



Chapter 1

Introduction

Introducing the argument

In a number of school-based HIV and AIDS education policies and programmes of the Southern Africa region, teachers have been cast as front-line implementers whose task is to facilitate the learning process (Government of Zimbabwe 1993b). As a result, the dominant images of teachers in much of the literature is that of teachers as vehicles for delivering the curriculum to pupils, teachers as mentors and counsellors, teachers as role models for young people, and teachers as guardians of children's rights (Government of The Netherlands 1998; Gachuhi 1999; Seabrooke 2000; Kelly 2002). In Zimbabwe, for example, HIV and AIDS education policy contains powerful images of the end user of the policy – that is, the teacher. The teacher envisaged in the policy document is knowledgeable about HIV and its transmission, is comfortable talking about and teaching sexuality issues to young people, and is a good mentor and counsellor within the school. Most significantly, this teacher is assumed by the HIV document to be HIV-free. And yet there is ample evidence showing that a number of teachers implementing HIV policy are themselves HIV-positive (Zapulla 1997; Muthukrishna 2006; Ramsuran *et al.* 2006.). This (dis)articulation between policy images of teachers implementing HIV policy and the realities of such teachers is the focus of my study.

In researching if these policy images of teachers resonate with how teachers see themselves (*teacher identities*) in the context of HIV and AIDS, a central question is whether it is reasonable to assume that teachers will play the expected key role in the fight against AIDS when their own realities and identities do not resonate with how they are framed in policy. In other words, how do teachers living with AIDS make sense of such a policy and how do they interpret it? Do they faithfully translate the policy into practice or do they transform it first, adapting it to suit their personal

situations and school-level realities? Is the resulting transformation, adaptation or resistance educationally sound or is it problematic? These are some of the questions that shaped my thinking in researching the challenges of implementing HIV policy in Zimbabwean primary schools.

Research purpose

The purpose of my research is two-fold. First, I wish to establish the degree of congruence between policy visions of the ‘ideal teacher’ and the images that teachers have of themselves in the context of HIV/AIDS. Second, I will seek to explain the possible discrepancies between policy ideals about teachers dealing with HIV/AIDS and teacher self-understandings of their roles and identities in relation to the pandemic. Through this study, I will illuminate the experiences of teachers living with HIV/AIDS and how their experiences affect the ways in which they understand and act on government policy.

My hypothesis is that the official images and expectations of teachers, such as captured in government policies on HIV/AIDS, make demands that conflict with teachers’ personal identities of themselves as classroom practitioners. I argue that it is the mismatch between the images of the policy makers and the identities of teachers that has contributed to the challenges in the implementation of HIV/AIDS education policy in Zimbabwe.

Research questions

The following research questions guide this study:

- How do images of the ideal teacher, as reflected in government policy, compare to the self-described identities of teachers in the context of HIV/AIDS?
- How do teachers living with HIV/AIDS experience, respond to and enact government policy on HIV/AIDS in the classroom?

- To what extent can the framework of ‘teachers as emotional actors’ reconcile the differences between policy ideals and teacher understandings of their identities in HIV/AIDS contexts?

Background and rationale for doing this research

With the advent of HIV/AIDS, many countries in Southern Africa introduced school-based HIV/AIDS policies and programmes aimed at harnessing the huge potential of the education sector to prevent HIV infection. The underlying rationale behind school-based HIV/AIDS education was the idea that this would offer the opportunity to start educating children at an early age, before they become sexually active and before they acquire attitudes that are often counter-productive to positive sexual behaviours and attitudes (World Health Organisation [WHO] 1993).

Zimbabwe introduced the HIV/AIDS and Life Skills Policy in schools through the Chief Education Officer’s Circular Number 16 of 1993. Zimbabwe was one of the first countries in the region to introduce Life Skills Education. This policy made the teaching of HIV/AIDS education in all schools from Grade 4 to Form 6 compulsory. In 1999 the National AIDS Policy for the Republic of Zimbabwe was developed, and this also emphasised the integration of HIV/AIDS education into all educational and training curricula. HIV/AIDS and Life Skills was also introduced into the curricula of pre-service and in-service teacher training.

The aim of the HIV/AIDS programme was to develop HIV/AIDS knowledge as well as to promote responsible student behaviour and to maximise protection from sexually transmitted infections, including HIV. The programme was designed to reinforce the urgency of attention to the prevention of HIV/AIDS nationally, and to target the ‘window of hope’ – that is, school-going children and adolescents. It was meant to provide accurate and relevant information and skills to teachers and pupils by using participatory methodologies. In addition, it tried to encompass other aspects of student experiences, community life, basic life skills, human growth and development. All schools were obliged to provide HIV/AIDS preventive education (Government of Zimbabwe 1993a).

The HIV/AIDS and Life Skills policy is now more than fifteen years old and yet its implementation is still fraught with problems. Although the programme had fairly good coverage, an evaluation carried out by Government of The Netherlands in 1998 revealed that there are still some gaps in knowledge on the part of the students (Government of the Netherlands 1998). More significantly, it had not triggered the desired behaviour change among youth. The levels of knowledge about HIV/AIDS and behaviour change remained too low to produce anything approaching an AIDS-free generation (Government of Zimbabwe 2002). This suggested that current HIV/AIDS programmes were having a low impact on the behaviour of young people.

Evaluations of the programme have mainly focused on the impact of the programme in changing students' knowledge, attitude and behaviour. Where they focused on teachers, it was mainly to assess how well they were teaching the content they were supposed to teach. The evaluations concluded that there is clearly a problem in the implementation of the Life Skills Education programme. Across the region, teachers have repeatedly been found to be the weak link in the implementation of school-based programmes. Despite this, there has been very little research to explore the specific challenges that teachers face in implementing HIV programmes.

Research in the region has shown that teachers often lack the curricular time and orientation to address HIV/AIDS issues within the schools (O'Donoghue 1995). In addition, teachers rarely get the information, training and support that they need in order to be able to teach well. Often teachers will provide an overly scientific interpretation of the subject without ensuring that students have a true understanding of the factors that affect transmission of the disease, thus leaving them still unequipped to prevent becoming infected (ActionAid 2004).

But is it reasonable to expect teachers to assume this new role when they themselves are staggering from the impact of the disease? There appears to be an assumption that once teachers are given the right training and support they will become effective vehicles for contributing to the envisioned change (Visser 2004a,b). The reality of teachers is that they are individuals who are also confronted by HIV/AIDS in their daily lives. In her study of HIV-positive teachers, Zapulla (1997) witnessed that HIV-positive teachers struggle with living up to their own images of the ideal teacher, and this often forces them to keep their status a secret while at the same time battling with the many teaching responsibilities.

There is a discrepancy between the levels of responsibility given to teachers in the implementation of school-based HIV/AIDS policies and the recognition of teachers' realities. Clearly lacking is the consideration of teachers, their identities and the contexts in which they do their work. And yet, the way teachers implement a policy directive is affected by their own prior beliefs, knowledge and understanding. McLaughlin (1998) argued that when teachers are presented with changes in curriculum policy, they interpret and enact it through the unique filters of their own experiences, beliefs, personal resources, theories and context. This is supported by Visser (2004a) in her recent study on the impact of individual differences on the willingness of teachers in Mozambique to communicate about HIV/AIDS in schools and communities. Visser found that personal and contextual variables influence teachers' willingness to communicate HIV/AIDS messages in the classroom.

In this study I argue that, in a context with AIDS, there are limits to what education policy can achieve if it remains out of touch with a real world in which school is attended by children and teachers whose bodies are either infected or affected by HIV. The basis for my argument is that while the policy is about bodies and about emotions, it is blind to the bodies and emotions of the teachers implementing it. I highlight the uniqueness of the HIV/AIDS policy and its implementation which, unlike other education policies, calls for resonance between the policy-making and the policy-implementation processes.

