experiences were at the initial stage of Unconcerned, Informational and Personal and were not implementing the AAPS. This study was consistent with the findings in Portugal where Jorgenson (2006:1) found that teachers valued their autonomy, worrying about their ever-increasing workload and time constraints. Jorgenson (2006:1) found that by nature teachers were averse to risk and change if they were not knowledgeable in a specific field. Also in Portugal, Flores (2005:403) found that in most cases teachers' accounts revealed feelings of tiredness and 'giving up', lack of motivation and low morale in implementing a new curriculum (Chapter 2, paragraph 2.7). In Australia, O'Sullivan *et al.* (2008:172) found that teachers expressed their need for direction and knowledge of where they were heading to with the new curriculum.

6.3.4 RESEARCH QUESTION 4: WHAT IS THE RELATIONSHIP BETWEEN POLICY, CURRICULUM PROVISIONS AND EDUCATIONAL PRACTICES REGARDING THE AIDS ACTION PROGRAMME FOR SCHOOLS?

The answer to this question is discussed in a way to highlight the inconsistencies that were found between policy and curriculum expectations and the practice in schools, which led to what Jansen (2001b) views as policy for action versus policy in action in schools. There existed a dichotomy between curriculum policy and practice regarding teacher implementation of the AIDS Action Programme for Schools.

6.3.4.1 Teachers lacked resources, support and requisite qualifications to effectively deliver AAPS in their classes (Chapter 2, paragraph 2.9.1; Chapter 5, paragraph 5.3.1; 5.4.1.2, 5.4.1.3, 5.4.2.1)

Some teachers felt that they lacked resources to teach the AAPS and others complained about the lack of support from colleagues, school management and Ministry of Education officials. Empirical data indicated that many of the subject area teachers contended that they had not seen the policy documents and they had no syllabuses (Chapter 5, paragraph 5.4.1.3). The teachers declared that they were not provided with the prescribed textbooks and other material resources necessary to be well informed about the AIDS Action Programme for Schools and to be better equipped to teach the subject area in their classes. Overall, the teachers reported that they did not have sufficient and effective administrative support. Most teachers experienced a lack of training due to their not having the relevant professional development in HIV and AIDS education. At some schools, teachers were confused about their responsibility to implement the AAPS because not all schools allocated the prescribed time for implementation of the subject area as required by the Ministry of Education, Sport, Arts and Culture. Studies such as those conducted by Chireshe (2006:214) and Chirume (2007:45) in Zimbabwe, ActionAid (2004) in Kenya, Kachingwe *et al.* (2005:199) in Malawi, Samuel (2004:162) in India, Clasquin-Johnson (2011:136) in South Africa, and Burgess *et al.* (2010:52) in Australia revealed that limited resources and inadequate professional development were barriers to effective curriculum implementation and critical factors in teachers ignoring and being reluctant to apply innovations (Chapter 2, Paragraph 2.9.1).

6.3.4.2 The study found that the AAPS policy was developed by the Ministry of Education but it was not disseminated to all Schools (Chapter 2, paragraph 2.1; Chapter 5, paragraph 5.4.3.1(b); 5.4.3.2, 5.4.3.2(a))

The AIDS Action Programme for Schools policy was developed by the Ministry of Education Sport, Arts and Culture and was supposed to be disseminated to the schools through the Ministry of Education's provincial and district offices. However, the results of this research indicated that some of the schools and teachers, who were the policy and curriculum implementers, had not received the policy documents. The situation created a disjunction between policy expectations and teaching practices in schools. As a result, teachers did not teach the subject because they said that they lacked knowledge of the policy and curriculum requirements and components. Evaluated against Hall and Hord's (1987; 2001) Concerns-Based Adoption Model, teachers' concerns about non-availability of critical policy and curriculum documents influence the priority they give to subject area implementation and professional learning. The results reflected teachers' limited change response to the AIDS Action Programme for Schools (Burgess *et al.*, 2010:57).

6.3.4.3 The curriculum for the AIDS Action Programme for Schools is enshrined in the subject area's objectives, which are difficult for teachers to convert into a syllabus (Chapter 2, paragraph 2.5, 2.5.1, 2.5.2, 2.5.3; Chapter 5, paragraph 5.4.3.1.2; 5.4.3.2, 5.4.3.2(a))

There are no specific syllabuses for the AIDS Action Programme for Schools at secondary school because teachers are expected to develop syllabuses from the objectives showing appropriate content and methodology. There were no textbooks teachers could use to assist them with the different content areas such as HIV and AIDS, Life skills, sexual abuse, STIs and sexual maturation as prescribed in the Basic Education policy (GoZ, 2006a:27). The policy stated that the subject area was not examinable but in practice teachers were of the view that the AAPS should have test items like those of other subjects on the school curriculum so that it becomes examinable and would be taken serious by both teachers and learners.

6.3.4.4 Policy requires that the AIDS Action Programme for Schools is given equal status with other subjects on the curriculum, but in practice it is not given similar status and time as other subjects on the time table (Chapter 2, paragraph 2.5, 2.5.1, 2.5.2, 2.5.3; Chapter 5, paragraph 5.4.3.2, 5.4.3.2(a))

The fact that policy accords the AAPS equal status with other subjects, yet in practice the subject area is allocated less time than other subjects on the curriculum, created inconsistencies or a gap between policy guidelines and educational practices in schools. This finding was contrary to what policy requirements stipulated (GoZ, 2006a:8). It was found that as a subject area the AAPS was perceived as an extra burden to both school heads and teachers (Chapter 5, paragraph 5.4.1.2 and 5.4.2.2).

6.3.4.5 Policy for the AIDS Action Programme for Schools stipulates that qualified teachers should be tasked to teach HIV and AIDS education in schools but in practice teachers who implemented the AAPS have no qualifications in the subject area (Chapter 2, paragraph 2.5, 2.5.1, 2.5.2, 2.5.3; Chapter 5, Sections 5.3.1; 5.4.3.2, 5.4.3.2(a))

The Ministry of Education officials expected experts to teach the AAPS in schools, but in practice schools are failing to effectively teach the subject area due to lack of teachers with relevant qualifications in the subject area. Teachers who were subject-specific specialists were tasked to teach the AAPS as an additional load to their 'normal' teaching loads in their subject areas of specialisation. In such a situation the AAPS became an added responsibility to the teachers. O'Sullivan *et al.* (2008:173) revealed similar findings in their study where teachers reported that they resented curriculum planners whom they regarded as ideologues, too far removed from the daily work in the classroom. In the particular study (O'Sullivan *et al.*, 2008:173) the syllabus changes entrenched the teachers' suspicions and became a barrier to change.

The results show that more still needs to be done in terms of making the AIDS Action Programme for Schools' policy effective. Teacher in-service training, resourcing the

schools and a defined curriculum for the subject area need to be put in place instead of just a set of objectives.

6.4 RECOMMENDATIONS

Regardless of the fact that the research focused on teacher understanding, response to and implementation of the AIDS Action Programme for Schools in a context comprised of four government secondary schools, the findings of the study are worth noting since teacher understanding is an important factor in policy and curriculum implementation.

Accordingly, recommendations in terms of teacher conceptualisation and implementation of the AIDS Action Programme for Schools are outlined as follows:

- The Ministry of Education Sport, Arts and Culture in Zimbabwe should ensure that policy documents, detailed syllabuses and material resources are provided to all schools for effective implementation of the AIDS Action Programme for Schools. This could be realised by involving teachers in materials production such as writing modules on HIV and AIDS education.
- The Ministry of Education should become proactive in developing teachers' knowledge and skills via significant and ongoing professional development and training for all teachers in HIV and AIDS education. The professional development should become an important part of all pre-service and in-service teacher preparation and training in teachers' colleges and universities. This process will ensure that teachers take the subject area seriously and develop positive attitudes towards the implementation thereof. Such optimism about implementing the AAPS will also be enhanced by a protective policy whereby the teachers would be guaranteed protection in teaching the sensitive subject area in schools.
- The Ministry of Education should have school-based visits and it should include practical demonstrations of curriculum implementation. More professional development workshops for teachers can be done during school holidays.

- School management should task the teaching of the AAPS to knowledgeable, experienced, professionally qualified and interested teachers. In conjunction with the process of knowledge development, there should be continuous monitoring, assessment control and accountability of teacher implementation of the AAPS by the Ministry of Education officials in order to enhance quality and keep the subject area ongoing and viable.
- School heads and heads of departments in schools should exercise control and provide support with regard to curriculum implementation.
- Qualified or interested teachers should be appointed in a permanent capacity for the subject area. The teaching of the AIDS Action Programme for Schools should not be imposed on teachers and schools should acknowledge the status and importance of the subject area.
- The AIDS Action Programme for Schools should be an examinable subject like other subjects on the school curriculum to ensure equal status.
- The subject area should be offered on the school curriculum starting from Early Childhood Development (ECD).
- The subject area coordinators, staff and school heads should deliberately create opportunities for staff in the subject area to collaborate and to exchange creative ideas and information that will improve teachers' conceptualisation and implementation of the curriculum.
- Universities in Zimbabwe should develop and provide programmes that will prepare teachers to effectively implement the curriculum of the AIDS Action Programme for Schools.
- Teachers should be involved in the development of school policies, programmes, and syllabuses to enhance effective curriculum implementation in schools.

6.5 RECOMMENDATION FOR FURTHER RESEARCH

Based on the findings, further research is recommended on the following:

➤ **Teachers’ attitudes and perceptions on teaching HIV and AIDS education in primary schools**

Since my study was based on secondary school teachers, it would be interesting to explore primary school teachers’ attitudes and perceptions regarding HIV and AIDS education.

➤ **Early Childhood teachers’ understanding, response to and implementation of the AIDS Action Programme for Schools in ECD settings**

It would be interesting to investigate how AAPS is received and implemented in early childhood development now that it is soon be offered starting from preschool level in Zimbabwe.

➤ **The impact of in-service training on the teaching of HIV and AIDS education as a subject area**

The findings revealed that although the Zimbabwe Ministry of Education Sport, Arts and Culture held in-service training workshops, teachers seemed to be uncertain and confused with regard to the implementation of the subject area. It would be interesting to investigate teacher experience and perceptions on in-service training regarding teaching of the AIDS Action Programme for Schools.

➤ **Secondary school students’ perceptions of the AIDS Action Programme for Schools**

The subject area has a low status among teachers. It would be interesting to investigate how students perceive the AIDS Action Programme for Schools as a subject area which, according to the research findings, is not effectively implemented and regarded as an unimportant subject area by the teachers.

➤ **The status of HIV and AIDS education in higher education institutions in Zimbabwe**

None of the participants were qualified in HIV and AIDS education. It seems that higher education institutions – universities and colleges offer little or no programmes in HIV and AIDS education. A study on the status of HIV and AIDS education in higher education institutions could be of great significance for teachers, the Zimbabwe Ministry of Education sport, Arts and Culture and higher education

institutions to address the educational needs of teachers for the effective implementation of the.

6.6 LIMITATION OF THE STUDY

In rounding off this study, it is proper and just to acknowledge that this study of secondary school teachers' conceptualisation and implementation of the AIDS Action Programme for Schools undertaken using a qualitative approach might be subjected to limitations as is the case with any other qualitative studies. As a teacher-educator, the researcher's interpretations might have been prone to prejudice as a result of her personal knowledge, beliefs and values (Creswell, 2007). From the onset of the study, even though I approached the research without any bias, defined limits or preconceived ideas, my intuition and frame of reference could have in some way impacted on the data collection and interpretation of the data.

Similar to other research involving human subjects, HIV, and AIDS, this study also faced ethical dilemmas. It was difficult to ascertain that discussions during focus group interviews had no leakages outside the focus group sessions and settings. It could then mean that the question of confidentiality would be compromised since it was not possible to monitor the teachers' post focus group interview discussions held in their school contexts regardless of my call to adhere to the ethical principle of confidentiality.

Further, sex and sexuality issues are sensitive and it could have touched on cultural taboos in the African culture. As a consequence it could be possible that some of the male teachers were not comfortable discussing the matters with a female researcher since it might have compromised their cultural belief systems and values. My questions on teacher understanding and practice of the AAPS might have seemed intrusive. It could have been challenging the teachers to talk about their conceptualisation, self-efficacy, attitudes and practice in relation to implementation of the AIDS Action Programme for Schools. This study was limited in that it involved only 20 teachers in four government secondary schools and the results could not be generalised to the whole of Masvingo district. Regardless of the highlighted limitations, it is my hope that the results of this study were able to answer the research questions that guided this study. I also hope that the research findings

extended the frontiers of knowledge on teacher knowledge, policy and curriculum implementation, professional development, training programmes and interventions for teachers in the context of HIV and AIDS. Overall, the level of implementation measured on the theoretical framework of Hall and Hord (1987; 2001) was low. The lack of knowledge, negative attitude, interest, support and resources are the major reasons for the low levels of implementation. This will continue until school heads stop appointing new teachers annually, but task qualified and motivated teachers to teach the AIDS Action Programme for Schools in a permanent capacity. Further, the Ministry of Education in Zimbabwe should take deliberate measures to enhance professional development of teachers in HIV and AIDS education as well as involve teachers in curriculum development of the subject area.

6.7 CONCLUSION

This study discovered that the AIDS Action Programme for Schools has a low status in schools and there were low levels of implementation of the AAPS at the participating schools for various reasons. It also became apparent that at secondary schools there were teachers who were uninformed, ignorant or confused in terms of the AIDS Action Programme for Schools. They attributed their lack of knowledge about the subject area to the non-availability as well as lack of guidance policy and curriculum documents and the lack of relevant information on the AAPS in schools. The situation is likely to continue unless qualified teachers and those interested in the subject area are appointed in a permanent capacity. The continuous changing of teachers in the subject area and the appointment of teachers from other fields of specialisation will not contribute to the subject finding its rightful place in the school curriculum. More importantly, the main objectives of the AAPS will not be realised and the further spread of HIV infections among the youth will not be restrained. Other important knowledge and skills that the subject provides will also be neglected and the new generation of emerging adults will not have the traits of good citizenship as the Ministry of Education Sport, Arts and Culture wants to achieve with its policy and curriculum of the AIDS Action Programme for Schools.

---ooOoo---

LIST OF REFERENCES

- ActionAid (2004). *The sound of silence: Difficulties in communication on HIV/AIDS in schools: Experiences in India and Kenya*. ActionAid Alliance.
- Adamchak, S.E. (2005). *Findings of a survey of teachers. Strengthening HIV/AIDS partners in education*. Accra, Ghana: World Education.
- Airasian, P.W. (1987). State mandated testing and educational reform: Context and consequences. *American Journal of Education*, 95, 393-412.
- Anderson, S.E. (1997). Understanding teacher changes: Revisiting the Concerns Based Adoption Model. *Curriculum Inquiry*, 27(3), 331-367.
- Babbie, E. & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press.
- Babbie, E. (2001). *The practice of social research* (9th ed.). Belmont, CA: Wadsworth.
- Bailey, B. (2000). The impact of mandated change on teachers. In N. Bascia, & A. Hargreaves (Eds). *The sharp edge of educational change: Teaching, leading and the realities of reform*. London: Routledge Falmer.
- Ballet, K. & Kelchtermans, G. (2008). Workload and willingness to change: Disentangling the experience of intensification. *Journal of curriculum Studies*, 40 (1), 47-67.
- Ballet, K., Kelchtermans, G. & Loughran, J. (2006). Beyond intensification towards a scholarship of practice: Analysing changes in teachers' work lives. *Teachers and Teaching: Theory and Practice*, 12(2), 209-229.
- Bantwini, B.D. (2010). How teachers perceive the new curriculum reform: Lessons from a school district in the Eastern Cape Province, South Africa. *International Journal of Educational Development*, 30, 83-90.
- Baxen, J., Wood, L., & Austin, P. (2011). Reconsidering and repositioning HIV and AIDS within teacher education. *Africa Insight*, 40 (4), 1-9.
- Baxen, J. & Bredlid, A. (2004). Researching in HIV/AIDS and Education in Sub-Saharan Africa: Examining the gaps and challenges. *Journal of Education*, 34, 9-29.

- Bechtel, P.A. & O'Sullivan, M. (2007). Enhancers and inhibitors of teacher change among secondary physical educators. *Journal of Teaching in Physical Education*, 26(2), 177-200.
- Bellah, K.A. & Dyer, J.E. (2007). *Elementary teachers' attitudes and stages of concern about agricultural literacy curriculum*: Proceedings of the 2007 AAAE Research Conference, Volume 34.
- Benner, G.J., Nelson, J.R., Stage, S.A. & Ralston, N.C. (2011). The influence of fidelity implementation on reading outcomes of Middle School students. *Remedial and Special Education*, 32(1) 79-88.
- Bigum, C. & Green, B. (1993). Technologizing literacy: Or, interrupting the dream of reason. In P. Gilbert, A. Luke (Eds.), *Literacy in contexts: Australian Perspectives and Issues*. pp 4-28. Sydney: Allen and Unwin.
- Blignaut, S. (2007). The policy-practice dichotomy: can we straddle the divide? *Perspectives in Education*, 25(4), 49-61.
- Bolam, R., McMahon, A., Stoll, L., Thomas, S., Wallace, M. & Greenwood, A. (2005). *Creating and sustaining effective professional learning communities*. London: U.K. Government Department of Education and Skills.
- Boler, T. (2004) *Approaches to estimating the impact of HIV/AIDS on teachers*. London: Save the Children and ActionAid.
- Bowins, W. & Beaudoin, C. (2011). Experienced physical education teachers adapting to a new curriculum: Perceived facilitators and inhibitors. *PHENex Journal*, 3(1), 1-15.
- Bristo, B.J. (2010). *Principal and teacher perceptions of change implementation practices in 2007 and 2008 small learning communities grant recipient high schools in Florida*. Doctor of Education Dissertation. University of Central Florida, Orlando: Florida.
- Brook, U. (1994). Teachers' attitudes towards AIDS: An explorative study in Israel. *Patient Educ. Couns*, 24(3), 337-340.
- Brown, M. (2009). Towards a theory of curriculum design and use: Understanding the teacher-tool relationship. In J. Remillard, B. Herbel-Eisenman, & G. Lloyd (Eds.). *Mathematics teachers at work: Connecting curriculum materials and classroom instruction* (pp 17-37). New York: Routledge.
- Burgess, J., Robertson, G. & Patterson, C. (2010). Curriculum implementation: Decisions of early childhood teachers. *Australian Journal of Early Childhood*, 35(3), 51-59.

- Burns, N. & Grove, S. (1997). *The practice of nursing research: Conduct, critique and utilisation*. Philadelphia: Saunders.
- Calabrese, R.L. (2002). *The leadership assignment: Creating change*. Boston: Allyn & Bacon.
- Carless, D.R. (1998). A case study of curriculum implementation in Hong Kong. *System*, 26 (1998), 353-368.
- Chabilall, J.A. (2010). *The influence of Muslim family and school culture on adolescents' knowledge of and attitudes to HIV and AIDS*. PhD Thesis. Pretoria: University of Pretoria.
- Chavhunduka, K., Rukanda, M., Matisa, G. & Matshalaga, N. (2004). *Confronting the impact of HIV/AIDS and life skills education project*. Harare: Mt. Pleasant.
- Chirawu, S., Murungu, G., Nzira, T., Chikwanda, R. & Zunguze, M. (2007). *Challenging the status quo: Gender, HIV/AIDS and the law in Zimbabwe*. Harare: Women and Law in Southern Africa Research and Education Trust (WLSA).
- Chireshe, E. & Chireshe, R. (2003). Advance Level students' perceptions of the causes and effects of HIV/AIDS: A case study of Masvingo Urban High Schools, Zimbabwe. *Zimbabwe Journal of Educational Research*, 15(1), 11-27.
- Chireshe, R. & Mapfumo, J. (2005). School Counsellors' perceptions of headmasters' attitudes towards Guidance and Counselling in Zimbabwean secondary schools. *Zimbabwe Journal of Educational Research*, 17(1), 19-29.
- Chireshe, R. (2006). *An assessment the effectiveness of school guidance and counselling services in Zimbabwean secondary schools*. PhD Thesis. Pretoria: University of South Africa.
- Chirume, F. (2007). Standards-based educational reform and its implications for school-based assessment: lessons from Zimbabwean schools. *Southern Africa Review of Education*, 13(1), 39-47.
- Chisholm, L. & Leyendecker, R. (2008). Curriculum reform in post-1990 Sub-Saharan Africa. *International Journal of Educational Development*, 28, 195 -205.
- Chivonivoni, T. (2006). The state of school counselling in Chiredzi North secondary school. BSc Counselling Dissertation: Zimbabwe Open University.
- Chiwela, M.J. & Siamwisa, J.R. (1999). *Teachers' knowledge, attitudes, skills and practice in teaching HIV/AIDS – prevention impact, mitigation and*

psychosocial life skills in school and college curricula in Zambia. Lusaka: UNESCO.

- Christiaan, D.J. (2006). *Empowering teachers to implement the Life Orientation learning area in the senior phase of the general education and training band*. Unpublished MEd. Thesis. Stellenbosch: University of Stellenbosch.
- Clarke, D. & Hollingsworth, H. (2002). Elaborating a model of teacher professional growth. *Teaching and Teacher Education*, 18(8), 947-967.
- Clasquin-Johnson, M.G. (2011). Responses of early childhood teachers to curriculum change in South Africa. PhD Thesis: University of Pretoria.
- Cleghorn, A. & Prochner, L. (1997). Early childhood education in Zimbabwe: Recent trends and prospects. *Early Education and Development*, 8(3), 339-352.
- Coffey, A. & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage Publications.
- Cohen, D. (1990). A revolution in one classroom: The case of Mrs. Oublier. *Educational Evaluation and Policy Analysis*, 12(3), 337-245.
- Cohen, D.K. & Hills, H.C. (2001). *Learning policy: when state education reform works*. New Haven, CT: Yale University Press.
- Cohen, L., Manion, L. & Morrison, K. (2000). *Research methods in education* (5th ed.). London: Routledge Falmer.
- Cohen, L., Manion, L. & Morrison, K. (2007). *Research methods in education* (6th ed.). London: Routledge Falmer.
- Collins, A. (2005). *Collins Contemporary Dictionary: A new up-to-date dictionary of the living language*. Glasgow: Collins.
- Creswell, J.W. (1994). *Research design qualitative and quantitative approaches*. London: Sage.
- Creswell, J.W. (1997). *Qualitative inquiry and research design: choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Creswell, J.W. (2003). *Research design: Qualitative, quantitative and mixed methods*. Boston: Sage Publications.
- Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. London: Sage Publications.

- Crump, S. (2005). Changing times in the classroom: Teaching as a 'crowded profession'. *International Studies in Sociology of Education*, 15(1), 31-48.
- Datnow, A. & Castellano, M. (2000). Teachers' responses to success for all. How beliefs, experiences and adaptations shape implementation. *American Educational Research Journal*, 37(3), 775-799.
- De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L (Eds.). (2011). *Research at the grassroots for social sciences and human science professions* (4th ed.). Hatfield, Pretoria: Van Schaik.
- De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L (Eds.). (2005). *Research at the grassroots for social sciences and human science professions* (3rd ed.). Hatfield, Pretoria: Van Schaik.
- Denzin, N.K. & Lincoln, Y.S. (2000). *Sage handbook of qualitative research* (2nd ed.). London: Thousand Oaks, C.A.: Sage Publications.
- Denzin, N.K. & Lincoln, Y.S. (2005). *Sage handbook of qualitative research* (3rd ed.). Thousand Oaks: Sage Publications.
- Dirksen, D. J. & Tharp (1997). Utilizing the Concerns-Based Adoption Model to facilitate systemic change. *Technology and Teacher Education Annual*, 1997, 1064-1067.
- Drake, C. & Sherin, M.G. (2006). Practicing change: curriculum adaptation and teacher narrative in the context of mathematics education reform. *Curriculum Inquiry*, 36(2), 154-187.
- Dyanda, C., Makoni, R., Mudukuti, A. & Kuyayama, A. (2008). *Evaluation of the National Early Childhood Development Programme*. Harare: UNICEF.
- Easton, L. (2008). Context: Establishing the environment for professional development. In L. Easton (Ed.), *Powerful designs for professional learning* (pp 1-19), Oxford, OH: the National Staff Development Council.
- Education Policy Consortium (2001). *Educator development in response to the HIV/AIDS pandemic*. Unpublished research proposal, Johannesburg.
- Ely, M., Vinz, R., Downing, M. & Anzul, M. (1997). *On writing qualitative research: Living by words*. London: The Falmer press.
- Evans, R. (1996). *The human side of school change: Reform resistance and the real-life problems of innovations*. San Francisco: Jossey-Bass.

- Fink, D. & Stoll, L. (2005). Educational Change: Easier said than done. In Hargreaves, A. (Ed.). *International handbook of educational change*. Dordrecht, The Netherlands: Springer.
- Flores, M.A. (2005). Teachers' views on recent curriculum changes: tensions and challenges. *The Curriculum Journal*, 16(3), 401-413.
- Forbes, C.T. & Davis, E.A. (2010). Curriculum design for inquiry: Pre-service elementary teachers' mobilisation and adaptation of science curriculum materials. *Journal of Research in Science Teaching*, 47(7), 365-387.
- Forbes, C.T. (2011). Pre-service elementary teachers' adaptation of science curriculum materials for inquiry-based elementary science. *Science Teacher Education*, pp 1-29. Wiley Periodicals, Inc. Published online library (Wiley online library.com).
- Fraser, W.J., Loubser, C.P. & Van Rooy, M.P. (1990). *Didactics for the undergraduate student*. Durban: Butterworth.
- Freeman, D. (1992). Language teacher education, emerging discourse, and change in classroom practice. In J. Flowerdew, M. Brook & S. Hsia (Eds.), *Second language teacher education* (pp 1-21). Hong Kong: Department of English, City Polytechnic of Hong Kong.
- Fullan, M. & Hargreaves, A. (Eds.). (1992). *Teacher development and educational change*. London: Falmer Press.
- Fullan, M. & Miles, M.B. (1992). Getting reform right: what works and what doesn't. *Phi Delta Kappan*, 73(10), 744-752.
- Fullan, M. (1999). *Change forces: The sequel*. Philadelphia: Falmer Press.
- Fullan, M. (2001a). *Leading in a culture of change*. San Francisco: Jossey-Bass.
- Fullan, M. (2001b). *The new meaning of educational change* (3rd ed.). New York: Teachers' College Press.
- Fullan, M. (2003). *Change forces: With a vengeance*. New York: Routledge Falmer Press.
- Fullan, M. (Ed.) (2005). *International handbook of educational change: fundamental change*. Dordrecht, The Netherlands: Springer.
- Fuller, B. (1994). Raising school effects while ignoring culture? Local conditions and the influence of classroom tools, rules and pedagogy, *Review of Educational Research*, 64, 119-157.

- Garet, M., Potter, A., Desimone, L., Birman, B. & Yoon, K. (2000). What makes professionals effective? Results from a national sample of teachers. *American Educational Research Journal*, 38(4), 915-945.
- Giles, C. & Hargreaves, A. (2006). The sustainability of innovative schools as learning organisations and professional learning communities during standardised reform. *Educational Administration Quarterly*, 42(1), 124-156.
- Gitlin, A. & Margonis, F. (1995). The political aspect of reform: Teacher resistance as good sense. *American Journal of Education*, 103(4), 377-405.
- Government of Zimbabwe (1999). *National policy on HIV/AIDS for the Republic of Zimbabwe*. Harare: Government of Zimbabwe. Greenberg, J. & Baron, R.A. (2000). *Behaviour in organisations* (7th ed.). Upper Saddle River, NJ: Prentice Hall.
- Government of Zimbabwe (2000a). *Secretary's Circular No. 3 of 2000*. Harare: Ministry of Education, Sport and Culture.
- Government of Zimbabwe (2000b). *Secretary's Circular No. 5 of 2000*. Harare: Ministry of Education, Sport and Culture.
- Government of Zimbabwe (2000c). *Public Service Statutory Instrument 1 of 2000*. Harare: Ministry of Public Service.
- Government of Zimbabwe (2002a). *HIV/AIDS and Life Skills: Education Strategic Plan 2002-2006*. Harare: Ministry of Education, Sport and Culture.
- Government of Zimbabwe (2002b). *Secretary's Circular No. 3 of 2002. Curriculum policy: Primary and secondary schools*. Harare: Ministry of Education, Sport and Culture.
- Government of Zimbabwe (2003a). *Director's Circular No. 2 of 2003*. Harare: Ministry of Education, Sport and Culture.
- Government of Zimbabwe (2003b). *Director's Circular No. 3 of 2003*. Harare: Ministry of Education, Sport and Culture.
- Government of Zimbabwe (2003c). *Primary school teachers' knowledge and understanding of AIDS. Report on Baseline Survey carried out in Matabeleland South and Mashonaland East*. Harare: Ministry of Education, Sport and Culture.
- Government of Zimbabwe (2005a). *Directors' Circular No. 22 of 2005. Incidence of Child Abuse in Primary Schools in Zimbabwe*. Harare: Ministry of Education, Sport and Culture.

- Government of Zimbabwe (2005b). *Directors' Circular No. 23 of 2005*. Harare: Ministry of Education, Sport and Culture.
- Government of Zimbabwe (2006a). *Proposed Basic Education Policy in Zimbabwe 2006 -2010*. Harare: Ministry of Education, Sport and Culture.
- Government of Zimbabwe (2006b). *Zimbabwe National Behavioural Change Strategy for the Prevention of Sexual transmission of HIV (2006-2010)*. Harare: Government Printers.
- Griessel, G.A. (1988). *Orientation in fundamental pedagogics*. Pretoria: Via Africa.
- Guba, E.G. & Lincoln, Y.S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage.
- Guskey, T.R. (2002). Professional development and teacher change. *Teachers and teaching: Theory and practice*, 8(3/4).381-391.
- Ha, A.S., Lee, J.C., Chan, D.W. & Sum, R.K. (2004). Teachers' perceptions of in-service teacher training to support curriculum change in physical education: The Hong Kong experience. *Sport, Education and Society*, 9(3), 421-438.
- Haddad, W.D. (1995). *Policy-Planning Process: An Applied Framework. Fundamentals of Educational Planning*, Paris: UNESCO/IIEP.
- Hall, G. & Hord, S. (2001). *Implementing change: Patterns, principles and potholes*. Needham Heights: Allyn & Bacon.
- Hall, G.E. & Hord, S.M. (1987). *Change in schools: Facilitating the process*. Albany, NY: State University of New York Press.
- Hall, G.E., Loucks, W.L. & Rutherford, B.W. (1975). Levels of use of the innovation: A framework for analysing innovation adoption. *Nelone Research and Development Center for Teacher Education*. Spring 1975, Volume XXVI (1), 52. (Note: This reference is used in Chpt 4 title quotation).
- Hancock, D.R. & Algozzine, B. (2006). *Doing case study research: A practical guide for beginning researchers*. New York: Teachers College.
- Hargreaves, A. (2004). *Changing teachers, changing times. Teachers' work and culture in the postmodern age*. London: Cassell.
- Hargreaves, A. (2005a). *Extending educational change: Introduction. The International Handbook of Educational Change*. Dordrecht, The Netherlands: Springer.

