

## THE EFFECTIVENESS OF MECHANISMS AND GUIDELINES FOR THE IMPLEMENTATION OF THE AIDS ACTION PROGRAMME IN ZIMBABWE SECONDARY SCHOOLS

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### ABSTRACT

This study investigated the effectiveness of mechanisms and guidelines which were put in place by the Ministry of Education Sports and Culture, to facilitate the implementation of the Aids Action Programme in Zimbabwe schools. The sample consisted of twelve school heads and twenty-four teachers, drawn from the twelve secondary schools in Gweru district of Zimbabwe. Questionnaires were administered to teachers while the school heads were interviewed. The study found out that the mechanisms which have been put in place for the implementation of the Aids Action Programme were effective to a limited extent. A number of constraints which rendered the mechanisms and guidelines ineffective were unraveled. All school heads and most teachers indicated that time allocated to the program was inadequate, which impacted negatively on the success of the program. On capacity building, the study found out that teachers made a lot of initiatives in improving their education in line with contemporary and challenging issues such as HIV and AIDS. However, the percentage of teachers without in-service training remains high. Heads and teachers indicated the need for more workshops and seminars at any given time as this has an impact on the implementation process. Results also revealed that parents, families and communities were minimally involved. Shortage of teaching and learning materials specifically for HIV and AIDS and unavailability of syllabi were major drawbacks, which were bound to render the mechanisms ineffective. The study recommended that time allocated to teaching of HIV and AIDS should be increased to at least two periods per week and the subject should be examinable. Furthermore, capacity building should be enhanced so that training covers all teachers concerned with provision for periodic in-service training. There is need for continuous monitoring of the program to ensure effectiveness of mechanisms. The government should allocate a percentage of the AIDS levy to the Ministry of Education, Sport, and Culture in order to sustain the availability of resources needed in the teaching of this important subject.

**Keywords:** Effectiveness; Mechanisms and Guidelines; Implementation; Aids Action Programme; School Heads; Teachers; Zimbabwe

### INTRODUCTION

In post-colonial Zimbabwe, one of the major investments has been in the education sector, whose huge successes have been recorded. Regrettably, the gains of this sector are being threatened by the HIV and AIDS pandemic (Chavhunduka, Rukanda, Matiza, et al, 2004). AIDS has firmly embedded itself in all sectors of our country. Many countries in Sub-Saharan Africa have failed to bring the epidemic under control. As a result, nearly two-thirds of the world's HIV positive

people live in Sub-Saharan Africa, although this region contains little more than 10% of the world's population (Lalor, 2008).

In an effort to fight the pandemic, most countries have stepped up efforts to equip youths and the general population with knowledge on HIV and AIDS through educational programs. Available evidence shows that education has a significant effect on the reproductive health of young people (Cheng, Lou, Mueller, et al., 2008). School based programs are mainly prevention oriented and provide youth with information. They are relatively cost effective and important in preventing early pregnancy, sexually transmitted infections (STIs) and HIV and AIDS. Early provision of reproductive and AIDS programs encourage the development of healthy sexual attitudes and practices.

In Zimbabwe, many non-governmental organizations have launched HIV and AIDS programs as intervention strategies among the youth. In an effort to respond to this pandemic, a National Programme of Action has been put in place since the mid-eighties under the leadership and guidance of the National AIDS Coordinating Programme (NACP) within the Ministry of Health and Child Welfare. Initiatives by NACP and other stakeholders have contributed to high levels of awareness about HIV and AIDS throughout the country.

In 1995, Zimbabwe launched its AIDS Action Programme for schools through partnership with United Nations International Children's Emergency Fund (UNICEF) and the Ministry of Education Sports and Culture (Singizi, 2003). Explicitly focusing on behavior change, the program provided information about STIs and HIV and AIDS and also builds life skills to enable youth to make informed decisions. Ministry of Education Sports and Culture, Director's circular no.2 of 2003 gives important policy guidelines on the teaching of HIV and AIDS and life skills education in all schools in Zimbabwe. The rationale for this circular is clearly laid out. First, the Ministry has to respond to the impact of the HIV and AIDS pandemic which has reached unprecedented levels and is placing tremendous strains on families, communities and the government. Second, Zimbabwe's HIV and AIDS infection rate amongst adults is ranked one of the highest globally. The cumulative number of AIDS related deaths is a cause for concern to all stakeholders. Third, the AIDS Action Programme remains compulsory since its implementation in 1995. These interventions were instituted out of the realization that the Ministry of Education Sports and Culture is key to the fight against the epidemic because of its role in the development of children and the intensive interaction it consequently has with school children. The latter are viewed as the 'Window of Hope' for an AIDS free generation (Chavhunduka Rukanda, Matiza, et al., 2004).