(Visser 2004a) maintains that the way teachers understand and interpret a policy directive not only depends on their knowledge of subject matter, but also on their attitudes, beliefs and value systems. Similarly, through the study I show that it does not matter what teachers know (knowledge level) or are able to do (teaching skills); it is their sense of who they are (teacher identity) that ultimately serves as a filter of what they will do (or not do), what aspects of a stated policy they will implement (or not implement).

In this study I propose a relatively new line of inquiry which suggests that the 'policy images' of teachers make demands that conflict with their 'emotional identities' as practitioners. I follow a stream of thinking that suggests that this identity conflict might lie at the heart of the implementation dilemma in the school-based Life Skills programmes.

Organisation of this thesis

This study focuses on HIV-positive teachers who have the responsibility of teaching HIV/AIDS and Life Skills. I will seek to establish the extent to which the vision of the ideal teacher envisaged in HIV/AIDS and Life Skills policies matches the identities that HIV-positive teachers have of themselves as practitioners. Do the official expectations placed on teachers through policy take account of the realities and identities of teachers in a world with AIDS? Are the images of what ideal teachers should be and how they should conduct themselves consistent with the personal identities of teachers living with HIV and AIDS?

In Chapter 1, I introduce the study, providing a background to the HIV/AIDS and Life Skills Policy arena in the region in general and Zimbabwe in particular. I identify the main research questions and provide the intellectual rationale behind the study. I conclude the chapter with an outline and organisation of the thesis.

In Chapter 2, I proffer a critical synthesis of the literature on HIV/AIDS and Education, with the aim of highlighting the strengths and shortcomings in the existing knowledge base. I illustrate that there is a paucity of empirical research focused at the micro level, on teachers and schools. I argue that by focusing on teachers living with AIDS, my research seeks to address this gap in scholarship.

In Chapter 3, I provide a detailed account of the intellectual and methodological journey that I took in conducting the study. I seek to unpack the connections between my own positionality and the research process. I present a reflexive account of the inquiry, in which I critically reflect on the knowledge produced as well as the process of producing the knowledge.

In Chapters 4, 5 and 6, I tell the stories of the teachers Ruva, Gift and Edwin, with the aim of exposing the qualitative contexts in which teaching and learning takes place inside schools and classrooms in Zimbabwe. I seek to give meaning to the day-to-day struggles of teachers to teach, guide, mentor, lead, counsel, manage, negotiate and share their lives inside real school environments.

In Chapters 7 and 8, I bring together the stories of the teachers, in an analytic frame with the aim of identifying commonalities and idiosyncrasies that could extend our

understanding of the experiences of teachers living with HIV and AIDS. Chapter 7 responds to the research question: How do images of the ideal teacher, as reflected in government policy, compare to the self-described identities of teachers in the context of HIV/AIDS? Chapter 8 is an analysis of data gathered in response to the question: How do teachers living with HIV/AIDS experience, respond to and enact government policy on HIV/AIDS in the classroom?

Finally in **Chapter 9**, I analyse the research evidence in relation to my conceptual framework. I highlight the ironies and contradictions in which HIV policy is embroiled, which result in teachers being called to implement a policy that is in conflict with their personal situations. I argue that it is this oversight that creates the wide gap between policy intentions and outcomes. I underline the uniqueness of HIV/AIDS policy and its implementation, and argue that, unlike other education policies, the HIV/AIDS policy brings the bodies and the emotions of implementers to the fore. I move on to suggest how education systems ought to be organised – in other words, to outline the implications of my findings for HIV policy and practice. Lastly I propose some unresolved questions which could form the basis for future research.

Chapter 2

What is the status of the existing knowledge base on HIV/AIDS and teachers?

Introduction

In this study I will try to establish the extent to which the vision of the ideal teacher envisaged in HIV and AIDS and Life Skills policies matches the identities that teachers have of themselves as practitioners. Do the official expectations placed on teachers through policy take account of the realities and identities of teachers in a world with AIDS? Are the images of what the ideal teacher should be and how they should conduct themselves consistent with the personal identities of teachers as practitioners in a context with AIDS?

This literature review offers a critical analysis of the existing research on HIV/AIDS and teachers. The following questions guided the development of the review:

- What is the status of knowledge on HIV/AIDS and teachers?
- What are the major strengths of the existing research?
- What are the major shortcomings in the existing knowledge base?
- How can my research contribute to and extend this existing knowledge base on HIV/AIDS and teachers?

Organisation of the literature review

In interrogating the various published and unpublished data sources, I organised the huge volume of literature into categories as substantive themes for further analysis. As a starting point, I carried out a critical synthesis of the general conceptual literature on the role of education in combating the spread of HIV and AIDS. I then reviewed the research on school-based HIV/AIDS prevention studies and teased out

the role and images of teachers as portrayed by research. Next I reviewed the studies that examine the role of teachers in the implementation of school-based HIV/AIDS programmes. Research on the impact of HIV/AIDS on teachers was analysed and, finally, I reviewed those studies that deal with how teachers cope with HIV/AIDS. For all the literature reviewed, I aimed to evaluate its strengths and shortcomings and to illuminate how teachers have been framed in the particular category of literature.

The role of education in combating the spread of HIV/AIDS

Until very recently, the education and social sectors have remained on the periphery of the debates on the impact of HIV and AIDS on their respective sectors (Johnson 2000). A review of literature indicates that research in HIV and AIDS within the education sector has been influenced to a large extent by the dominant discourses within medicine, epidemiology and economics. For the most part, the existing research fails to take into account the social and cultural embeddedness of HIV and AIDS.

Little published research has been undertaken that specifically addresses the potential role of education in combating the spread of HIV and AIDS. It would appear that the available writing tends to focus on conceptualising the impact of HIV/AIDS on education systems and assessing knowledge attitudes and practices on the part of students and teachers (Coombe 2000; Kelly 2000a,b; UNESCO 2001). To its credit, however, this literature has been invaluable in drawing attention to the need for a response, forcing some recognition for action within the echelons of the Ministries of Education (Baxen and Breidlid 2004). For this reason, the review will include some of the existing published and unpublished literature on the subject of HIV/AIDS and education.

In Southern Africa the rapid spread of HIV and AIDS has had enormous consequences for education systems, and for the education process itself. A number of writings on HIV/AIDS and education have alluded to the fact that HIV/AIDS has become the largest management challenge facing education, given the way HIV and AIDS impacts on the education system (Kelly 2000a; Badcock-Walters 2002; World Bank 2002). This has seen a number of policies and programmes across the region

aimed at rescuing the education sector and unleashing the potential of schools to fight the impact of the disease. However, despite a growing level of policy actions and practical interventions in the field of HIV/AIDS and education, there is very little empirical research on the subject.

The conceptual literature on HIV/AIDS and education that I reviewed falls into two categories. First, there is a small literature base that deals with schools as important sites for education about HIV/AIDS and for transforming risk-taking behaviour (WHO 1993; UNAIDS 1999; Helland, Lexow and Carm 1999; Kelly 2002; World Bank 2002). Second, there is the literature that challenges the conception of schools as a convenient location for HIV prevention programmes and as a safe haven for pupils (Kelly 2000a; George 2001; Morrell, Unterhalter, Moletsane and Epstein 2001; Leach and Machakanja 2003). Both categories are reviewed below.

The focus on education as a crucial weapon in the fight against AIDS has been a common theme in most of the conceptual literature around the subject. In his article, aptly titled 'Defeating HIV/AIDS through Education', Kelly (2002) emphasises the need to harness the huge potential of the education sector to prevent further HIV infection, to mobilise the sector to offer care and support to those already infected, and to protect the education sector from the impact of the disease. Kelly (2002) argues that the delay in responses by the international community and the education ministries in the Southern Africa region in the 1990s resulted in the AIDS situation steadily getting worse. According to Kelly, education must play a crucial role in preventing HIV transmission because its principal beneficiaries are young people, ranging in age from infancy to young adulthood. Young people who are in schools, colleges and universities are developing the values, attitudes, knowledge and skills that will serve them subsequently in adult life. Kelly makes a case for the education sector to strengthen its response by focusing not only on prevention but also including care for those already infected.