- Hargreaves, A. (2005b). *The emotions of teaching and educational change*. Dordrecht, The Netherlands: Springer
- Hart, M. (2009). Implementing change in instructional delivery of classroom curriculum. A phenomenological case study of classroom teachers implementing a problem-based learning approach in the classroom. Dissertation. Amherst: University of Massachusetts.
- Hartell, C.G. & Maile, S. (2004). HIV/AIDS and education: A study of how a selection of school governing bodies in Mpumalanga understand, respond to and implement legislation and policies on HIV/AIDS. *International Journal of Educational Development*, 24, 183-199.
- Hartell, C.G. (2005). HIV/AIDS in South Africa: A review of the sexual behaviour among adolescents. *Adolescence*, 40(157), 171-181.
- Hartell, C.G. (2007). *HIV/AIDS and education in practice: The school and the classroom*. Post Graduate Certificate in Education (PGCE). Faculty of Education, University of Pretoria.
- Heifetz, R.A. & Linsky, M. (2002). *Leadership on line: Staying alive throughout the dangers of leading*. Boston: Harvard Business School Press.
- Hertberg-Davis, H.L. & Brighton, C.M. (2006). Support and sabotage: principals' influence on middle school teachers' response to differentiation. *Journal of Secondary Gifted Education*, 17(2), 90-102.
- HIV/AIDS in Education Assessment Team (HEAT) (2004). *The impact of HIV/AIDS on education in Zimbabwe*. Harare: Ministry of Education, Sport and Culture.
- Hope, W.C. (1997). Resolving teachers' concerns about microcomputer technology. *Computers in Schools*, 13(3/4), 147-160.
- Hornby, A.S. (2000). *Oxford advanced learner's dictionary of current English* (6th ed.). Oxford: Oxford University Press.
- Horsely, D. L. & Loucks-Horsley, S. (1998). CBAM bring order to the tornado of change. *Journal of Staff Development*, Fall 1998, 19 (4), 1-5.
- Hoy, W.K. & Woolfolk, A.E. (1993). Teacher sense of efficacy and the organisational health of schools. *Elementary School Journal*, 93(4), 255-374.
- Hunter, D. (2003). Evidence-based policy and practice: Riding for a fall? *Journal of the Royal Society of Medicine*, 96(4), 194-196.

- Hunter, D.J. & Marks, L. (2002). *Decision-making process for effective policy implementation*. Wolfson Research Institute: University of Durham Queens Campus.
- Jackson, H. (2002). *AIDS Africa: A continent in crisis*. Harare: SAFAIDS.
- Jansen, J.D. & Christie, P. (1999). *Changing Curriculum: Studies on Outcomes Based Education in South Africa*. Cape Town: JUTA Academic Publishers.
- Jansen, J.D. (2001a). *Image-ining Teachers: Policy images and teacher identity in South African classrooms*. Pretoria: Faculty of Education, University of Pretoria.
- Jansen, J.D. (2001b). On the politics of performance: Autonomy, accountability and assessment prospects. *A Quarterly Review of Education*, UNESCO.
- Jansen, J.D. (2002). Political symbolism as policy craft: explaining non-reform in South African education. *Educational Policy*, 17(2), 199-215.
- Jansen, J.D. (2007). *Bodies Count: AIDS Review 2006*. Pretoria: Centre for the Study of AIDS, University of Pretoria.
- Johns, D.P. (2003). Changing the Hong Kong physical education curriculum: A post-structural case study. *Journal of Educational Change*, 4(4), 345-368.
- Jorgenson, O. (2006). Why curriculum change is difficult – and necessary. *Planning for Instructional Improvement in Independent schools* Summer 2006).
- Kachingwe, S., Norr, K., Kapondal, C., Norr, J., Mbweal, E. & Magai, D. (2005). Preparing Teachers as HIV/AIDS Prevention Leaders in Malawi: Evidence from Focus Groups. *The International Electronic Journal of Health Education* (<http://www.aahperd.org/aahe/publications/iejhe/>) 8, 193-204.
- Kallery, M & Psillos, D. (2002). What happens in the early years science classroom? The reality of teachers' curriculum implementation activities. *European Early Childhood Research Journal*, 10 (2), 49-61.
- Karavas-Doukas, E. (1995). Teacher identified factors affecting the implementation of a curriculum innovation in Greek public secondary schools. *Language, Culture and Curriculum*, 8(1), 53-68.
- Kasaira, J.M., Chireshe, R. & Chipandambira, K. (2004). *Educational behaviour*. BSc Honors psychology. Module HPSY403. Harare: Zimbabwe Open University.

- Katsinde, T.J. & Katsinde, C.S. (2007). HIV and AIDS awareness among secondary school pupils in Bindura District, Zimbabwe. *Zimbabwe Journal of Educational Research*, 19(1), 85-102.
- Kelly, M. (2004). *The Impact of HIV/AIDS on Education*. Paris: Paris International Institute of Educational planning.
- Kember, D. & Mezger, R. (1990). The instructional designer as a staff developer: a course team approach with the Concerns-Based Adoption Model. *Distance Education*, 11(1), 50-71.
- Kennedy, A. (2005). Models of continuing professional development: A framework for analysis. *Journal of In-service Education*, 31(2), 235-249.
- Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks: Sage.
- Lamie, J. (2004). Presenting a model of change. *Language Teaching Research*, 8(2), 115-142.
- Leach, F. & Machakanja, P. (2003). *An investigative study of the abuse of girls in African Schools*. DfID Education Report No. 54. London: Department for International Development.
- Lemon, A. (2004). Redressing school inequalities in the Eastern Cape, South Africa. *Journal of Southern African Studies* 30(2), 269-290.
- Lethoko, M. (2002). The role of teachers in the culture of learning and teaching. In L. Calitz, O.L. Fuglestad & S. Sillejord. *Leadership in Education*. Sandown: Heinemann.
- Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.
- Little, J. (2001). Professional development in pursuit of school reform. In A. Liberman & L. Miller (Eds), *Teacher caught in the action: Professional development that matters* (pp 23-44). New York: Teachers' College Press.
- Lloyd, M. & Yelland, N. (2003). Adaptation and avoidance: Observations of teachers' reactions to information and communications technology in the classroom. *Change: Transformation in Education*, 6(1), 81-96.
- Loucks-Horsley, S. (1996). The Concerns-Based Adoption Model: A model for change in individuals. In R. Bybee (Ed.), *National standards and science curriculum*. Retrieved from (<http://www.nationalacademis.org/rise/backg4>)
- Louw, W.J. (1993). *Classroom practice an orientation*. Pretoria: Van Schaik.

- Machawira, P. & Pillay, V. (2009). Writing in Policy, writing out lives. *Journal of Education Policy*, 24 (6), 753-767.
- Machawira, P. (2008). *Teachers living with AIDS*. PhD Thesis. Pretoria: University of Pretoria.
- Mackenzie, S. (2011). Teaching Assistants' experiences of inclusive education. *Support for learning*, 26(2), 64-71.
- Maluwa-Banda, D. (2004). HIV/AIDS-Related knowledge and Self-Reported Sexual Behaviour of Secondary School Students in Southern Malawi: Implications for AIDS Education and Counseling. *Zimbabwe Journal of Educational Research*, Volume 16, No.2 pp 85-102.
- Mapfumo, J.S. (2001). *Guidance and counselling in Education*. Post Graduate Diploma in Education, Module PGDE 102. Harare: Zimbabwe Open University.
- Mapfumo, P. (1999). Sex Education in Zimbabwean Schools: A Case Study of Houghton Park Primary School. *Zimbabwe Journal of Educational Research*, 11(2), 56-81.
- Mapfumo, P., Shumba, A. & Chireshe, R. (2007) Sexual relationships among students in higher education in Zimbabwe: Implications for HIV/AIDS. *South African Journal of Higher Education* 21(5), 515-526.
- Mark, R. (1996). *Research made simple: A handbook for social workers*. London:SAGE.
- Markee, N. (1997). *Managing curricular innovation*. Cambridge University Press, Cambridge.
- Marshall, C. & Rossman, G.B. (1995). *Designing qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Marshall, C. & Rossman, G.B. (2011). *Designing qualitative research* (5th ed.). Thousand Oaks, CA: Sage Publications.
- Mathison, S. (1998). Why triangulate? *Educational Researcher*, 17(2), 13-17.
- Maticka-Tyndale, E. (1992). Social construction of HIV-transmission and prevention among heterosexual young adults. *Social Problems*, 39(3), 238-254.
- Maturure, D. (2004). *Problems faced by school counsellors in implementing Guidance and Counselling in Masvingo district*. B.Sc Counselling Dissertation. Zimbabwe Open University.

- Maxwell, J.A. (1996). *Qualitative research design: An interactive approach*. Thousand Oaks: Sage.
- McMillan, J.H. & Schumacher, S. (1998). *Research in education: A conceptual introduction* (2nd ed.). Glenview, Illinois: Scot, Forman and Company.
- McMillan, J.H. & Schumacher, S. (2001). *Research in education: A conceptual introduction* (3rd ed.). Glenview, Illinois: Scot, Forman and Company.
- McMillan, J.H. & Schumacher, S. (2006). *Research in education: A conceptual introduction* (4th ed.). Glenview, Illinois: Scot, Forman & Company.
- Medical Research Council (MRC). (1993). *Guidelines on ethics for medical research: General principles*. MRC.
- Merriam, S.B. (2001). *Qualitative Research and Case Study Applications in Education*. San Francisco: Jossey-Bass.
- Merriam, S.B. & Simpson, E. L. (1984). *A guide to research for educators and adult trainers*. Krieger Publishers: Florida.
- Miles, M.B. & Huberman, A.M. (1994). *Qualitative data analysis: A source book of new methods* (2nd ed.). Thousand Oaks: Sage.
- Miller, S. Hickson, D.J. & Wilson, D.C. (2008). From strategy to action: Involvement and influence in top level decisions. *Long Range Planning*, 41(6), 606-628.
- Ministry of Education & Young Women's Christian Association. (2007). *Early pregnancies and unprotected sex among school going children*. Mongu District, WP: Provincial Education Office.
- Mosia, D.E. (2011). *How secondary school teachers understand, respond to and implement Life Orientation*. PhD Thesis. Pretoria: University of Pretoria.
- Mouton. J. (1996). *Understanding social research*. Pretoria: Van Schaik.
- Moya, C. (2002). *Life skills approaches to improving youths' sexual and reproductive health. Advocates for youth: Rights, Respect, responsibility*. Washington DC: Advocate for Youth.
- Moyo, S. & Muvezwa, A. (2004). Development of Life Skills in Primary Education: Parents and Pupils Expectations in Zimbabwe (pp.40-66). In J. Stewart (2004) (Ed). *Life skills, sexual maturation and sanitation: What's (not) happening in our schools? An exploratory study from Zimbabwe*. Harare: Women's Law Centre, University of Zimbabwe: Weaver Press.

- Mugweni, R.M., Mufanechiya, T. & Dhloomo, T. (2011). Hopes and hiccups expressed: Barriers to university female lecturers' promotion. *Journal of African Studies and Development*, 3(5), 87-95.
- Musengi, M., Ganga, E. & Mugweni, R.M. (2011). Storms and Stresses expressed in sexual maturation and adolescents' perceptions of an ideal parent in Zimbabwe. *Journal of Education in Developing Areas (JEDA)*, 19(1), 1-12.
- National AIDS Council (2007). *A Brief Situational Analysis of HIV/AIDS*. Harare: National AIDS Council.
- National HIV/AIDS Policy (1999). *National Policy on HIV/AIDS for the Republic of Zimbabwe*. Harare: USAID.
- Ndamba, G.T. Mugweni, R.M., Chirobe, L. & Chakanyuka, S. (2011). *Teacher preparedness for the implementation of the HIV and AIDS education policy at primary school level in Zimbabwe*. Unpublished Manuscript. Great Zimbabwe University.
- Ndanga, H. J. (1991). *Report on the Zimbabwe secondary school guidance and counselling programme*. Paper presented at the Deputy Regional Director's Termly Meeting held at Mapisa, Matabeleland South, 23-25 September.
- Newhouse, C.D. (2001). Applying the Concerns-Based Adoption model to research on computers in classrooms. *Journal of Research on Technology in Education*, 33(5). Retrieved from (<http://www.eric.ed.gov/ERICWebPortal/search>)
- Ni, L. & Guzdial, M. (2007). *What makes teachers change? Factors that influence post-secondary teachers' adoption of new computing curricula*. Technical report #GT-IC-08-12. School of Interactive Computing: Georgia Institute of Technology.
- Nieuwenhuis, J. (2007a). Introducing qualitative research. In K. Maree (Ed.), *First steps in research* (pp 47-66). Pretoria: Van Schaik Publishers.
- Nieuwenhuis, J. (2007b). Introducing qualitative research. In K. Maree, *First Steps in Research* (pp 47-66)..Pretoria: Van Schaik Publishers
- Nyanungo, K.R.L. (2005). *Draft policy guidelines for the institutionalisation of the Guidance and Counselling programme*. Harare: Ministry of Education, Sports and Culture Zimbabwe.
- Nyaumwe, L. & Buzuzi, G. (2007). Teachers' attitudes towards proof of mathematical results in the secondary school curriculum: the case of Zimbabwe. *Mathematics Education Research Journal*, 19 (3), 21-32.

- O'Donoghue, J. (1995). *Zimbabwe's AIDS Action Programme for Schools: Flashback and Hindsight*. Harare: UNICEF.
- O'Donoghue, J. (1996). Zimbabwe's AIDS Action Programme for Schools: a case study. *Promotion Educ*, 3(2), 7-12.
- O'Donoghue, J. (2002). Zimbabwe AIDS Action Programme for Schools. *Evaluation and Programme Planning*, 25, 387-386.
- O'Sullivan, K-A., Carroll, K. & Cavanagh, M. (2008). Changing teachers: Syllabuses, subjects and selves. *Issues in Educational Research*, 18(2), 167-182.
- Oloruntegbe, K.O., Duyilemi, A.N., Agbayewa, J.O., Oluwatelure, T.A., Dele, A. & Omoniyi, M.B.I. (2010). Teachers' involvement, commitment and innovativeness in curriculum development and implementation. *Educational Research*, 1(12), 706-712.
- Oppenheim, A.N. (1992). *Questionnaire design, interviewing and attitude measurement* (New Ed.). London: Printer Publishers.
- Osterman, K.F. & Kottkamp, R.B. (1993). *Reflective practice for educators: Improving schooling through professional development*. Thousand Oaks: Corwin Press.
- Pennington, M.C. (1995). The teacher change cycle: teachers of English to speakers of other languages. *TESOL Quarterly*, 29(4), 705-731.
- Penuel, W.R., Fishman, B.J., Yamaguchi, R. & Gallagher (2007). What makes professional development effective? Strategies that foster curriculum implementation. *American Educational Research Journal*, 44(4), 921-958.
- Perry, B. & Tracy, D. & Howard, P. (1998). Elementary school teacher beliefs about the learning and teaching of mathematics. In H.S. Park, Y.H. Choe, H. Shin & S.H. Kim (Ed.) *Proceedings of the First Conference ICMI East Asian Regional Committee on Mathematics Education*, Vol.2, 485-498.
- Perry, B. & Tracy, D. & Howard, P. (1999). Head mathematics teachers' beliefs about the learning and teaching of mathematics. *Mathematics Education research Journal*, 11(1), 39-53.
- Phatudi, N.C. (2007). *A study of transition from preschool and home contexts to grade 1 in a developing country*. Unpublished PhD Thesis. Pretoria: University of Pretoria.
- Philliber Research Association (1997). *Preventing Teen pregnancy and academic failure: Experimenting evaluation of a developmentally based approach*. Accord, New York: The Associates.

- Poppleton, P. & Williamson, J. (Eds.) (2004). *New realities of secondary teachers' work lives*. Oxford: Symposium Books.
- Priestly, M. (2010). Schools, teachers and curriculum change: A balancing act? *Journal of Educational Change*, 2011 (12), 1-23.
- Prinsloo, E. (2007). Implementation of life orientation programmes in the new curriculum in South African schools: perceptions of principals and life orientation teachers. *South African Journal of Education*, 27(1), 155-170.
- Reid, I., Brain, K. & Bowels, L.C. (2005). Teachers as mediators between policy and practice. *Research in Education*, 32(4), 411-423.
- Remillard, J.T. & Bryans, M.B. (2004). Teachers' orientations towards mathematics curriculum materials: Implications for teacher learning. *Journal of Research in Mathematics Education*, 35(5), 352-388.
- Remillard, J.T. (2000). Can curriculum materials support teachers' learning? Two fourth-grade teachers' use of a new mathematics text. *Elementary School Journal*, 100(4), 331-350.
- Remillard, J.T. (2005). Examining key concepts in research on teachers' use of mathematics curricula. *Review of Educational Research*, 75(2), 211-246.
- Richardson, V. & Placier, P. (2002). *Handbook of research on teaching* (4th ed.). American Educational Research Association.
- Roehrig, G. H. & Kruse, R. A. (2005). The role of teacher beliefs and knowledge in the adoption of a reform-based curriculum. *School science and Mathematics*, 105 (8), 412-422.
- Rogers, E.M. (2003). *Diffusion of Innovations* (5th ed.). New York: Free Press.
- Rowan, B. & Miller, R.J. (2007). Organisational strategies for promoting instructional change: Implementation Dynamics in schools working with comprehensive school reform providers. *American Educational Research Journal*, 44(2), 252-297.
- Rubin, A. & Babbie, E. (2001). *Research Methods for social work* (4th ed.). Belmont, CA: Wadsworth.
- Russell, A. (1995). Stages in learning new technology: Naïve adult email users. *Computer Education*, 25(4), 173-178.
- Sachs, J. (2001). Teacher professional identity: Competing discourses, competing outcomes. *Journal of Education Policy*, 16, 149-161.

- SAFAIDS (2003). HIV infection: *The power to make a difference: Zimbabwe policy profile -2003*, Zimbabwe. SAFAIDS.
- Samuel, M. (2004). Fallen fruit: Reflections on India. *Perspectives in Education*, 22(1), 157-163.
- Sarantakos, S. (2005). *Social Research* (3rd ed.). Palgrave: New York: Palgrave MacMillan.
- Sarantakos, S. (2000). *Social Research*. South Yarra: MacMillan Education Australia.
- Schenker, I. (2001). New challenges for school AIDS education within an evolving HIV pandemic. *Prospects* (Paris), 30(3), 415-434.
- Schlager, E. (1999). A comparison of frameworks, theories and models of policy processes, In P. Sabatier (Ed.) (1999). *Theories of the policy process: Theoretical lenses on public policy*. Colorado: Westview Press.
- Schneider, R.M., Krajcik, J. & Blemenfeld, P. (2005). Enacting reform-based science materials: The range of teacher enactments in reform classrooms. *Journal of Research in Science Teaching*, 42(3), 283-312.
- Schwandt, T.A. (2007). *The Sage Dictionary of Qualitative Inquiry* (3rd ed.). Thousand Oaks, California: Sage.
- Scottish Executive Education Department (2006). *A curriculum for excellence: progress and proposals*. Edinburgh, UK: Author.
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences* (3rd ed.). New York: Teachers' College Press.
- Shawer, S. (2010). Classroom-level teacher professional development and satisfaction: Teachers learn in the context of classroom-level curriculum development. *Professional Development in Education*, 36 (4), 597-620
- Shumba, O., Chakuchichi, D., Dhlomo, T. & Kaziboni, T. (2006). *Teaching and learning about growing up and sexual maturation in primary schools: A culture or a conspiracy of silence*. HRRC: University of Zimbabwe.
- Silverman, D. (2010). *Doing qualitative research: A practical handbook* (3rd 2d.). London: Sage.
- Silverman, D. (2004). *Qualitative research: Theory method and practice* (2nd ed.). London: Sage.

- Skhosana, R.M. & Peu, D.M. (2009). Experiences of health care providers managing sexual assault victims in the emergency unit Part 1: Background and methodology. *Health SA Gesondheid*, 14(1), Article #480.
- Slabbert, J.A. (2001). Educational change: Is it possible? *Educare*, 30, 289-305.
- Smith, M.L. & Shepard, L.A. (1988). Kindergarten readiness and retention: A qualitative study of teachers' beliefs and practices. *American Educational Research Journal*, 25(3), 307-333.
- Sorour, A.F. (1997). Egypt: A strategy for educational reform. *Prospects*, XXVII (4), 637-644.
- Spillane, J.P., Reiser, B.J. & Gomez, L.M. (2006). Policy implementation and cognition: The role of human, social and distributed cognition in framing policy implementation. In Honig, M.I. (Ed.) *New directions in education policy implementation*. Albany, New York: State University of New York Press.
- Srivastava, G.N.P. (1994). *Advanced research methodology*. New Delhi: Radha Publications.
- Steyn, G.M. & Van Wyk, J.N. (1999). Job Satisfaction: Perceptions of principals and teachers in urban black schools in South Africa. *South African Journal of Education*, 19(1), 37-43.
- Stoffels, N.T. (2004). *Sir on what page is the answer? Exploring teacher decision-making in the context of curriculum change*. Unpublished PhD Thesis. Pretoria: University of Pretoria.
- Stoll, L. & Fink, D. (1996). *Changing our schools*. Buckingham: Open University Press.
- Stoll, L., Bolam, R., McMahon, A., Wallace, M. & Thomas, S. (2006). Professional Learning communities: A review of the literature. *Journal of Educational Change*, 7(4), 221-258.
- Straub, E. T. (2009). Understanding technology adoption: Theory and future directions for informal learning. *Review of Educational Research*, 79 (2), 625-649.
- Swanepoel, C. & Booyse, J. (2006). The involvement of teachers in school change: A comparison between the views of school principals in South Africa and nine other countries. *South African Journal of Education*, 26(2), 189-198.
- Sweeny, B. (2003). *The CBAM: A model of the people development process*. Best Practice Resources, 26 W 413 Grand Ave. Wheaton, IL 60187, 630-669-2605,

web site at (<http://www.mentoring-association.org/membersonly/CBAM.html>)

Sweeny, B. (2008). *Best Practice Resources*, 26 W 413 Grand Ave. Wheaton, IL 60187, 630-669-2605, web site at (<http://www.businessmentorcenter.com/contactBWS.php>)

Thompson, A.G. (1992). Teachers' beliefs and conceptions: A synthesis of the research. In D.A. Gouws (Ed.), *Handbook of research on mathematics teaching and learning* (pp 127-146). New York: Macmillan.

Toyin, D., Adebola, A.J., Motunrayo, O., Mohammed, S.A. & Omeisa, S.A. (2010). Socio-cultural factors affecting HIV/AIDS campaigns in selected fishing communities of Kainji Lack Basin. *Researcher*, 2(1), 8-13.

Tsangaridou, N. (2006). Teachers' beliefs. In D. Kirk, D. Macdonald & M. O'Sullivan (Eds.). *Handbook of Physical Education* (pp 486-501). Thousand Oaks, CA: Sage Publications.

UNAIDS (1999). *Emerging issues and challenges for women, young people and HIV/AIDS* (2nd ed.) Geneva, <http://www.uniaids.org/uniaids>

UNAIDS (2000). *UNIAIDS best practices in school AIDS education, the Zimbabwe case study*. New York: UNAIDS.

UNAIDS (2002). *Report on the global HIV/AIDS epidemic*. Geneva: UNAIDS.

UNAIDS (2010). *Global Report: UNIAIDS Report on the Global AIDS Epidemic 2010*. Geneva: UNAIDS.

UNESCO (2000). Module 8, Guidance and Counselling Programme Development. Botswana.

UNESCO (2005). *International Bureau of Education, UNESCO – Cross-cut International Bureau of Education, UNESCO: Cross-cutting Programme on HIV & AIDS*. Christine Panchaud, Dhakar. April 2005.

UNICEF (2000). *Skills-based health education to prevent HIV/AIDS*. New York: UNICEF.

Vaughan, W. (2010). Professional development and the adoption and implementation of new innovation: Do teacher concerns matter? *International Electronic Journal for Leadership in Learning*, 6 (5) 1-10. www.ucalgary.ca/iejll/vaughan

Visser, M. (2004a). *The impact of individual differences on the willingness of teachers in Mozambique to communicate about HIV/AIDS in schools and*

- communities*. Unpublished PhD Thesis, College of Communication, Florida State University: Tallahassee.
- Visser, M. (2004b). *Where teachers fear to tread: Communicating about HIV/AIDS in Mozambique*. Paper presented at the Association of Education Communications and Technology (AECT), Dallas, Texas, November 12-16.
- Wagner, T. (2001). Leadership for learning: An action theory of school change. *Phi Delta Kappan*, 82(5), 378-383.
- Walsh, G. & Gardner, J. (2006). Teachers' readiness to embrace change in the early years of schooling. A Northern Ireland perspective. *European Early Childhood Education Research Journal*, 14 (2), 127-140.
- WestEd (2000). *Teachers who learn, kids who achieve*. San Francisco: Author.
- WHO (1993). *Life Skills education in schools*. Geneva: WHO.
- WHO (2004). *The world health report: changing history*. Geneva: WHO.
- WHO (2007). *Schools for health, education and development: A call for action*. Geneva: WHO.
- Wiersma, W. (2000). *Research Methods in education*. Boston: Allyn and Bacon.
- Wieske, M.S. (1998). *Teaching for understanding: Linking research with practice*. San Francisco: Jossey-Bass.
- Wiggins, G. & Mctighe, J. (2006). Examining the teaching life. *Educational Leadership*, 63(6), 26-29.
- Wills, J. (1992). Technology diffusion in the soft disciplines: Using social technology to support information technology. *Computers in the School*, 9(1), 81-105.
- Wilson, D.C., Hickson, D.J. & Miller, S (2003). Planned or prioritised: Two options in managing the implementation of strategic decisions. *Journal of Management Studies*, 40.
- Wolcott, H.F. (1994). *Transforming qualitative data: Description, analysis and interpretation*. Thousand Oaks, CA: Sage.
- Wood, L. & Goba, L. (2011). Care and support of orphaned and vulnerable children at school: Helping teachers to respond. *South African Journal of Education*, 31, 275-290.

- Wood, L. (2009). 'Not only a teacher but an ambassador': facilitating HIV/AIDS educators to take action. *African Journal of AIDS Research*, 8 (1), 83-92.
- Wood, L. & Olivier, T. (2007). Increasing the self-efficacy beliefs of Life Orientation teachers: an evaluation. *Education as Change*, 11(1), 161-179.
- Wood, L. (2007). Increasing the self-efficacy beliefs of life orientation teachers: an evaluation. *Education as change*, 11 (1), 2007.
- Wood, L. (2004). *A model to empower teachers to equip school-leavers with life skills*. Unpublished Doctoral Thesis. Port Elisabeth: Nelson Mandela Metropolitan University.
- Woods, N.F. & Catanzaro, M. (1998). *Nursing research- The theory and practice*. St Louis: Mosby.
- World Bank (2002). *Education and HIV/AIDS: A window of hope*. Washington DC: World Bank.
- Yin, R.K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Zimbabwe Demographic & Health Survey, 2005-2006 (2007). Central Statistical Office Harare: Government Printers.
- Zimbabwe Human Development Report (2003). *Redirecting our response to HIV and AIDS: Towards reducing vulnerability – the ultimate war for survival*. Institute of Development Studies, University of Zimbabwe.
- Zimmerman, J. (2006). Why some teachers resist change and what principals can do about it. *National Association of Secondary School Principals (NASSP) Bulletin*, 90(3), 238-249.

---oOo---

APPENDICES

Appendix 1

Sample of letter to the Provincial Education Director

Appendix 2

Sample of letter to the Permanent Secretary – Ministry of Education

Appendix 3

Request for Informed Consent to School Heads / Principals

Appendix 4

Sample of Letters of Informed Consent to Teachers

Appendix 5

Map of Zimbabwe showing Masvingo District

Appendix 6

Interview Schedule A – Ministry of Education, Sport, Arts & Culture Officials

Appendix 7

Interview Schedule B – School Heads / Principals

Appendix 8

Focus Group Interview Schedule C – Secondary School Teachers

Appendix 9

Open-ended Questionnaire Schedule D – Secondary School Teachers

Appendix 10

Ethics Clearance Certificate

---oOo---

APPENDIX 1
SAMPLE OF LETTER TO PROVINCIAL EDUCATION DIRECTOR



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Education

Department of Management and Policy Studies

Tel. +27 12 4205641

Cell: +263 11 868840

E-mail: ro.mugweni@gmail.com

10 March 2009

The Provincial Education Director
Ministry of Education Sport & Culture
Masvingo Regional Office
Tongogara Street, Wigley House
P.O. Box 89
Masvingo
Zimbabwe

Dear Sir/Madam

I am a PhD student at the University of Pretoria. I kindly seek permission to undertake research in Masvingo district to collect data for my doctoral studies in four secondary schools.

My research topic is *Secondary School Teachers' Conceptualisation and Implementation of the AIDS Action Programme in Zimbabwe*. The research project will involve individual interviews with secondary school teachers, principals, and government officials responsible for the AIDS Action Programme for schools in the Ministry of Education Sport and Culture. It will involve focus group interviews with selected teachers and observations. The information obtained will be treated with confidentiality and will be used solely for the purpose of this research.

Before data collection begins, I will first go to each of the schools to explain the nature of the research and the participants' roles. Participants have the right to withdraw from the research activities any time.

I hope that the information obtained from this research will benefit school principals and teachers in identifying strategies for effectively implementing the AIDS Action Programme in their schools.

Yours sincerely

R. Mugweni
PhD student
University of Pretoria
South Africa

APPENDIX 2
SAMPLE OF LETTER TO THE PERMANENT SECRETARY –
MINISTRY OF EDUCATION



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Education

Department of Management and Policy Studies
Tel. +27 12 4205641
Cell: +263 11 868840
E-mail: ro.mugweni@gmail.com

20 March 2009

The Permanent Secretary
Ministry of Education Sport & Culture
Ambassador House, Kwame Nkurumah Ave
P.O. Box CY 121
Causeway
Harare
Zimbabwe

Dear Sir/Madam

I am a PhD student at the University of Pretoria. I kindly seek permission to undertake research in Masvingo District to collect data for my doctoral studies in four secondary schools.