A number of goals through which this vision is to be achieved have been suggested. The Ministry of Education Sports and Culture Director's Circular no.2 of 2003 outlines mechanisms and guidelines which should assist heads and teachers in the implementation of the AIDS Action Programme in all schools throughout the country since it is a compulsory program. These include the following; time allocation, methodology, capacity development, building support for the program, materials, clubs, peer education, networking, supervision, and record keeping.

### **Time allocation**

HIV and AIDS and Life Skills education should be allocated at least one 30 minute period per week. In a study by UNICEF and the Ministry of Education Sports and Culture (1996) on the implementation of the Grade 7 AIDS Action Programme, it was reported that there was a strong tendency to integrate AIDS education into one of several other subjects on the basis of perceived similarities between various subjects. However, as Chavhunduka, Rukanda, Matiza, et al. (2004) opine, the requirements for time tabling of HIV and AIDS lessons at both primary and secondary levels ensures the sustainability of the subject. At primary level, the subject could continue to be taught because it is included in the grade seven examinations. However, at secondary level, the fact that it is non-examinable may result in both teachers and students not taking it seriously.

### **Methodology**

Teachers are expected to use participatory and learner centered methodologies when conducting HIV and AIDS and Life Skills Education lessons. Participatory methodology is the process whereby various groups are involved in identifying their own problems, discussing solutions, planning and carrying out effective action programs. The main objective for providing education on HIV and AIDS and Life Skills is to encourage positive behavior change, thereby enabling learners to internalize issues for their own benefit. Principles of participatory methodology are self-action, planning and responsibility. The method helps to build self-confidence and instill a sense of responsibility over one's life. It facilitates a process whereby the learner identifies and analyses problems and looks for solutions through role-playing, drama, poetry, song and case studies. In this way, new knowledge and information is introduced in a way that is relevant and practically useful to the learner (Farrant, 1982; Makawa, Ota, Hatendi, et al., 1992; Ministry of Education Sport and Culture, Director's Circular no.2 of 2003; Singizi, 2003;). Thus, teacher centered education, which includes lecturing, question and answer approach is not suitable for AIDS education.

However, in a study by Chavhunduka, Rukanda Matiza et al. (2004), the use of interactive methods by teachers was constrained by large classes, inadequate materials and inadequate training. In an earlier study, Makawa, Ota, Hatendi et al, (1992) revealed that although most teachers were able to demonstrate some knowledge on the meaning of participatory methodology and life skills, in many cases their answers tended to be superficial and more the product of guess work than of genuine understanding.

### **Capacity development**

According to the Ministry of Education Sport and Culture Director's Circular no.2 of 2003, in-service and training workshops for education officers, school heads, deputy heads, heads of departments, teachers and school development association (SDA) representatives, would be conducted at district and school-cluster levels. Such workshops were said to be compulsory. Chavhunduka, Rukanda, Matiza et al, (2004) noted that although training was done in HIV and AIDS workshops, this was inadequate in terms of numbers and the period of training was too short. Singizi, (2003) reports that there is a constant need for additional training and support, mainly because of high mobility of teachers and also to provide refresher courses on an annual basis to keep up with new trends. There is need to train specialist teachers at secondary level. However, Coombe (2004) states that Sub-Saharan Africa education sector strategic plans commonly ignore or fail to address

the need to adjust in-service teacher education and pre-service teacher education programs, their curricular, their delivery and their purpose and the urgent importance of adjusting guidance manuals and teaching learning materials. Farrant (1982) asserts that in-service training is a lifelong process in which the teacher is constantly learning and adapting to the new challenges of his/her job, hence the need to find out how the issue of training and retraining has been handled in the implementation of the National AIDS Action Programme.