There has been concern for preventing HIV/AIDS among the 9-14 age group – the so-called 'window of hope'. In their paper 'Education and HIV/AIDS: A Window of Hope', the World Bank (2002) argues that the education of children and youth merits the highest priority in a world afflicted by HIV and AIDS. This is because a good basic education ranks among the most effective – and cost-effective – means of HIV prevention. They assert that education has been proven to prevent HIV/AIDS

because it can equip children and youth to make healthy decisions concerning their own lives, bring about long-term healthy behaviours, and give people the opportunity for economic independence and hope. It is among the most powerful tools for reducing girls' vulnerability. It is highly cost-effective as a prevention mechanism, because the school system brings together students, teachers, parents and the community, and preventing AIDS through education avoids the major AIDS-related costs of health care and additional education supply.

Helland *et al.* (1999) argue that an important challenge for HIV/AIDS awareness programmes is to reach as many people as possible with relevant and correct information. They state that the education sector is a unique tool for HIV prevention, and that schools influence students through what they learn in the curriculum and through the values they receive including respect, gender equality and human rights. If the education sector was effectively used as a channel for promoting HIV/AIDS awareness, one could reach a very large audience because the sector enrolls an ever-increasing number of young people and huge numbers of teachers. According to Helland *et al.* (1999), HIV/AIDS awareness could reach not only teachers, administrators and pupils but also parents and surrounding community members. They argue that use of the education sector as a channel for promoting HIV/AIDS education would be cost-effective compared to other innovations, if there is sound administration and planning.

In their paper titled 'Does Knowledge Equal Change?' Badcock-Walters, Kelly and Gorgens (2004) set out to answer the question; Does HIV/AIDS education, in its widest sense lead to behaviour change? They reviewed a number of studies and analysed their findings in respect of increased knowledge, commitment to behaviour change and evidence of such change. Their review of the body of evidence confirmed that clear links exist between HIV/AIDS education and levels of awareness, and knowledge about HIV and associated risk behaviour. Badcock-Walters *et al.* (2004) argue that the cognitive and literacy skills required to make informed choices in respect of HIV/AIDS risk and behaviour change are substantially based on levels of education and literacy. They conclude that while there is still some ambivalence about the links, we cannot postpone the use of education as a channel while we wait to demonstrate more clearly whether links are present.

A common theme running through this first category of literature is the conception of schools as neutral, safe and rational organisations where interventions based on knowledge, learning the facts or negotiating skills can be deployed (Morrell *et al.* 2001). The assumption is that the learning that takes place in schools will lead to actions that stem the tide of transmission. Learners receiving the messages are viewed as rational and self-controlling agents who will act in accordance with the knowledge that they have been given (Morrell *et al.* 2001). Most of the countries in the region draw on the assumptions of this body of literature in the development of their HIV/AIDS policies and programmes.

And yet, in the literature there is controversy about whether schools can ever go beyond improving knowledge and attitudes to increasing the adoption of safer sexual behaviour (Horizons 2001). Kirby (1999) argues that in developing countries very few programmes have been associated with increases in reported behaviours that protect youth from HIV infection. This is supported by Bennel, Hyde and Swainson (2002) in their three-country study of Botswana, Malawi and Uganda where they found that there is very little hard evidence to show that school-based education has had a major impact on sexual behaviour. They found that while students at the survey schools were well informed about the causes and consequences of HIV/AIDS, it was translating this knowledge into behaviour change that remained the hurdle.

While the above writings see schools as a convenient location for HIV prevention programmes, another shortcoming is that they assume that working through the school system will reach the majority of young people. They fail to acknowledge that there are large numbers of young people who are not in school and who will not be reached by these school-based messages. The articles fail to recommend how out-of-school young people could be reached by HIV/AIDS messages.

Generally much of this writing does not take into account the cultural contexts, but assumes a universalistic language in which sexuality or self-esteem can be described (Ingham 2001). The writing does not acknowledge that learners receive the messages in much more complicated and ambiguous ways mediated by context, personal history and discourses of sexuality, masculinity and femininity (Morrell *et al.* 2001).

While the first category of literature portrays schools as safe havens where pupils are protected from any HIV-related risk, a second category of writings has disputed this view of schools as safe environments for pupils. They have argued that schools are not HIV-free institutions, as they expose children to the possibility of increased sexual activity and consequently HIV infection.

Kelly (2000b) argues that a number of circumstances in the way schools are organised and managed increase the risk of HIV infection for students, teachers and the community in which the school is based. He argues that in many of the developing countries the mixed ages in schools result in classes which contain pupils ranging from the sexually naïve and innocent to the knowledgeable and experienced; thus being at school does not necessarily mean that children are protected. Many primary and secondary school children will already be sexually active, with evidence of considerable sexually activity among street children aged eight or less in Zambia (Kelly 2000b).

A study of South African schools based on extensive interviews with learners, teachers, parents and school administrators in three provinces documents the widespread nature of sexual violence in schools (George 2001). The sexual violence takes place in schools and on the way to school, and girls are learning that sexual violence and abuse are an inescapable part of going to school every day (George 2001). This shows that schools are not simply the safe places of rational learning portrayed by the first category of literature reviewed above.

There is growing concern that significant numbers of African schoolchildren are being infected with HIV by their own teachers. A research study by Leach and Machakanja (2003) into the abuse of secondary school girls in Malawi, Ghana and Zimbabwe reveals that schools are breeding grounds for potentially damaging gendered practices where sexual aggression of girls by male pupils and teachers goes largely unpunished. In a study by Bennell *et al.* (2002), 20-36% of primary school respondents in Botswana, Uganda and Malawi felt that sexual harassment by teachers is a big problem. At secondary schools, higher proportions of both students and teachers see sexual harassment among students as a problem, with students and teachers in Malawi having marginally higher agreement rates (Bennell *et al.* 2002).

A major weakness in both categories of literature is the bias towards preventing HIV and AIDS among students and preserving the window of hope. Although teachers play an important role in teaching HIV/AIDS education, this category of literature does not pay adequate attention to them. The assumption is that teachers can and will be able to teach about deeply private, personal topics within a public space which brings their own sexuality and sexual practices into the spotlight (Baxen and Breidlid 2004). Teachers are portrayed as the vehicles for delivering the curriculum to pupils, and not much emphasis is placed on preserving the teaching workforce so as to achieve the desired goal of preventing HIV/AIDS among the 'Window of Hope'. The second category of literature gives us a view of teachers as the perpetrators of sexual violence in schools; thus we get the image of teachers as potential abusers of schoolchildren.

Research on school-based HIV/AIDS prevention

The literature reveals that many countries in the region responded to the HIV/AIDS challenge by introducing policies and programmes which were to be implemented through the various Ministries of Education (Government of Zambia 1996; Gachuhi 1999; Government of South Africa, Department of Education 1999; Carr Hill, Kataboro and Katahoire 2000; Government of Botswana, Ministry of Education 2000; HIV/AIDS in Education Assessment Team [HEAT] 2002). The school-based programmes were aimed at providing youth with knowledge and skills to protect themselves from infection, and this was to be done under the guidance of adequately trained teachers (Gachuhi 1999).