My research topic is *Secondary School Teachers' Conceptualisation and Implementation of the AIDS Action Programme in Zimbabwe*. The research project will involve individual interviews with secondary school teachers, principals, and government officials responsible for the AIDS Action Programme for schools in the Ministry of Education, Sport, Arts and Culture. It will also involve focus group interviews with selected teachers and observations. The information obtained will be treated with confidentiality and will be used solely for the purpose of this research. Participants have the right to withdraw from the research activities any time.

Before data collection begins, I will first go to each of the schools to explain the nature of the research and the participants' roles.

I hope that the information obtained from this research will benefit your school principals and teachers in identifying strategies for effectively implementing the AIDS Action Programme in their schools.

Yours sincerely

R. Mugweni
PhD student
University of Pretoria
South Africa

APPENDIX 3 SAMPLE OF LETTERS TO SCHOOL HEADS / PRINCIPALS



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Education

Department of Management and Policy Studies
Tel. +27 12 4205641
Cell: +263 11 868840
E-mail: ro.mugweni@gmail.com

30 July 2010

The School Head/Principal
Xxx Secondary School
Masvingo
Zimbabwe

Dear Sir/Madam

I am a PhD student at the University of Pretoria and I would like to conduct research on *Secondary School Teachers' Conceptualisation and Implementation of the AIDS Action Programme in Zimbabwe*. I am seeking permission to conduct my research in your school. I am also inviting you as an individual to participate in this research.

The research procedures will involve data collection in three phases. In the initial phase, you, the school principal will participate in a semi-structured individual interview. In the second phase, five teachers who are direct participants will complete an open-ended questionnaire and participate in a focus group interview. Before data collection begins, I will first come to your school to explain the research and outline the roles of participants. Participants have the right to withdraw from the research activities any time.

Direct participants and indirect participants will be protected from harm by adhering to strict confidentiality and working closely with a school counsellor to refer participants who may need such services as a result of involvement in this research. Voluntary participation will also be respected.

Thank you in advance for assisting me in this research. It is my hope that the findings obtained from the study will be of benefit to all involved since the ultimate aim of the study is the reduction of HIV and AIDS through effective implementation of an AIDS intervention programme in secondary schools.

Yours sincerely

R. Mugweni
PhD student
University of Pretoria
South Africa

DECLARATION OF CONSENT

If you are willing to participate in this study, please sign this letter as a declaration of your consent. It acknowledges that you participate in the research project willingly. It also acknowledges that you may withdraw from the research project any time.

You are assured that the identity of interview observation participants will be kept in confidence.

Participant's signature Date:
.....

Researcher's signature Date:
.....

Yours Sincerely

R. Mugweni
PhD student
University of Pretoria
South Africa

APPENDIX 4 SAMPLE OF LETTERS OF CONSENT TO TEACHERS



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Education

Department of Management and Policy Studies
+27 12 4205641
.Cell: +263 11 868840
E-mail: ro.mugweni@gmail.com

30 July 2010

Teacher xxx
Xxx Secondary School
Masvingo
Zimbabwe

Dear Sir/Madam

I am a PhD student at the University of Pretoria and I would like to conduct research on *Secondary School Teachers' Conceptualisation and Implementation of the AIDS Action Programme in Zimbabwe*. I am requesting you to take part in the study as a primary participant.

The study will involve focus group interviews with teachers teaching HIV and AIDS education under the AIDS Action Programme for Schools and individual interviews with school principals.

Data collection will be conducted in three phases. In the initial phase, the head of school will participate in semi-structured individual interviews. In the second phase, five teachers per school will complete an open-ended questionnaire. Finally the teachers will be asked to participate in focus group interviews. Before data collection begins, I will first come to your school to explain the research and outline participants' roles. Participants have the right to withdraw from the research activities any time.

Thank you in anticipation for assisting me in this research. It is my hope that the findings obtained from the study will be of benefit to you in identifying policy implementation strategies and suggestions for effectively implementing the AIDS Action Programme in your school. Kindly complete the Declaration of Consent memo attached below.

Yours sincerely

R. Mugweni
PhD student
University of Pretoria
South Africa

DECLARATION OF CONSENT

If you are willing to participate in this study, please sign this letter as a declaration of your consent. It acknowledges that you participate in the research willingly. It also acknowledges that you may withdraw from the research project any time.

You are assured that the identity of interview and open-ended questionnaire participants will be kept in confidence and not revealed to any parties or organisations that may be involved in the research process.

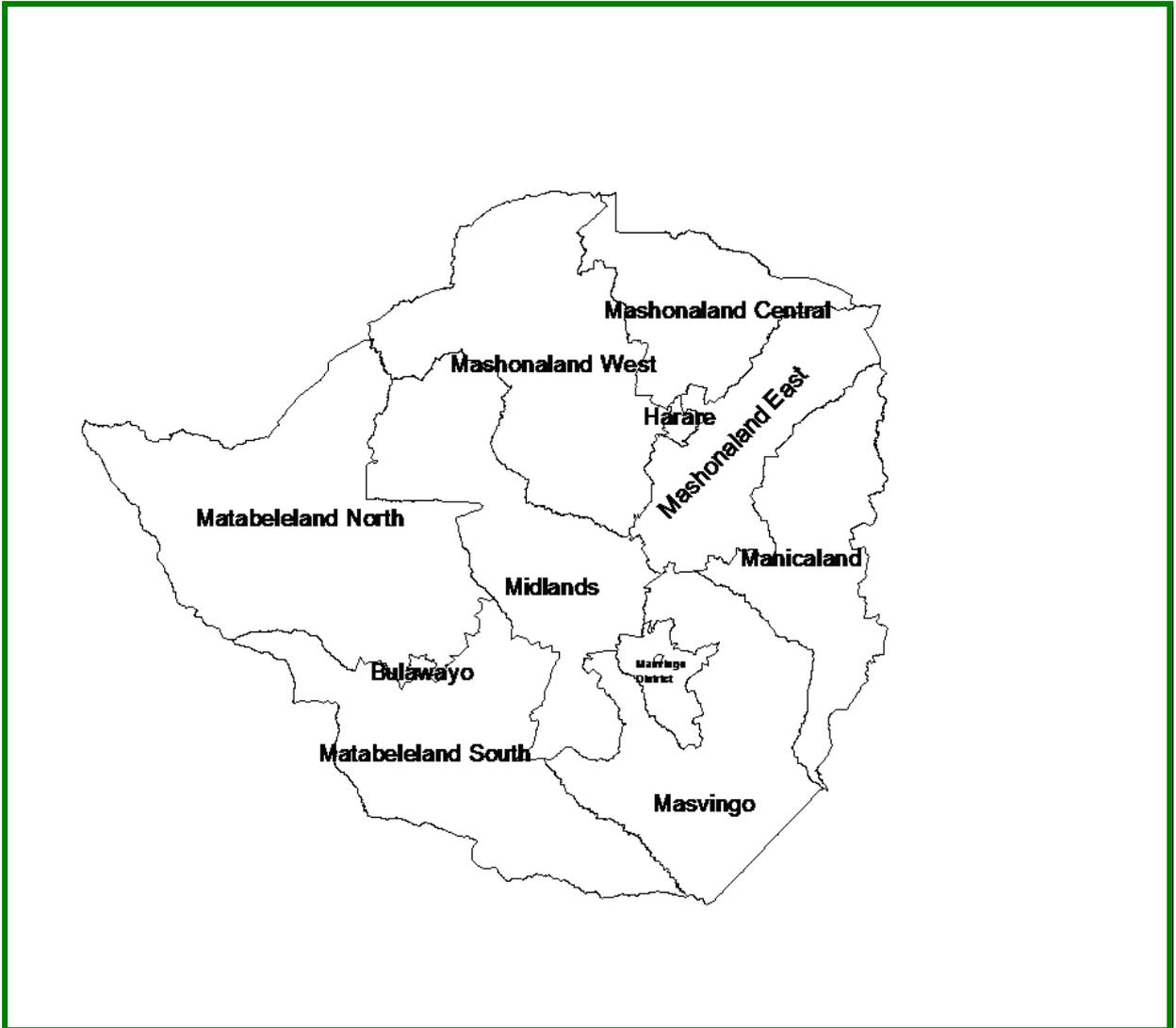
Participant's signature Date:

Researcher's signature Date:

Yours Sincerely

R. Mugweni
PhD student
University of Pretoria
South Africa

APPENDIX 5
MAP OF ZIMBABWE SHOWING MASVINGO DISTRICT



**INTERVIEW SCHEDULE A
MINISTRY OF EDUCATION, SPORT, ARTS & CULTURE OFFICIALS**

The purpose of this schedule is to solicit Ministry of Education officials' understanding of the policy provisions, objectives, teacher mandates and the implementation framework for the AIDS Action Programme at secondary school level.

Interview Date -----

1. What specifically is your role in the Ministry with respect to HIV and AIDS education under the AIDS Action Programme for Schools?
2. What is the policy framework driving the AIDS Action Programme for Schools?
3. What are the major goals of the programme?
4. As a Ministry of Education Sport and Culture official, what do you view as key components of the AIDS Action Programme for Schools?
5. Are school principals and teachers knowledgeable of the AIDS Action Programme for Schools' policy provisions?
6. As a Ministry official under the programme, how do you help school principals/heads to implement the curriculum?
7. What are the mandates of school heads and teachers on the programme and how are they communicated to them?
8. What challenges do schools face during the programme implementation?
9. Since HIV and AIDS education and life skills are not examined, how do schools assess students' performance?
10. What are teacher concerns in implementing the AIDS Action Programme for Schools?

END OF INTERVIEW SCHEDULE A

**INTERVIEW SCHEDULE B
SCHOOL HEADS/PRINCIPALS**

The purpose of this schedule is to solicit school heads' views on the implementation of the AIDS Action Programme in their schools.

1. What is your broad understanding of the AIDS Action Programme for Schools?
2. What are the major goals of the AIDS Action Programme for Schools?
3. What are your views about the programme since its inception in terms of its successes and failures?
4. Is HIV and AIDS education taught at your school, is it on the timetable?
5. How is the AIDS Action Programme implemented in your school and which methods are used?
6. What is your HIV and AIDS education school policy? How do you relate your school policy to the official AAPS policy?
7. What is your role in the school with regard to the implementation of the curriculum area?
8. As the school head, are you adequately trained to meet your mandates on the programme? How can you be assisted to implement the policy better?
9. Which of your teachers participate on the programme and why?
10. How do your teachers understand the AIDS Action Programme and are they adequately trained to implement the subject area?
11. In your view, what do the policy and curriculum for the AIDS Action Programme entail?
12. How does your school effectively implement the AIDS Action Programme? May you give evidence?
13. In which ways are students benefiting from the programme?
14. What do you see as possible gaps between and among policy, curriculum provisions and teacher practices regarding implementation of the programme?
15. What challenges does your school encounter in implementing the AIDS Action Programme for Schools?

16. What Ministry support do you get? Do you have adequate resources to support the programme? Explain.
17. Are the teachers in your school emotionally prepared to teach HIV and AIDS education?
18. As the school principal, what suggestions can you give regarding implementation of the AIDS Action Programme for Schools?

END OF INTERVIEW SCHEDULE B

**FOCUS GROUP INTERVIEW SCHEDULE C
SECONDARY SCHOOL TEACHERS**

The purpose of this schedule is to solicit data in order to establish teachers' understanding of the AIDS Action Programme for Schools (AAPS) and how they implement the policy and curriculum innovation in their classrooms.

1. What is your understanding of the AIDS Action Programme for Schools and how is the programme received by other teachers in your School?
2. What are the main goals of the programme?
3. What do you interpret as policy for the AIDS Action Programme for Schools?
4. What strategies are employed by your school to implement the subject area?
5. Which are some of the life skills you develop in the learners during HIV and AIDS education lessons?
6. How do you rate the availability, relevance and adequacy of HIV and AIDS education resources in your school?
7. Do students benefit in terms of attitude and behaviour change? How?
8. As HIV and AIDS education teachers, what teaching strategies do you employ in your classrooms?
9. As teachers, does the programme affect you in any way? How?
10. To what extent do you think teacher understanding of the AIDS Action Programme contributes to the success or failure of its implementation?
11. What teacher knowledge and skills are required to teach HIV and AIDS education under the programme?
12. What is the role of the school principal in the implementation of the AIDS Action programme?
13. What are the common concerns and challenges in the implementation of the programme? How are the concerns addressed?
14. Which are the possible gaps between policy provisions and curriculum regarding the AIDS Action Programme for Schools?
15. Does implementation of the AIDS Action Programme meet the needs of secondary school learners?

16. How satisfied are you with the curriculum content of the AIDS Action Programme?
17. Which delivery methods seem to be effective in teaching HIV and AIDS and life skills education?
18. What changes in learners' lives would you attribute to their exposure to the AIDS Action programme at school?
19. Through which subjects do students learn better about sexuality, HIV, and AIDS issues?
20. What recommendations would you make for effective implementation of the subject area in schools?

END OF FOCUS GROUP INTERVIEW SCHEDULE C

**OPEN-ENDED QUESTIONNAIRE SCHEDULE D
SECONDARY SCHOOL TEACHERS**

The purpose of this schedule is to solicit secondary school teachers' understandings, response to and implementation of the AIDS Action Programme for Schools.

SECTION A: Biographical Data

1. *What is your pseudonym* -----
2. *What is your gender and age* -----
3. *What is your highest academic and professional qualification* -----

4. *Subject specialization* -----
5. *Teaching experience* -----

SECTION B: Research Information

6. How do you understand the Zimbabwe AIDS Action Programme for Schools

7. Which are the key components of the AIDS Action Programme?

8. What does Ministry policy for the programme entail?

9. What do the policy and curriculum for the AIDS Action Programme entail?

10. Is there need for implementing the programme in secondary schools? Why?

Yes No

11. What do you understand to be the main teacher mandates? How do you respond to and implement the AAPS at your school?

12. Which knowledge and life skills are imparted to learners and do they yield positive results? How?

13. Do you have an HIV and AIDS education school policy? Does your school policy meet the implementation mandates of the AAPS?

14. As a teacher on the AIDS Action Programme, how do you respond to the programme's implementation mandates?

15. Do you view yourself as academically and professionally qualified to teach on the AIDS Action programme?

16. How many HIV and AIDS education workshops and seminars have you attended during the last four years?

17. Do you have training in teaching sexuality and HIV and AIDS education other than the workshops and seminars you attended? Explain your answer.

18. Being a subject specialist teacher, are you competent enough to teach HIV and AIDS education issues? How do you mainstream HIV and AIDS in your subject area?

19. Do you receive support from the school administration? Specify the nature of support received.

20. Which areas of the AAPS are mostly emphasized by your school and why?

21. Which problems related to HIV, AIDS do students at your school normally encounter, and where do they go to seek help?

22. What methods do you employ when teaching HIV and AIDS education under AAPS? What do you understand by participatory methodology?

23. Is the AIDS Action Programme an effective life skills development policy? What are the possible gaps between policy and practice?

24. Would you say that the implementation of the AIDS Action Programme in schools is meeting the needs of the learners? What is your evidence?

25. Does the programme yield positive results among learners, including orphaned and vulnerable children in your school? How do you come to this conclusion?

26. What concerns and day-to-day challenges do you face with regard to implementing AIDS Action Programme for Schools?

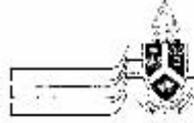
27. As a teacher on the AIDS Action Programme, how prepared are you to teach sexuality and HIV and AIDS issues?

28. What suggestions can you give for the effective implementation of the AIDS Action Programme in schools?

END OF INTERVIEW SCHEDULE C



**APPENDIX 10
ETHICS CLEARANCE CERTIFICATE**



UNIVERSITY OF PRETORIA
FACULTY OF EDUCATION
RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

DEGREE AND PROJECT

INVESTIGATOR(S)

DEPARTMENT

DATE CONSIDERED

DECISION OF THE COMMITTEE

CLEARANCE NUMBER :

EC 10/02/03

PhD

Secondary school teachers' conceptualisation and implementation of the AIDS Action Programme in Zimbabwe

Rose Manetswa Mugweni

Educational Management and Policy Studies

1 November 2011

APPROVED

Please note:

For Masters applications, ethical clearance is valid for 2 years

For PhD applications, ethical clearance is valid for 3 years.

**CHAIRPERSON OF ETHICS
COMMITTEE**

Prof L Ebersohn

DATE

1 November 2011

CC

Jeannie Beukes
Prof. C.G. Hartell
Dr N.C. Phatudi

This ethical clearance certificate is issued subject to the following conditions:

1. A signed personal declaration of responsibility
2. If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted
3. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.

TRANSCRIPT 1

FOCUS GROUP INTERVIEW SCHOOL I: VN680012

What is your understanding of the AIDS Action programme?

1. My understanding of the AIDS Action programme is that individual schools should implement the teaching of HIV and AIDS lessons in their schools and this is a national programme which entails that all pupils should receive tuition, individual tuition on HIV & AIDS.
2. I think I would like to illiterate what the previous speaker has said. To empower them with knowledge of how to prevent HIV & AIDS. To notice behavioural changes in pupils. I think those are some of the AIMS of the programme.
3. It is a programme which brings about awareness within different groups of pupils of school going age, and also it gives awareness of the social implications of the HIV and AIDS programme. It is very beneficial in its mandate to bring about that understanding so that pupils will know where to go and what to plan for in their lives.

How is the programme received by other teachers in the school?

1. The individual teachers greatly appreciate the programme and feel that it brings about behaviour change in pupils especially to abstain from sexual activities which lead to HIV and AIDS.
2. I think generally other teachers really receive it quite well. Because to a large extent its also beneficial to their role as teachers. When certain behaviours which are not good are noticed and the programme really helps to give direction to pupils. Hence, it improves discipline. Teachers welcome it in such a way that they feel its better to teach somebody who is disciplined in such matters so, I think most of teachers really appreciate this programme.
3. It's a very enlightening programme to teachers, but you find that there are some who shun the programme saying its too emotional, its too sensitive for the pupils to be held in such a way. But, to a larger extent we find that most teachers welcome the programme. Because it brings about a human being who is very full and competent in future life.

What would you say are the main goals of the programme?

1. The main goals of the programme are that we should focus on adolescence and puberty, then sexuality among pupils, then the issue of the prevalence of HIV AND AIDS in Zimbabwe and the wider world.
2. Just to add on to what he has said. It also helps to remove the stigma that is concerning HIV and AIDS. Its maybe one of the aims I think.
3. It encourages pupils to be vigilant, to face life realities in their day to day survival, and it gives the pupils room to see where to go and where to end in their real situations.

What do you interpret as policy for the AIDS program?

1. Policy for the programme entails that there is a national mandate that is given to the Ministry of Education, regional level, then the school, and the teacher mandate which is given to individual teachers, that they should teach HIV and AIDS to all pupils.
2. I think the policy for this programme is mainly to have the work planned for from the school level up to the classroom situation. Whereby, that planned work should be delegated to teachers and then a follow up must be made that the work planned is being done in the classroom situations. And it will help made the planned work to be accommodated within the syllabus in the schools.

What strategies are employed by your school to implement the AAPS?

1. As a school we give individual tuition to pupils on HIV and AIDS making sure that the subject Guidance and Counseling is time tabled. We also involve pupils in community activities, workshops and or awareness campaigns.
2. The fact that in our school there is a teacher who is just meant for Guidance and Counseling really proves that the school supports the programme. Just like what Mr Sakala said that there is a time whereby pupils are taught the subject and even when the school has to support pupils when they have to go for such programmes really proves that they support the programme.
3. The programme is really supported in the school because you find that teachers are allowed to attend workshops which are being administered by different organizations. We find that even pupils themselves take part, they participate within the programme in different sectors when they are wanted to take part.

4. We normally have open discussion with the kids. We also partake in Guidance and counseling lessons. We also give pupils some reading materials, fillers, action pals and books which actually give information on AIDS and the oral discussions that we have. We also have outsiders who come to impart knowledge on HIV/AIDS to pupils. Outsiders such as Red Cross, the Police, the Ministry of Health people, legal Society Foundation. We also have Scripture Union. Such organizations come to school and discuss openly with the kids on HIV and AIDS.

Which Life skills do you develop in learners during HIV and AIDS lessons?

1. Basically, pupils are taught how to behave, to abstain from sexual activities. There is such good morality that is being imparted to young boys and girls, that they should abstain from sex before they get married. Basically, I think that's one of things that benefit the pupils.
2. We also tell pupils to empower them to say no. Their word no should have more power than other means of prevention. They should actually refuse to partake in sexual activities, especially with the elders 'these sugar daddies.
3. Basically we look at the spiritual aspect of the pupils. That the children accommodate what would have taken place if they really have to accommodate the situation once they have somebody with HIV and AIDS, they should learn to accommodate such a situation. In that respect we look at the spiritual side of these pupils. How they should accommodate and incorporate such a person within the community. They should be brave enough to face reality if they find themselves in such situations.
4. We also encourage those who are HIV positive to constantly take their drugs so that the drugs will actually work well to improve their health situation. We also encourage pupils to come out openly for help so that they take the drugs earlier the time they would have suffered a lot and wasted. So we encouraged them to open up earlier, to seek information and advice earlier, so that they get onto the treatment programme at an early stage.
5. Maybe that issue of going out for testing is the one which we also emphasize that they should go for HIV/AIDS testing. Then they know their status.

Do you normally create other activities or you stick to those in the resource books?

1. We create other activities especially on the spiritual side. We get involved in other activities such as clubs especially scripture union is assisting them, guidance and counseling is part of the programme. We invite people like the police to come to talk to them. We have specialist people from the Legal Project Centre.
2. We have several NGOs coming into the school to implement programmes and also to assist us in teaching these children about HIV and AIDS.
3. We also have an Environmental Health Club where we discuss issues on HIV and AIDS openly. We have a herbal garden to try and have other means of boosting our immune system apart from the drugs. So we are trying to educate them the various ways of boosting our immune system.
4. I think as teachers we also integrate information about AIDS even in our individual subjects. I think it's one of the ways in which we teach the pupils about AIDS. Say I teach literature, I can choose a book with something to do with AIDS, and I teach it. Maybe I can give them a composition that has to do with AIDS, and I teach it. Maybe I can give them a composition that has to do with AIDS orphans and how people view people with AIDS and like the integration of the information about AIDS and the subject which I am teaching.
5. Okay, at one time someone with AIDS, full blown AIDS, came to the school and talked to the pupils about his status and what causes that, how to prevent it and how to care about people with AIDS, particularly the attitude side.

How do you rate the availability and adequacy of HIV and AIDS education resources in your school?

1. I feel that we have inadequate resources especially when it comes to groups that visit us NGOs and other individuals who come to start up programmes. They do hit and run programmes sometimes. There is no continuity of programmes. So they just come, hit and then run away for long periods.
2. We also have limited resources on Guidance and Counseling lessons. You find out that most of the lessons are off session lessons. Most of the pupils will be tired will be hungry, so they will be thinking of running back home to find that very few pupils will have to attend the lessons. We also feel that the school

should have as much reading materials as possible, so that almost every child would have access to the material.

3. I feel human resource wise there are plenty of members of staff who can assist only that there is limited time given to the subject. I feel if there is time to utilize the human power which is within our school, there is plenty which can be covered being given to the pupils at any time. But the time frame itself is not really adequate.
4. I also feel that there is a lot of theory and not practice. For instance, we talk about herbs we don't have the herb garden. We talk about the correct food what to eat, we don't have the money to buy the food to assist the needy ones, those who don't get the food. We talk about medication but we can't take them to hospital. So I feel there is a lot of theory and it's beyond the teachers. We hope you are going to assist.

Probe: of the materials available are they relevant and comprehensive?

1. Yah the little that we have is very relevant. You find out that most of the information that we get is current information that help to boost the knowledge of pupils about this HIV and AIDS dreaded thing.

How do students benefit from the programme?

1. To a very large extent I believe that students benefit. Like what Mrs Chuma said that at one time somebody with full blown AIDS came to the school. I think that really helped in way to scare off pupils so that they wouldn't engage in anything that would lead them to have HIV. I think there is a lot of behavioural changes that are noticed in pupils, especially when they are taught about the effects of HIV. I think most of them really change their attitude and behaviour.
2. I also feel that there is a positive output on this programme. Because most of the pupils now have changed their behaviour. Some used to be shy, fear stigmatization but since we have tried to sort of remove this label on them, they come openly, they also come to school regularly, their performance in class is also going up. We really feel that there is a big change.
3. Pupils are changing quite positively.

4. Yes, I think its true that there is noticeable behaviour change, in that pupils are abstaining from rampart sexual activity. They are also embracing the new teachings which they are receiving from either their peers, the peer educators. Also they are participating fully in some of the programmes launched by Red Cross, Duchi Care and other NGOs.

As HIV and AIDs education teachers on the programme, what teaching strategies do you employ in your classrooms?

1. Normally participatory approach is what we use. Right, we really want people to say it out.
We want them to be involved in the discussions. We don't want to give them recipes on how to live positively. But we want the information to come from themselves, so that they feel that they really, they can do it. They can do what they have said. Because of the resources they have at school, their friends. So it is more empowering to let them participate fully than to give them recipes that they would not be able to implement. So the participatory method is what we normally use.
2. The participatory methodology includes dramas, song items and any other activities where they participate as pupils as groups, pairs or individuals. In groups they may present short speeches or dramas, present song items and or poems. So it varies depending with the nature of the programme or that day.
3. I think the lecture method whereby I have to tell pupils the situation on the ground about HIV and AIDS its also very important. Since we are trying to empower these pupils with knowledge. They might not have some bit of knowledge about HIV, AIDS, stigma and such. Like so, sometimes I have to research and tell them information that will help them. So that they can act upon the information.

As teachers, does the programme affect you in anyway, and in which way does it affect you?

1. The programme may affect us. Lets say if you don't have the requisite knowledge you find it difficult to deliver the lessons. It also affects us especially when we see that pupils are infected by HIV and AIDS when they are affected by that disease and we know we don't have he resources and the medication.

Sometimes we don't have the relevant people to whom we can refer these pupils so that they get help.

2. I think generally this subject HIV and AIDS is very sensitive. Some of the way it affects us, it's a subject maybe that has been ignored, that was not talked about for a long time. Maybe I have my relative who died of AIDS. So if I have keep on talking about those things, emotionally, it will also affect me. That's what I think can affect me.
3. It's a very sensitive subject to talk about to pupils specially if you find that in the classroom situation there is a pupil who is HIV positive, it becomes very difficult for me to keep on going to that subject day after day. And thinking in mind that I am looking forward for results academically it's not possible. If I look at the person, the pupil who is suffering and viewing the future of that child, it's really a sensitive issue.

Probe: How do you try to cope with the emotional stress as teachers on the programme?

1. Normally when we come we have such situations we discuss with others. You find somebody who is well versed with the subject or the area, then you sit down and discuss, you share ideas, you research. Normally, again the other method that we normally use is the spiritual realm. We pray about it and we believe that the Almighty God have to save us. Otherwise if we don't do that we feel bad and will not be able to help the next group. So we normally discuss and talk to the Almighty about the whole thing.
2. We basically do bad and sharing as teachers. We pray about it as previous speaker as teachers. We pray about it as previous speaker has echoed, especially at this school we value the spiritual aspect and we implement it. We use referrals if it means referring to individual churches or pastors we do that.

As teachers on the programme, to what extent do you think your understanding of this programme contribute to the success or failure of the programme?

1. My understanding of the programme is very essential because when I don't grasp the goals and aims of the programme I will not implement the desired aims of the programme. So a teacher is to fully understand the aims and

objectives of the AIDS Action programme, and look for the requisite materials and resources to use so that we become effective.

2. I also feel that those who are involved or those who are partaking the subject should be completed enough. If they are incompetent then it means that the implementation of the programme is going to be a downfall. So I feel they should be competent.

Probe: How do you rate the competence of the teachers, their understanding?

1. I think we rate teacher competence by their qualifications that are paper qualification as well as the way in which they do their job which is the practical side. For somebody may have paper qualification and not be able to deliver what they have learned academically. So this entails maturity of thought. Is the person mature enough? Do they dispose of themselves well in a manner in which pupils can confide in them when they have problems.
2. We can also rate teacher competence by the product, the outcome of the whole activity. Now if a teacher sort of tries to help some pupils and there is no behaviour change, there are no positive results most of the times, I am not saying that the teacher should have positive results all times. At times you fail, at times you gain, is it, depending on the individual that you deal with. So if most of the products are positive then we can say the teacher is competent enough to do the subject or help pupils.

What teach knowledge and skills are required to teach HIV and AIDS education?

1. The individual teachers need training on HIV and AIDS. They should be educated maybe to receive that paper qualification which we talked about. Teachers can also receive in-service training, attend workshops and seminars.
2. And they have got the will power. Are they willing to teach the subject, because if you force them to teach the subject, they will just attend and they will not really deliver. So they should be willing. Then you also look at their work load, if they have got many lessons, even if they are willing they cannot teach the subject.
3. Like what the others have said the teacher must be knowledgeable. They must have knowledge of the subject area. The teacher should also be honest. Honest to yourself and even to the kid. Otherwise, nothing will come out (hapana chinobuda). I also feel that the teacher should be confident in the subject. You

must have confidence in what you will be talking about. Instead of doubting that I think it will be like this, maybe it will be like that, may be it will be like that. You should be knowledgeable giving children the correct information. Confident in such that if a child is coming to you he or she would know that I am going to get real and appropriate help. The teacher should also have self-awareness 'if one does not have self awareness a student will come to confide in you with a big problem which may even trigger the teacher's problem then nothing will work out. I think these are some of the qualities of those who teach on the programme.

4. I think I just want to add on that back to the classroom situation maybe delivering information. Maybe skills, you talked about skills. Maybe I should employ skills which make children enjoy the particular lesson. Maybe if I just go to talk about the same things talking about the same method the children well end up being bored and they would not want them to understand. So I think just to have different teaching methods, sometimes showing them films, videos and find something interesting to the pupils that help them understood the particular subject. So those are some of the skills like the teachers using different teaching methods especially those interesting to the children so that thy grasp the content.

What is the role of the school principal in implementing AAPS?

1. The school head should ensure that teachers are teaching the programme. School heads also give the necessary support where needed.
2. Support such as making sure that the subject is timetabled, the lessons are on the timetable. In forms where there are workshops, seminars also the teachers to participate.
3. The school also support us by recommending the need to various organisations for help. Pupils who are in need of various organisations or handouts such as food, clothes, school fees and other things are assisted in a way.

What are the common challenges or constraints that you meet in implementing AAPS?

1. Common challenges, lack of resources. They are inadequate and the fact that when some people come and implement programmes there is no continuity of those programmes. They leave gaps. An NGO may be funded for a month.

They come here. They implement a programme, then they go away for the next two years you don't see them. Maybe you see them after 2 years.