### **Building support for the program**

WHO/UNESCO (1994) contends that a school-based program needs the support of the family and community if it is to be effective. In a study by Boler, Ibrahim, Adoss, et al, (2003), in Kenya and India, young people and families perceived HIV to be a serious threat and there is a strong belief that education can act to mitigate that threat. As a result, there is a demand for young people to be taught about HIV and AIDS. However, Kelly (2000) found out that in many communities, beliefs still persist that any kind of sexual education leads to increased sexual activity. Adult conservatism, cultural taboos and the sensitivity of the content area creates tension around the implementation of effective life skills programs. Thus, it becomes necessary beyond any reasonable doubt to involve communities in the implementation of the National AIDS programme. In Zimbabwe, Ministry of Education Sport and Culture Director's Circular no.2 of 2003, states that it must be acknowledged that successful implementation of a program depends on the support of religious groups, parents, teachers and young people. These groups serve as valuable resources for information and reinforcement of healthy attitudes and behaviors.

### **Materials**

Ministry of Education Sport and Culture Director's Circular no.2 of 2003 states, teachers and pupils' books for each grade were distributed earlier on to schools. A commitment to redistribute these once they were received and printed was made. Other resources could be sourced from approved stakeholders such as Ministry of Health and Child Welfare as well as non-governmental organizations involved in HIV and AIDS and Life Skills Education. However, nothing is mentioned as far as secondary school textbook supply on HIV/AIDS is concerned. Studies carried out earlier on in Zimbabwe before the program implementation by Hawes (1979), Nyagura and Reece (1989) and Chivore (1991) have revealed that implementation of educational programs is adversely affected by unavailability of resources. UNICEF (1993) in a study on Sector Analysis of Education in Zimbabwe reported that the shortage of printed books and periodicals presented a serious problem in secondary schools. Although the situation varies considerably from school to school, supplies of textbooks are often inadequate for effective class teaching. A small minority of Zimbabwean families is able to purchase books and periodicals on different subjects. This means that secondary school students are deprived of the experience of acquiring their own capital in literature. Other unfortunate effects can be expected from the general lack of electronic equipment, depriving schools of opportunities to partly compensate for indifferent teaching and restricted supplies of literature. Coombe (2001b) found out that education ministries and their NGO partners struggle to deliver prevention messages effectively because of lack of infrastructure, furniture, syllabi and books. The scenario is that few teaching and learning materials are getting into classrooms and teachers have no proper guidelines for coping with the pandemic in countries in the southern African region. In a study by Chavhunduka, Rukanda, Matiza, et al, (2004) the absence of a syllabus was seen as a serious flaw for the

effective teaching of HIV and AIDS and life skills education. Provision of basic materials, for example, syllabus, textbooks and more staff development is essential for the proper implementation and sustainability of the program.

### **Peer education and AIDS action clubs**

Ministry of Education Sports and Culture Director's Circular no.2 of 2003 states that, school heads should encourage peer education through the establishment of HIV and AIDS Action Clubs among pupils in the form of co-curricular activities. Peer education typically involves members of a group striving to effect change in other members of the same group (Singizi, 2003). Peer education has been used extensively in sub-Saharan Africa. Jaiteh (2004) states that compared to programs that are planned and implemented by adults, youth to youth initiatives have distinct advantages. Studies have shown that young people are likely to imitate or model well-liked and respected peers. They are also likely to listen to what respected peers say. It is therefore important for peer leaders to be trained and supported in many roles and responsibilities they will be expected to fulfill in the program on HIV and AIDS.

### **Networking**

Members with expert knowledge on aspects of HIV and AIDS, psychosocial support and child protection should be invited to give talks to teachers and pupils. Psychosocial support is one of the most important approaches to mitigate the impact of HIV and AIDS on children and young people. It is an ongoing process of meeting the physical, social, emotional, mental and spiritual needs of an individual. At the center of psychosocial model is an awareness of cultural practices, beliefs and rituals which inform one about the manner in which all other needs are met.