According to the literature, HIV/AIDS education was introduced using the Life Skills approach (Gachuhi 1999; Boler and Aggleton 2004). This approach has been used for sexual health education at programme and policy level in Africa, Asia and Latin America (Seabrooke, 2000). The World Health Organisation (1993:2) defines life skills as "abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life". Life Skills Education aims to enhance already positive and healthy pro-social characteristics of the majority of young people and to prevent or reduce risks to health and other aspects of development through reducing myths and misinformation, harmonising negative

or antisocial attitudes and preventing or reducing risky or harmful behaviour (UNICEF 2000).

There is significant literature from developed countries which demonstrates that well-implemented school-based prevention efforts can influence key HIV/AIDS-related risk factors and conditions (Barnett *et al.* 1995; Oakely, Fullerton and Holland 1995; Seabrooke 2000). Research has shown that well-implemented school-based prevention efforts can influence key HIV/AIDS-related risk factors and conditions. They can delay the age of first sex, increase the use of condoms among young people who are sexually active, reduce the number of sexual partners, and increase health, safety and security on school grounds and within the community (Irvin 2000; Smith, Kippax and Aggleton 2000).

However, such evidence from developing countries is scarce and contradictory, partly due to programmes being poorly or incompletely implemented (Kelly 2000b). Sex education programmes have often proved to be incompletely implemented, with certain areas superficially covered. Underpinning these school-based interventions is an assumption that giving knowledge to the students will lead to behaviour change. Baxen and Breidlid (2004) argue that there is a dissociation of the interface between sexual identity, education, and HIV and AIDS. What is left unattended, they argue is the deeply complex nature of the social and cultural discursive field in which youth receive and interpret HIV and AIDS messages.

Klepp *et al.* (1994) found that in Tanzania AIDS education of primary school children had no impact on their attitudes towards sexual intercourse. The Soweto Reproductive Health Programme in South Africa proved to be more effective in changing beliefs related to pregnancy prevention than those related to STI/HIV and sexual behaviours (Meekers, 1998). An evaluation of the Zimbabwe Life Skills Programme by the Government of The Netherlands (1998) revealed that although the programme had fairly good coverage, there were still some gaps in knowledge on the part of the students. More significantly, the programme had not triggered the desired behaviour change among youth. The evaluation concluded that the levels of knowledge about HIV/AIDS and behaviour change remained too low to produce anything approaching an AIDS-free generation. This suggested that current HIV/AIDS programmes had a low impact on behaviour of young people.

The study of Seabrooke (2000), which explored the path from policy to practice of sexual health education in Zimbabwe, was aimed at identifying barriers to programme implementation and key elements for success in the implementation of school-based sexual health programmes. She found that although the programme had been compulsory in schools since 1993, the coverage was low and teacher training had failed to equip teachers with the skills necessary to deliver the lessons.

According to a study by Horizons (2001), while the Zimbabwe AIDS curriculum was very comprehensive in addressing important social, health and gender issues, it proved to be extremely demanding for teachers. It over-estimated the capacity of classroom teachers to be comfortable facilitating frank and open discussions on sex, sexuality, gender relations and HIV/AIDS in a society that still found the topics culturally inappropriate. The curriculum did not address important issues such as student-teacher relationships and how the teacher's own sexual behaviour and HIV status would affect participation by the students. It did not address the possibility of community disapproval of a programme, introduced with little or no prior consultation, that would engage children in discussions on sex and cultural norms and perceptions (Horizons 2001).

In South Africa research done in some schools revealed that the majority of school-based HIV/AIDS initiatives have not been successful. Life Skills programmes have not been implemented in some schools, particularly in rural areas. Where they have been implemented, educators were reluctant to talk openly about sexuality issues (Education Policy Consortium 2001). Research by Bhana, Brookes, Makiwane and Naidoo (2005) on the impact of the Life Orientation on sex, sexuality and HIV/AIDS in Gauteng schools revealed that although principals and teachers reported that all grades had lessons on sex, sexuality and HIV/AIDS, 10.6% of learners reported that they had had no lessons on these topics. In the same study, just over half of the educators reported that they had received some training from the Department of Education in the Life Orientation programme.

Another study in South Africa by Ntuli *et al.* (2000) aimed to review HIV/AIDS and Life Skills Education in secondary schools and to assess the attitudes of teachers and principals towards sexuality. The study revealed that, although teachers were concerned about HIV/AIDS and sexuality, they lacked the skills to deal with the issue at school level. The respondents also felt that the school-based prevention

programmes should be targeted at both students and teachers, as opposed to focusing on students alone.

In 2003 the Medical Research Council of South Africa and the Horizons programme commissioned a study aimed at establishing whether school-based prevention could influence the behaviour of students as well as their knowledge and attitudes. Reddy, James and McCauley (2003) studied the Grade 9 Life Skills curriculum in KwaZulu-Natal province. They concluded that the Life Skills curriculum had had a positive impact on students' knowledge about HIV/AIDS attitudes about abstinence and intentions to use condoms. There was, however, no evidence of increased adoption of such protective behaviours as abstinence and condom use. This was linked to the fact that the teachers did not focus as strongly on the life skills components as on the factual HIV/AIDS information. The study recommended that more attention be placed on helping teachers cover the life skills components.

In Zambia, Malambo (2000) carried out a case study on the views of teachers and pupils with respect to the teaching of HIV/AIDS in basic education. Malambo found that although the Ministry of Education had a clear policy on the integration of HIV/AIDS into school curricula, several problems were faced with the implementation. There were no teaching and learning materials accompanying the policy. Teachers indicated that they had received inadequate training to prepare them for teaching HIV/AIDS. In addition, Malambo found that teachers were shy and were not open when discussing issues on sex. Teachers' shyness and lack of openness was justified by Chiwela and Mwape (1999) as being related to the fact that in Zambian society, it is inappropriate to discuss sex with younger people.

In most of the countries in Southern and Eastern Africa development of HIV/AIDS and education policies and programmes has been largely driven by donors, often with little initiative from the host governments. This is because donors usually have the financial power and influence over government policy. Boler and Aggleton (2004) argue that the lack of implementation of HIV/AIDS policies can be attributed in part to the donor-driven nature of the policies, which results in very little commitment and ownership from the host country. As a result many Ministries of Education may not give the policies sufficient priority in terms of policy development, capacity building or effective implementation. Government will often take on the policy without thinking through the implications, mainly because they

want to be seen to be doing something about the HIV/AIDS situation in their countries.

This assertion is supported by Chilisa (2005) in her paper critiquing HIV/AIDS research in Botswana. She argues that most countries in Southern Africa fail to participate as equal partners in the search for solutions to HIV/AIDS because donor agencies and research funding institutions define the global agendas. The postcolonial critique offered by Chilisa (2005) holds that Western theories and methods obscure and distort African realities and experiences of HIV/AIDS – colonial ways of thinking and agendas that do not resonate with the priorities of the Africans. As a result, she argues, such foreign research frameworks end up alienating the very people they claim to assist. While the article lacks a strong base to support the strong ideological position against the domination of Western thought in developing contexts, it makes a valuable observation about the privileging of teachers in international donor agendas on HIV/AIDS to the exclusion of other equally devastated actors such as poor women. Consequently, teachers are represented in donor policies and programmes as victims of HIV/AIDS for whom some kind of intervention is required.

The research on the impact of school-based programmes has been valuable in determining what works in school-based preventive education for pupils. It has been useful in guiding government response on school-based prevention issues. However, very little of the research has been devoted to the implementation of HIV/AIDS in the classroom. There has been very little focus on what is happening at the chalk-face, in schools and classrooms (Baxen and Breidlid 2004). In the few cases where the research has focused on teachers, it has been to determine what teachers know, on identifying possible misconceptions and on whether they have been teaching the content that they are required to teach.

The majority of research on school-based prevention programmes has failed to look at teachers as persons who are confronted by the disease daily in their personal and professional lives. Some teachers are already infected, some have lost relatives and some have to cope with covering for colleagues who are absent from classes for long periods of time. All this puts considerable strain on teachers who are supposed to be delivering the HIV/AIDS curriculum to their pupils.