2. The other challenge that we normally have is on referrals. Our referral centres are few. And they don't give feedback to say what they have given a child and which programme they have placed the child. So that's another challenge. You can help a child and then you refer the child, you don't get any results. You just see a child not coming to school or something not right.
3. Those teachers involved are overworked. They have their normal work load. For example one teacher is the head of the counseling department, head of the science department, has got a full load of academic lessons and then is supposed to teach this programme off session. At the same time there is nothing in terms of remuneration. Yes they are willing to do the work, they try to do their best. But they are only human beings. They need that extra mile but there isn't anything extra that they get that is different room any other teacher when they are doing this extra mile. So these are some of the challenges. Even though they are doing it, they are doing it but these are the challenges they meet.

The programme is affecting many kids. If you go into a class you see that half of the children in the class are orphans because of this. But its painful to those who are teaching that. Its painful to those who teach that like you said before that its theory and not practice. Sometimes they fail to understand that you sympathise but the sympathy ends in the air. You as a teacher what can you do, nothing. Even those who come to do research, they don't give you anything. It just spending time giving them that information. They go and they don't comeback. So these are people, the few who are doing it.

Probe- How are these challenges being addressed by the administration?

1. The administration has tried to give teacher incentives through Parents Teacher Association (PTA) now called School Development Committee (SDA). They also give individual support where teachers lack.
2. Where teacher are asked to go for workshops they are given bus fares. That is if they ask for them. If they don't ask..., but they are supposed to get something but they don't get lunch. We expect those centres to provide for them. If they don't then they will just go without.

Giving teachers permission attend is another way of supporting. Passing on information where its wanted for instance. Referring some cases. They are doing their best. Actually they need extra support from outside particularly from people like you.

3. Our administration help us in many ways. They support us a lot especially if you go with the problem of a child without school fees especially these OVCs, those without uniform

Ms Chuma goes out of her way to look for the children's clothes and jerseys. At this school we got some clothes and gave the children. So administration supports us a lot. They support this programme. Many dilemmas end up here, but the most challenging ones are referred to higher offices. There are some children on fees challenges NGOs who can help, there are some teachers who are assisting. The administration knows those who are willing to assist so they talk to them. They are willing and paying fees for some of the kids, from the little money (2c) that they are getting.

What do you see as the possible gaps between policy provisions and curriculum implementation

1. I think the gaps are that policy is enunciated after the policy is enunciated, there may be no fellow up from those policy makers to really see that what they desire is really see that what they desire is really what happens in the classrooms. So, that the gap is because we need follow up by the relevant people so that they ensure we do exactly what is required.
2. There is no continuity on set policies and what happens in schools. Policy stay in computers, in syllabuses, here its implemented but no one assesses what is taking place. There must be some assessment of saying what is happening. If there could be that continuity, the programme will be very effective.

We say we really want to see behavioural change that's another aim. I think that area is being done, like we have said we see a lot of changes in behaviour. So on that aspect there is a link between policy and implementation.

Do you think implementation of this programme is meeting the needs of secondary school learners?

1. Yes I see it as meeting the needs of learners more than we anticipate. Because secondary school learners are adolescents. Adolescents at this stage they have

that storm and stress behaviour, they have identity crisis, have a lot of confusion, so a lot of influence, experimental early age, and the development of different organs. So a child really wants to feel to taste how sweet are different things. If we actually teach or give them such information, the advantages and disadvantages of such things they enjoy, it helps them a lot. The child will have an informed decision and live a better life. So the programme helps a lot at secondary school level.

2. Like what she has just said, they want to experiment, so some kids are being helped. We have case that happened today. Someone was trying to videotape a girl because they want to know what she looks like inside. So if you show them the pictures they know what a girl looks like. In our science syllabus there is this topic on Reproductive Health, so some of the pictures are there they see them. We are even recommended to use videotapes showing, especially when you are teaching about STIs, we will be doing that. A child can be helped by that. Another child may have that anxiety that I want to explore further. So if we teach. AIDS education at secondary school level I see as if it really helps them.

How satisfied are you with the curriculum content for HIV/AIDS education?

1. We feel the curriculum content is maybe adequate to the level of the pupils. I think it has been broken down to the level of the pupils, its relevant.
2. I view or see it as good.
3. I think it should include topics like Home Based Care. I think that one is missing. You find that children who will care for parents or relatives who are sick are children who are children who are even the age of those at secondary school. So I don't know whether we really teach it or maybe we concentrate on HIV and AIDS but to deal with home-based care, because learners come across such situations maybe we just ignore it. I think we need to emphasise that because that is really what is happening.
4. A lot of theory and not practice, so we need more practical lessons.

Which delivery methods seem to be effective in learning about HIV and AIDS?

1. The participatory method basically although the lecture method is seldom used. But when they really participate-short skits, poems and any other group activities.

Do you use peer leaders in your lessons and how effective are these peer leaders on the programme?

1. Peer educators normally are not involved in the lesson since they want to be taught also within the lesson. So we normally use them during clubs. We have clubs that we do with their peer educators. That is where they participate a lot. Not in the lesson so that he/she remains a peer educator who is central or at a centre stage. Normally we don't use them like that.
2. I feel that peer educators are very effective in that us because of the age group (difference) that is between us and the children maybe they think that we don't understand them and the like. Maybe if they are being taught by someone of the same age group. They tend to grasp and maybe believe in that person more than they would do to us because of the age gap that is between us.

How then do you assess children's understanding of sexuality and HIV and AIDS issues?

1. We assess and rate by what they do after they have acquired the relevant knowledge on the subject. That is their behaviours and also the activities that they get involved in to show that they appreciate the fact that HIV and AIDS is there to stay. That it is affecting and infecting many people in our communities.

How do you evaluate the programme?

1. We evaluate the work on the programme in our scheme books. Because we do scheming and planning for the lessons we evaluate also by seeing what happens among the learners themselves. That way we rate developments that may be taking place.
2. Like we said that the resources that have limited. You find out that we have limited. You find out that the teacher we have the scheme book, we have the syllabus and a few materials the teacher refer to. There is no test items that we can use like what they say in psychology there should be test items that will be there. In HIV and AIDS education there are no test items. You evaluate on your own assessing a child. You can be objective, you can be subjective in assessing a child as an individual.

I think here test materials are required, so that you see whether learners are grasping or what that behaviour change of a child, also seeing how the child is

participating. Whether learners are understanding during discussions. So we have a gap on the issue of assessment and evaluation.

What changes to the learner's life would you attribute to their exposure to the programme?

1. We have seen abstinence in some pupils, we have also seen pupils changing their friendship patterns. As well we may hear reports from some parents, I mean positive reports that is when children are doing okay when we meet parents.
2. We see good behaviour being shown by children that they are delaying in sexual activities after they obtained such information. They are delaying in engaging in sexual activities. Many children used to get married as soon as they leave school. Now they are spending two, three years doing courses before getting married taking care of their life. It is a result of the information. School dropouts are reducing. It is another positive area, another positive measure.
3. We also realise that some of the children we deal with are properly and happily married in life. They also appreciate that the AIDS education we offered him/her helped in life so that proclamation that we get from children gives us a guiding line of what is happening.
4. I want to comment that it may be for fetched but maybe it comes from schools that in Zimbabwe a percentage of people with HIV dropped. I think it's the advise and knowledge given in schools which makes children even if they are mature and older become responsible in their behaviour. Even at national level the percentage of people with HIV becomes low.

As an individual, to what extent have you contributed to the implementation of the AAPS?

1. I have tried to be resourceful, to look for the requisite knowledge and materials to use. I have also been involved other teachers in the school, mature teachers to Guide and Counsel the pupils and pupils can confide in them when they have problems.
2. I have integrated HIV and AIDS matters in my lessons. I make sure that whenever I get the opportunity I talk about HIV and AIDS effects even in my lessons.

3. I find it very challenging indeed but I have done my best to lead the pupils mostly in the spiritual nature. Referring them to what God really wants of a human being, regarding the morality of the human being. And how that person should be incorporated where he realises that he is HIV positive.
4. I made a resource centre where pupils with questions, problems can come for reference. There are books at our small library where students research so that they get more information. I am also a counsellor for the kids, I do referrals and other duties on HIV and AIDS expected of me by the department. My attendance of seminars helped me to be empowered to help students more knowledgeable and with good strategies.

Overall, what would you say are the major challenges or problems in implementing the programme?

1. The major problem here I see is that there is a lot of paper work and no practice. We do not see what is being done on the ground but theory, we have lots of papers but action we are not able. The other problem I see there is no follow up. People just come to dump information and go for good. No one comes back to check what is happening, how are the affected and infected being helped. There are no handouts to help child-headed families. We give people information and they go. Us who give information we appear as fools. So there is no follow up and its one of the major problems.
2. Maybe it's the sensitivity of the subject itself. Maybe most of the people are affected so that if you are delivering the content to the child ... I remember it was in 2005 when an English language where a comprehension passage on AIDS was given by ZIMSEC. It was very emotional, I remember that year pupils failed English. Because if the child had left a child suffering from AIDS at home how was he child going to concentrate on the exam paper. I see the issue is still sensitive. Its not very easy for a child in the situation to find it easy. I am not saying the programme must not be implemented but those are some of the problems we can face that some children do not just want to talk about it and to be free about it.
3. Another problem is that the issue of stigmatization has not yet finished in people. So far you really talk with students on the programme you find a child being pin pointed even the teachers being pointed at. So that stigmatization if it still exists, I don't know how it can be removed in people. But its still there and

as a result people begin using the program. That if its like that we do not want the programme because it makes us being labeled that we have HIV. That is another problem.

4. Let me add on that to say it is frightening to the children to be identified that h/she has got HIV and AIDS. Some will be finding something to laugh at. And also it comes from the teachers and or elderly people in society, that where the big problem is to say many people laugh and they stigmatize these developments.

What recommendations can you put forward for effective implementation of AAPS?

- 1.. We recommend that adequate resources be provided. That there be enough teaching time allocated for the subject. There should be through and meaningful follow up on programmes. So that the programmes remain continuous.
2. Teachers who teach HIV/AIDS be trained. So that they have deeper content. So that they have good qualities and skills to teach that subject so that it becomes effective.
3. Somebody can be effective when someone is doing something with a passion on it. I think for people who would teach Guidance and Counseling, I think they should really empathise with the pupils. So that children especially on counseling become free of stigmatization and victimization. So teachers with a passion for that, well trained and the skills that they will impart on pupils should be grasped by pupils correctly. Should not be like nurses who are rough to patients/people because they were not meant to be nurses.

Thank you.

TRANSCRIPT 2

FOCUS GROUP INTERVIEW SCHOOL 2: VN680023

What is your understanding of the AIDS Action Programme?

1. AAPS – is that programme which teaches or which gives children ideas about HIV and AIDS.
2. I think HIV awareness is all about giving children an insight into this epidemic which has rocked the world.
3. I think it is a programme which is designed to cater for people who can be affected by the epidemic or who are already affected by the epidemic disease which is called AIDS; and it again educate the public about how to handle people who are HIV affected.

How is this programme received by teachers in your school?

1. The programme is incorporated in guidance and counseling, as one of the topics that is a major topic in Guidance and Counseling. But Guidance and Counseling subject is not given room, enough time in the timetable. Hence its not received in a way other subjects are being treated at this school. Its just like a part-time subject that the HOD and other members can find extra time to teach it. Therefore, it depends with the teacher to teach it or not.
2. I think teachers are not taking it very serious because its like they really don't know what is involved in making pupils aware of what should be taught or known about HIV.
3. I think teachers are not aware again of what they should teach and what they should not teach and in this subject.
4. Teachers are not aware because there are no syllabuses to cover. 'vanhu havatorina ruzivo and vasina ruzivo nezveizvozvo, kutitodzidzisa vana ava sei, toenda kupi, todii. Chinozongoitika futi ndechekuti tinongozoona sekuti zvinotiwanzira basa pamusoro pekushaikwa kwemari.

What do you see as the major goals o the programme?

1. Tiri kuzama kudzivirira vana vedu. This generation 'kuti HIV isa spreada'
2. The other objective I think is for making kids even appreciate those who are affected by the pandemic, even in classes, at home, and to make children

aware that they should teach, sometimes teach their parents that they should assist orphans in their homes.

3. It trying to make pupils to have a role to play in the society to discourage the spread of the epidemic. To make children aware of that disease. That's why it is called HIV awareness campaign.

What do we interpret as police on AAPS?

1. Is to make pupils just aware that there is HIV and AIDS
2. I think it's a compulsory issue that children should be taught about the epidemic.
3. Ah, I don't know about the policy.
4. The policy while it is saying its compulsory, "vanenge vachizoti" each class should have one lesson per week, one 35 or 40 minutes lesson per week.

What methods or strategies are employed to teach on the programme?

1. We are doing it as a subject through guidance and counseling but its not on the time table because it doesn't fit. The time table is full and otherwise I am finding difficulties in teaching this one.
2. We are trying to teach the subject but we don't have materials, we don't have the content. We don't even know what to do with the kids suppose I am given the period, the time to go and teach the subject.
3. "Apa ndotofunga kuti it runs from the policy, the government policy. 'Hapana policy in place inoita enforce that HIV programme to be successful. Because even our Ministry of Education, its just on paper, but practically, there is nothing which is being done practically. Therefore we are having problems when it comes to teaching that subject. Because even the rewards, we don't have the rewards, even you get friction with the parents if you don't have something to protect you. If you talk to the children, the prize you get concerning HIV and AIDS. "Paunenge uchitraya kuCounsellor paya uchanobata-bata zvimwe zvinobata vana mbuya, zvimwe zvinobata vana sekuru. The kwosechewa kuti uyu ndiani, nditicha ani unotsvaga zvekumusha kwedu asi Head vakadai. Apa wozouya kunaHead. Head voshayavo zvokuzviprotekita kuMinistry of Education kuti ticha wangu wanga wotsvagei. Saka dai iri subject yakangoita seScience dzangojairwa waiti ndanga ndichingoitawo basa rangu rakati rikati. But iyi haidaro nenyaya yekuti isocial subject. Its on social aspect, inonobata even the parents kumba kuti vandidana vakati uri positive. Pangava poda makhadhi poda

chii, wona wangu mangoona kuti wadai iwe pamwe unoda kumubetsera. Saka dai tanga tine policy iri in place, inoholder, inoitira kuti iniwo sateacher ndazoita izvozvoiniwo I am protected. Pane zifear rokuti what are my parameters even if I am sitting that there is a problem? For example, child abuse. That child abuse is a major topic especially 'kuno kusecondary because taane vana vokura vava pa adolescence vava kubvira kuonawo nemaparents avo kana nevamwe vanova abuser. Zvino ini kana ndikadana mwana iyeye pachikoro , ndiri weguidance and counseling, ndinofanira kucounsellor mwana uyu kuti azive kwaanofanira kuenda. But, isati yasvika kuya kumacourts nekupi nekupi inoda kumboitwa pano pachikoro. Pachikoro panoapaHead unoshaya samba rekundi protector.

4. 'Kunofanira kuva nemamwe mamethods which the government must use. Zvino motivator kuti' those pupils affected by the epidemic 'vanove, vanobuda pachena' so that 'iwewe' as a guidance and counseling teacher you have room to talk with them, to discuss further what should be done under such circumstances.
5. On a positive note we cant say 'hapana, takango neglectawo, hapana zvinhu zvirikuitika. Programme like Duchcare gives us some resources to help such infected and affected children. Inongova problem chete yekuti policy ndiyo inofanira kuve enforcing. Tikangosimbirira papolicy zvinhu zvese zvinetenge zvatonaka. Because pane vamwe vanenge vachitoriwo eager to help, giving us what to help with but if you are helping from junk without being known you are helping as who, within which parameters, ending where and starting where. Then it becomes a problem. We recommend protective policy so that when we deal with topics such as child abuse, we will be knowing that already ifi am a teacher dealing with such subject I am protected, just like Maths, jut like any other subject. It's a topic in question.

We are afraid because we are expected to teach children about their rights, their right, looking at them so you see that parents are used to treat their children the way they like. Then a child reports that my uncle beat me up, my mother beat me. Then you say go and report to the police. Then the parents will come to school to challenge who is teaching my child such things. Mwana wozoti kusapekedzwa kwandinoitwa ini ndine kodzero dzangu dzekutengerwa hembe.Nekuti vana vanematorere avanozviita, tadzidza pamusoro pamarights

teacher vatoti ikodzero yangu ndinogona kutokumhangarirai. We want empowerment, total empowerment.

Which are some of the life skills which you are trying to develop in your learners?

The skills we are empowering children are:-

1. Self – esteem, Self-help skills, manners, how to handle situations, to be analytic.
2. To develop the child's self-esteem, confidence in what the child does, something like that.

Do you create your own activities or you stick on those from the Ministry?

1. Nothing from the Ministry but creating our own. We try to create our own at our school.
2. We create activities according to the given situation. Suppose you get into a classroom where there are problems. You start talking about the problems that exist at that particular point in time.

How do you rate the availability and adequacy of the HIV and AIDS programme?

1. We don't have resources. We have nothing to rate expect to talk about – we have nothing. We have no resources, no material, we have nothing ah!
2. Except human resources, teachers are available but other resources we don't have. These were given as chorus answers.

Do you think the students are benefiting in terms of attitude and behaviour change?

1. I don't think they are benefiting because we don't have ample time with them. Especially here in town, they need a lot of time to talk to them.

What teaching strategies do you use in your classrooms?

1. We just transfer our teaching methods from other subjects to this subject. Because we don't have a specific syllabus for it if I am a Science teacher I just transfer the teaching methods to that, if I am a Shona teacher I just transfer these.

2. Its usually class discussion.
3. Individual discussions with affected students.

As a teacher, does that programme affect you in any way?

1. We are affected because at times if you have trained to teach a certain subject and then you lack resources to back up then you are not going anywhere. Then you are totally affected. Because socially, morally and psychologically you are misfit. Because 'kana ukanzi uri teacher weGuidance and Counseling vamwe vanopedzisira woshaiwa kuti iwe uri weyi, wakanangana neyi havakunzwisisi. But iwe unenge unchifanira kunzwisisika because wakatzozvitainer. But haunzwisisiki nekuti varipa community iyoyo havazivi kuti unoita nezvei. Then inini a person apiwa subject iyoyo even the Head handizivi kuti ndovaitirei. Kana kukauya veDuch Care ndoita zvananoda, kana vakauya vechii. Then I am totally affected as a professional as an individual because I have skills to teach kids but the environment is not conducive for me. We don't have parameters, where to start and where to end and policies to back us up. No syllabuses, no materials, no what but you are a just moving. You are a subject teacher who should teach the subject
And above all the subject is not taken as important. Not examined. So you find people are not serious when you ask them to teach. We try to make our own syllabuses, derived from the environment.

Do you think teacher understanding affect the success of implementing the programme?

1. To a larger extent it does. Because information is not dished to the public. If I am the facilitator of the subject, am I not in a good environment to dish out the information that I have. Therefore, the information is not reaching the public that it is supposed to. Therefore it becomes a non-starter. The programme flops. Because teacher 'wacho ndiye anenge ari key yeku kiinura vari kuseri uko, zvino kana key ikadonha ikarashika munoramba vamwe vari kuseri, vamwe vari panze.

What knowledge and skills are required to teach HIV & AIDS under the programme?

1. We need workshops for knowledge and content and skills. A lot of workshops so that each and everyone of our staff learn. We are supposed to be taught even AIDS awareness itself. Am I aware totally what happens to the person. And at times theoretically I may know a little bit. But we should go into practical situations. We should go to the hospitals and see how to handle those people with HIV and AIDS. So that even me as a teacher, I am able to handle a person with HIV and approach. And the language to use which is very powerful.
2. We also need resources to use so that those skills can be imparted. We need to go outside there and see how to assist our students.
Knowledge is power. We need even to go to our neighbouring countries and see what is happening. To source out even resources, even knowledge about how it is done in other countries and even pass the knowledge through workshops to other people.

What is the role of the Principal in implementing the programme?

1. To distribute duties in terms of teacher allocation only. To facilitate proposals that we were making previously concerning the empowerment of us. Try to widen the horizon for us to source knowledge concerning that subject with the outside community, Even the outside community, the Ministry of Education, so that the policies will be put in place to back us for security reasons.

What are the common day to day challenges that you are facing implement the programme?

1. To distribute duties in terms of teacher allocation only. To facilitate proposals that we were making previously concerning the empowerment of us. Try to widen the horizon for us to source knowledge concerning that subject with the outside community. Even the outside community, the Ministry of Education, so that the policies will be put in place to back us for security reasons.

What are the common day to day challenges that you are facing to implement the programme?

1. Social problems, tinenge totokonana ne community patinenge tichi tryer kuhelper. Even pachikoro pedu, kana vangodana vana, the girl child, its a major topic the girl child, then by so doing you are inviting problems. Even their home

background, even here at school. And if you are talking about the teacher pupil interaction with a male teacher.

2. We do not have protection from the school, the community, the Ministry of Education and we feel if we go deeper with the subject we get into more problems. Even their home background, even here at school. And if you are talking about the teacher pupil interaction with a male teacher.

Tinowana maproblems akatowandisa in the sense yekutoti, sokumbotaurwa kwazvamboita, panokwanisa kunge pane mwana une problem, the moment yandinogotanga kungotaura naye, tichazatora mafurther steps from there ari correct ini ndotopinda musoup. Nokuti zvofanana nokuti panogona kurepotwa zvokuti vana vanofanira kuenda ku Victim Friendly Unit vondoripota. Nyaya yava ikoko. Maourisawo dzimwe nhambo vakauya panoapa vanouya vozotsvaka madam. Saka the moment pandinooneka ndichitaura nemupurisa, vana vanotanga kutoti madam vanga vachimbotaura nemusikana nhingi. Baba vemusikana nhingi ndivo vasungwa saka madam ndivo vakadini, vakashata, handiti munozviona.

People should be aware that having HIV its not a crime, they should be open. For example, there as a problem that once happened at this school, whereby a girl was tested positive, then almost the whole class knew about the situation. Then another boy in upper sixth went to have an affair with the girl. So we don't know what was the outcome of the relationship. The girl did not open up. Maybe the community should be aware that AIDS is not something which should be kept secret.

By right it is the duty of the teacher to intervene now, it becomes a problem. A big problem when you are not protected. Its closing up the channel for you to intervene. Then you become affected when such problems arise, you keep quiet and HIV/AIDS will spread.

How are your concerns addressed by the administration?

1. I think even the administration is in problems in terms of this, and someone cannot address other people's problems when he/she is in hard problem and deep problem. It is as well affected by the policies which are not in place, and one cannot protect the other one.
2. Our concerns are not being addressed. Let me say we have seen gaps GAPS between policy and curriculum implementation, there is no syllabus. There is

monitoring, there is no assessment. There is no funding, no incentives. You just see as things adding your work load and time wasting.

Does the implementation of the AIDS programme meet the needs of learners?

1. If it was being done properly it would address issues that help learners. Because, actually, socially, morally, emotionally, even economically. Because children are affected out there by things that would come and disturb them in their learning.

How satisfied are you with the curriculum content of the AIDS programme?

1. Already we don't have the syllabus and we don't know at school level.
2. The Ministry is not having the syllabus that covers about HIV and AIDS. They only have objectives. But at school level, we make our own syllabus. Each school makes its own syllabus, so its very different from one school to another. Therefore its not uniform so that it can be set as an examination, so it doesn't satisfy anything.

Which methods seem to be effective in teaching this subject?

1. Class discussion and role play
2. Class discussion and role play are best methods which I have discovered to be very effective in teaching and implementing AAPS.
3. Even music therapy is very important.
4. Question and answer as they relate their experiences.
5. Personal discussions with individual kids. Sometimes the problem is more personal.

Do you have peer educators in your school and how effective are they?

1. Peer educators we don't really, of course there are there but because there are certain times when they go out like at Red Cross peer educators. But here at school we don't see them involved and being effective.
2. They are few such that they cannot help at a large school like this one.

What are the changes that you have seen in children's life?

1. Behaviour change at times. Some have opted to go for testing. A limited number of pregnancies is taking place.

If you are integrating or mainstreaming, which subjects do you think are better to teach HIV and AIDS.

1. Science subjects, English, Social subjects. There are topics in Science that touches on human sexuality and other issues.
2. For example, human and social biology. It touches the social aspect of the child. Even how to handle people who are ill including those with HIV.

Suggestions for effective implementation of the AAPS?

1. Basically we want to talk about the policy enforcement by the Ministry of Education so that the teachers are empowered to teach the subject without fear.
2. Lack of resources, we think s a school we should be given, we should allocated, when other subjects are being given resources, we should also get something out of it.
3. Lack of time to teach the subject. The subject is not put on the school timetable like any other subject. So it should be given time so that teachers actually teach as a normal load not as part-time to students.
4. The problem of lack o protection because as teachers we are afraid to teach some topics, to talk about them. We open a can of worms, or open a Pandora box. Because if we proceed with some topics we will be affected. So we ask the Ministry if it can find policy, a section in the policy which protects us as teachers, so that we handle children issues as they are.
5. It should be given importance, for example at higher level, people are given diplomas, Certificates and so on. At school level, maybe we should find a way of examining it so that pupils can be given something that will help them later maybe to recognize its importance.

Again we emphasize on learning from neighbouring countries so that we see what others are doing. To see how they do it in developed countries to protect the teachers who teach this subject.

Thank you

TRANSCRIPT 3

FOCUS GROUP INTERVIEW SCHOOL 3: VN680018

What is your understanding of the AIDS Action programme for schools

1. My understanding is that AIDS Action programme for schools is not that specified in our curriculum as it were. My understanding is that they should be taught about this HIV and AIDS because they are the vulnerable group. These are the kids that are most affected or infected by the virus.
2. I think Zimbabwe AIDS Action programme or schools is mainly to alert or to make aware some pupils who are still young of the AIDS pandemic which is in our country. To also alert them on how they should avoid being infected or affected by the HIV virus whilst they are still young.
3. My understanding about the Zimbabwe AIDS Action programme for schools is that I think it's a subject which should be taught in school specially at the level of children at secondary school, adolescents. So I think its very vital that it should be taught. But, as it is now, I think it is not included in the curriculum as it is not stipulated on the time tables.
4. My understanding of the AIDS Action programme to schools is that there should be a focus and a push to go into schools by individuals or organisations teaching children about this pandemic. Because they are vulnerable group. They are the people thar are most affected. But they don't know how to handle the situation, don't know how to handle puberty and they don't know how to handle teenage age. So the AIDS Action programme really should do more than its doing now.
5. The AIDS Action programme I believe it's a useful programme to make the youths aware of the danger of AIDS. I know the Media is already doing a lot in informing everybody about the dangers of disease. But I think we need to get closer to the group. That is the youth. To make them aware that its not only the older people who get affected but they are also in danger. So I think there is a need to push this programme and have more people get in touch with our youths and protecting them.

How is this programme received by other teachers in your school?

1. I think every teacher in the school is aware of the dangers of this disease and they would like to have the children taught. They are very keen even themselves to teach about this pandemic to the children. There is no negativity about it everybody wants to have this pandemic known by the children. So its popular, everybody wants to teach the children about it.
2. The teachers can also want to teach the subject but the problem is like I said before, the subject is not time tabled, there is no adequate information as pertaining to the subject and how to teach it of cause the media is trying to do something but really there is need for some organisations to have materials that can be used for teaching. There is also need for them to train teachers or to train other people who can come and really work on the issue of the AIDS Action programme.
3. I think most teachers have welcomed the programme and they are prepared to teach or talk to pupils about AIDS. But the problem its not on the curriculum. It has to be scheduled on the time table so that it will not have problems. So that it will not cause problems, for example most of the problems we have with pupils you cannot freely talk to them about AIDS because you are not sure on how the pupils takes it. So if it could be put on the curriculum as a subject bi think it would be better and it will also make us feel free to talk to them and even counsel those pupils that we se are in problems or those who have problems in behaviour.
4. I think the programme is welcomed by everybody who is a teacher . Because we are the ones who spent most of the time with the children. The infected and the affected, especially the infected child, there is no way you can go to them and talk to them about how to keep themselves when you don't have such a programme in the school. The affected, hose who have lost parents there is no way you can go in and help them when you don't have this particular programme in the school. So I think having it at school can be of much importance.
5. I think the science department can help on this subject. Maybe I could this area of AIDS curriculum. I think the programme is well received, but maybe that area would help as well.

What are the main goals or the objectives of the AIDS awareness programme?

1. I think the main goal of this programme is to make the younger generation aware of what they are faced with. Secondly I think this programme also aims at breaking cultural barriers, customs and traditions that would send a child to go and get married to somebody with seven wives because 'ari kuenda kuchigadza mapfihwa' or 'ari kuenda kunozvarirwa vatete vana'. If children are made aware that these customs are dangerous, then we will have achieved one of the major goals of this programme. We also want to make the children know that there are those who are infected and affected. We want them to know that if they are affected because parents have passed on through this disease, it is not the end of the world. The goal, the objective is to teach them that it's not the end of the world. They can live a life being affected as they are. They are just as normal as any other child. To make them fit in Society. That is I think one of the goals of this programme.
2. The objectives of this programme is to alert the students or the children of the dangers like the other speaker said, of this problem which is affecting the whole world and it will also equip them with information or with what to do when problems arise whether they are affected or infected. But they really live in a society where they meet these things or this situation, so they need to be equipped with the information so that they know how to handle this.
3. I think the objective is to alert these pupils of the dangers of AIDS. To help in creating an HIV free generation through abstinence. So to those who are not infected I think it would be best for us to equip them with information on how they should live without AIDS to refrain from situations where they may be exposed to AIDS. To those who have been affected we should help them move on with their future. Looking at themselves as infected people, accepting their status and also helping other people and the community so that they help in preventing the spread of AIDS in the community.
4. The main objective to this I think to help children mainly, to be able to look after themselves like what everyone else said. In class not to stigmatise the others. Like when you are in class, the moment they know that this one is sickling, is not always well, they will try to remove themselves from the others. And also they can feel uncomfortable with the others. So I think it will be best so that we conscientise every child about this HIV and AIDS. Of course they know about it

but if they don't know how to handle each other with those who have been infected and those who are affected by the pandemic.

5. I think the main idea is to educate the pupils or the youths on the dangers of the disease and in this way prepare them for their social encounters with the members of the opposite sex. To prepare them for the challenging adult life in this age where we have this disease AIDS which threatens them. So they have to be aware and know how to handle all those situations. For those who are affected they have to be educated on change of attitudes.

What do you interpret as policy for the AIDS Action programme?