Teachers as implementers of the programme also need psychosocial support. The observation has been that infected and affected teachers may not be eager to teach the subject. The impact of HIV and AIDS in the education sector manifests in teachers' absence from duty due to ill health which affects the quality of education (Zimbabwe Human Development Report (ZHRD), 2003; Chavunduka, Rukanda, Matiza et al., 2004). It is therefore important to network in ways which help both the teachers and students in the implementation process.

### **Supervision and records**

Makawa, Ota, Hatendi et al., (1992) contend that an educational program which has been introduced in a system requires continuous monitoring. It is not enough to design a program, prepare materials for it and train implementers to introduce it without taking care to update it to provide supplementary materials and maintain control of its implementation. Chivore (1994) states that supervision involves assessment of proper implementation of policy, correcting identified weaknesses, direct and redirection of defects of the attainment of stated goals, aims and objectives of a program. A program can deteriorate and lose its viability if it is not carefully monitored. Supervision becomes a key issue in monitoring and ensuring the success of a program. Ministry of Education Sports and culture Director's Circular no.2 of 2003 states that school heads are to supervise the planning and teaching of HIV and AIDS and Life Skills Education in their schools, and ensure appropriate records are kept by teachers. However, studies by Chivore (1991) revealed that supervision of primary school teachers was inadequate as 70% of the teachers were not supervised by Education Officers in the whole year, whilst 65% were supervised between nil and once per year by heads. Coombe (2001a) points out that there has been no effective evaluation of Life Skills Programme content implementation and outcomes in institutions in the SADC region.

### **Purpose of the study**

Although the National Aids Action Programme was made compulsory in Zimbabwe secondary schools in 1995, not much is known about the effectiveness of the mechanisms and guidelines for the implementation of this program. Bearing in mind the devastating consequences of the HIV and AIDS scourge in the country, determining the effectiveness of mechanisms and guidelines for the implementation of the National Aids Action Programme in Zimbabwe schools has far reaching implications for all efforts aimed at ensuring sustainable development in the country. This study sought to address this paucity in literature by investigating the views of school heads and teachers in Gweru district regarding the effectiveness of mechanisms and guidelines for the implementation of the National Aids Action Programme in Zimbabwe schools. School heads and teachers are at a vantage point to discern the effectiveness of these mechanisms and guidelines. These stakeholders also play a critical role in disseminating knowledge on HIV and AIDS to students, thereby increasing the chances of the latter in contributing to the sustainable development of this country. Thus, this study sought to answer the following main research question:

How effective are the mechanisms and guidelines which have been put in place for the implementation of the National AIDS Action Programme in Zimbabwe secondary schools?

## **METHODOLOGY**

### **Research design**

The objective of the research design is to plan, structure and execute the project concerned in such a way that the validity of findings is maximized. This study adopted the descriptive survey strategy because survey research has the capacity to collect data for describing populations that are too large to observe directly (Babbie, 1989). Using this design, the researchers were able to gain a cross-section of the views of school heads and teachers in the Gweru district of Zimbabwe, on the social phenomenon under investigation.

### **Population and sample**

Borg and Gall (1996) describe population as any group of people that have at least one common characteristic or a set of elements that the researcher focuses upon and to which the results obtained by testing the sample should be generalized. In this study, the population was made up of all heads and all teachers in 12 secondary schools in Gweru district.

Babbie (1989) describes a sample as a small proportion of people or elements representing a target group or population. The sample for this study was made up of all heads of the 12 schools and 24 teachers. Purposive sampling was used to select respondents among teachers. These were hand-picked by the researcher, with the help of the heads, on the basis of how far they were involved in HIV and AIDS activities in their schools. All heads were included because of their typicality.

### **Research instruments**

Questionnaires and interview schedules were used to collect data from teachers and school heads respectively. Borg and Gall (1996) cite questionnaires as the most common instruments for data collection in survey research. It is also the most appropriate instrument since it permits wide coverage and it is easy to administer. Closed- ended and open-ended questions were included. The researchers used a semi-structured interview schedule. Its flexibility (Sarantakos, 2005) allowed probing which ensured that detailed data were gathered. In this study, note- taking was used since most heads were not in favor of tape -recording.