The foregoing discussion has elucidated the shortcomings in the research on school-based prevention and has pointed at the crucial role that teachers play in mediating the learning process for students. The discussion has also highlighted a major shortfall of school-based policies and programmes – that they failed to understand teachers’ realities and the influences that shape what goes on in the classroom (McLaughlin 1998).

Research on the role of teachers in the implementation of school-based programmes

A review of studies on the implementation of school-based prevention programmes reveals that since the programmes were introduced more than a decade ago, teachers have often been found to be a weak link in the implementation process (Government of Zimbabwe 1993b; O’Donoghue 1995; Ntuli et al 2000; Seabrooke 2000; Education Policy Consortium 2001).

Uganda was one of the first countries to implement a school-based HIV/AIDS programme in 1987. The programme was designed to complement AIDS prevention issues with other health promotion activities. The underlying principle was that if children were provided with proper information, then behaviour change would follow. O’Donoghue (1995) reported two main problems with the Ugandan project. First, simply providing children with information did not automatically lead to behaviour change. Secondly, it became apparent that teachers proved to be the weakest point in the whole process. They were often untrained, hence uncomfortable dealing with information about HIV/AIDS and other sexually transmitted diseases (STDs). To make up for their discomfort they focused on other health topics and either ignored HIV/AIDS/STDs completely or else dealt with them superficially (O’Donoghue, 1995).

A baseline study carried out in Zimbabwe at the start of the school-based AIDS Education Programme found some knowledge gaps on the part of the teachers (Government of Zimbabwe 1993b). The study found that while teachers were in favour of teaching prevention education, they had mixed feelings about people with AIDS, with one-third of the teachers thinking that AIDS was a disease for promiscuous people. More than 40% of teachers indicated that they were

uncomfortable with the prospect of social contact with people with AIDS. If teachers are to help students develop positive attitudes towards people living with HIV/AIDS then they need to develop positive attitudes themselves (Government of Zimbabwe 1993b).

An evaluation of the second phase of the Zimbabwe HIV/AIDS Life Skills Project, carried out in 2004, found that regardless of the mode of training adopted, the training of teachers did not reach all schools and, where it did, the school-level training was limited. The evaluation argued that inadequate training of teachers contributed to ineffective project implementation and negative attitudes of some teachers (Chavunduka *et al.* 2004).

In a survey carried out in Zambia to ascertain teachers' knowledge, attitudes, practices and skills in the teaching of HIV/AIDS prevention and psychosocial life skills, 25% of the teachers acknowledged that they did not understand HIV/AIDS and psychosocial life skills, and felt unqualified to teach the subject. Approximately 30% of the teachers thought that sex education led to promiscuity among students. Some teachers admitted to worrying about their own HIV/AIDS status, while some (40%) admitted they would like to talk to somebody about their own HIV status (Chiwela and Siamwiza 1999).

A study by ActionAid (2004) in Kenya revealed that about half the country's 240 000 teachers reported not having received any training on HIV/AIDS. Where there has been training, the teacher training programmes have rarely been comprehensive or systematic enough to deliver adequate skills and materials to practising teachers. As a result many teachers feel unprepared to teach HIV/AIDS and Life Skills Education. The ActionAid (2004) study was aimed at elucidating how HIV/AIDS education is implemented and received by schools in India and Kenya. Their major finding was that attempts to deliver HIV/AIDS education in schools is severely constrained by the existing social and cultural restraints in discussing HIV/AIDS, sexual relations and power inequalities. The result was that HIV/AIDS messages are either not communicated at all or are taught selectively. The majority of teachers in both countries reported that they had never been on a training course on HIV/AIDS (ActionAid 2004).

In her study in Mozambique Visser (2004) found that age, personal experience with HIV/AIDS and level taught are among the attributes that have a consistent impact on teachers' intentions to talk about HIV/AIDS. According to Visser (2004) teachers were more likely to talk about AIDS if they consistently used condoms and had a higher perception of personal risk.

In Ghana, World Education commissioned a study aimed at developing an up-to-date picture of the HIV/AIDS knowledge, attitudes and behaviour of teachers participating in HIV/AIDS education programmes (Adamchak 2005). This baseline study explores teacher's willingness to participate in HIV/AIDS programmes in schools, their knowledge and capacity, and the magnitude of their personal risk-taking. The study found that although teachers were willing to help with HIV/AIDS education efforts, not many had been trained to provide HIV/AIDS education. The study also found that teachers were reluctant to talk about and demonstrate the use of condoms, and that they believed that exposure to condoms promoted promiscuity. The study found that teachers expressed ambivalence about interacting with people who might be HIV-positive. Risk-taking among teachers themselves was low but present, and the majority of teachers perceived schools as safe and secure places for students, although a small minority acknowledged inappropriate behaviours such as harassment and abuse (Adamchak 2005).

More than a decade since the inception of school-based programmes, studies still point to the fact that teachers are a weak link in the system. Initial studies recommended training as a way of better equipping teachers to deal with HIV/AIDS; while this has led to some positive changes, it has not substantially improved the quality of school-based programmes.

In education, research has neglected to examine how teachers' attitudes and perceptions of the disease affect their role in teaching HIV/AIDS education. In the developing world, little research has been done to understand the individual and contextual factors that affect the interpretation teachers have of their role in combating HIV/AIDS and how this affects their practice as teachers. There appears to be an assumption in much of the literature that, given enough time, training and curricula space, teachers will be the right vehicles to deliver HIV/AIDS messages to pupils (Visser 2002).

Research on the impact of HIV/AIDS on teachers

The most prolific studies on HIV/AIDS in developing countries can be described as impact studies. Throughout the region, a number of these studies have been conducted to examine the impact of HIV/AIDS on the education sector (Bennell *et al.* 2002; HEAT 2002; Badcock-Walters *et al.* 2003). Using a range of quantitative methods, these studies offer detailed analysis of how many teachers are infected and affected by the virus, and the educational consequences of such impacts on schools and students.

Most of the impact studies have acknowledged that teachers have been severely affected by HIV and AIDS. According to Kinghorn (2002), teachers will often be personally affected by HIV/AIDS through the incidence of HIV/AIDS among their colleagues and also by fear and uncertainty regarding their own status. He argues that this is an important area for teachers, but it is also an area where they receive very little support.

There are two schools of thought in the literature regarding the vulnerability of teachers to HIV/AIDS as compared to the rest of the population. There is colloquial debate on whether teachers' risk of contracting HIV/AIDS is higher than that of the rest of the population (Bennell 2001; Kelly 2003).

For teachers, higher risk is seen almost exclusively as a result of higher incidence of unsafe sex as compared to the rest of the adult population. Four main explanations for why teachers are more prone to high-risk sex can be found in the literature: high social status, income, mobility and spouse separation (Economic Commission for Africa [ECA] 2000; Kelly 2000b; UNICEF 2000). In her 2000 study, Coombe cites teachers as one of the population groups especially at risk because they are educated, mobile and relatively affluent.

Whereas mobility and spouse separation are occupational specific characteristics, higher status and income are more universal. Both sets of factors are seen to be mutually reinforcing (Bennell *et al.* 2002). Teachers are often separated from their spouses because of lack of suitable accommodation and in some cases the reluctance of spouses to live in remote areas. This might lead to teachers having more sexual

partners than less-mobile population groups. All this is further compounded by the fact that teachers (although not the best-paid of civil servants) usually have more disposable income than other members of the community. This gives them more power in the community and it enables them to engage in high-risk behaviour such as commercial sex (Kelly 2000b; Shisana, Peltzer, Zungu-Dirwayi and Louw 2005).