1. I feel this programme has not been given enough time and chance in the schools and for us to discuss about policy position at this stage its not applicable at the moment. Because we don't have, and even if its there the teachers who are teaching about this disease have not been trained, its just from reading literature from here and there. And nobody has taught you what the policy or the underlying policy is for this programme. So we need that, if we can have that then.... There is a policy gap. Because I feel most of the teachers that are teaching this subject don't know anything about it. They are not trained. They teach from experiences, from what they see, from reading literature and from nothing more than that. So for us to talk about policy we wouldn't be correct.
2. I think on the issue of policy, people do not have that. They do not have written documents pertaining to the policy. There is no knowledge on that in the schools that's the problem. If we can have something which is outlined, which is written down so that we know what to follow. And we can also derive objectives from that policy. So because of that, people will just teach from the environment from their experience, from the things they meet every day. But its not they are taking it from like a syllabus. There is nothing like that. If the policy document is there, we don't know it as teachers. The other problem, for me I have never attended know even the policies, even the objectives we have just been talking about the objectives from what we think should be taught to the students. So we don't have the policy document.
3. On the issue of policy, I think its not stipulated. We just talk of AIDS from a layman's point of view, from humanity from experiences. What I see in my family, at working place, wherever, from other people's stories that is the

information that we use when we are talking about AIDS. We have nothing clearly stipulated, or even literature on AIDS that's the problem. We only use our experiences.

4. There is a book 'Lets Talk About It', but it doesn't have much. It scanty information, the same book is used. In primary school there is the same literature, up to 'A' level we are told to use that 'Lets Talk About It'. Its got no information what so ever about living with it (AIDS) and how to help affected children. 'Lets Talk About It is Book 1, Book 2, Book 3, book 4; that's the literature they say they have sent. But its so shallow, even if you were to use it you don't get anything else out of it other than people who are saying I am HIV positive and the meaning of the abbreviation AIDS. And its not much there isn't much information in those books 'Lets Talk About It', they have sent to the schools. Which the Ministry could say we have sent information. And teachers are not trained to teach, so I don't see any reason.

Which are the life skills that you are developing in learners during AIDS awareness?

1. We are trying to teach them how to avoid being affected by abstinence, using condoms and using all sorts o protective methods as we come across them. Those who are infected for instance in Guidance and Counseling we sit down with them, talk to them, tell them no this is something that's happening but you can still live. Do not terminate your life because you are infected. We teach them to focus, to look into the future despite the fact that they are infected. These are some of the life skills that we are teaching them. We also teach them to reach out to their age group in Guidance and Counseling, talk together, tell them that they are not social misfits. That's what we are trying.
2. On the Life Skills we can also teach them to be clean, to be smart whether they are infected or affected at home if they don't have parents they also need to keep their homes clean. They need to live in a clean environment to avoid even other diseases that may crop up because of dirt. So those are some of the life skills that we teach our students.
3. We teach them hygiene on life skills so that if they are infected they can maintain the smartness in their homes and their appearances as individuals and at home and even in class they should maintain that hygiene. We also help them on how they should work for themselves. For example menial jobs such as

washing their clothes, so that they can live well. These are the life skills that we impart to pupils.

4. We don't have resources, that's our problem. But I think these children will get into the future. For, them to get jobs out there especially those infected, they will not get the jobs. So if we had resources we could teach them what they can do or themselves (practical skills) as individuals. So that even if they go into society, they can work for themselves instead of finding jobs 'vachisemwa vachinzi' you are not suitable. These are some of the skills that we would like to teach them but have not yet taught them due to like of resources.

Do you create your own activities or you stick to those in the resource books?

1. At times you have to be creative and teaching is about being creative. So sticking to those, like I say 'Lets Talk About It' doesn't have varied activities. It's the same book that is used at primary school that we get here. The 'Lets Talk About It' its just different in name. They have just written Form One, Form Two, Form Three, but if you take the one that's written Grade 6 and compare it to the Form 1 book the information is the same. There will be a slight difference, but activities are the same. So you have to be very creative. Have other activities also to teach the kids.
2. Sometimes we get some guest speakers who give us better information as a group in Forms, and we find that's useful. I think that's one method that we find to be useful in our school.

What strategies are used by your school to implement the programme?

1. In the school so far we have the drama club. In the drama club, I normally ask what they are doing because we work together. They do these plays that pertain to the AIDS pandemic. How it is contracted and how it could be avoided. They have gone quite far with that programme. We also invite people from outside as she has been saying. They will come and teach them. Because outsiders as you know are listened to better than us who are in the school. We would like to put that into music is well. So that they can do music. Guidance and counseling is one method that we use so that we do face to face one to one. We do not have an AIDS club, but we have the Buddies Club. Its about AIDS. They do drama, this is the club that I was talking about. I know what they are doing and they do these plays which teach about AIDS. I think that's the most effective weapon

that we have now. The Guidance and Counseling where we have one to one teaching and classroom teaching.

2. On creativity I think in the school pastors are also invited from different denominations to come and share the word with our students. So, it is during those sessions they also talk about problems or effects of contracting such situations of AIDS. I think its another way which is used by the school to equip our pupils with what happens in the outside world. During the Chapel time that's when they do that.

How do you rate the availability, relevance and comprehensiveness of the resources that you are using?

1. Its just minimal, there is nothing much.
2. Availability of material sure it's very minimal. We don't have resources. But of course behavioural change is very difficult to see from students. Of course we meet other students who tend to change if they are counseled specially in Guidance and counseling you see a change. But, sometimes its difficult to observe behavioural change especially in adolescents. The materials/resources is not adequate but relevant yes. I think as we have said earlier on, we have minimum equipment, we have minimum resources but on the relevance, yes its relevant because if we call people from outside to come and counsel our students that is helpful. Because I think children tend to like new information especially if you continue to talk about that same issue. So that change will also assist our students to listen and sometimes they'll try to implement that because its coming from outside.

How do students benefit in terms of behaviour change

1. Since behaviour change is not really physically measurable, you can see that there is change in some children when you talk to them. They tell you that I didn't know that it would end up that way madam! But eventually you see them changing behaviour. You see them for instance we used to have a school team where children used to go and kiss in the Jardin field. That was a school rule yes, when there were still whites and they were allowed to go there behind the Tuckshop and kiss and curdle. But now we no longer see that thing at its best and at its wildest, they used to do it a lot but now except for the few that take time to change, hard nuts to crack you can say. Those are the only ones that

you see moving around with boys. Because we try by all means to tell them that its not good for your future. It doesn't benefit you anything to do that.

2. The thing we can tell our students is that yes we don't completely cut that from them, but we tell them to do it in a good way, but we dont exactly tell them not to do that. We just tell them to avoid dark places, and to avoid even the times they see each other because we tell them its not permissible, but of cause we know that they will do it here and there but they will be very careful when doing that.
3. On the issue of adolescence its something that we cannot avoid. Something that is natural to the child so we cannot completely stop them from charting, curdling or hugging each other. But we do it in such a way that at least they should focus on what is happening. Adolescents is a phase in life but it should not cripple the rest of your future. In other words when we talk to them at least thy should not get carried away by adolescence because when we look at the adolescence period then you have those few months crippling the rest of your life. Maybe you get pregnant or you are chased away from school you are, expelled, your future already is crippled. So we encouraged them. Of cause it happens, its part of growing up but they should handle themselves well so that the adolescents will not impact on their future.
4. They need education, I have discouraged that they need education. You know they don't know. Some of these students know what is happening inside them, but they don't know what it is because of the way they handle it. They think that when you feel that way they need sex or something. But our job as teachers is to sit them down and tell that, no these are some of the things that you need to control in life. Because even if you get married or you get a partner, a single partner so to say you don't do it every day. You need to control yourself. Then the other day they were asking me, how do we control ourselves? I said to them you don't have to start by wanting to do it most of the times. In most cases it starts from the brain, you look at somebody with lust. You start lusting after them, that's when you go and sleep with them. You don't just start by wanting to do it. You read weird literature, you watch phonograph such types of programmes on the TV. Right, you look at that on the screen and after looking at it you want to do it. So it just doesn't start from nowhere you jut have to control yourself. That's the methods through which you control yourself. If you read a book and you find that its working on your nerves you throw it down and leave it. Then go back to it sometime. Avoid such things as those in order or you

to be able to go on otherwise you know that these are things that are not controllable. Then you tell yourself I don't want when it has happened. The they were telling us what methods they use when they are feeling that. Starting from Form 1s they are masturbating. One little boy came to me and told me madam I don't know what to do but I started this in grade 6. Masturbating in grade 6, so I was teaching them just on Saturday that how do you do it. How does it start for you to come to that point so he said 'if I look at the TV if I see those women who are not dressed then I will feel I cant help myself. Yes, they are growing earlier than they should these kids. If you talk to them nicely they open up and talk. So those are the methods we use to teach children o control themselves.

As teachers does the programme affect you in any way and in which way?

1. The programme is stressful, it is very stressful, because some of the issues that you meet in the programme are quite sensitive issues. A child will come to tell you that this has happened to me or my dad my elder brother has been touching me the wrong way. Then you know, you don't want to put your heart into it when you counsel these kids. If you put your heart into it, you break down. That's what I have noticed. I does affect us emotionally. You learn to look at it from an observer's point of view. That's what I have learned because during the first days 'zvaindirwadza zvaipinda pamoyo pangu' but now I have learnt to look at it as an observer so that I give myself room to counsel the child and talk to the child. Otherwise, if you put your emotions into it you get angry with some cases. So, its very stressful I can see that one I have experienced 'ndinenge ndakatsamwa, kazhinji kacho ndinotsamwa'.
2. We try to give them methods of handling such things using methods like prayer. It's a useful solution and using sport is another way of handling such situation. They should get involved in activities that help them to forget about such ideas.
3. As teachers sometimes these issues are a problem we are afraid because a times if you meet sensitive issues there maybe victimization. Because some of the things may end up leading you maybe to the police, the what, so sometimes its difficult. So at the end, you end up leaving some of the issues unfinished. Because we are also afraid of victimization from elders, parents, from relatives. Because sometimes in school you find out that some people may arrange gangs for you to come and fight. They can even fight those student or they can even

threaten to fight the teachers. So its difficult because sometimes you are dealing with sensitive issues.

Probe – Are teachers empowered to handle the AIDS awareness programme?

1. Teachers are not fully equipped, because they are not trained for those issues. There is need for them to be trained to be counselors. Because if you are not a counsellor you may fail to handle the issues, especially emotional things or sensitive issues. Sometimes you become pained because you feel for the children so its difficult. There is need for some partnerships for some people to come in, assist on how to handle such issues or how to counsel these children or trained people to also come to assist/partnership with the students.
2. As said before, the teachers are not trained to handle this so emotionally we get affected like I have said. Then physically there must be a partnership between the teachers that teach this programme and some people outside. I don't know whether it be the police, professional counselors, but in the school we invite outside counselors, professional counselors to help us. But I still feel they are not adequate because they do not protect the teachers. Like she has raised a very important point that some o these kids they get this disease because they are abused by close relatives. When that happens the child will never open up to tell you who did it. They will tell you yes that happened to me but by who thy wont tell you. Now, if you push that child you find in some cases t he parents come in and the attitude they give you that, that's none of your business so partnership is really required to have these children taught and protected. Because teachers are locoparentis 'handiti' so they look after these children, keep these children you have the boarders, you are with them nine months and the parents are with them only 3months. These children belong to the teachers and the school. So teachers are the people who are qualified to do this work on the children and children can open up to teachers more than to anyone else. Even their own parents 'vanosvika pakuti' they don't open to their own parents as much as they open to their own teachers.

Do you think teacher understanding of the whole thing affects the programmes success or failure?

1. Like we said earlier on, there is need for something that is written down. So if you have something maybe the syllabus sort of, then, teachers will be guided. In

the end as it is now people will tend to repeat the same things they did. So I don't think we can succeed in it. We need variety of information. We need information to use, we need materials to use so that we can move forward.

Probe - What knowledge and skills do you think are required for the teachers?

2. Firstly how to deal with these pupils to avoid sensitivity especially those who are affected. So we need information on how to handle such cases. For example we have pupils whom through eyes not through other means we can easily tell that this child is affected or infected. So what am I going to talk about to that pupil. Then how to handle others. Or example I have a pupil in class, the way I am going to talk, how I am going to others. It can also contribute to how others will handle or take that situation. So I think as teachers we need information on how to handle such situations, such issues to avoid sensitivity. Then on life skills I think we should be taught on how to be hygienic. We talk about hygienic for example that how should we handle it when talking to children. We can easily demonstrate without stigmatizing those who are affected or infected. This can help.
3. To empower teachers I think teachers need more training on the subject. We need more books, films on the subject so that the teachers know exactly what to do. Teachers also need counseling skills. Like in our school we are lucky to have 'mai Muchemwa' who does that. But I think we need more people trained on counseling.

Probe – Do you think any teacher should be asked to teach this subject or specialized teachers?

I think there is need for a choice of teachers because if you take anybody what they impart to the students and how they handle it can be more harmful than what the intended situation should be.

4. This programme and this subject o AIDS is wide. So I believe that anyone can do it. There are some areas where people or anybody can do. For instance we all know how to beef up ourselves towards that. We all know that I cannot indulge into unprotected sex. I cannot do this and next thing now. Those kind of teachings can be done by anybody. But there is a specialized field where we need somebody who is trained to teach the subject on AIDS. Because it doesn't end on AIDS when you are talking to a child you find some of these children are infected because they have been mishandled or abused. Such an area is that it

cannot be done by anybody because you need to know what your law in the country says about it. Right, you need to know how you can approach the parents. You just don't want to go and tell the brother that you abused your own sister, no. You need to learn and know ways of approaching people that are involved in the situation. So, there is need for training in these retains that I fill every month and return to the centre. But the training is so so minimal. You wont learn a lot of things through that. You need to have training special training. Like I said teachers are the parents of these children and they need to be equipped with knowledge. Knowledge that includes when a child is abused what do I do, what steps do I take. Will I get help by he police by other counselors and by law officers to handle some of these cases. I didn't know about it when I started that you need to fill some Affidavit forms and what when a child is abused. But that's important knowledge that you cannot get from books. You need special training, so you really need special training.

What is the role of the school principal in implementing this programme?

1. The role o the school head is maybe to source materials. He also has the role to look or maybe consultants, those people from outside who can come and maybe teach the subject. He is also responsible for maybe supervising the teaching of the subject in the school. I think he is the leader to facilitate some information, lots of materials to be used.
2. I am glad that our Headmaster is doing it, because recently he went for a training in Mucheke, him and Mrs Mukaro, 'handiti ndizvozvamakanoita zvecounseling zviya. He is quick to tell me any information hat he has he will give me. So he really is taking an active role on this one.

What are some of the challenges that you are facing in implementing the programme?

1. The challenges that we are face is that students sometimes don't take this subject area seriously. Because it is not a tested subject like mathematics or English so we have to motivate them to be interested and to continue listening when they want to do their science, their History. I think these are the challenges that we face and of cause what we have already mentioned that is the lack of resources and of cause the financial support. So that's what I feel.

2. To add on what mother Kondo have said, there is a problem of victimization. For example, we have an abused child, I don't know what procedures to take, how, maybe th parent is the abuser, I don't know how he is going to take it the parent. So you find we have a problem as teachers, to open up or to give myself enough time to really ask and help the child. Some of the issues we are afraid because of some factors on the background of the child. Maybe 'maprents acho ari pamusoro vanogara vangoita look down upon mateachers'. So the issue of victimization even if you were willing to help a child you. A child may come with a problem and even trouble you to know what you have done about the problem. So far you tell the child that you are afraid of victimization it will be difficult. As teachers we are not protected I don't know how the parents are going to take it. For example on the law may be the parents may sue me or what. Because I don't have protection. And also not knowing the law. Plus lack of knowledge we don't know how to handle some of the problems children bring. So we want help as teachers so that we know the procedures to take when children bring such problems. These are some challenges.
3. We get the challenge of the children who fail to open up even if they know that they are protected, they can't open up. They cannot tell you that that's who they are. So that's another difficult one. You can see that the child is ill and they are really not well, but the child will never come to you and say madam this is who I am they just keep quiet, (vanongonyarara) and then they get sick in the school.

How are the challenges or constraints addressed by the school administration?

1. For instance, we had child who was like that. The other children discovered that he was that. He had a problem, was a little boy in Form 1. He had a problem with friendship and with the other children. The other children stigmatized him and they didn't want him to bath in the same tub as they did and he was always dirty, extremely dirty. Because he couldn't bath in the same bathrooms. He couldn't mix with them freely. So we had to call the parent to ask them what was wrong with the child and that's when the aunt opened up that the mother is late and the father is outside the country. That's when the aunt came and told us that she actually put him in Boarding school because that was who he was. He was positive and she couldn't look after him at home. So she thought Boarding was the right place to put him. So we tried to communicate and help the child to

teach the others. Like in that case, I called the others I told them that now this is one you can see that he is affected but among you there maybe others who are affected that you don't know. But you never have been sick because they are affected. So, you should not discriminate him. But children being children they will still continue to do it. So we have a live example. So he ended up actually leaving hostel because he could not take it anymore.

Does implementation of the AIDS awareness programme meet the needs of secondary school students?

1. Yes it does, it definitely does especially when you have a case like that one I have just narrated. You need to teach the children that there is nothing that happens to you if you live with person who is positive. He can live his own life. Of course there are areas where you should not mix. Areas like you find your blood mixing this at cetera at cetera, but it does not mean that if somebody is infected become poisonous. I was telling them that some of our parents, our fathers our mothers are infected but we don't know it. But we still teach what they cook the vegetables that they cut, the meat that they cut we eat it without knowing. Because we don't know we haven't felt sick you are feeling sick psychologically because you think the little boy bath in the same tub as you. We also had a little girl who is infected. She knows she has gonorrhoea, little very small. One of the little girls phoned her parents last week and said 'I am, there is a rash that's coming upon me I don't know what it is, I think it's gonorrhoea because I have been sharing things with her. The mother came from Chiredzi rushing, she came to my house and said Mai Muchemwa tell me 'mwana akambokukuudzai kuti ari kunzwa chii? Another little girl who was the girl's friend said nothing 'haana chaakambonditaurira kuti anonzwa'. The father drove from Bulawayo to the school and found crying a lot saying I told a prefect that I have this rash. She had not told the father she only told the father that she was sick and he let her some money. We told him that we take children to the hospital that's when he left some money and we said we will take her to hospital that's when he left some money and we said we will take her to hospital if she is sick. She did not come then the mother came days after enquiring about the illness. I said no she didn't tell me anything. She said she reported that in our hostel there is a girl who is sick and doctor said she is positive. So I was playing with her sharing things with her. So I think I am also sick and the mother reported. I said ah, I

don't know it did not come to my attention. I then sat down counseling the child telling her no its not like that. Now she thinks she is no longer sick.

How satisfied are you with the curriculum content of this AIDS awareness programme?

1. Really we are not satisfied because like the earlier speaker said. That AIDS Action book does not carry much its limited. There is need for other books if they can print books with more information that can equip children right across. They can also equip teachers as well as children. We want solutions. How to handle issues, if you meet this you do this, if you meet this you do this. This is how we can teach and implement it in schools. Because if we don't have information, definitely there is nowhere we can go. We cannot maybe assist our children fully.
2. I think this programme should be taken seriously in schools. For instance in some schools you find although here is not so much that way, but in some schools you find a teacher is an academic teacher, right she spends more of her time in the classroom meanwhile programmes that include this HIV and AIDS are very important to this age and time. Somebody should stand for that. Somebody need to travel go to meetings, go to the conferences that talk about these things. So its not being taken seriously in schools. As far as I am concerned its being given a leap service, yes.
3. I think we need specialization. Someone who is specialized for that. Then that person should be a non-teaching should not teach other subjects. Because he needs time to research he needs to go and attend workshops, conferences and so forth so that he will bring lots and lots of literature. New things from the global village. I think hat would be useful because if the teachers are here and there, they are marking they are what its difficult. There is no way in which you can do the work.

Probe – do you use peer leaders in your sessions or lessons?

Ya! – For instance in the example of that little boy. We teach the elder students to try and group them together and talk, hold discussion telling them to teach each other what this is all about. For instance we invited a visitor that came in he was teaching them a four way dimension o doing it. They were taught how to reach out their fellow students as peer leaders yes. We had a programme like

that, just a day's workshop. They wanted to come back and they never had the time to come back.

How do you assess the student's understanding of the HIV/AIDS awareness issues?

1. I think this one does not need examination. The children have us understood it. They may not know to handle it. But they know that AIDS is a killer disease. So they have understood it. To understand it more than the subjects they are examined on. They will tell you things to that maybe we as adults will never know in our sexual lives. They teach each other, they learn from books from everywhere. So although its not examined but children have learn understand it. Like what I have said before, there are those others 'nhinhe dziya'who may not listen but a lot of them now do understand. Because I have talked to a lot of girls who would tell me that madam despite all that you think about me 'inini' I am a virgin madam, if you want I give you chance to examine me now in this room; quite a number of them say madam examine me you will discover that I am a virgin. I may walk around with boys, I may do this but I never slept with one 'vanotaura'. So I sometimes say are you sure should I take somebody to examine you. Then they say yes madam 'kana kuenda kuHospital Handeyi'. They do understand it right, although they are not awarded the marks, but they do understand it because they fear the death that is involved in that thing, 'rufu rwunotywa'.
2. I think in some instances the school also try to give prizes to the well behaved students. So that's a way of encouraging them to behave well, to look smart, to be responsible people. So in a way the school is supporting it. Like last week on the Leavers' Dinner we had students who were given prizes so that's an appreciation of the behavior of students. So it also encourages others to behave well even in schools and outside. We were looking in academic and also how they conduct themselves in the hestel in the school and in sports and in so forth.
3. Even if they get prizes some of them can still sleep in the bushes without being seen. We identify a child who is going heyward. We call them we talk to them hey you are going to die soon because of that. It helps a lot because some of them, those little quiet ones are dangerous, dark slithery snakes.

What changes in students can you attribute to the AIDS Action Programme?

1. We used to have pupils hang around in pairs, in dark corners at this point in time we have them, one or two but at least it has proved that its working. We also have some pupils they are afraid of AIDS. Some of them have stopped even moving around with boys 'wavakutongomuona ane mefriends ake echisikana haachambo associate? Because if you call here to be aware o the motive of the opposite sex partner. If the child assess it and understand it that way they will leave the partner. So most of the girls we see them in the company of their counterparts. Even boys, because we warn them of problem girls because they wont be knowing. You talk to them they change. We had a case of an innocent boy who was associating with a problem girl we talked to him and he promised he was not going to be found in company of that girl. So children change because of the way you would have talked to them.

Which subject do you think students learn better about sexuality and HIV and AIDS issues?

1. In mainstreaming I think AIDS awareness is included in Human and Social Biology. That's where they learn some of these things.
2. I think all subjects can do because we don't start teaching, may be Maths I don't know. In all subjects we can do it we can mainstream. We have a tendency of diverting here and there. Especially inteaching Shona 'patinoita zvavanatete kuti zvakazodai zvakazodai, ndikwo kwazvinonyatso dzidziswa chaizvo kushna chaizvo'. In English we meet stories which make us meet situations where we can teach children about life issues. So all subjects can handle the subject because we divert giving examples. Even in mathematics if we take father and mother and give AIDS example we come up with something. All subjects apply.

What recommendations can we make to improve the AIDS Action programme?

1. In other organisations they have reach out (outreach) programmes that go everywhere and teach people about they are doing, giving them resources and giving them what they want for their programmes. I think our AIDS Council should do the same. They know that AIDS is being taught by untrained teachers in schools. I think they should emphasise on this reach out programme all the time. Instead of sending papers, documents, they should send personnel in the schools to teach this subject and to get resources or us. They should get the

consultants for these so that the programme get further. Than just sending us papers, little rooks here and there. The policy don't work because there are those little books that gives you nothing. We have resorted to doing guidance and counseling because it is wide. Guidance and Counseling now is more of career guidance than AIDS because people are lux about their AIDS Action programme.

2. Those policy makers should also disseminate information, objectives or documents to the schools. Like I said earlier on we need books with information, objectives or documents to the schools. Like I said earlier on we need books with information, we need books with solutions to the problems. If you meet such a problem how would you handle it, that's the information we want. Because we are meeting different situations so there is need also to have books with examples, with information that can assist us as teachers. For monitoring and evaluation Headmasters are the leaders, they are there to monitor us. If there are resources, they will see that those resources are being used. They see that the subject is being taught in the schools. Like I said earlier on we need the subject it to be included in the curriculum. To be time tabled. So if it is time tabled obviously there will be evaluation, there will be supervision. So it will be done.
3. I want to talk about time table that at least if the subject is put on the curriculum, we wont face problems.
Then on literature we will have an advantage as teachers in that I will know exactly that am going to teach about this thing, about this, up to such an extent. Then the issue of protection, there should be a policy. The policy will help me to know the extent to which I can talk on an issue avoiding the sensitivity, also avoiding victimization by other parties.
4. We need a resource center at regional office where teachers can always go in and get more information on the subject. Just like we have people in charge of History or science. Such resource maybe useful.

Thank you

TRANSCRIPT 4

FOCUS GROUP INTERVIEW SCHOOL 4: VN680021

What is your understanding of the AIDS Action Programme for schools?

1. It's a programme meant to conscientise people about the deadly disease and how to care for the infected and affected people.
2. It is a programme implemented by schools in Zimbabwe in order to develop awareness in pupils basically and later disseminate information to the community concerning HIV and AIDS.
3. I also understand that it's a programme that helps pupils to know and understand more about HIV and AIDS.
4. To add I can say AIDS awareness programme is there to equip the pupils with life skills which can help them later in their lives when they are faced with the problems of AIDS

How is the programme by the teachers in your school?

1. I can say its half-half some like to learn more about HIV and AIDS but others they are scared to talk about AIDS
2. Teachers are appreciating the idea of implementing this programme, but they are constraints ranging from poor remuneration because it is not examinable and they see no reason why they should waste their time teaching it. Some teachers because of lack of training, they tend to resist the programme.
3. I think the programme is being received with enthusiasm, because most of the teachers do appreciate the programme. They carry out all the necessary duties required by curriculum. So I think the programme is okay
4. To add on what has already been said the programme is treated by most of the teachers as an extra workload. However because of constraints that the last said it is making people reluctant, but otherwise from the syllabus it seems people have got something to say. Normally most teachers go for the lessons which shows that they have got that zeal to teach that subject regardless of the fact that it is not examinable.

What are the main goals of this AIDS awareness programme?

1. Basically you are looking at the behaviour change of pupils and also imparting knowledge on the deadly disease HIV and AIDS. As well teaching them survival skills. To add I think there is behaviour modification. There is also acquiring of survival skills by pupils
2. The reason why programme is implemented is that children are encouraged to be aware of their environment, encouraged to be peer educators, so we implement outreach programme through children because they are many. They come from different places so the knowledge is imparted through different groups of peer educators.
3. I also feel that one of the main goals of this programme is to equip pupils with more information on top of what they already know and also on the myths that are in their society about the disease.

What do you interpret as policy for the AAPS?

1. A policy is a written statement. The policy stipulates that it is compulsory for all schools to teach AIDS education it is not supposed to be sidelined or replaced by any other subject or any other learning or teaching, but it should appear on the timetable as AIDS education and not be replaced. That's a command from the government.
2. Just to add on what already has been said as a policy the subject has to be treated equally like the subjects as per policy mandate.
3. The policy says all schools its compulsory and one lesson per class per week. That's a requirement entailed in the policy

Whet strategies are employed by your school to implement the implement the programme?

1. Strategy one, we have AIDS education on the time table. Strategy 2- teachers are given loads to teach and the administration also appoints H.O.D to supervise the teaching of HIV and AIDS education. Books are acquired from different departments. For example from the government study packs, from non government organisations like family planning like CADEC like any other resource centers. Legal centers and also providing learning materials these are some of the strategies employed by the school

2. And also the children have clubs. For example drama clubs where they can have plays about HIV and AIDS and poetry about HIV and AIDS, where they educate the society which includes the community and other people on HIV and AIDS
3. And also we have a library. This library is specifically meant for HIV and AIDS. You look on the shelves maybe we have supplementary reading from other subjects but the focus is on HIV and AIDS.

Which are some of the life skills that you are developing in your learners the AIDS education?

1. We develop a wide range of life and maybe survival skills. At one point maybe of these hardships maybe we are going down but at one point we reached a peak where we developed a nutrition garden. We grew crops such as onions, vegetables, we even got to the extent of selling these products. We had a non-governmental organization by the name CADEC which bought our products. So we grew crops or thus product at a large scale. We even promoted indigenous crops like 'muboora', when we grew muboora during of seasons. We sold this 'muboora' to the women at the market doing the products and many more things. So these were some of the skills.
2. Also the children are trained to make use of herbs. We have a bed which has a variety of herbs so that when they are home they can make use of these herbs. Because they are easy. It's expensive to have to acquire drugs in the community. So the children are taught to make use of herbs.
3. We work together with the family planning council and also the clinic, the nearby hospital. We have a column of family planning books. A team from Masvingo district family planning office used to visit our school in the years past and they grouped our children into peer groups, the peer educators, going into the rural areas. They also took our former students in the rural areas to be peer educators. So the family planning people moved around. Also the CADEC people moved around. Family planning emphasized on health issues like reproduction and also imparting knowledge on STI's and other diseases concerning(zvibereko) uterus and so on.
4. The school does the work on imparting knowledge, training pupils to be able to make decisions, how to choose friends, how to avoid peer pressure, how to prevent abuse in the community, abuse from members of the community. These are some of the skills.

5. Maybe to add on what she has said during our lessons we also teach our students facts about AIDS using teaching (aids) media like pictures, posters and so forth. We are teaching them on how AIDS is acquired, we how we can prevent the spreading of the disease, on how someone can live when he or she is affected with AIDS, also on how we take care o people living with aids in our community. These are some of the things that we teach them during the lessons.
6. Just one point to add as we teach pupils AIDS education, we equip them with some skill which they build after they have acquired their self esteem. If they build self-esteem that means when they go into the society they can easily fit. Which means they gain social skills by so doing. That is another point that I wanted to add on.

Do you create activities yourself or you stick o those in the material resources or books

1. Yes we do have some of them, sometimes we have drama, we have role playing or even sometimes poetry writing trying to boost their knowledge on HIV and AIDS education.
2. To add I can also say that we also make use of resource persons on our community. For example we have our local Nurse-in-Charge Mrs. Kupika, she also helps people with the knowledge o HIV and AIDS. She sometimes involves people in the games.
3. Maybe sometimes as teachers we just stick to what is in the syllabus primarily because of the time that is allocated to the subject. For example, we only have one lesson per week. O sometimes with the time you have with the kids you just stick to what is in the syllabus.

How do you rate the availability and adequacy of HIV and AIDS resources in your school?

1. We have plenty and a wide range and a variety of them. If you look at our shelves, they are all these resources. Maybe we do lack charts, modern ones. For example what is happening in other areas, what people in similar circumstances are facing. Maybe we can wish to have modern ones but otherwise generally we have a lot of books, a variety from the government, from non-governmental organisations and from newspapers of course we have them.