### **Data collection procedures**

After permission to conduct the study was granted by the Ministry of Education Sport and Culture, the researchers visited the secondary schools to make appointments with teachers and school heads. Teachers were given questionnaires which they were kindly asked to complete and return on the same day. This was done in order to ensure a high return rate (Sarantakos, 2005). All the school heads were interviewed in their schools at times that were convenient to them. It was made clear to each respondent that participation was voluntary and that they could withdraw at any time.

### **Data analysis plan**

Both quantitative and qualitative techniques were used. Quantitative data were presented in frequency tables and percentages. Interview data were analyzed using the thematic content analysis technique. This made it possible to identify the views of the school heads regarding the effectiveness of the various mechanisms and guidelines for the implementation of the National AIDS Action Programme.

## **RESULTS**

The main findings are presented under each mechanism as outlined by the Ministry of Education Sports and Culture. These mechanisms include time allocation, methodology, capacity development, building support for the program, materials, peer education and Aids Action Clubs, networking, and supervision and record keeping.

### **Time allocation**

It was important for the researchers to establish whether time allocated for the Aids Action Programme for schools was adequate or not. Table 1 shows the responses given by teachers.

**Table 1** Responses by teachers on time allocation

Response	Frequency	%
Adequate	7	29, 2
Not adequate	17	70, 8
Total	24	100, 0



As shown in Table 1, a larger proportion of teachers indicated that time for HIV/AIDS lessons was not adequate. The same view was shared by school heads, who gave the following responses:

*Far from adequate*

*What can teachers really achieve in 30 minutes? Aids is a matter of life and death*

*We need more time*

## Methodology

The researchers thought it important to find out the level of effectiveness of participatory methodology versus other methods of teaching, from the heads and teachers' point of view. The responses of teachers are shown in Table 2.

**Table 2** Teachers' views on most effective methods (N=24)

Teaching method	Yes	No	Rank
Group work	83.3	16.7	2
Lecture	79.2	20.8	4
Discussion	87.5	12.5	1
Role Play	75.0	25.0	5
Drama	83.3	16.7	2
Games	0	100	6

Teachers reported that discussions followed by drama and group work were the most effective methods in promoting participatory learning. The methods used were mostly student-centered. This was also echoed by school heads in interviews. Although the lecture method is a teacher centered approach, it was ranked the fourth most effective method.

## Capacity development

Capacity development entails continuous training of education officers, school heads and teachers in HIV/AIDS education through in-service workshops and seminars. Table 3 shows the proportion of teachers who had received some training in HIV/AIDS.

**Table 3** Teachers' responses on training in sexuality and HIV/AIDS

Response	Frequency	%
Yes	12	50
No	12	50
Total	24	100

Results in Table 3 indicate that half of the respondents had received training in sexuality and HIV/AIDS whilst the other half did not receive any training. Although teachers make initiatives in improving their education, the percentage of teachers without knowledge on handling HIV/AIDS issues remains high.

Related to training is the issue of attending workshops and seminars. Table 4 shows the proportion of teachers who reported that they had attended workshops and seminars related to the teaching of HIV/AIDS.

**Table 4** Attendance of workshops and seminars by teachers

Frequency	N (24)	%
Many	2	8.3
More than 2	6	25.0
One	4	16.7
None at all	12	50
Total	24	100

Table 4 revealed that only a small proportion of the respondents attended many workshops whilst half of them did not attend any workshops during the past two years, yet they were directly involved with HIV and AIDS activities in their schools.

School heads were also asked to comment on their adequacy in terms of training in order to fulfill their role of supervising the implementation process of the AIDS Action Programme. The following themes emerged from the interviews:

*Not at all, I feel inadequate*

*I need more training*

*I feel quite competent because I am involved in research on sexual maturation*

By and large, the responses of the school heads, like those of teachers, clearly indicated lack of training in teaching and dealing with HIV and AIDS issues.

### Materials

For any program to be effective there is need for adequate resources. The research went on to establish whether schools had relevant and adequate resources. Table 5 shows teachers' responses regarding the availability of relevant materials in their respective schools.