Teachers enjoy high status, authority and power in the school and in the community. In some cases they will use their position to sexually abuse students, thus increasing their risk profile (Bennell 2001). There are also cases where some students and community members will try to entice teachers into relationships because of their higher income.

In Botswana a study on the impact of HIV/AIDS on primary and secondary education found high mortality rates among teachers. Although the study did not have data on actual prevalence of HIV/AIDS among teaching staff, it found from a variety of sources that deaths among teaching and other Ministry of Education staff accounted for at least one-half the overall adult mortality rates. Mortality rates among male teachers were almost double those of female teachers, and were three to four times higher among primary teachers than secondary teachers. The study found that teacher mortality accounted for one-third of all attrition (Government of Botswana, Ministry of Education 2000)

A study in Zambia showed that the mortality rate among educators in 1996 was 39 per 1 000, 70% higher than that of the 15-49 age group in the general population (Government of Zambia, Ministry of Health 1997). These deaths are equivalent to the loss of two-thirds of the annual output of newly trained teachers from the teacher training institutions in Zambia (Kelly 2000b).

In Zimbabwe, a study on the impact of HIV/AIDS on the education sector concluded that teacher infection levels were very similar to those of other adults (HEAT 2002). The projections suggested that around one-third of all teachers in Zimbabwe were infected with HIV, and this was likely to rise to a plateau of about 40% in the absence of behaviour change among teachers. However, these were only crude projections given the lack of HIV sero-prevalence data for teachers. In addition, no representative data was available on the age, gender and geographic distribution profile of education employees (HEAT 2002). Discussions with teachers during the

fieldwork suggested that teachers are at significant risk. Not all teachers had been targeted by HIV/AIDS prevention programmes and many only had basic knowledge and awareness around HIV/AIDS (HEAT 2002).

Findings from a study by Shisana *et al.* (2005) in South Africa suggest that about 12.7% of educators in that country are affected by HIV/AIDS, and this is a much higher prevalence than in countries such as Senegal, Nigeria and Ghana. This study indicates that the HIV prevalence among South African educators may reflect that of the community in which they live. Throughout the region, educators are responsible for imparting HIV/AIDS knowledge to learners through Life Skills programmes. It is reasonable to expect their HIV prevalence to be lower than that of the general population. However, the fact that educators have a similar if not higher risk of acquiring HIV as the general population suggests that the Life Skills programmes have failed to contribute to sexual behaviour change among educators. It would seem that the knowledge alone is not sufficient to produce behaviour change among teachers (Shisana *et al.* 2005).

In their three-country study of Botswana, Malawi and Uganda, Bennell *et al.* (2002) argue that although the epidemic will seriously impact the teaching profession, there is insufficient hard data to support the assertion that teachers are a high-risk group. They argue that most of the studies treat teachers as a homogeneous group, yet the teaching profession across Sub-Saharan Africa is a very diverse group whose marital status also varies markedly. The difference, according to Bennell *et al.* (2002), is the degree to which it is possible to generalise about their sexual behaviour.

In some studies the higher infection rates found in the teaching profession could be explained by the age and gender profile of teachers, who may have a greater representation of younger and female members than comparison groups (HEAT 2002). In a study in South Africa, gender differences in HIV prevalence were observed among the 25-34 age group, where females had higher prevalence rate than males (Shisana *et al.* 2005). However, this is not always the case; for instance, the Bennell *et al.* (2002) study indicates that mortality rates among male teachers in Tanzania are two to three times higher than among females. It would appear in some instances that male teachers are more likely to engage in high-risk sexual behaviour than their female colleagues.

In a discussion paper on the current approaches to examining the impact of HIV/AIDS on teachers, Boler (2004) argues that there are a number of methodological limitations to the quantitative methods used for impact studies. In some cases the data is unreliable and limited unless it is placed in context, making it difficult to generalise about the exact impact of HIV/AIDS on teachers. It is clear that the impact will be felt differently in different contexts depending on how mature the epidemic is and what wider educational reforms and policies exist to mediate the impact (Boler 2004).

A weakness of the quantitative research on the impact of HIV/AIDS on teachers is that the writings typically lack any qualitative portraits of and insights into the lives of teachers with AIDS. Rather it provides generalised and universal statements of impact on teachers, summarised in statistical formats. Moreover, teachers are presented in such research studies as the targets of HIV/AIDS, as those whom the disease impacts and as involuntary subjects at the end of a viral cycle. We lose the sense of teachers as individuals with feelings and emotions, and as persons who interact with pupils on a daily basis.

In the body of research reviewed there is a stark lack of research that focuses at the micro level, on teachers and schools. Baxen and Breidlid (2004) argue that there is a dearth of research that considers teachers as producers, interpreters and reproducers, mediators and purveyors of knowledge and safe sex messages, who work within fields where this knowledge is considered secret or private. They make the following observation:

Where teachers have been subjects of research, they have been positioned as deliverers of an uncontested, already negotiated body of HIV/AIDS knowledge within spaces (schools and institutions) that are unproblematic. 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 or sex education programmes effectively (Baxen and Breidlid 2004:17).

Embedded in the bulk of the research is the assumption that teachers are HIV-free, and so they are considered as objects in a system rather than as individuals who work in contexts in which they are contributors, negotiators and mediators (Baxen and Breidlid 2004).

Studies on how teachers cope with HIV/AIDS

In developing countries there is a dearth of studies on how teachers infected and affected by HIV and AIDS cope. In particular, the educational literature has been peculiarly silent about the experience of teachers with AIDS. Few studies have taken into account teachers' lives as a key mediating factor in the teaching of HIV and AIDS education. This section will review the few studies that have looked at how teachers cope with HIV/AIDS.

In Mozambique, a study by Visser (2002) provides personal accounts of the impact of HIV/AIDS on teachers' lives and their work. Teachers emerge as researchers themselves, actively seeking to understand the manner in which HIV/AIDS affects their contexts. In this study teachers reflected on their feelings about HIV/AIDS; these included the following: fear sadness despair, enormity and blame. Teachers in the study suggested that it was important to provide positive examples of people coping with HIV/AIDS through the media (Visser 2002).

A study in Botswana by Garagae (2005) explored ways in which teachers salvage themselves while empowering students. It sought to elucidate the dilemmas that teachers battle with when teaching in an HIV/AIDS context. This study based its theoretical framework on Combs's (1965) concept of the self as an effective teacher, which suggests that a teacher must feel fulfilled or adequate in order to enter into a positive relationship with students. Garagae found that teachers in a context with AIDS are faced with contradictions of whether to become health workers, caregivers or both. This dilemma, he found, is worse when teachers have to take on a dual identity of being sick and being caregivers at the same time (Garagae 2005: 9).

In her study of three HIV-positive teachers, titled *Suffering in Silence*, Zapulla (1997) gives true accounts of HIV-positive teachers who suffer in silence for years for fear of being isolated in their workplaces. She exposes the private ethical conflicts with which teachers struggle as they move between their desire for openness and the fears that drive them into hiding and secrecy. She explores how they struggle with living up to the images of the ideal teacher and how this forces them further to hide their secret. All this places a terrible emotional and psychological burden on the teachers. For the teachers, their personal struggles with AIDS revealed a number of feelings including fear, loneliness, isolation, denial, victimisation, loss of identity,

shame, and judgement. In all three case studies, the image of the teacher as ideal role model and perfect citizen comes out strongly. Their own perception of self as good teachers versus persons affected by AIDS often presents a personal conflict (Zapulla 1997).

Teacher images portrayed in public documents

In this section I will explore how teachers are conceptualised in government policy and programmes through the various policy documents. In order to expose the teacher images portrayed in public documents, I analysed the key policy documents that are of significance in the HIV/AIDS and education policy arena in Zimbabwe (see Appendix Two). This analysis of documentation from the key players in the education sector was important as it proffered an understanding of the expectations placed on teachers by the school community, the government and the international community.