The materials are relevant and adequate. They complement one another. For example, if we take child abuse in one copy, maybe illustrations are better taken from another copy. So if you use one text book for that class it becomes inadequate, but if you try to make a research and take information from this book, information from that book, then it becomes comprehensive.

Do your students benefit in terms of attitude and behaviour change?

1. Notable changes are recorded. Acquisition of knowledge itself. A child can, you can easily tell when a child comes across maybe material concerning HIV and AIDS. A child can make remarks 'Don't play with those things'; which means this child has gone through the process, or sometimes you can just check on behaviour change. Also through counseling children are benefiting a lot. You see people are opening up, coming to you secretly telling you what the teacher has done. Maybe not only sexual abuse but deep down issues. Those vulnerable think that if I go to Mrs Mukaro, or Mrs Bee or whoever, I got to be advised. So we are having programmes for example counseling, evidence of learning is noted.
2. Other notable changes are like the lessening of stigmatisation. It is no longer much as it used to be. It is a clear indication that pupils are gaining something from HIV and AIDS education. There is evidence of self reliance which is building pupils. Quite a number of pupils some of them can manage to pay part of their school fees because of the projects that they would have done through the initiation of the teachers teaching HIV and AIDS education on self reliance.
3. While it is true that some students benefit from such a programme, there are also other students who do not change mainly because like we said that the subject is not examinable. So when the teacher is teaching there will be some students doing something else not paying attention to the teacher because they know that at the end of the lesson nothing is examined from them. So those are some of the students that you see not changing. You know with such kind of behaviour that is different from that they were taught by their teacher.

As teachers on the on the programme what strategies or methods do you use in your classrooms?

1. Strategies they are varied. A popular strategy is role play. This one is so motivational because people do not associate it with not writing, essay writing or

something bothering them to look at the board and start to write. So role playing, drama and even storytelling, singing, these are motivational methods. Then they are happy when we go for lessons. They even say why we can't have two or more HIV and AIDS education lessons per week because they encourage them. For example some methods like brain storming they encourage people to have self reflection. When they are role playing they reflect, they say oh, some people are also in the same situation like mine. So it's a learning process which is maybe not all that boring.

2. There are also other methods that are found to be useful. The use of pictures and posters. You know when students see people say when talking about child abuse, when they see pictures, when you are talking about people living with AIDS. When students see pictures, I think they understand more. Those are some of the methods I found to be useful to students.
3. Using discussion among students. The students discussing stories and issues they have heard about AIDS. Also using articles written by others especially in magazines, there a column where some people do ask for advice maybe from 'Aunt Rhoda', 'Aunt Tandie', whoever. They are given answers. These answers will assist the students to know how to tackle problems related to HIV and AIDS in life. Problems such as those, they will know how to tackle them.

As teachers does the programme affect you in any way and how?

1. Sure, they do affect us because at times because the society that we do stay in do resist to the methods or the subject due to the cultural backgrounds. Some cultures do not adhere to these modern subjects. Some actually shun the teaching of HIV and AIDS education in schools, saying that they do not like it. For example the VaSenzi in Zimbabwe they claim that they have their way of dealing with sexual maturation issues. This cultural group does not believe in the use of condoms. If advised to abstain and use condoms they refuse saying that they want to use methods from their tradition.
2. The teaching of HIV and AIDS affects use so much in many ways. For example, if you really go into it genuinely, at one point you shed tears looking at the child who will be coming to you confessing the truth about her problems deep down. You become emotional, more than a teacher, more than a parent. But someone else goes to the teacher and say, 'you know what madam, things are not right at my home. You know I am always late to school, my problem is this and that" so

you become close to the kid in that you become more than a teacher but someone else. To deal with it emotionally, I used to have what I call self reflection. Telling my own stories to the child what I did when I was in difficult times. Telling stories of my brothers, sister's similar circumstances. To say you know what my brother ones experienced what you are experiencing. Do you what he did. He left school but do you know where he went. He went to this place and did that and ended up in problems. But you know what; here at school the headmaster can assist you out of these problems through this method.

To what extent do you think the teacher's understanding of this programme contribute to its success or failure?

1. Teachers are people, policy implementers. At times what they teach is maybe harnessed by the policy by the syllabus. At times the success depends on the expertise of the teacher, the amount of training done on the teacher. Depends on maybe the environmental understanding of the teacher. How he understands what is around him.

At times it depends on the willingness of the teacher to be close to a child. At times a teacher refuses to teach if the headmaster forces that teacher to teach then the subject or the teaching never succeeds.

2. I can simply say the knowledge that the teacher has sometimes when it gets biased it gets the whole programme a failure. But if the teacher him or she is equipped with knowledge obviously the programme will succeed. So the question is how much the educator has or knows to make the programme succeed or fail.
3. If we look these days, the important thing is the teacher's attitude. The teacher may be having more information but if his or her attitude, like if you notice these days issues of concern on teachers are increasing. Teachers fail to give full information to students. So these two things knowledge plus attitude is what makes teachers' implementation of the programme successful.

What knowledge and skills are required for the teacher to be effective under the programme?

1. For the teacher to be effective or shall I say more effective. There is need for more workshops and more seminars so that the teacher becomes more

knowledgeable in such a way that even if he or she goes back is in a position to answer whatever question he or she comes across

2. What we want to learn about is the theory itself. To know the methodology of putting it across at any given level, and also maybe the environment itself. Because HIV and AIDS is not all about theory. It is also about other circumstances and factors. To know what the policy makers are saying concerning this. To understand it better, for example AIDS Action programme, what does it entail? I cannot even understand it, so the policy documents itself, to understand the policy document and also to understand the methodology of putting across the theory to the kids. We want the policy document and even the syllabus from the Ministry, we do not have. Supervision we have it we have an Education Officer AIDS Education and Counseling. They came to the school last year, I was visited by one. From these policy makers we also want them to support us in form of finance, in form of financial resources to implement these programmes. Also to re-educate our headmasters, such that we fight a war for them to place HIV and AIDS education lessons in the mainstream, and in the morning on the timetable. At the moment they talk of off sessions exactly. So if you see it is the second lesson maybe after the first lesson in the morning. It was a battle to say my pupils I will not teach after one o'clock in the afternoon. At this school we struggled to have it placed in the mainstream.
3. There should be more workshops on equipping teacher with knowledge about the programme and what teacher should offer to students. It's not enough to just give teachers syllabuses and books. The four books – 'Let's Talk About It' it's not enough. There should be many workshops not just ones a year. It should be twice or three times a year and train new teachers who will be coming in the field. It helps teachers.
4. Workshops should help us articulate technical language of the subject. It helps us present our new lessons without paining a child if we are well groomed in technical language. Because you try to explain a point at the same time you are paining a child. The child will view it as a useless subject. It touches on my social problem as if it's talking about me. So that sense of dealing with the technical language we want it to be attended to. Another point we want to make an emphasis on trips. If you happen to have trips, one - this subject is equally treated, two – the teachers and pupils themselves get more exposure on AIDS matters. Workshops are good because when you came you were talking about

AIDS Action programme for schools, we did not know that is the official name. We did not even know that it's the name. We were having our own names for the programme that we once heard. So that is why workshops are important.

What is the role of your school principal in implementing the AIDS Action Programme for Schools?

1. Our school head gives us time to teach these lessons although the time is a bit short. But we need him to educate other teachers and the pupils to know that the AIDS Action programme is a meaningful subject and is helpful to everybody. Some of the kids don't like to take the subject seriously because it is not examinable.
2. The role of the school head in implementing this subject is of paramount importance because he is the one who supply us with staff complement, assigns teachers to teach, and also he makes an analysis of who is to teach and who is not to teach. Sometimes if you go there to say we want Mr so and so to teach this subject, he even counsels (advises) us to say that no, he is not yet ready to teach this subject choose another one. He provides material support. He provides time resources even the children themselves are all forced to do the work without running away. If you go to the school head and report those kids who do not attend AIDS education lessons, he takes action against them. So maybe he encourages, even he supervises the whole system in terms of teaching the particular subject.

What challenges are you facing in your day to day implementation of the AIDS Action Programme for Schools?

1. Some pupils abscond lessons of which is the time we expect them to gain knowledge. This tricks the programme and makes things difficult is one of the challenges. The other challenge is that sometimes because of the myths and beliefs some pupils do not want to accept reality as it is. Because you find in rural areas when someone is ill they start to say he or she was bewitched and something like that. They say its bad spirits (zvikwambo) and that it's something causing the illness. The people do not want to face reality. So when you try to knock sense into them because of their previous knowledge that they have it makes them not to accept the facts.

2. We have challenges of focus in implementing this programme in that teachers themselves are demoralised because of poor remuneration. They don't want to teach. At times they say that why should they put effort to teach the subject when there is no money, the bit for the Minister of Education we have done. People lack direction because accountability is poor in AIDS education than is the case in other subjects, yes. For example, the teacher is accountable in History because children are to write examinations at the end. But in HIV and AIDS education teachers are simply telling students to write history note during the time. Teachers lack direction in that they see the period as extra time to do work in other subjects because it's not examinable. So that is a challenge again, lack of direction.
3. I just want to add more on the attitude it's a challenge to us. First of all the teachers fear loss of status by teaching the subject. Teachers who teach the subject (AAPS) are underrated by other teachers so at the end you may find it difficult to assign teachers to teach HIV and AIDS education lessons. Because other teachers just say the teachers of a useless subject. Also pupils take it as a second hand subject. For example maybe you are conducting a lesson in the subject you can find other students busy writing notes for other subjects which is very irritating, just because the subject is not examinable.
4. So another problem or another challenge is that a teacher finds it easy to replace AIDS education lessons with those for other subjects. For example if a teacher is doing Science as another subject and also HIV and AIDS education, he or she is quick to use the AIDS education lesson time for Science. Just because Science is examinable. So during AAPS lessons pupils use the time for other subjects instead of discussing issues concerning HIV and AIDS pupils will be writing notes in Science, History and other forms of work. Hence, HIV and AIDS education lessons are being taken as time to complete work in other subjects or do independent study.

What are the possible gaps between the policy provision and the curriculum?

1. At times the policy is too abstract, it's too ideal, you cannot implement it. It's not tangible in other words. For example you say it's not measured. The subjects – AAPS, you cannot measure behaviour as we measure maths and science. We cannot give feedback to say this year we have 10 pupils who have done well in HIV and AIDS education, no. so behaviour change is maybe a long term

achievable. There is no subjectivity. There is a gap between the curriculum itself, because no content is attached to the policy document. There is no content, at times there are objectives, but objectives and aims without content. So the teacher has to run around looking for the content which is difficult for the teacher to come up with. There is no consistency if teacher A in Form One is teaching this content, next year a different teacher teaching Form One comes up with a different set of content. So there is a gap maybe. So the policy makers will do us better to give us content, to give us objectives, content and methodology.

Do you think implementation of AAPS meet the needs of the learners?

1. AAPS meet the needs of our learners when we are talking about this behaviour change, sometimes when you disseminate information you see some of them changing behaviour. Like in certain classes you find out that sometimes we have some pupils having pregnancy, sometimes nurses complaining of STIs. But at one point or another Nurse-In-Charge will come to the school and say yah! This time things have improved. There is a low percentage of pregnancy, low percentage of STIs, which means it is good and it is necessary. If you look at another factor like stigmatization, if pupils are well equipped with information, then you find out that ah, these pupils have got care to the vulnerable kids. You can see some of those vulnerable or even the orphans have built self-esteem, which means that this programme is of paramount importance.
2. The fun part of education is its dynamic nature and it can play a role after a while. For instance, we are teaching the AIDS education right here as a school but this information will assist them even if they are off school. So I think this subject or this policy has something to do with their lives. They may not behave well sometimes due to peer pressure. They may appear as if they are resisting, but as individuals when they are on their own, they can recall that these things I ones learnt about them. So I have to take heed of the teaching for me to have a better life. So even if it does not show a clear picture at the time we have these children, but as they are off school or as they are living in society they will get to identify these policies.
3. I just want to support what he is saying. To those pupils that take the subject seriously, they are able to attain some knowledge. Although it may not be relevant at that time but the information that they attain at the time they may use

it in the future. So I think its very useful to pupils in the future and also others may use the information that they attain instantly. Say for example if someone is sexually active, you know we have pupils who are sexually active whilst in school. So if you teach them about using condoms, some of them might start to use condoms. Some of them when they understand the importance of abstinence they may stop being sexually active. So I think its an important programme for pupils.

How satisfied are you with the curriculum content of the AIDS Action Programme for Schools?

1. Here I see as if at school level we understand the curriculum but at a higher level where it is coming from its too broad. For us to understand and come and impart the knowledge to the students its too difficult for us. The school level is okay for us to impart knowledge but the higher level one is difficult.
2. For some of us we don't know the curriculum and we have not seen the official curriculum document. What we saw is the school syllabus. So the school syllabus we wrote it on our own here at school but we don't have the Ministry one to compare with. So we know what we have which is the school syllabus. What is above there we don't know. The school syllabus we are satisfied with it. But if we have nothing from above to compare with we don't know its difficult.
3. To add on, for our policies to be clear we need resources for the programme to run smoothly.

Which teaching or delivery methods are effective in teaching HIV and AIDS education?

1. Some of the methods we have found to be very effective are: role playing, miming, group discussions – where we encourage brain storming, it's very effective. The children will have enough time to speak out and you know where to help them through brain storming.
2. There is also the use of pictures, use of charts, and also use of films, dramas those are some of the methods.
3. Related to religion they are very effective, for example, if children are much into religion. Make use of them to appreciate others. For example they can sing a song relating to certain religion which encourages sympathy, compassion, encourage love for others, encourage helping. So the use of related religion is

also important in teaching AIDS education. Above all religion is more counseling, it belongs to counseling. You can make use of it, but we must be quick to point out that among those who are not involved in that particular religion, so you have to be sensitive to the needs of the children and make use of religious stories.

Do you use peer leaders in the lessons? How effective are they on the programme?

1. Peer educators we use them even in the libraries not only in HIV and AIDS lessons. But during off lessons when they are alone, we can say to a child you go to your peer educators with such problems. In AIDS education issues you go through the peer educator not through the formal prefect system. A peer educator is more of a child counsellor than anyone else. So they go through the peer educators. We need these HIV and AIDS books, can you please go and get them from the library. We need to talk to the counsellor; we need to go to the headmaster. We need to go to ... so a peer educator is more than a prefect. She is a counsellor or he is a counsellor.
2. Just to add on that peer educators are good because sometimes when you have peer educators some of the kids feel very free to ask whatever they want from the peer educator. They express themselves clearly to the extent that sometimes you as a teacher you will be in a position to know how much they know after getting feedback from the peer educator. These peer educators are very effective on the programme. They get information which at times is not imparted to the teachers. Because some of the pupils sometimes are very shy to speak out something. Sometimes they are not very sure of their answer. So they think ah! If i tell the teacher about this ah! Man, he won't feel good.
3. I also want to add to the importance of peer educators. Peer educators are like link-man. They go to the teacher; we introduce them to such institutions as clinics, police and so on. So if the police have something to say to the school they are quick to call the peer educator. So and so must come here we have a message, something about a child so and so. Even at the clinic, if the teachers are not here the nurses can call fir James the peer educator to pass information. A peer educator is a child who was trained to keep information in a confidential way that he or she is given. A peer educator is also accessible. Pupils can access him or her at ant given time without difficulties than the teacher who is

away from them. Even at home during week-ends and during holidays, just because the child is trained somehow can gather information on such people who have difficulties, who lost their mothers or fathers who need assistance. A child who was given a job to be a peer educator is now alert, is vigilant, is able to gather information and bring it to the attention of the police, the attention of the clinic and the school.

How do you assess your students' understanding of facts on HIV and AIDS?

1. One way that is clear is a decline in the rate of pregnancy. Because at times we have high rate of teenage pregnancy, but because of the instilling these policies and this programme people get to know the dangers and they do away with sex and there is a drop or fall in teenage pregnancies.
2. At times we measure the learning or the acquisition of knowledge through their behaviours. At one point we realise that children are learning more than what we see. Because we see them putting ribbons during world health organisation days celebrating themes for AIDS. Students come putting on ribbons imitating television personalities, those who will be presenting putting on ribbons. If you ask you hear them saying, you don't know madam that we are commemorating this dat. There is a lot a learning happening.
3. And another way is how we consult our nurses. Sometimes there is a drop in STIs which is a good measure or behaviour change. Some of the kids will have changed in the way they communicate because some of them would use vulgar language. Then you see ah! These people are changing because they are speaking in a polite way with very good words.
4. Sometimes in class we carry out question and answer sessions, and the response you get from pupils it really shows you that the information that you have given them has stuck in their minds or in them. Just to add, we have some schools which are covered by CADEC. They test the pupils, they usually give them competitions, where they have poetry or drama competitions or quiz. That's the way of assessing how they grasp the concepts,yes.
5. We don't use measurement or evaluation. As yet in the subject. But evaluation maybe through what we see. From the Ministry itself we don't have such facility. No marks, in fact we don't award marks. We don't measure because the process is not measurable. Its ongoing if you start to measure it, then you force people to do a certain behaviour, to learn to write notes. Of which we

discourage to write notes in HIV and AIDS such that we can motivate people. The learning itself does not go into the book, but into the person.

What changes to the learners' life can you attribute to the programme?

1. First of all we note behaviour change. The way they walk they dress and how they communicate within themselves, pupil to pupil or pupil-teacher interaction.
2. There are also notable changes in the pupil in the implementation of the programme. For example the pupils are able to do things on their own that is skill acquisition. Some of them go miles ahead through the assistance of maybe community leaders. They can do sawing of their work clothes, gardening, etc. Also the pupils are equipped with the knowledge. They can abstain from early sexual intercourse. They are able to know the significance of using maybe condoms etc.
3. Behaviour change is noticed a lot among boys. Most of the guys were bully in a way that they would end up forcing and threatening girls that if you don't love me I will bit you up every day. But knowledge that we give them that its not the time, it will be like that. They end up noticing and understanding that even if I force the girl, thinking that she is of my age she is not the one. We give them example that even mother and father if you look at their age differences they are not the same, they are big. Then they will understand that this crew that I have are not mine let me leave them. So the bully spirit or attitude is removed. Then you notice that the students are now behaving and showing brotherly love instead
4. Another notable change that we have seen is that of other students who build self-esteem. Some of them could not even manage to stand in front of other kids disseminating any other information. Because of this programme quite a number are in a position now to be in front of the school or other pupils sharing whatever they would have been instructed.

Which subjects do you think students learn better about HIV and AIDS when mainstreaming?

1. Perhaps I can say some subjects like science is one of them. Even Bible knowledge is one of them.
2. I am sure HIV and AIDS is integrated in almost every subject in one way or another. For example starting with religious studies, that as good as AIDS

education because we talk of behaviour change, taking example from the teaching of Jesus, the teachings of Mbuya Nehanda. So you will find that the ancestors' teachings are similar to that done in HIV and AIDS. Even in science, I am sure the example that examples which are given there that are scientific illustrations are always in AIDS education. Let us say if its mathematics, we are having ten of children, giving examples who are orphaned like that, four of them their fathers and mothers are both dead, five are so and so, one her mother died. So that is an integration of HIV and AIDS.

5. Even in technical subjects as in computers it does integrate because, for instance, when you teach computers, there are issues of viruses in computers. You can give cave an example such as, just imagine one lady having as many men, you take one disc and put in this computer, this computer removing, take the flash put in this computer, remove, put in that computer remove. Obviously the computers will end up attacked by a virus. I end up explaining that but we have got our anti viral programme, just as with people. So it does not help to say when a computer is attacked you live it and say it will be okay some year. You just have to go and consult for advice. With a computer we look for an anti-viral programme and clean the virus which is in the computer and boost the weight of that computer. The same applies to people.
3. One day i was so happy a maths teacher gave an example of sets saying sets with probability then I said we are not alone in teaching HIV and AIDS education. She would say “one has both parents dead” and so on as she said so she was putting then in sets.

What challenges do you experience in implementing the AIDS Action Programme for Schools?

1. Looking from above at planners, the policy document must be so comprehensive to include all components of the learning process and the behaviour change that we look forward to and so forth. So at policy planning level I think a lot has to be done to make the policy comprehensive.
2. At implementation level we also urge the responsible authority to look into such issues as teacher motivation, teacher education, and maybe teacher staff development. These are some of the recommendations. However they are problems that teachers are not motivated and are unwilling to teach the subject area. They are not responsible they are not accountable to the thing that is not examinable. So teaching things that go to waste is undesirable. It does not

work, it's not important. Who knows that today I did not teach AIDS education? Even notes are not written it's all verbal teaching, what is the harm. So these are problems with some teachers' perceptions.

3. In fact I want to talk about these policy makers. The policy should have been treated like the constitution. So that they do not do their own things without involving us the people on the ground. That is why things become very abstract to people on the ground. It's an issue when working with the elite group. They work with few people up there at policy planning level. Policy formulation should be research like, with people giving their views. People to be involved in workshops below the policy is formulated or made, so that we will be in a position to implement this programme. My initial point is that policy is just handed from above coming to us down here. Those who are above the policy makers do not bother to know how we take it. They have their understanding that they assume that is the understanding that we have. Of which there should have been instituted a mechanism where people plan together then policy is set. Everyone should have had an input, where clarification is needed then it's given, so that the implementation will run smoothly. I am simply saying if policy is just from the superiors to these people on the ground, it seems as if it's just a command. We have to do what we have been told. You don't ask how high I should jump. You just do what you have been told to do.

What recommendations or suggestions can you make to improve implementation of the programme?

1. We are recommending that teachers should be trained, staff development. Also to be motivated in different ways through remuneration so that they get motivated. Through giving status to the subject area by the school administration. Not to look down upon the subject. For example placing ADIS education lessons in the afternoon off session. Avoid off sessions because they are demotivating both to the teacher and the learners. Because they will be tired, the teacher is tired.
2. Workshops should be increased. They should continue to be increased to consider new knowledge being discovered on the subject
3. We need more resources to use, for example modern resources – radios, projectors videos and the like. Because most pupils who live in disadvantaged areas will make use of those materials.

4. We need videos to use when delivering the lessons especially to disadvantaged children.
5. Another recommendation is we feel that there should be a stakeholder programme, whereby we have parents involved to come up with programmes that are realistic to our community, factoring such values from our culture, factoring such things as children's needs, gathering data on the vulnerable. Also gathering data on the environment itself conducive to the learning of HIV and AIDS education. There should be input of the police, the input of the Health sector, and the input of all stakeholders. I think we will come up with something good when teaching HIV and AIDS education.

Thank you

INDIVIDUAL INTERVIEWS
SCHOOL PRINCIPAL NO. 1: 2010: VN680013

Gender: Female

How long have you been principal at this school?

At this school it is now about five years.

What has been your previous professional experience?

In as far as heading schools is concerned, I was heading at Chirichoga High School for four years before I moved to this school Ndarama High School and earlier on having been a Deputy Principal or Head at Victoria High.

What is your understanding of the AIDS Action programme for schools?

AIDS Action programme for schools. I suppose it was born out of the realization of this AIDS pandemic which has rocked the country, and so, the government has decided to postulate a policy in line with the AIDS Action programme. In other words to try to alleviate the problem or assist the AIDS affected and inflicted. So this policy has to be implemented nationwide.

What do you view as the major goals of the programme?

The major goals I suppose are to educate students about the AIDS pandemic, how this AIDS has spread, and the consequence of the spread of AIDS. So the main goal will start these adolescents, secondary school students who are assumed to be in the 13 years and above. So it is meant to actually make students aware of the physical changes that take place on their bodies in terms of sexual changes at puberty and how to handle the pressure they come across in life.

How do you view this programme since its inception?

Right, this programme is beneficial to some extent especially to those who are being taught the awareness programme. Because here it is observed that there is some behavioural change in some students who are conscientised about that and the prevalence of AIDS in schools pupils sort of dropping due to the awareness.

So far, what goals of the programme do you think have been accomplished?

Goals accomplished, the goals accomplished so far is that schools are actually managing to, ehe-, implement the programme. Ehe-, since the policy insists that or postulates that all pupils from form 1 to 'A' level have to be taught about AIDS so that they are aware, so schools are managing to implement and the subjects are being taught to all levels o pupils.

Do you see some goals having not been accomplished and why?

Well generally they are accomplished, but then, we realise that ehe, to achieve some of these goals the AIDS action programme is not well funded and to some extent some teachers who are made to handle the subject may not be quite well versed with the subject. And so there is need to update them so that they can be competent in delivering of the subject content.

Is the time allocated to the programme on the timetable adequate?

Yes, or not quite. It is adequate in the sense that at least every class has got the subject taught to it. But, then realising that we are a double session school time may not be sufficiently enough to teach the subject. Since pupils come from 7:00am to 1200 noon and then they leave. Another group will come in from 1200 noon to 5:00pm then they leave. It means therefore timetabling for that subject may not be accommodated in the main timetable.

At what level is HIV and AIDS taught at your school and why?

Well, it's taught from Z.J.C. to 'A' level. Basically to equip the students with the knowledge about the subject, so that they may not fall into some of these problems while at school or after school.

What is your HIV and AIDS education school policy?

The policy is derived from the national policy. Since the national policy is to impart knowledge to students. Then the school also drives its policy from that. All pupils at school must have the subject taught to them.

How do your school HIV and AIDS policy relate to the broader AIDS Action programme?

Well, we are trying to implement the policy as stipulated in the national policy and Ministry of education that AIDS education has to be taught. But then, we realise maybe the problem is that we may not effectively teach that subject due to some constraints

Do you like to mention some of them?

Constraints, First of all we have manpower, staff challenges, since the main academic subjects are also taught here, time-tabled. Then the staffing department will only deal with the subjects that are taught and rarely do they consider the staffing for the subject. Only out of that realization and need to implement the policy that we use some of our teachers who are quite well versed with the subject.

As the school principal do you think you are well trained to meet your mandate on this programme?

Not well trained as such. What normally happens is that we are called for some workshops. Just realization or acquaintance workshops, so that we are aware of what is happening. But as of adequate training, well I wouldn't say we are quite well trained. We need some more to be done about it.

In your view how can you be assisted to meet the needs of the programme or to function effectively as a school administrator implementing the programme?

Actually I some in-service courses could be done periodically, then that should equip us with knowledge and update us with the recent information about this subject.

Generally how is the programme implemented in your school?

Right, it is implemented in different ways. Teaching the subject in class by the Guidance and Counseling (G & C) teachers. Then we also have some clubs, some AIDS clubs, where we have some pupils being taught again on the subject and also AIDS awareness campaigns activities in the form of dramas, music (and others) etc, in their various clubs.

Generally which methods do the teachers use in your school?

Yes, there are many methods that can be used. We have participatory method, where

some kids are involved in dramas, plays, poetry. And then we have some lecture methods importing some knowledge to those who don't have the knowledge at all, so that we equip and empower them with the knowledge and give them information.

In your view how effective are the methods used to deliver the content on the programme?

Yah..., I think they are fairly effective; they are fairly effective because they allow students to participate. They get them involved in some community activities when they dramatise, when they sing, when they go to some gatherings performing some poetry. So it is fairly effective although we may need some more methods to be employed. Especially the modern technology to be employed in trying to impart the knowledge to the pupils, some DVDs ah-, other modern technologies which expose them to different situations which they fall into in their lives.

Are the materials used in support of the programme adequate? You may explain.

Not necessarily adequate, because we have some organisations which at times help us with the material. They only give some materials to a certain point then suddenly they stop. So there are sort of stop gap measures that they use. We would want some organisations which supply us continually with some materials. So that maybe the teaching of AIDS education as a subject is effective.

Which of your teachers participate on the programme and why?

Generally those that are fully participating in that programme are those teachers who happen to have been trained in G & C and we also have some teachers who may help in but since they are not enough to man the whole school, so those that are trained in G & C will tend to lead the groups and advise them on what to do.

What is the role of the principal in the school with regard to implementing the programme?

The role of the principal is to make sure that policy is implemented. How do we do that, we make a follow up on teachers that go out to pupils to teach and see that the

work is done. And also at one time or another we make them to perform some poetry, some drama and some plays pertaining to the lessons they would have been taught to actually enhance their understanding and educate others.

How do your teachers understand this whole programme?

Yes they do understand it since it is actually a pandemic which has actually rocked havoc to the whole nation. They do actually understand the need and appreciate that we need to educate our pupils about the pandemic. They are the future leaders. They should be aware of such things so that they don't all victims of AIDS.

Are your teachers adequately trained to implement the whole programme?

Well, not all of them, only a few are trained and some have some degrees in G & C. A few are adequately trained and in-served.

What are the teachers concerns or challenges with regard to implementing the programme?

The challenges are that we tend to have problems with the implementation in terms of the support that we get, from maybe the organisations that need to support us with material support, financial support and maybe, if that support could be forthcoming then that would enhance the teaching of the subject effectively.

In your view as the principal, what do you think the policy and curriculum for the programme entail?

Well, the policy is that the subject has to be taught to students/learners at every school. So, as far as this school is concerned, we are doing our part as much as possible. The curriculum should entail the development of the child from Z.J.C. up to 'A' level. That it should handle some topics like adolescence and puberty, sexuality, HIV and AIDS. And then, we want to look at how this is spread, the prevalence of that disease, how you can take care of the affected and the infected. That should equip them with life skills situations they know what to do.

How does your school effectively implement the programme? May you give evidence?

Implement the programme, well our school has actually assigned some teachers to some classes to teach the subject. They are actually doing that. We have one male

teacher who is solely in charge of that subject. They are actually doing that. We have one male teacher who is solely in charge of that subject. He teaches the subject together with English for communication to 'A' level. That's his area although he is assisted with some few teachers. But we have a teacher specifically for that for ensuring that the subject is being taught.

In which ways are your students benefiting?

Students participate a lot in drama, poetry, songs, etc. And so, in so doing, they retain the knowledge that they gain from all the activities and tend to apply the acquired knowledge in cases where possible. They may be involved in community bases programmes to assist the infected and the affected.

What do you see as possible gaps between policy, curriculum and teacher practice?

The possible gaps there may be from the top to school level. Because here we rarely see those people enforcing the implementation of the policy at schools. They tend to remain higher up there. From the Ministry, EOs are there but, rarely do they come down to policy implementers.

What about from the side of the curriculum and teacher practice?

Well that one is being done at every level. We are enforcing that, but what lacks now is the support.

What challenges have your school encountered in implementing this whole programme?

Firstly we have challenges here by some of the teachers who lack appreciation of the subject. They think its time wasting when their students are supposed to be taught examinable subjects. But we feel its worthwhile to do that because it helps them in the near future after leaving school.

Then we have this material support challenge. We don't have much of the material support to the afflicted and affected. Some of the affected students may fall out of school because of lack of support. So it's quite a challenge. We have some child headed families where one child is heading a whole family and has no way to raise

funds to support the family. So such families will require a lot of support from organisations.