**Table 5** Teachers' ratings on the availability of resources (N=24).

Type of resource	Satisfactory (%)	Not Satisfactory (%)
Syllabus	2(8.3)	22(91.7)
Educational media	8(33.3)	16(66.7)
Trained teachers on HIV/AIDS	10(41.7)	14(58.3)
Financial resources	3(12.5)	21(87.5)

Results revealed that the availability of resources was not satisfactory, as indicated by high percentages on the column 'Not satisfactory'. Answering the same question on resources, school heads gave the following responses:

*Not at all besides a few Action books.*

*Hardly any except handouts. Materials are scarce*

*There are no syllabuses*

*Far from adequate. There is no literature*

*Plenty of posters and Action books*

Thus, the responses of school heads further confirmed the lack of resources that was cited by teachers from the various secondary schools.

### Building support for the program

Schools are required to build support for the program by involving parents, families, and the community. Teachers' responses on parental involvement are shown in Table 6.

**Table 6** Teachers' responses on parental involvement in the HIV/AIDS program

Response	Frequency	%
Involved parents	14	58.3
Did not involve parents	10	41.7
Total	24	100

Results showed that parental involvement is limited. Responses that were gathered through interviews with the school heads revealed that they agreed with what teachers indicated. Parents were involved only when it was necessary. This could be attributed to a busy timetable.

#### **Peer education and AIDS action clubs**

This study also investigated whether peer education was being employed in Gweru district secondary schools. Both school heads (100%) and teachers (100%) were unanimous that peer education was being employed. They further noted that peer educators are actively involved mainly in Youth Alive Clubs than in lessons on HIV/AIDS. Peer educators are trained by Midlands Aids Society Organization (MASO), which is an established NGO based in Gweru urban district.

#### **Networking**

When asked to indicate what is being done as far as networking was concerned, in order to meet the psychosocial needs of students and teachers, heads (100%) indicated that the Basic Education Assistance Module (BEAM) has been put in place to mitigate the issue of school fees for orphans and other vulnerable children. Non-governmental organizations such as MASO, NAC and others have continuously provided social and emotional support to the affected students. However, not much has been done by NGOs to educate all students on the impact of HIV/AIDS. Heads (100%) indicated that teachers as implementers of the program also need psychosocial support. However, not much has been done to give support to infected and affected teachers. The observation has been that the infected and affected teachers may not be eager to teach the subject.

#### **Supervision and record keeping**

On supervision and record keeping, the school heads (100%) were unanimous that more should be done on supervision of the teaching of HIV/AIDS and record keeping. Common themes that emerged from the interviews included the following:

*Education officers are not taking an active role in supervising the teaching of HIV/AIDS*

*It is the task of education officers to monitor the implementation of this program*

*HIV/AIDS records do not exist in most instances because the subject is non-examinable*

*There is no time to maintain records on HIV/AIDS*

The responses of the school heads unequivocally show that various reasons explain why records on HIV/AIDS are not only in shambles but, may not exist at all. Responses of the school heads show that they tended to blame their superiors for the state of affairs while absolving themselves.

## **DISCUSSION**

The main purpose of this study was to determine the effectiveness of mechanisms and guidelines that were put in place by the Ministry of Education Sport and Culture to facilitate the implementation of the AIDS Action Programme in Zimbabwe schools. This study revealed that most teachers as curriculum implementers realized that a 30minute period per week was not adequate to cover topics on HIV/AIDS. Similarly, all heads felt that time allocated was far from adequate. A strong tendency which emerged was that AIDS Education was integrated into one or several other subjects on the basis of perceived similarities between various subjects. Some school heads indicated that the subject was on the time table whilst others encouraged teachers to integrate it into other subjects. This is counter to the Ministry of Education's directive which specifies a separate 30 minute period each week for Aids Education with integration as an optional extra. In a research carried out by UNICEF and Ministry of Education Sport and Culture (1996), the tendency to integrate was likely to hinder progress in the development of Life Skills since AIDS Education is not the central focus of the subjects into which AIDS is integrated. According to WHO/UNESCO (1994) an integrated approach is only recommended for mature school systems with well trained teachers and efficient monitoring system that ensures implementation of the program.