The main document outlining the Ministry of Education, Sport and Culture's policy on HIV/AIDS is the Chief Education Officer's Circular Number 16 of 1993. This policy instruction, which was later cancelled and replaced by the Director's Circular Number 2 of 2003, is complemented by the Director's Circular Number 3 of 2003 and the Secretary's Circular Number 5 of 2000 which deals with the prevention and management of child sexual abuse. These policy documents were selected because they most explicitly describe and prescribe how teachers teaching HIV/AIDS and Life Skills Education should understand their job. Another policy documents of relevance to the education sector is the Zimbabwe National Behavioural Change Strategy for the Prevention of Sexual Transmission of HIV, 2006-2010 (Government of Zimbabwe 2006). It emphasises the role of schools in preventing HIV among pupils.

The policy documents can be understood to reflect the voice of the main political actor within the educational discourse in Zimbabwe – that is, the Ministry of Education, Sport and Culture. They are not in any way representative of the views of other actors within the educational discourse in Zimbabwe. The documents are therefore indicators of the value system operating within the Ministry of Education, Sport and Culture in Zimbabwe and they represent a powerful voice within the

educational discourse where teachers operate. The education policy documents confront teachers with descriptions of functions, regulations and expectations on how to conduct their job. It is these messages from policy makers, which are transmitted through policy, that determine the curricula messages that filter down to the classrooms.

The most significant of the policy documents is the Chief Education Officer's Circular Number 16 of 1993 (Government of Zimbabwe, 1993a). This circular is the first document that introduces the teaching of HIV/AIDS in schools. It emphasises why HIV/AIDS education should be taught in schools, how and when it should be taught, and who should teach it.

This circular and subsequent circulars clearly outline the expectations placed on educators in order for them to fulfil their role as facilitators of the learning process. The documents are punctuated with statements such as, "Teachers are expected to use participatory and learner-centred methodologies..." (Government of Zimbabwe, 1993a:2) and "Heads and teachers are also expected to assist children affected by the pandemic" (Government of Zimbabwe, 2003a:3). Similarly, the Zimbabwe National Behavioural Change Strategy for the Prevention of Sexual Transmission of HIV (2006-2010) places an emphasis on the role of schools in HIV prevention for pupils:

Schools will therefore be equipped to promote life and negotiation skills as well as educate about all effective HIV prevention methods including abstinence, faithfulness and condom use (Government of Zimbabwe 2006:19).

The various policy documents clearly pronounce the rights of children, as well as the obligation of teachers to create an AIDS-free generation and to assist children affected by the pandemic. The role of teachers emerges as that of facilitators and mediators of this learning process.

Conspicuous by its absence in most of the documentation is consideration of teachers as a potential target group for the HIV and AIDS interventions. In the few instances where teachers are mentioned, it is in the context of giving them support for professional development (Government of Zimbabwe, 2003a). While the policy proffers an expanded role for teachers in the implementation of the HIV/AIDS education programme, it does not consider how teachers in an AIDS context will

interact with the policy and how this will impact on the policy implementation process.

Summary of review

Through this review, I have traced the trends in research on HIV/AIDS and education over the past two decades. I argue that while the bulk of the 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' (Jansen 2007). There is little in-depth research that documents fully and vividly life in schools during and through the HIV and AIDS pandemic.

In particular, the studies conducted so far have mostly assumed a positive correlation between knowledge and behaviour. The underlying assumption has been that schools have a captive audience which is assumed to be sexually inactive, especially at primary school level. Consequently, it is mostly high school children who have been the target of interventions. In the same vein, teachers have been assumed to be HIV-free beings who are able to teach private and personal topics without fear or worry about how their own sexuality impacts on the teaching process. And yet it has been reported in a number of studies that teachers have reported embarrassment and ill-preparedness to talk about sex with young children (Chiwela and Mwape 1999; Malambo 2000, Baxen and Breidlid 2004).

The research has neglected the situated context in which messages, knowledge, experience and practice are produced, reproduced and expressed (Baxen and Breidlid 2004). It has left unattended the cultural and social context within which youth receive and interpret the HIV and AIDS messages. In a 2002 article, Cohen describes the context of education programmes; this includes school environments that are not safe and child-friendly, where there are conflicting messages on HIV and AIDS between home and school and where images of masculinity are associated with promiscuity. Consequently, even where knowledge is readily available, it does not necessarily protect young people who are constructing their sexual identities within contexts that produce, reproduce and send conflicting messages (Skinner 2001).

Sexual abuse is yet another dimension of school life that receives little attention in education policy and research. It has been shown by a number of studies that sexual relationships between teachers and students are common, and that they contribute to a very dangerous liaison in the school. As Jansen (2007) argues, HIV/AIDS is not only what infected adults and children bring into the school; it is also a pandemic that recreates itself within the school.

Lastly, few of the studies have considered the qualitative contexts in which teachers do their work or examined teachers' lives as a key mediating factor in the delivery of HIV and AIDS messages to pupils. According to Baxen and Breidlid (2004), it would seem that it is assumed that if teachers have the necessary knowledge and skills, they will want to teach effectively, notwithstanding how they position themselves within the AIDS discourse.

A few studies have considered teachers as professional or social actors in a context with HIV and AIDS, but I did not find any work in a developing country context that looked at teachers as emotional actors in an AIDS context. Furthermore, the literature reviewed was silent on the experiences of teachers infected by HIV and AIDS.

In this study I will make the case that the ideal teacher envisaged in the HIV/ AIDS and Life Skills policies conflicts with the identities of HIV-positive teachers as practitioners. Often the official expectations placed on teachers through the policy documents do not consider the realities and identities of teachers in a world with AIDS. The image of what ideal teachers should be and how they should conduct themselves is very often in conflict with the personal identities of teachers as practitioners (Jansen 2001).

The added value of this study is that I take as my starting point teachers living with AIDS. I wish to explore the qualitative context within which HIV and AIDS policies and programmes are implemented on a day-to-day basis. Through this study I wish to extend the existing research by initiating a line of enquiry that explores how teachers as emotional actors experience, understand and respond to government policy on HIV/AIDS education in schools. I argue that it does not matter what teachers know (knowledge level) or are able to do (teaching skills); rather, it is their sense of who they are (teacher identity) that ultimately serves as a filter of what

they will do (or not do), and what aspects of a stated policy they will implement (or not implement).

Conceptual framework

The aim of this study is to examine the possible discrepancy between policy visions and teacher identities in a context with AIDS. In my attempt to frame this study theoretically, I will explore the two major fields of knowledge that play a key role in defining this study. I will look at policy visions/images of teachers as portrayed by government, donors and communities, and I will explore how this relates to with the self-ascribed identities of teachers living with AIDS. I will argue that it is the discrepancy between policy visions and teacher identities that has contributed to problems in the implementation of HIV/AIDS policy.

Policy as ‘shared vision’ (or not)

Policy occupies the very first stage of the decision-making process where fundamental options or choices are made from a plurality of futures. Harman (1984) defines policy as a position or stance developed in response to a problem or issue and directed towards a particular objective.

Harman’s definition tends to be oversimplified and it has several shortcomings if one considers how policy works in practice. It gives one the impression that there is general agreement when policies are generated and that policy implementation is straightforward and unproblematic. It reflects a functionalist assumption of how society works – that is, that society is underpinned by a value consensus and that the various institutions in society contribute towards the ongoing stability of the whole (Taylor, Rizvi and Lingard 1997).

In contrast to Harman, other authors’ views of society draw on a conflict approach, which sees society as consisting of competing groups having different values and access to power (Taylor *et al.* 1997). They proffer a definition of policy which reflects the political nature of policy as a compromise which contested at all stages by competing interests. They argue that policies are dynamic and interactive, and

that they represent political compromises and conflicting images of how educational change should proceed.