Then we have another challenge of inadequate training in some teachers who may be asked to teach the subject.

What is the Ministry School support that you get?

Ministry provide with the E.Os for the subject. Then we have district resource teachers meant to ensure that the programme I implemented in schools. But, then maybe due to constraints they have not been mobile. They have not been visiting schools.

In your view, are your teachers emotionally prepared to handle the teaching of HIV and AIDS

Yes they are. They are emotionally prepared because the majority of them are involved in one way one or the other since they are the class teachers and subject teachers. In those classes that they teach they help to identify affected pupils and then forward their names to the office for assistance or those with problems pertaining to HIV & AIDS, they also forward their names. Then students are directed to G & C teacher to assist them. Those with financial problems, we identify some organisations which can support them.

As the school principal what suggestions can you forward for effective implementation of the programme?

We would want adequate materials, financial support so that the teaching of the subject becomes. Without support, the whole programme will be a failure. Support is really needed here.

Teachers have gone to an extent of mobilizing financial support to assist the affected pupils.

Thank you school principal one

INDIVIDUAL INTERVIEWS
SCHOOL PRINCIPAL NO. 2: 2010: VN680014

Gender: Female

How long have you been principal at this school?

Six years

What has been your previous professional experience?

I have been a teacher for twenty-six years. Plus six years, that's 32 years in the service. As an administrator, I have been a Deputy Head and a School Headmaster, a total of nine years.

What is your broad understanding of the Aids Action programme for schools?

The AAPs was meant to give students information on the AIDS pandemic and to make them abstain from casual sex, through the help of the teachers in schools and other institutions. The programme was meant to give students information about the AIDS pandemic.

What do you see as the major goals of this programme?

I think the major goals, one of the major goals is that o awareness. To make students aware of the effects of the pandemic and also to make them good citizens by abstaining from casual sex, and be aware of the effects of the disease in the community.

What are your views about this programme since its inception?

I think the programme though very good, especially to our students, did not really get the reception it should have got in schools. I think the teachers who were to be involved in teaching on the programme were never staff developed. It was something just handed down from the superiors to schools. And all they got perhaps were materials in the form of textbooks and at times perhaps people from the Health Department giving information. It wasn't really given the right time, or even staff development of the teachers needed. We didn't hear of any courses held about the programme. But just reading from the papers and perhaps getting notices from the

Permanent secretary's circulars just giving information about the programme. And nothing really to make the teachers aware of the programme, or to staff develop them on how to teach it.

Which goals of the programme have been established?

I think generally students are aware of the causes of the AIDS pandemic. I think they are aware of them. They may not really take them into effect but they know the causes. They are aware of them. It's a goal that has been Achieved I think.

What about behaviour change?

We cannot rule out that some are engaging in casual sex or unprotected sex. But there are still some who don't care you can say that. It may be because of their backgrounds perhaps or how they were brought up. In this school I think the most serious thing is that most of our students, in fact not most but some of our students come from child headed families. They are the land Lords. They really need this information but they have no one to tell them. They may be doing it because they do not have any adults to warn them of the consequences.

Are the teachers on the programme not warning them?

The teachers might warn them, but at home they don't have anyone who controls them.

Are you bringing in the issues parental involvement in AIDS education?

I think its very important, because once the child remember some of the people who lure these kids into casual sex are adults. So, the adult at school and the adult in the community to the child are the same. If one adult says this and the other says a different thing, the child will be nowhere. And will tend to do what pleases most and engaging in casual sex, having fun with friends and so forth. Its exciting, so there is really need for parents to also guide their children at home.

Which are some of the objectives which have not been met and why?

I cannot really say there are some which have not been met really, but one such goal maybe making students abstain, and some have abstained but I think there are still some who think its just a waste of time. They don't see it as a serious thing. We do have cases of students who run away from school. They engage in prostitution. They

are found in beer gardens. So really, we may think the objectives of making them abstain from that have not been met, but there are some who are not doing it. So we don't know. 'hameno pamwe vanenge vachingoda kunakirwa, vachitoudzwa nevakuru kutoti hazvin basa inhema, usanyengerwa? So they are influenced. Yes.

Is adequate time for HIV & AIDS education allocated on your time table?

In our school we have no time allocated for this. We have time that we call registration and inspection. Its done by class teachers. The first 15 minutes of each day are given for that. We expect that during that time, the teacher concerned to be talking to students about any matters concerning HIV & AIDS and any guidance they may be given. They also have one 35 minutes period per week with the G & C teacher. In most cases the G & C programme may include HIV & AIDS, but they may also not include it. So we can say ther is no real time allocated and the time given for that is not adequate at all as there are other things to be done during that time.

Policy says these lessons should be time tabled and taught, so at what level is this taught at your school?

In fact the subject must be taught to all students. But, at our school its taught to the Form 1s to 4s. The 'A' levels normally don't have that time except for the 15 minutes during the registration and inspection time. Each day we have 15 minutes of the day when they have to do that with their Form Masters/Class teachers. Yes, it says it has to be allocated on the time table, but we do have shortage of time. We have two schools in one and our periods are not even 40 minutes, they are 35 minutes. Even some subjects, instead of having 5 or 6 periods per week, we end up having 3 or 4 because we don't have time. With each group we just have five hours, that is from 7.00am to 1200 noon and from 1200 noon to 5:00pm because of the hot sitting. So time is really not on our side. Time is a challenge. And you imagine someone is just striving to teach those subjects that are going to be examined in the end. Though its very important. I think the programme is important. We may be educating people for death, but time.... laugh!

Do you have an HIV and AIDS education school policy?

Ah--, not as such, its not school policy. We do have a club at the school. The club has peer educators and they have to meet every Wednesday. They meet to give each other advice on whatever issues pertaining to HIV & AIDS. But we can say

since the club is under the school it's a school policy but then its implemented by the club members and their patrons. In most cases it doesn't involve all the students, just those who wish to join the Club. Not all teachers are involved again, I think about three teachers are involved in the club.

How would you relate your school policy with the broader AIDS Action Programme for schools?

The broader AAPS is known by some organizations that link with our schools. For example, the blood donation group, yes. These are the people who mostly help schools in training their peer educators so that they come and also train the others. The peer educator programme relates to the broader programme. Yes it relates. The blood transfusion group trains peer educators and the training is basically on AIDS. And then these peer educators are expected to form a club within the school. In the club they then bring the information to other students yes.

As a school principal, do you view yourself adequately trained to meet your mandates on the programme?

If we talk of adequately trained when no training have been given. No training was given. So as I said from the beginning its just reading from the papers or circulars and there you have to know what is expected of you. So I am not adequately trained to meet these obligations.

What would you suggest r how would you like to be empowered as a school principal?

I think the AIDS Action programme initiators-policy makers know exact what they want School Heads to do. So if they hold workshops perhaps with the Heads. And most importantly if they can supply the materials for use in the schools. Because its very difficult for someone to procure or even to look for media for the programme you are not aware of. Even the teachers who are participating are not aware of what they should be doing at times. Then to request for any materials for use, materials they don't know, its very difficult. I think there is need for the Ministry or whoever may be to train first. In fact to have staff development workshops so that people are aware exactly what is to be done.

Which methods are generally used to teach HIV and AIDS education in your school?

I think generally the teachers themselves just the lecture method with the question and answer method. But as I have told you that we use peer educators and we also have a club. There was a time when there was drama conducted in the school. In fact the drama was initiated by the Dachi Care. They are the ones who said students can have poems related to the spread of AIDS. Drama in connection with AIDS. Then they came to school and they judged the articles that have been produced. They even gave prizes exercise books, rulers and so on. These were performed to the whole school. It's another method, but unfortunately, it wasn't initiated by the school. It was initiated by the NGO, but then we implemented it. So, through drama, through poems, students are made aware of this AIDS pandemic.

How effective are these methods being used on the programme?

Yes, I think the drama is very effective. They see people who become ill because of their weak behaviour. Especially our younger girls and boys in Form 1, they are so excited. So I think the drama is quite effective. And poems, if well written. Because they are appealing to them. Yes, the lecture method used by teacher can help in some way but not as these other methods of drama. Unfortunately these are just done perhaps twice a term. They are not methods that are done on a daily basis like the lecture method. The teachers will be using or lectures.

Are the materials or resources used in support of the programme adequate?

So far we do have a series of text books AIDS Action programme. The books are for Forms 1-4. We don't have for the 'A' levels. These books it's just a set of twenty per form. Per Form in our case we do have about 300 students per form. You can see that a set of 20 text books for 300 students it's really not enough. And these books were donated. I don't know. As I said it's not an examinable subject and people normally think of buying any materials with the scarce resources they have. They don't use the funds they have on non-examination subjects like these AIDS Action programme. It's just, I think it's a programme which should be given to students. I don't think people would like to waste any money on it, or adding to these few textbooks we have. It's very difficult. I think those are the only materials we have. The videos if they are there they may be there for the tele-centre I think. It's again the initiative of

the teacher to go to the tele-centre and view these and see which ones are suitable. But then time shortage. Students may not be able to see them.

Which of your teachers participate on the programme? And why since it looks like voluntary work?

Its voluntary work but not very voluntary as such. Like for example, if you are made a class teacher, you are to be involved. If you are given a class for G & C. you are to be involved. So its not really voluntary and we normally give it to teachers with fewer periods on the timetable. So that's their additional load. Its teachers who are made class teachers or Form masters to give advice to those allocated to teach G.& C. and it's a development in the school. G & C is a department in the school. There is where AAPS is housed yes.

What is your role in the school with regard to implementation of the programme?

My roles are purely supervisory. Just to see whether the teachers especially at the beginning of the year, have been allocated this period. But what actually takes place in the classroom is difficult to assess. We don't have any exercises to write, to do any written work, its just written work given. So to really check whether the programme or lessons are being conducted properly, I think its another difficult thing to do. At the moment I can say its just allocation of work to the teachers concerned. And then they have their own departmental meeting and are told what to do by their H.O.D. Following up at times the students concerned to see anything its very very difficult.

Do you also observe these lessons running under monitoring?

Ah no. These are not... laughing, As I said I think its an oversight that they not taken to be very very important as the Maths, English and Science. So you wouldn't really go in to see a G & C lesson, a G & C lesson. Infact you would visit the class to give the guidance yourself or the counseling yourself at times. But not to see someone teach it... laughing.

People are dying of AIDS. How would you like to see this subject improved so that it has more weighting?

I think to improve on the teaching of the subject, if it can **be a compulsory subject**, its compulsory yes, but I think if it can be examined. Like we have the religious and

moral education. Students will take it seriously ones its in their curriculum. Because they know they would write an examination in the end. But at the same time thy will be learning something morally. There are morals they learn. As they learn it, they know I am going to write this and again any time I taught properly they will be gaining some morals. I think if that can be done with this programme. I think they want to introduce like the life skills or something. Yes, if it can be a serious programme that examined, even if its examined at a certain level only or if it can be examined. The school may not have all the classes writing its examination but just other classes. Like we do or bible knowledge. There are some who will be doing Geography and some religious and moral education. Those who do the lessons do gain a lot. And they know the subject is important.

What about the issue that if dealing with attitudes and behaviour change, the subject should not be examined.

Its valid yes. At the same time, knowing the nature of our society, we do teach or examinations. We forget that we give examinations to healthy people at times.. laughing. Once we know that we teach for examinations, I don't think that there is anything wrong having students writing an examination for something which gives them life. It may be difficult to have it as a subject but I think its necessary to have I as an examination subject in the school.

How do your teachers understand this whole AIDS Action programme?

Teachers just see it as another subject which might come and go (laughing). It's a subject for the time and a subject for discussion as they say. Nobody really takes it seriously. I don't know, they don't seem to think the school, especially secondary school is the right platform to teach attitudes. They think the children at primary school level have already acquired some attitudes, and these are just being developed as they grow up, starting from the home, even behaviour wise. You would hear them commenting that 'aha- uyu hauchamugoni, uyu watoa', and that child will be in Form 1. Which means they are saying 'Kwakabva uko ndokwaatatoresveka' and 'haachagoneki kugadzirika'. So you can see they always put the blame on the primary school or on the parents, or home background.

Is it a cultural or taboo issue, why are the teachers not comfortable with the AIDS area?

I don't think it's anything to do with taboos but, I think it's my own opinion, these boys and girls are already mature. They think they know everything already at secondary school level. And the moment you want to discuss with them anything on sex or AIDS or anything, they are not very comfortable, they are shy. As you said yes, it can be taboo. Because in our culture those are issues to be discussed privately by an aunt or an uncle, not in the classroom or openly. It's not something to be discussed openly.

Can it be that teachers themselves are not comfortable?

I think some are not comfortable. They are shy. Because dealing with older boys and girls they know very thing and the moment you talk to them about things. They would say yes, even the students themselves they would look at you and say she participates very well. So I think she knows everything. 'A a- mungatiudzei, pane zvamusingazivi here. Madekohanditi makanovata kuRitz. Vana venyu ava munoovati vana venyu ava, vanovata kuRitz.

Are your teachers adequately trained to implement the programme?

Aa..., I don't think they are. They are not. Ten years I have been here, no workshop was ever held. Even by the Ministry authorities, at district level. We have the Better Schools Programme that has a task of organizing workshops for different subjects. No workshop was ever called on the AIDS Action programme. I don't think it was done. Officials might not know also of what exactly to do. I think it's like the appraisal performance system, you know it. It's there, but to really say you are expected in it, is not because it wasn't given adequate time of preparation and training. So people do it, they may be doing it but without adequate information.

What are the teachers' concerns or challenges on implementing this programme?

The main challenge in our teachers is time here as I said. It is time. The caliber of students we have seem to be grown up who know everything. Discussing this with them is very very difficult. Teachers are not experts as such. In normal, teachers have difficulties in implementing the programme. No one takes the responsibilities freely. For example even when the Duchi Care people comes to the school and advice what they want the school to do as far as the AIDS Action is concerned. Yes

they do it but hesitantly. Which shows they don't have information on the programme. At times when you explain to the kids because they have seen perhaps things on television at home or something. They may do their own things using their own initiatives. The teachers jump in and assist. Especially, the older students like the form 3, 4, 5 and 6.

What do the policy and curriculum of the programme entail?

I haven't had the chance of reading the policy, I never saw the policy as such. But in the curriculum, I think they expect us to make the students aware of the AIDS pandemic. How it can be prevented and there are so many NGOs like the Dachi Care. I mentioned even the city council would always assist. There is ehe... AIDS Action Committee. There is they call it DAAC – The District AIDS Action Committee. These do expect schools to have these programmes in the school. And mostly like clubs and training. They do send their questionnaire every month into the schools to check how many peer educators were trained, how many clubs were formed on the AIDS programme. So in the curriculum, yes its there. But I think as an extra thing and not really on the table-time.

Is this DAAC helping Ministry or how is it connected to Ministry, how does it come in?

The Dachi Care, the NGOs do deal with aspects that affect the communities. They source money in order to promote these programmes which are welcome with the international world. They have to work with the Ministry especially if they want to enter into schools. So its Dananai AIDS Action... what ... Dachi Care is an abbreviation. I can't remember the exact name. But DAAC is the District AIDS Action Committee. I don't know how it came about, how it came to be there. But its another group of people who always come into the schools and talk to the school like I said. They work together with the City Council. They are the ones who write the posters and ask schools to give their own motos. For example Abstinence –what- what- to AIDS, then they would write the poster and bring it to school.

How does your school try to effectively implement this programme?

As I said in the beginning, shortage of time. But as far as the clubs are concerned, as far as peer educators are concerned they are well set and they are in place and they are doing their work, especially the clubs every Wednesday. We end our lessons

early to give chance to all clubs in the school to do their activities. That's when they implement this programme.

In which ways are students benefiting from the programme?

Ah: I don't know if they are benefiting – (laughing) Yes they are benefiting by way of information. Behaviour change is very difficult to measure. But 2008 I think was a difficult year. Dropouts wouldn't be attributed to lack of knowledge or we can't say the student who dropped out were going into marriage or something. But absence of teachers in schools affected them. Some ended up into looking for jobs. For 2009 it was better. We did not have many drop outs. But lack of fees, teenage pregnancy yes, teenage pregnancies, we just have a record of two. Those are the once I can remember but unfortunately not even from the bigger girls, but from Form 2 and 3.

Can you attribute less teenage pregnancies to the benefits derived from the programme?

Not as such. The teachers were saying students now know the value of school and the value of the teacher from the time they spend outside the school. They saw that the world is hostile, its not friendly at all.

What could be possible gaps between policy, the curriculum and teacher practice?

The policy makers to start with, have to liaise with the schools. Then the schools will know what to do with the curriculum. As far as I see it, there is no coordination between policy makers and curriculum makers. Those just give a policy – you are to teach on the AIDS Action programme one period per week. Then the teachers what to include in that curriculum they are at a loss. Even the how to do it, the teachers are at a loss. So there won't be any clear policy as far as the teachers are concerned because they haven't been given the right information. So there is really a gap. Because the policy makers just give a policy and they don't check to see whether the teachers are ready to implement the programme or anything. What they want is their policy implemented.

What are the challenges that your school is facing in implementing the programme?

Lack of information that's the most challenge schools encounter. Had it not be the help o these NGOs, otherwise nothing would be taking place... (laughing). Because even if you look at the text books, they are just the same books for all classes and forms 1 – 6. They use the same text books. To think they may help students understand AIDS issues under he AIDS Action programme, its not adequate. The text books are not adequate. So, I think there is need for other media to be developed. Lack of expertise at times, lack of interest as well. You become interested in things you know. If you are ignorant you are not interested.

Lack of monitoring, I don't think someone comes into the school. Even the Education Officers who come do not ask about the AIDS Action programme. They only ask if there is a problem in the school. How strong are your (G & C) Guidance & Counseling programmes? How many students have done this? When there is a problem then they will assess your programme to see how effective it is. But as long as everything is going on well no one is monitoring.

What would you say is the ministry support to the school?

As far as the programme is concerned, as far as I know, I don't think there is anything. Except that they demand retains which they themselves do not even know how they are to be filled in. You hear the ministry talking about the AIDS Action programme when they have been asked by social services to give information. So the ministry yes, they give a policy but its never supervised.

Are your teachers emotionally trained to handle HIV and AIDS education?

Uuu... I don't think they are prepared. In fact, its emotional yes, because to have views of people dying you become emotional. But on the whole it doesn't make them be prepared to teach the subject. Except to discuss it amount themselves. They help each other just through their discussions. I don't really know how. But if you hear them discussing and giving each other that way.

As a school principal, what suggestions can you give to improve this programme in your school?

I think it is a very important programme. It should first be given time. We should have teachers who are really interested like they do for other subjects. Let them be trained to teach AIDS related issues on the programme. The subject should be taught at college and universities where teachers are professionally prepared. That should be the best. To equip them with necessary methods, information and whatever is required by the programme. The AIDS Action programme like people are saying its quite an important issue. It's a programme that should be implemented by all schools. Especially when we have people dying before even graduating, writing examinations. Its quite an important programme. What need to be done is to make sure its in schools. But, like we see with most programme, they are introduced, workshops are held, money is spend in hotels discussing brilliant ideas. But the ideas are shelved and never implemented properly. On lack of resources, lack o support, you can't expect someone for example like the DAAC committee. They go to schools in Urban areas what about schools in rural areas? Yes, they may want to go there but they do not have resources, they don't have transport. So assisting in seeing whether the programme is being implemented will be very useful.

As far as parental involvement, we do have two types of parents. There are some who are informed. Those who are informed at times whether at family level, they discuss AIDS issues with their children. But there are some who are ignorant who also need the information. They can be assisted by... Long bake we used to have 'mabhaisikopo mumusha' kuma Township? Even this would be done in townships 'vanhu vachiudzwa'. The people as far as I know NGOs are doing a lot of work in rural areas. But if all parents could be informed "vachionazviri kuitika,vachiudza vana vavo" Especially if they are live situations given to them. Kuti taakumboona film zvakaitika then 'vanogona kutoudzavo kana kuriona nevana vogona kudiscuss vese.' So I think parental involvement is veryimportant. There are some parents who feel the issue o AIDS and so forth should never be discussed at schools. 'Kutoti mava kudzidzisa vana vedu zvisizvo'.

So parents should be informed and be able themselves to teach the child. I think that would be of great help to the programme. In my view its not an issue to leave to the teachers alone, its not really. Especially in schools like ours where we don't have the time and people will concentrate on their subjects which they know in the end will reveal their abilities. They won't have time for the AIDS Action Programme. So parents have to help.

Thank you School Principal two for your time

INDIVIDUAL INTERVIEWS

SCHOOL PRINCIPAL NO. 3: 2010: VN680019

Gender – Male

How long have you been principal at this school?

I have been principal at this school for 5 years... now. Prior to that, I was Principal for Muccheke High School for another five years. All in all I have been a teacher for 29 years put those years together.

What is your understanding of AIDS Action programme or schools?

If my memory serves me right, it was initiated around about 1993. Because I remember the programme being rolled out in schools. Several workshops were mounted across the country. I attended such a workshop then at Gutu High School because I was at Mupandawana that time. The idea was sensitized to school teachers and school children on the HIV and AIDS pandemic that was and is still across the country. It was to make sure that all stakeholders in the education of children would be made aware of the manifestation of the pandemic and various types of diseases that were associated with AIDS, would respond in one way or another by mounting lessons that would address HIV and AIDS. So that was my understanding ever since.

What are the major goals of the AIDS Action programme?

I think basically to empower school teachers and children with skills and knowledge that would enable them to respond in a manner that would enhance the safety, that protect children from acquiring the disease. Or in the case of those that would be victims, on ways of mitigating the impact of HIV and AIDS on children.

What are your views about the programme since its inception?

By and large the goals of transmitting knowledge were achieved. I think the knowledge of HIV and AIDS is wide spread. I think it goes even beyond school children. I believe that even out there, the parents themselves are fully aware of AIDS and its manifestation and how it can be contained.

Which goals of the programme have been accomplished?

I think the goal to do with acquisition of knowledge. The behaviour changes that are expected. I think those are the major goals. I believe that in many ways the decline in the instance of AIDS in the country is attributed in part to the knowledge that has been transmitted to the children and to parents. So I believe that those were by and large achieved. On which goals have been accomplished, I wouldn't give a percentage. Perhaps I would say knowledge yes. Sometimes we come across behaviour that is at variance with our expectation and its associated with drug abuse and related problems. Some of the problems stem from ... ehe ...technology if you like. You have got ...he... cellphones, you have got television sets some of them transmitting materials that are destabilising children. I believe that's another source of knowledge that is unfortunately negative and encounter productive to the aims of the programme.

Which goals of he programme have not been accomplished and why?

I wouldn't say there is something that has not been accomplished. I think it is a question of to what extent the environment could be made more conducive, more effective in terms of that total behaviour change, yes.

Is time allocated for the programme on the school timetable adequate?

I think so, apart from time tabling challenges. I think in the past, even now you tend to find that the AIDS programme which is incorporated in our G & C programme, sometimes it placed at the periphery of the time table. But there are many ways in which we try to overcome that. We invite people from outside the school to present seminar, workshops etc and that a well-managed G & C unit, we have in the school an Head of Department who work with selected teachers to make sure that programmes of that nature receive some attention.

Is HIV & AIDS taught at your school, at what levels and why?

Its across the curriculum, across Forms and that it touches everyone really. And we don't only look at formal time tabling to talk about HIV & AIDS. We look for any opportunity that presents itself to talk about it including school assemblies that address. When we release students for holiday for instance. We make special effort, to make sure that reminders, because its not fresh information, but reminders on behaviours that are appropriate. And that even parents to do play a part, because my

circular to parents will have information on that time to time to try and talk about behaviour that is appropriate.

What is your HIV & AIDS school policy?

To make sure that information is made available to all concerned and use a diversity of media, and any opportunity that presents itself be utilized to transmit information on HIV & AIDS. So basically, it is total response I think to the pandemic.

How do you relate your school HIV & AIDS policy to the broader AIDS Action programme for school?

We think it constitutes very much, it's a... although it, like I indicated earlier. It tends to be placed at the periphery in some instances. But we are saying we take HIV & AIDS very seriously, yes. This is why our G & C teacher has time. We have made sure that her teaching load for other subjects is reduced to allow or time to plan for these activities and to interact with people who may be manifesting signs of the condition.

As a school principal, do you view yourself adequately trained to meet your mandates on the programme?

I believe so, I think the Ministry of Education Sport and Culture over the years has done a tremendous job of sending out information of sensitizing the schools and making sure that even the education officers who are stationed at the provincial office and the district office. They talk about HIV and AIDS in a very big way. I believe that I have adequate knowledge to be of use.

How can you be assisted to function effectively on the programme?

Perhaps in the area of media. If we can get more CDs more literature which could be placed in our study centres and in our libraries. So that more materials are made available for school use across the subjects and across all our activities. So its media, more about materials really which could be made more available.

How is the AIDS Action programme implemented in your school?

Through a department which focuses on that and identification of teachers who interact with children. Through use of expertise from outside the school. Through seminars, through police the public relations department. Through the hospitals. We

had for example the pharmacist from our local hospital being invited to come into the school to talk about abuse of drugs and how it can impact on the spread of HIV and AIDS. We go out of our way to involve stake holders with the expertise we can benefit.

Which methods are generally used to teach HIV and AIDS education at your school?

Primarily though interaction between the teacher and the child. Through use of a variety of media. We do have television sets, we do have other equipment which we can use. Through invited guests, yes, these are a critical part of our programme.

How effective are methods used?

Very effective. If knowledge that the children how is anything to go about, we believe that children are aware of HIV and AIDS.

Are the materials used adequate?

There is where we need more media. Definitely, printed whether it be any form of media used. We certainly would benefit from more materials.

Which of your teachers participated on the programme and why?

The G & C teacher is a veteran. She is an experienced teachers, primarily of English. But we have used her for her expertise because, one, her understanding of people in her experience. As a teacher we believe it useful. That she is an assertive character, she can interact with members of staff, with parents and with students. And she occupies a respectful place in the school. She is tasked with identifying other teachers with requisite skills and experience to work with her.

What is your role in the school with regard to implementation of the programme?

Ensuring that the appropriate personnel are identified and placed in their places. Talking about it repeatedly in our meetings. Ensuring that some activities are done, and that from time to time she reports tome. She also sends a monthly report to DAAC. I ensure that those things are done. So that we are able to keep track of what is happening.

How your teachers do understood the AIDS Action programme?

I think they understand the programme in the context of the part they play in terms of transmitting the knowledge and so on. At their own individual capabilities whatever persons are send to them, they are taken advantage of to make sure information is transmitted to our children.

Are your teachers adequately trained to implement the programme?

I think they do have basic knowledge which I believe quite and large to be adequate. But there are gaps that... that you plug on knowing more. And refresher courses and so forth will go a long way in enhancing their skills levels. The main thing that can help us deliver on the programme are welcome.

What are teacher concerns on the implementation of the programme?

Not any major concerns. Some of them would want for example, that we have the time table accorded individual lessons, so that alongside our G & C programmes we make sure that it is done in that manner. It doesn't occupy this place in the curriculum which appear to be peripheral and they have indicated that this is what they want. But our problem is the congestion o the time table here.

What do the policy and curriculum for the AIDS Action programme entail?

Transmission of knowledge, of attitudes, things that we think are helpful and basically that. So that it yields behaviour change that we expect.

How does your school effectively implement the AIDS Action programme. Give evidence?

Through the structural aspect of identifying a focal point person who is an expert of teaching guidance and counseling, who works alongside with the other teachers to interact with children.

In which ways are students benefiting from the programme?

If they acquire knowledge, we hope it leads to useful behaviour change. They can be empowered enough to protect themselves from situations which would expose them to the disease. And by the way I must also mention that we work very closely with blood donor people and through their lectures, prior to donating blood, our children go through lectures. That is another way of transmitting the same information.

What do you see as possible gaps between policy provisions, curriculum and teacher practice?

I am not sure that I will be able to identify gaps. The key stake holders understand what their roles are. The shortages, the gaps in the area of funding, if we could have materials available. Perhaps but otherwise there is convergence.

What about monitoring and evaluation?

Possibly that, which would identify some of these gaps if Ministry should go out in a more assertive, in a more vigorous way, and assure that what weaknesses are there in are addressed. Certainly, there could be better delivery. And that we don't have variations from school to school. The consistency on approach and on so forth, so certainly Ministry could make its presents better felt on the ground. That is the case at the moment. But they have their own concerns, budgetary concerns, and so and so forth.

Challenges your school is meeting?

I have already talked about time table, yes. We could do better with more resources, printed and otherwise, yes.

What is ministry-school support regarding the programme in your school?

It is very supportive, they would want delivery on the ground. They have their own problems. But clearly, they support this programme, it is their baby and they would want it done. Their weakness is in the area of monitoring and evaluation and rendering support. But the intention on the Ministry's part, I think its clear (laughing).

Probe – People say policy makers always cry delivery, delivery, delivery, when the context is not conducive. What do you say?

True, ivory tower approach to management, its true, if they worked with us in a better way even delivery would be better. Even policy implementation would benefit from what is going own. There are these gaps and not only to HIV and AIDS education but to other areas of the curriculum as well.

Are the teachers in your school emotionally prepared to teach HIV & AIDS education?

There are those that are mature enough to understand implications of the disease. I believe yah – those that we have identified are emotionally prepared I think.

As a school principal what suggestions can you give to improve implementation of the programme in your school?

If I had leeway to teach my curriculum in a manner that yield more time I would do that. I don't know other suggestion. Uh---, I would want more support in the form of materials, that one I have already mentioned.

Anything that you would like to comment on the programme?

Well, that we keep abreast of changes taking place worldwide and that we benefit from whatever experiences other nations are going through which we can adapt to our own situation here. That even the information to do with the decline of HIV and AIDS, do people know that there has been a decline? Are they fully aware of the specifics that have contributed towards the decline? If these were made available, it would consolidate the right behaviours, the right approaches and soon and so forth. So a lot needs to be done by way of communicating why there are these gains. Why there is this decline. Do we know exactly where we are going? The HIV and AIDS education is sensitive. This is why we appeal to parents. Let me give an example, we may appear conservative and backward here. We have banned the use of cell phones in the school. What it would mean is the cell phones could be used to transmit phonographic material. For instance, They can even arrange to meet when we think we have boundaries. We can have the disease transmitted through methods that we are unable to control, and parents despite many circulars I have issued to them to let children use their cellphones when they are back at home. They think we are backward. If parents do not buy into the idea of controlling their children's behaviour, then we have a problem. I think they should buy into and play their part. I think the question of technology and its abuse may well work against achievement of certain goals.

Thank you School Principal three for your time in this interview.