Without proper training and motivation, some teachers are found to view the 30 minute period per class per week as adequate because they have nothing to offer. This is compounded by the fact that the subject is non-examinable. Although heads noted the inadequacy of time, they are faced with fully loaded time tables in schools. According to Chavhunduka, Rukanda, Matiza et al, (2004) the requirements for time-tabling of HIV and AIDS lessons at both primary and secondary level ensures the sustainability of the subject. Without proper time-tabling, as in most cases, the effectiveness of time allocated to the teaching of HIV/AIDS becomes questionable.

According to Makawa, Ota, Hatendi et al, (1992) participatory methodology is the process in which groups are involved in identifying their own problems, discussing solutions, planning and carrying effective action programs. The participatory approach necessitates that teachers use new teaching styles in the classroom from what most of them are accustomed. However, in this study some teachers indicated that they used the lecture method followed by question and answer session. A similar finding was also reported by Chavhunduka, Rukanda, Matiza, et al, (2004), who observed that a variety of participatory methods was more evident in primary than secondary schools where question and answer was the predominant mode. However, to ensure successful lessons in HIV and AIDS education, participatory methods are believed to be the best.

The need for training was evident in this study, a finding that was also made earlier by Singizi, (2003). An analysis and interpretation of teachers' and heads' responses revealed a gloomy picture on in-service training. There is also need for

more workshops and seminars on the teaching of HIV and AIDS. Farrant (1982) asserts that in-service training is a lifelong process in which the teacher is constantly learning and adapting to the new challenges of his/her job. Chavhunduka, Rukanda, Matiza et al, (2004) observed that while training in AIDS education was done, it was inadequate in terms of the numbers of teachers trained, and the duration of training was too short. There is therefore need for ongoing training to cover more teachers and also to provide refresher courses on an annual basis to keep up with new trends in the HIV and AIDS epidemic.

The results from this study revealed that generally there was lack of resources, thus rendering the program ineffective. The absence of a syllabus was seen as a serious flaw for the effective teaching of the subject. Teachers need to be provided with books on HIV and AIDS since much of their training is self-directed and is carried out by reading books and articles on HIV and AIDS and education. In a study by Chavhunduka, Rukanda, Matiza, et al. (2004) it was reported that HIV and AIDS syllabus and other books has not been sent for *printing*, waiting mobilization of funds for sending these materials for printing. They also reported that sustainability of the AIDS Action Programme for schools is not possible without external resources.

It also emerged in this study that parental involvement was minimal. According to WHO/UNESCO (1994) involving parents and family members in programs related to human sexuality has a beneficial effect on both students and parents. A school based program needs the support of community and family if it is to be effective.

Singizi, (2003) states that it is important for peer leaders to be trained and supported in many roles they will be expected to fulfill in the program. Studies have shown that young people are likely to imitate or model well-liked and respected peers. However, in this study, heads indicated that the limiting factor was inadequacy of time for HIV and AIDS activities. The other observation by heads was that HIV and AIDS clubs do not absorb all students. It is only a small percentage who subscribe to these clubs while the rest go to other areas of their interest.

Singizi, (2003) states, psychosocial support is one of the most important approaches to mitigate the impact of HIV/AIDS on young people. This is consistent with the finding in this study in that the need for psychosocial support by both infected and affected teachers and students was unequivocal. For this service to be realized, networking between schools and other stakeholders has to be intensified.

## **CONCLUSIONS**

Based on the research findings from this study, it can be concluded that the mechanisms and guidelines that were put in place for the implementation of the AIDS Action Programme in Zimbabwe schools are not effective. Time allocated for teaching HIV/AIDS is far from being adequate. This is further aggravated by the fact that the training of school heads and teachers on Aids Education is lagging behind whilst the pandemic forges ahead. Due to this lack of training, teachers continue to use both participatory as well as traditional methods. Worse still, there is no proper monitoring of the program to ensure the effectiveness of the mechanisms. There was also evidence of very little or no supervision of the degree to which schools

have been implementing the program. Finally, schools had depleted resources for effective implementation for the Aids Action program. It therefore becomes difficult for implementers to accomplish set goals if resources are inadequate.

## RECOMMENDATIONS

The following recommendations were made:

- The Ministry of Education Sports and Culture should review time allocated to Aids Education if meaningful learning is to take place. In addition to allocating the subject more time, HIV/AIDS should be made examinable at secondary level for teachers and students to take the subject seriously.
- There is need for periodic in-service training since knowledge, information and teaching methods in this field keeps developing.
- In view of the serious shortage of necessary resources, the government should consider channeling a percentage of AIDS levy towards the education system.
- Evidence of school based monitoring and supervision should be made available. These should be complemented by supervision reports by the concerned education officers.