In developing policy there are always competing interests, and sometimes the policy process will represent compromises. Ball (1998) defines policy as the authoritative allocation of values in recognition of the fact that policy is never value-free and that power and control are central to the policy process. There are always debates in the policy process about whose values and visions are allocated in the policy and whose interest the values and visions represent.

Taylor *et al.* (1997) argue that it is the dominant groups in society that are more likely to influence government in their exercise of power. Certain groups will achieve formalised, institutionalised access to policy making. In other words, there will always be political struggles over whose voices will be heard, and whose values and visions will be reflected in policy. This is supported by Ball (1990:22) when he comments, "Policies embody claims to speak with authority, they legitimate and initiate practices in the world, and they privilege certain visions and interests."

The argument of Taylor *et al.* (1997) is in line with the elite/mass model (Hanekom 1987), which assumes that in any society there are a few people who take responsibility for guiding group behaviour. When they enact a policy, the elite purport to represent the masses. However, in reality it is the elite who shape the opinion of the masses. Sutton and Levison (2001) argue that in this model the less powerful actors – teachers, students and parents – are seen as adjusting their expectations, thus challenging the coherence of educational policy.

In most of the countries in Southern and Eastern Africa, the development of HIV/AIDS policies has been largely driven by donors, often with very little initiative from host governments. This is because donors usually have financial power and influence over government policy. Boler and Aggleton (2004) argue that the lack of implementation of HIV/AIDS policies can be attributed in part to the donor-driven nature of the policies, which results in very little commitment and ownership from the host government. As a result many Ministries of Education may not give sufficient priority to policy development, capacity building or effective implementation of certain policies. This assertion is supported by Chilisa (2005) in her paper critiquing HIV/AIDS research in Botswana. She argues that most countries

in the region fail to participate in the search for solutions to HIV/AIDS because donor agencies and research funding institutions define the global agendas. In other words, policy images of teachers in AIDS contexts might very well come from sources external to African countries.

Teachers serve as the medium through which policy results become apparent, because they carry policy into classrooms and deliver it to pupils. In other words, teachers mediate between education policy and practice. However, an analysis of much of the literature on education policy and practice reveals that there appears to be less emphasis on the actual practice than on the policies and systems. Reid, Brain and Bowles (2005) argue that it is obvious that policies are mediated by teachers within their schools, thus indicating the need for an examination of the mediation process. They stress that the successful implementation of policy depends on finding an appropriate strategy or model of policy construction that utilises teachers' professional knowledge, skills and values rather than one that fails to recognise them (Reid *et al.* 2005).

In the development of HIV/AIDS and Life Skills policy, the question to ask is: to what extent have teachers' opinions, feelings and emotions been sufficiently incorporated? If teachers feel that the policy makers represent them sufficiently, or that their opinions and emotions have been sufficiently acknowledged in the policy development process, then they will attach legitimacy to the policy. But do the policy makers acknowledge that teachers are emotional actors? Do they believe that teaching is an emotional act?

HIV/AIDS is an emotional issue, and teaching is more than a mechanical act; it is an intensive human activity, a transmission of values, a meeting point of feelings and an exchange of deep emotions. An understanding of teachers' emotions while implementing reforms can provide a deeper understanding of the ways teachers experience their work and educational change (Van Veen, Slegers and Van de Ven 2005).

For a reform to change the core of teaching and learning, affective meaning-making processes need to occur for teachers (Shmidt and Datnow 2005). Teachers will typically support a reform when they find that their ideologies are consistent with the reform. When teachers feel that their interests, beliefs and values are threatened

by a reform agenda, however, then they may resist the change. Fullan (1993) argues that innovations have a better chance of success when teachers feel some ownership of the change process.

Spillane, Reiser and Reimer (2002) argue that teachers' prior knowledge affects sense making, pointing to how teachers arrive at different interpretations of the same policy messages, sometimes even misunderstanding the policy intent. Values and emotions therefore affect the sense-making process and highlight how teachers are often biased towards policy interpretations that fit (or do not fit) their prior beliefs and values.

Through this study I will underscore the centrality of emotions in teacher action. I will propose that teachers participate in the policy process as whole beings, and that once an aspect of their identity is ignored there is a problem with implementation. Hargreaves (2001) argues that reform efforts seldom address the emotions of teachers. For a reform to change the core of teaching and learning, affective meaning-making processes have to happen for teachers.

Emotions are an overlooked and understudied aspect of the sense-making process of reform (Spillane 2002). This study will further explore the role of emotions in teachers trying to make sense of HIV/AIDS policy. It will seek to illuminate how teachers as emotional actors experience and respond to HIV/AIDS policy and how they understand their capacity to handle the emotional demands placed on them by a policy directive.

HIV/AIDS is a very sensitive issue which can only be partly addressed through legislation and policy. Legislation merely provides a framework for action; on its own it cannot constitute a sufficient basis for full compliance nor can it ensure compliance. HIV/AIDS involves many complex issues, many of which fall in the private sphere, thus often defying policy interventions. While one can legislate or 'police' group behaviour, the same cannot be done for covert behaviour that is buried deep in the minds and emotions of individuals.

Teachers as emotional actors: An alternative model for explaining teacher behaviour

Through this study I will underscore the centrality of emotions in teacher action. I propose that teachers participate in the policy process as whole beings, and that once an aspect of their identity is ignored there will be problems in implementation. Hargreaves (2001) argues that reform efforts seldom fail to address the emotions of teachers. For a reform effort to change the core of teaching and learning, affective meaning-making processes have to happen for teachers.

Most research on teachers' reactions to change displays this in rather cognitive, rational terms that fail to articulate the layers of emotion involved. Van Veen *et al.* (2005) argues that an analysis of emotions should provide deeper insight into the way teachers experience change and the way their identity and commitment is affected by change.

Ketner and Elkman (2000) define emotions as brief, rapid responses involving physiological, experiential and behavioural activity that helps humans respond to survival-related problems and opportunities. Emotions occur in the interaction between the individual and the social environment, and are defined as the product of the appraisal of those environmental events that are perceived as most relevant to the individual's goal and well-being (Oatley 2000). Oatley's perspective provides insights into what individuals have at stake with the environment or in life in general, how they interpret self and world, and how they cope with harm, threats and challenges (Lazarus 1991).

According to Hargreaves (2001), the processes that give rise to emotions are interpersonal and relational. Interpersonal relations are embedded in people's actual remembered and imagined interactions with others (Hargreaves 2001:103). Relational implies that emotions always concern person-environment relations which can change with circumstance over time and so give rise to different emotions.

In this study I draw upon concepts from sociological theory and education to build a framework for understanding how emotions influence teachers' sense-making of reforms. I will base my argument on Blumer's (1969) assertion that human beings act towards things on the basis of the meaning they have constructed for them.

Individual teachers make meaning of their own world in a different ways, often affected by many factors, not the least of which are emotions. Hill (2001) argues that teachers usually attempt to make sense of reforms in terms of their prior practice and what is comfortable for them. This, however, often leads teachers to miss the unfamiliar and more fundamental transformations that are required in reforms (Spillane *et al.* 2002).

Nias (1996) argues that educational reforms can become emotionally debilitating when they undermine or undervalue teachers' own moral purposes. If this happens, reforms pose ethical dilemmas that often lead to deficiencies in the implementation of the reform.

In this study I argue that emotions appear to be an important determinant of teachers' behaviour during policy implementation.. Through the study I will seek to illuminate the extent to which the framework of 'teachers as emotional actors' can reconcile the differences between policy ideals and teachers' understandings of their identities in HIV/AIDS contexts. My conceptual framework has underscored how vital it is that policy visions are in sync with implementer realities if one is to reduce the gap between policy and practice. In addition, it proposes that teachers' emotions are a key ingredient in the implementation of HIV/AIDS policy.