INDIVIDUAL INTERVIEWS
SCHOOL PRINCIPAL NO. 4: 2010: VN680022

Gender: Male

How long have you been principal at this school?

I joined this school in 2004 so my stay is now six years long. I was a teacher for 10 years. Before coming here I was a lecturer at a teachers college. I was also acting Vice Principal for some time. Before that I was a classroom teacher for 10 years, and then I joined the Higher Education system for over 20 years. I have been Head Grade 1, after lateral transfer from principal lecturer to this present position.

Your broad understanding for the AIDS Action programme of schools?

My broad understanding for the AIDS Action programme is that we should not have educated graves. We want to save our nation by making sure or doing the best we can to prevent them from dying. If we concentrate on education, if we concentrate on content of knowledge, we will die in the end, so this is why I am saying we don't want to have educated graves.

What are the major goals of the AIDS Action programme for schools?

This programme is trying by all means possible to encourage our pupils to change behaviour so that they do not contract this terrible virus and so that they become an AIDS free generation.

What are your views about the programme since its inception?

Personally, I am very pleased about this kind of programme. Sometimes we don't see the results directly but you can if you think deeply, you will notice that this programme. Sometimes we don't see the results directly but you can if you think deeply, you will notice that this programme is doing a lot of good to the school and the society. People are no longer as careless as they used to be because they know that HIV and AIDS can be contracted through careless behaviour.

Which of the goals of the programme have been accomplished?

I want to say my own observation. There is a lot of change in society but perhaps policy implementers do really see that there is change. If you look at the past when we used to have people carelessly establishing relationships. This has really gone down. But as far as students are concerned, we actually have pupils donating blood which is very clean and Red Cross is very pleased with the blood that comes from our pupils.

Is time allocated for the programme on the school timetable adequate?

Oh yes, I think it is adequate because you don't want to dwell too much on talking about AIDS. You want to discuss and you want people to think about them, reflect on what have been discussed.

What is your HIV and AIDS education school policy?

In our school, HIV and AIDS education is compulsory. We have a head of department. We have teachers who teach this subject and it's in line with the Ministry policy that this subject should be taught. It is actually an act of misconduct not to teach this subject in schools.

How do you relate your school HIV and AIDS education policy to the broader AIDS Action programme for schools?

I think we relate quite comfortably, in a very healthy way. Because this is what the broad education policy says that we should teach it. But I cannot really stand in the shoes of other schools, that what we are doing here is also happening in other schools. But I expect them to do the same, because that is policy of the ministry.

As a school principal do you view yourself adequately trained to meet your mandates on the programme?

Yes, I do believe I am trained adequately, But you know learning never comes to an end. There are so many new things happening. And one would like to be updated in terms of new information, new discovering. Because as you walk around, you hear there are so many things that are being discovered with relation to HIV and AIDS.

How can you be assisted to function properly on the programme?

Any new information if it comes out should be very welcome so that we effectively function. And when there is new information one would expect to have workshops, on the job training workshops or programmes, whatever innovation needs to be communicated.

Which methods are generally used to teach HIV and AIDS education in your school?

I would like to say that we use the participatory methods, we use drama, we use projects. Our staff are involved in workshops so that they implement the methodology that they gather from those workshops. But generally, we have a school time table, there is a lot of group discussions and student are invited to give their opinions. It's not a question of dishing out content. It's a question of what they understand, and how they can implement, and how they can change their behaviour afterwards.

How effective are the methods used to deliver the content on the programme?

They are effective, but of course there is always room for improvement. I want to believe we are not doing badly.

Are materials used in support of the programme adequate?

You can never say materials are adequate. As teachers and schools and Headmasters, we want more and more all the time. Especially where technology is used, our technology is not good we need modern technology. So, we would like to go a step further. Especially if we could have computers. We only have 5 computers in the school we will be happier to have more, so that we go on the internet also even for HIV/AIDS programme.

Which of your teachers participate on the programme and why?

There are teachers that have been chosen to do this programme. Our Ministry policy says that every teacher should be able to teach HIV and AIDS education. But I have a very senior teacher as Head of Department, and most of the teachers who are also involved are not junior teachers. They are senior teachers or trained teachers should I say. The reason is that we cannot give this duty to contract teachers, you need somebody who is trained to handle this. Because they don't know how to counsel these kids. How do the teachers understand the AIDS Action programme?

Well, they do understand. We provide booklets. There are so many booklets, periodicals and so forth.

Are your teachers adequately trained to implement the programme?

We are not saying training has come to an end, but the basics that we give them. I think are good so that they can survive in the classroom and make an impact on the pupils so that they can change behaviour positively.

What are the teachers' concern on the implementation of the programme?

Ah well, initially they were forced to teach. Now they are beginning to enjoy the responsibility that they have with the children.

In your view, what do the policy and curriculum for the AIDS Action programme for schools entail?

The policy is that every child should receive this kind of education. The curriculum, as far as curriculum is concerned this is content. The content that we give well its okay but as you know, since we are looking at behaviour change sometimes you can't get the results immediately in terms of results. But, so far I think we are okay.

How does your school effectively implement the AIDS Action programme? May you give evidence?

My evidence is that the AIDS Action programme is on the timetable. Teachers have schemes of work. We have a school syllabus. So, I think this is in order.

In which ways are students benefiting from the programme?

Students receive counseling from this programme. They receive advice. They also learn to leave with HIV and AIDS. They are also advised on how to overcome the financial problems, their social situations if they know everybody there to support them including the government. They feel at home when they should actually be traumatized.

What do you see as, possible gaps between policy provisions, curriculum and teacher practice regarding implementation of the programme?

Policy provisions, the policy is that the learner should actually receive this kind of education.

The curriculum is there, and the implementation you can't really be sure that its 100% effective. And also the fact that resources can never be completely adequate. The are things we need. There are resources that we may use but these are not always available because of financial constraints, outings and so forth but the money is not there, so that students can enjoy themselves on this programme.

What challenges does your school encounter in the implementation of the programme?

Initially many teachers did not see the relevance of this programme and they were not that kin to teach. They thought they were wasting time teaching AIDS education instead of teaching say Mathematics or Science. But after this emphasis that we don't want to bury educated corses, they are beginning to see the need. Almost everybody see the need now.

What support do you get from the Ministry regarding the programme in your school?

I want to believe that the magazines which come to us the Ministry has something to do with that. But otherwise yes, the ministry provides the manpower. The fact that they emphasise that we should teach it is quite positive I think. The Ministry has got an important role to play.

Are teachers in your school emotionally prepared to teach HIV and AIDS education?

I am sure they are but there is always room for improvement.

As a school principal, what suggestions can you give to improve the programme implementation in your school?

Finance, the main thing is finance, if we have finance which usually is very scarce we can have a lot o variety and the pupils can enjoy the subject. See we use stereotyped approaches. If you use the same thing and there is no money to innovate, then you find you reduce the interest. Yes, incentives you know the teachers are not properly paid in our country today, and teachers are very poor. They don't have food. They can't send their children to school. They can't even look after orphans who are also their relatives. So incentives are very essential.

How actually involved are your teachers on the AIDS Action programme?

Teachers teach, they teach this subject. They from time to time report on what they are doing in meetings. We also check when we are doing our performance appraisal to see whether they are doing these things. They can even show their schemes of work. They are doing a good job.

Thank you School Principal four for giving me your time.

TRANSCRIPTION

MINISTRY OF EDUCATION OFFICIAL I: VN680015

What specifically is your role in the Ministry with respect to HIV and AIDS education under the AIDS Action programmer for schools?

To ensure that the AIDS awareness programme is disseminated to all schools in the province, and that the personnel involved in the awareness campaign have resources. I travel to all the 7 districts so that they monitor what is going on in terms of spreading the message, teaching in the classroom and organizing workshops of team leaders and resource persons.

What is the policy framework driving the AIDS Action programme for schools?

The policy framework is that all the children in schools should be informed about the AIDS pandemic, and all the teachers who have something to do with that participate. Policy also encourages the collection and marshaling of resources to effect the teaching of the AIDS awareness campaign to involve not only the teachers at the school, but the aim is to ensure that as much as possible, vulnerable children are protected and are made aware of the problem.

What are the major goals of the programme?

Well, the major goals of the programme are to raise awareness among the students and teachers to promote behaviour change among the students and the teachers and to strengthen these areas where people are aware by handling workshops, by involving all the stake holders, especially the parents, communities and all those who can support the programme.

Probe,-you say there is need for parental involvement, how does that come into the schools?

Parental involvement come into the schools through the school Development Committees. It comes into the schools through occasions where schools hold whatever function at the school, they are encouraged to be aware of the programme and to communicate to their children. For instance, when there is a secretary's Award of Merit, people in that community are encouraged to be there and to participate.

People are encouraged to dramatise some of the effects of the AIDS pandemic during and occasion that they may experience at school.

Probe – Do teachers see it necessary to invite parents to talk about AIDS issues with their children?

Well, there is a problem with teachers just with any other people that of derail, it is quite common that teachers may indirectly resist the teaching of the programme of the awareness programme because they themselves are not yet convinced that there is a problem and they may themselves be fighting against the programme within themselves because they think it may expose them to a lot of unknowns so there is some denial in some teachers those who are converted tend to teach as much as they know but others resist. The problem really is that there is usually one or two in a school who have been exposed to the literature and knowledge and they are suppose to come to the others who may not have attended workshops and those who have attended workshops are a minority that normally are overwhelmed by the majority who may not have accessed the information. So there is a bit of resistance to change. Eh among the teachers because they think its invading their privacy and so they don't want to be involved.

Are school heads and teachers knowledgeable of the AIDS Action Programme for schools' policy provisions?

Yes I would say that they are knowledgeable of the policy position although much needs to done again they may know it from very little information. There are personnel in the Ministry who try to go round the schools making the Principles, Heads aware of policy position. But in this case again you find some of the heads will not be fully aware of the policy. It is resistance again from the heads who think that the AIDS awareness programme is irrelevant. They claim they don't have the time for it. On the school curriculum is an added burden for them to supervise, and so they resist the teaching. Some heads who are up with it may promote the teaching of AIDS but I am sure the majority are just neutral or lukewarm about it.

Probe- so how is Ministry trying to solve that problem?

Well, the first strategy was to have personnel in the provincial offices who were trained, and who were to push the programme in the schools. To monitor by visiting schools and to talk to heads in schools, at workshops or meetings so that the heads

were aware but that sort of thing is not quite effective. I think because heads themselves may be servitor to those who come along to tell them and they feel they are not being taken seriously. The heads maybe want more senior people coming to them or outsiders who are more knowledgeable about the programme coming to talk to them so that they are fully convinced of the problem.

As a Ministry official implementing the programme, what help do you give to schools so that there is facilitation of implementation?

The help we give to schools is really to go out there and talk to the heads. Its mainly through the heads that the senior officers like me talk to the heads in the hope that the heads will take the message to their schools and communities, to their teachers.

What about material resources?

Material resources yes, we have a programme in the Ministry and were booklets printed through UNICEF and Ministry are distributed to the schools. We make sure that every school have a good number of copies of that material and encourage schools to expose that material that information to pupils through the teachers.

How are the teacher mandates or teacher expectations within the policy communicated to the teachers?

As I said, maybe the mandates are communicated through the heads. Because it's a big ministry, there are no resources to directly have contact with every teacher say at provincial and district level, so it is heads cascading. We talk to the heads. We try to convince the heads that the programme is essential. So the heads when they meet their teachers they also do the same. They hold meetings at their schools to discuss what is to be done. Through that sort of thing we hope that the message is communicated to the teachers

What do you see as the mandates or the duties of the school principal or heads

The mandate is to sell the information they receive from their senior officers and to hold meetings with their teachers and convince them, to monitor the teaching. Because the programme must be time tabled, to monitor the teaching, supervise the teaching and advise the teachers on what they think are the weaknesses or strengths in their teaching. But again this is where the problem is if the head is not keen to start with, then the actual teaching is not supervised. The teaching may not be done

although officially the programme is on the time table. Therefore, the head has the mandate to see that the teachers teach and to supervise teaching.

What are the teacher mandates expected in the policy?

The teacher mandates are to teach the children the issues that arise from the AIDS awareness programme. Because teachers are supposed to teach, are supposed to be role model, are supposed to even contact the parents where they think the parents can come in and promote the teaching by changing the attitudes of the children.

What challenges do you think the schools are facing in implementing this programme?

The schools face a number of problems or challenges. One of the challenges is lack of information. The booklets we talked about may not be there early, they are not available, they did not go round all the schools. And there are the challenges, one of attitudes as you may know there are always things like resistance to change, new ideas coming in. And AIDS awareness is very sensitive. Its sensitive culturally in our situation. So that you find some of the old teachers may feel they are being exposed to do things that are taboo to them. So they may avoid talking about those. The other challenge I think this is a classroom problem, they say a teacher should teach his own class and our education is co-educational. With the senior students I think if a little bit unfair for young male teacher to be talking about these things to the boys and girls. So at sixth form, form four,, he may find it very difficult to communicate the message. I think culturally too the message is done wrongly in the sense that its being communicated without taking into account the sex differences. It would be a better thing to have the girls talked on their own when it comes to the meaningful issues that must be discussed so that's a big challenge.

A follow up, you are the Ministry Official, What suggestions do you make to improve implementation?

Yes, all things is to improve the supply of materials and perhaps to improve on the methodology whereby we don't just communicate to whole class. Because people may think that its just one of those subjects. Maybe more and more discussion would help but one of our problems is that our teachers are trained to teach large groups and not to focus on group activity. Maybe if they focus more on problem solving

approach that may bring about success. The other innovation maybe to involve the parents more, maybe through the Ministry of Health so that the parents are more knowledgeable about the problem that the children experience. Very often it's the children who come to tell the parents that we have been talking about these things at school. And then the parent's reaction may be negative because they themselves have not been made aware of the thing. I know in some institutions religious groups have resisted the teaching of AIDS awareness on religious grounds that is not becoming of their congregation to talk about.

Since AIDS education is not examined, how do schools assess their students' performance?

Well, there was a lot of argument whether it should be assessed as a subject and people thought that if they made it examinable then it would mean that its another extra subject where we are importing information. So the idea was that the AIDS awareness programme should be problem solving based. So that even if its not examinable people are empowered through discussion, through situational discussions where they say are; how do you solve this problem if you come across it. Rather than just regurgitating the knowledge in the books. That may not help them a lot.

Probe-But Since our timetable is overloaded with other examined subjects is this not going to cause a problem?

Yes, it is if its on its own, well, normally the arrangement was that to be one period per class per week on the realization that the timetable was loaded. Other approaches were that maybe we should have integration of subjects. So, that the AIDS awareness component could be fitted into every subject. If examinable then it would mean just another extra subject where we are importing information. The idea was that the AIDS awareness programme should be problem solving based. So that even if its not examinable, people are empowered through discussion, through discussions where they say ah! How do you solve this problem if you come across it. Rather just regurgitating the knowledge in the books. That might not help and will not help.

Since our timetable is already overloaded with other examined subjects. Is it not going to cause a problem?

Yes it is, normally the arrangement was that there would be one period per class per week with the realization that there would be one period per class per week with the realization that the timetable was loaded. Other approaches were that maybe we should have integration of subjects, so that the AIDS awareness component is fitted into every subject. If one is talking about Social Sciences, they have to bring in the AIDS awareness thing. Even bring it the Maths teaching when talk about percentages and all that, talk about Geography, talk about History, so that you are not overloading the timetable, but you are integrating the issues into every subject. But that would bring a lot of retraining of the teachers so that they are able to lift what is useful in their subject.

Probe- With the nature of our secondary school teachers they are subject specific, is that easy for them to handle integration?

This is the problem. They have to be staff developed along these lines. It can be done. There is no reason why a History teacher cannot show the children how epidemics have developed.

With the nature of our secondary school teachers, they are subject specific; is that easy for them to handle?

This is the problem, they need to be staff developed along those lines. It can be done. There is no reason why the History teacher can show the children how epidemics have developed in historical sequence and then maybe going pandemic differ from the old pandemics. Today we have Swine Flue, we had influenza in the 20th Century. How different is it from what we have. And then in Geography you say compare the spread of the AIDS pandemic in Southern America in Africa south of the Sahara, in the developed countries and so on and so on and help them have a better perspective of the problem if they do it in their subjects say at secondary level.

What do you think are the teacher concerns or teacher challenges in implementing the programme?

There concerns are the usual ones that there is no time for them to do it. If they are history teachers they want to teach the syllabus and complete them, write exams so teachers claim that this will take them more time. Teachers too in the early days were

very sensitive, because if they say to the children somebody who have symptoms of AIDS looks like this, tools like that, looks like the other and that may be how the teacher looks. Then the children will be reading that this is, our teacher is infected. No teacher wants to undermine his position like that, and the children will take the message home and say our teacher was describing a person with AIDS it looks like that exactly how he looks. So the teacher cannot willingly expose himself. It takes a very strong character, somebody who is really empowered to talk about it if he or she knows that these symptoms are on me. Thats a big concern in some communities they would come to the school to say yes, we don't want our children to be taught by that one because he has or she has these symptoms and we don't want our children to contract the problem. So the teacher is exposed, wouldn't want to lose his job being told that you are ill and therefore you should live the job. So the teachers have that concern. And some of the teachers as we know like to get to those kids especially the senior girls, so they wouldn't want to talk about AIDS saying its contracted in this way and that way and so on. Because after the lesson they are going to say but you are the one who were talking about this. So you can't be a sugar daddy who is trying to protect the victims at the same time. So those are some of the negative effects of teaching AIDS from the teacher's point of view it really affects.

Do you have something that you want to comment about this whole programme?

The programme yes it's a big programme but it cannot survive on its on. It needs a lot of integration, lot of networking, so that its not just done in schools but its in the community in order to strengthen the people. Specially those who are in the forefront in teaching about it. Some of the teachers have given up I think because they didn't get full support from the community. So we need perhaps to revisit the strategies and look at how best we could communicate more effectively. We need to perhaps like I said separate the boys from the girls and teach them.

Thank you

Interview M0ESC Official 1 VN 680015

TRANSCRIPTION

MINISTRY OF EDUCATION OFFICIAL 2: VN680024

Role as an E.O in the M0ESC with respect to HIV/AIDS education under the AID programme for schools (AAPS)?

I work on behalf of the Provincial Education Director. My specific role here as an E.O. responsible for Guidance and Counseling (G & C), is to make sure that all our schools in Masvingo Province comply with government policy statements on the implementation of G & C that includes HIV and AIDS and Life skills education. So my role is to make sure that our schools in Masvingo Province comply with government policy statements on the implementation of G & C that includes HIV and AIDS and Life skills education. So my role is to make sure that our schools implement that government policy. The government policy G & C encompassing HIV/AIDS and life skills education is the only compulsory subject in every school's curriculum in Zimbabwe. It is the only compulsory subject perhaps it may be that our society or our communities may not be aware of that one. Otherwise the only compulsory, so government attaches a lot of importance in the implementation of HIV/AIDS and life skills education in schools.

What is the policy framework, one is a compulsory subject being taught once to every class per week. There must be somebody who is competent enough to handle that subject in any given school. In other words, we have to ascertain as a provincial office that at every school, person trained, staff developed, equipped enough to handle HIV/AIDS and Life Skills education at a given school.

So in our monitoring and evaluation we go to every district, we travel in every district to make sure that our D.E.Os are implementing that policy as per arrangement that every class is having it.

Major Goals/Objectives of this programme?

Our major thrust in schools is presentation of HIV and AIDS through the philosophy of abstinence. We concentrate on behavior change. We believe if we inculcate in our schools the correct values that makes a person lets say abstain at young ages, abstain or postpone intercourse until, yes that's our main thrust. We preach that one abstain and then of course, apart from that abstinence, we also assist them with the

usual life skills education in life and life and sexuality. The child needs to know the changes to his/her physic due to adolescence, the best ways of accommodating those changes, without really falling into the pitfalls of immoral behavior and what a view.

Key elements/aspects of the programme that should be implemented

Yes, Key aspect, are our teachers and pupils, our communities, aware of the HIV and AIDS pandemic? Are they aware of that one? So in other words, there must be enough advocacy. Do they know then we concentrate on what, on preventative measures such as behavior change through a properly constituted subject syllabus that would help pupils abstain, our pupils know more about HIV and AIDS

Probing – The syllabus is not yet out in schools, so how are these teachers teaching?

We use this HIV/AIDS and life skills education primary school syllabus- Grade four to seven.

Probe – Is it useful in Secondary schools?

Basically the topics are the same, we adjust them to age levels. For example, if we looked at ‘sex and sexuality’, there are some points about sex and sexuality which you can talk freely to grade one pupils, at least grade three. We start this subject at grade three level. When you are talking to lets say addressing ‘A’ level students then you change the content. Otherwise, basically we already have a syllabus, this is the syllabus. There is also a draft syllabus that has been suggested at ZJC level. So, in other words our syllabus committee at CDU are continually sitting panels to come up with proper syllabuses for ‘O’ Level and ‘A’ level whatever, but otherwise we are aware of the subject content at ‘O’ level.

So as Ministry Official responsible for the AIDS Action programme, how are you helping school principals/heads to facilitate the implementation.

Yes are our school Heads are aware of the government policy. So we actually make effort to make sure that our schools, our school Heads, the front implementers anyway, are aware of government policy. That one, that I have already stated, that one lesson per class per week for HIV/AIDS and life skills education as a compulsory

subject. In fact the Provincial Education Director (PED) arranges for workshops sometimes it takes all the NGOs, as interested stake – holders in staff development.

Probe – You were talking about CADEC?

Yes, we have the provincial AIDS Action Committee (PAAC). We are a member of that one as Ministry of Education. So we are a member of those structures at cluster level, starting at cluster level, at district level, at provincial level. We network with NAAC – National AIDS Action Committee. We are part of that one. So we meet as either DAAC – District AIDS Action Committee. We have our officials who are attached to that one, and as NAAC we also have officials there.

How are the teacher mandate within the policy communicated to the teachers?

I would say the moment we have made sure that everyone of our schools has got the syllabus. It instructs them what to do, how to do it, so in other words, every school Head has made sure that his/her school has got the syllabus and has got the circulars that actually specify our approaches to HIV/AIDS pandemic in schools.

So as a government official what are some of the mandates of school Principals. What are they required to do?

They got to timetable that subject. Apart from timetabling that subject, they got to make sure they have provided a teacher for it. And then we also insist to them, in fact its mandatory to them to make sure that there is G & C services at schools for both teachers and students. It is one of my duties to monitor on behalf of the PED that those policies are being implemented in schools.

What are the teachers expected to do/teacher mandates in the policy framework?

They teach on HIV & AIDS pandemic.

Probe – Teachers are complaining that there are no incentives and its like an extra burden, what do you expect them to do?

Anybody who is teacher enough, incentives come as a national issue, it's a socio-political issue there. Anybody who is teacher enough knows the importance of giving a proper curriculum to the child. And any curriculum that does not include HIV/AIDS as an integral part is not useful to the child. Because if we are aware of the pandemic

anyway, you can't educate somebody to die tomorrow. So, basically yes as people working for the Ministry of Education we are not having salaries yes. We are religious about curriculums. In fact, everybody who is teacher enough. In fact, I am talking to you, you are a teacher, you teach whether you give me money or not. I pass on as part of culture. I will pass on my knowledge and skills to the next person. And that is the dictates of a teacher. So, basically we are aware, I can certainly assure you that this programme of AIDS intervention in schools is very live in schools. Yes it suffers like any other subject of mathematics or science. It suffers when they do not properly remunerated, but that it is part of their activities, they are aware of. And then of course we want to be thankful to NGOs, there was a time when the programme was very viable in schools because of the input of NGOs. I can simply say government does not have enough money, resources yah – to run all the AIDS intervention in schools. That's why it seeks assistance and there is nothing unusual, even in developing countries you see NGOs doing that so there is nothing unusual about us demanding that NGOs to continue working in schools to help in the implementation of a good government policy against HIV and AIDS.

So as you move in the district or province, what challenges are your schools facing in implementing the policy?

One and foremost is that HIV/AIDS and life skills Education was not part of our curriculum. I am a trained teacher, a very well trained teacher at Gwelo Teachers' College (G.T.C.), I went to the university, I am a trained teacher, but I didn't have that component in my curriculum throughout my education, it wasn't there. In some, in the history of education in South Africa Guidance & Counseling component was there. Maybe in developed countries it was there before we introduce it. Its not our fault, yes, this is a problem. I am trying to emphasis that we don't have manpower that is properly trained to handle that subject in schools. Some people are afraid, yes. We benefited to staff development that has happened to us after our training.

So there is knowledge gap, there is skills gap, in the implementation of G & C and HIV/AIDS and Life Skills education in schools?

Yes for colleges tertiary institutions you now have that one as a course. Yes, we are happy about that one. But that does not practically fill in the gap that has existed.

HIV & AIDS is so far offered to Pre-service students. So look at that, in other words Ministry of Higher and Tertiary Education and MoESC should come together to work for a proper curriculum the teachers should do. The teachers should be knowledgeable at what even training level, to make sure that our teachers are properly well equipped to handle that all essential subject.

The policy is there, the subject matter is there, the implementer is not there

Since HIV/AIDS is not examined, how do schools assess students' performance?

I wouldn't say its not really examined, yes you may say its examined but the way ZIMSEC and Ministry of Education and Whatever Tertiary Institutions are trying to make sure one way or another. In subject areas, quite a number of some of the questions are on HIV & AIDS. I have seen it in Mathematics. So they are factoring aspects in other subjects. Yes, that is another way of doing it, although eventually I see us ever. As I mean stake holders in education asking for it to be tested.

Its being said that the subject is not given equal weighting with others because it not examined.

So people give it a lip service and teach subjects which are examined. And of cause, to a certain extent because the subject was not there. You tend to concentrate on those the measurables, the historically measurable subjects was not there. You tend to concentrate on those the measurables, the historically measurable subjects. But, otherwise, there must be some paradigm shift. Where, what do you value and in the end, schools that emphasize that HIV & AIDS Life Skills education as an integral part of their curriculum, and even inculcate in the behaviour of their children are usually the most successful than those that do not. The well-established schools, what we use to call group A schools have that component.

In the end it is our children who die, from these former group B schools who die, who end up failing to achieve or being impeded by the pandemic.

So as a MoSEC official, what are the teachers' concerns in implementing to programme?

Yes, there worries are: one, they would like the syllabus. These are not enough, they share this syllabus.

Its unfair or an antithesis that this one is the only compulsory subject, but the syllabuses are not enough. Some teachers say they don't know the syllabus. Its possible, depending on what importance does the Head of the School place. Because we have issued these syllabi to all our districts and we have held workshops with all our Heads. We can assure you that we have had that one.

But because it's a new subject, you know its called tissue rejection. Some people, they don't want to be bothered by new issues.

Probe, what else is a challenge besides the syllabus?

The syllabus, and then you need textbooks, you need books, you also need these gadgets here T.V. You can't teach effectively on HIV without these videos and You need up to date gadgets to teach this subject. Teachers are complaining of limited resources. Yes, a lot, in fact, you need money to carry out these workshops. During the time we had a lot of workshops our system was viable. Those workshops kept reminding communities and schools on the HIV pandemic. Well people tend to relax.

There was a time when we even had peer educators in every school and it was very viable. These challenges, yes they still have them but you need to update them but you need to update them on the latest HIV/AIDS pandemic. For example, the thrust we took in advocating this disease is not the similar thrust we have taken for example, in the ARVs. The knowledge about ARVs, people are dying and yet the knowledge, the tablets are there.

As a MoSEC Official, what would you like to see happening in your schools with regard to this programme?

It should be properly funded. The most important is that it be properly funded. You need materials, as I have already talked about workshops. You need even to invite, for example, you an expert from Great Zimbabwe University, to come to school, lets

say Mucheke school and lecture on HIV and AIDS and whatever life skills you want to empower these pupils there. So that is lacking, funding for such activities from clubs, for even provision of ARVs in schools. Because some teachers and some pupils need them.

Expertise is lacking, that one, I keep emphasising on the expertise because we are lacking on that one.

What about the issue that teachers are afraid to go into details on the subject because it brings problem to them and they are not protected?

I don't want to be very critical to government for obvious reasons. Yah, in a way, I want to be very truthful about that one. I told you at my age and experience I believe in education. I teach as part of my belief to a certain extent.

But, I don't want to be disturbed by people say, not recognizing, appreciating the need for proper education in schools. I wouldn't like a situation where when I am in a school, some other people are just invited in the school there are belittle me why? In fact we are retrogressive to medieval times.

For example, if a child is sexually abused at home, the teacher empowers the child to go and report to the police, then the whole clan will come after the teacher "wangwadza tsuro".

Sometimes these people may even be used by local politicians to the demise of the very curriculum they are supposed to implement including the HIV/AIDS and life skills education. They are a pity. Myself, I have been a teacher in schools, I have been a Headmaster at six schools.

I know how important it is for government to work together with these teachers, to protect their policy implementers.

I don't want to be treated as a "Joe Nobody". I am somebody who is knowledgeable, who can change the behavior of human beings into something productive for them, for everybody's gain. In a way yes, the teachers need protection. And then our thrust for human rights, its unfortunate that some of these programmes are high-jacked by politicians for their gain. Instead of this philosophical thrust of (progress for people) people's progress. Its unfortunate ehe. But otherwise its very important for teachers

not to be disturbed. They should be Equally trained, properly protected. If we don't regard the safety of our children, through the safety of the teachers yes. Yes teachers need incentives. Teachers should not get a little bit of incentives. We are not entitled to a little, bit. I want to be frank here, can you recognize this one. I know our MoSEC has never paid enough. Society will never pay me enough for the work I have done in education or will continue to do. So, I am requesting a decent salary. I know the value of good living, I know it that's why I am requesting it. I have stumbles on being a victim in education. What, why deny that one. That's the very essence of my life. Yes, I want a good salary.

Do you have any other comment on this noble programme that the government has initiated?

I would like to be thankful to the government of Zimbabwe for their policy statements on HIV and AIDS intervention. It is very good that government has slated. It is also equally important for government to make sure that Ministry of Education is running properly. Because it is in education that you can make a major front in fighting HIV/AIDS. Yes its mainly through health but the person will already be sick and its mainly curative. And yet we can prevent them by having part of our culture in schools. Catch them young, yes. So its very important for government to make sure that the Ministry of Education is running smoothly, schools are running smoothly, teachers are running undisturbed. Directors are implementing education as per government policy. As I have already stated, it wants child friendly schools. A child friendly school is a school where a child is accorded all its rights to education, to health, to safety, to a community that has proper values. So I want to think government will continue to make sure that our schools properly work. When our schools are running properly, these interventions, they squarely fall into place. It has been happening until about three years ago. Its all these unnecessary disturbing that it smears everything.

So lets just put our things in place as we thank government that they have put in place a good policy.

Thank you

MoESAC Official 2 VN680024