## References

- Babbie, E. (1989). *The practice of social research*. California: Wadsworth.
- Boler ,T., Ibrahim, A., Adoss, R., & Shaw, M. (2003). *Sound of silence: Difficulties in communication on HIV/AIDS in schools .Experiences of Kenya and India*. British Columbia: Action AIDS.
- Borg, W.R., & Gall, M.D. (1996). *Educational research: An introduction (6<sup>th</sup> edition)*. Melbourne: Longman.
- Chavhunduka, K., Rukanda, M., Matiza, G., & Matshalaga, N. (2004).*HIV/AIDS and life skills education project*. Harare: Mt Pleasant.
- Cheng, Y., Lou, C., Mueller, L.M., Zhao, S., Yang, J., et al. (2008). Effectiveness of a school-based AIDS education program among rural students in HIV high epidemic area of China. *Journal of Adolescent Health, 42*, 184-191.
- Chivore B.R.S. (1991). *Curriculum evaluation in Zimbabwe*. Harare: Africa Publishing House.
- Chivore, B.R.S. (1994). *Effectiveness of the primary school teacher in Zimbabwe*. Gweru: Mambo Press.
- Coombe, C. (2001a) *Rethinking some of our perceptions about HIV/AIDS and education*. Resource paper presented to the Southern African Development.
- Coombe, C. (2001b). *HIV/AIDS and Trauma among learners: sexual violence and deprivation in South Africa*, in J.G. Maree and L. Ebersohn (Eds) *Life Skills within the Caring Professions: a career counselling perspective for the biotechnical age*. Cape Town: Heinemann.
- Coombe, C. (2004). Confronting the impact of HIV/AIDS: The consequences of the pandemics for education supply, demand and quality. A global review from a Southern African perspective. *Policy Futures in Education, 2* (1), 102-140.
- Farrant, J.S. (1982). *Principles and practice of education*. London: Longman.
- Hawes,H.(1979). *Curriculum reality*. Singapore:Longman.

- Jaiteh, M. (2004). *Tapping youth potential in HIV prevention*. New Delhi: Youth Association Publishers.
- Kelly, M. (2000). *The impact of HIV/AIDS on education. Paper presented to workshop on the impact of HIV/AIDS on education at the International Institute for Educational Planning*. Paris, September.
- Lalor, K. (2008). Child sexual abuse and HIV transmission in sub-Saharan Africa. *Child Abuse Review*, 17, 94-107.
- Makawa, J., Ota, C., Hatendi, F., et al. (1992). *Methods in AIDS education. A training manual for trainers*. Harare: Ministry of Education and Culture/UNICEF.
- Ministry of Education Sport and Culture (2003). *Director's Circular No. 2 of 2003. Circular to schools on HIV/AIDS programme implementation*. Harare:UNICEF.
- Nyagura, L.M., & Reece, J.C. (1989). The school head as an instructional leader in Zimbabwe secondary schools. *Zimbabwe Journal of Educational Research*, 1(3), 304 –341.
- Sarantakos, S. (2005). *Social research (3<sup>rd</sup> edition)*. London: Macmillan.
- Singizi, T. (2003). *Southern African HIV/AIDS Action*, Issue 55, March. Harare: SAFAIDS.
- UNICEF. (1993). *Towards quality improvement for more effective development: A sector analysis of education in Zimbabwe*. Harare: Author.
- UNICEF and Ministry of Education Sport and Culture (1996). *Report on an evaluation of the implementation of the Grade 7 AIDS Action Programme Book "Let's Talk" in Schools in Zimbabwe*. Harare:, UNICEF.
- WHO/UNESCO. (1994). *School health education to prevent AIDS and STDs. Handbook for curriculum planners*. Harare: Author.
- Zimbabwe Human Development Report. (2003). *Redirecting our responses to HIV and AIDS towards reducing vulnerability. The ultimate war for survival*. University of Zimbabwe: Graghtec Communications.