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The case of a Zambian teacher training institution

Lucinda Ramos

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List of abbreviations

AATAZ	Anti-AIDS Teachers' Association of Zambia
ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral treatment
CBO	Community-based organization
EDC	Education Development Centre
EFA	Education for All
EMIS	Education management information system
HIV	Human Immunodeficiency Virus
IBE	International Bureau for Education
ICT	Information and communication technology
IEC	Information education communication
IIEP	International Institute for Educational Planning
ILO	International Labour Organization
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-governmental organization
PEPFAR	President's Emergency Plan for AIDS (USA)
PLWHA	People living with HIV and AIDS
PRP	Primary Reading Programme
SRH	Sexual and reproductive health
SPRINT	School Programme of In-Service of the Term
SPW	Student Partnership Worldwide
STI	Sexually transmitted infection
TESS	Teacher Education Specialised Services
TTC	Teacher training college
TTI	Teacher training institution
TTISSA	Teacher Training Initiative for Sub-Saharan Africa
UIS	UNESCO Institute for Statistics
UNAIDS	Joint United Nations Programme of HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Scientific, Cultural and Scientific Organization
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children Fund
UNZA	University of Zambia
VCT	Voluntary counselling and testing
WHO	World Health Organization

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1 Introduction

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

1.1 Problem statement and rationale

The Acquired Immunodeficiency Syndrome (AIDS) epidemic has undermined the quality of life and progress toward poverty alleviation in many poor developing countries, especially in sub-Saharan Africa. Just over 10 per cent of the world's population lives in sub-Saharan Africa, but it is home to more than 60 per cent of all people living with the Human Immunodeficiency Virus (HIV), or nearly 26 million people between the ages of 0 and 49 (UNAIDS, 2004). The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) declaration on HIV and AIDS aims to reduce the rate of HIV infection among 15 to 24 year olds (the age group with the greatest prevalence) by 25 per cent in the most affected countries by 2005, and globally by 2010 (UNGASS, 2001). A common response that is effective in slowing down the spread of HIV is education. It has been identified as a "social vaccine" (World Bank, 2002) against HIV because it equips young people with invaluable tools to increase their self-confidence as well as their social and negotiation skills. This which helps to improve their earning capacity and family well-being, as well as fighting poverty and promoting social progress. As education has a key role to play in preventing HIV and AIDS and in mitigating their effects on society, it also calls for expanded access to HIV and AIDS information and education. At the core of this provision are teachers. Mitigating the impact of HIV and AIDS in teacher training institutions (TTIs) and equipping teachers with the right skills and attitudes to teach HIV and AIDS prevention education in formal education settings is vital globally.

Teachers play a key role in developing skills and in changing attitudes and can help mitigate the spread of HIV among young people if they receive proper training. Investing in quality education for girls and young women has also been shown to reduce their vulnerability to domestic violence, sexual abuse and trafficking, and to provide benefits in terms of better health and educational outcomes for both present and future generations (Heise, Elsberg and Gottemoeller, 1999). Without capacity building in HIV prevention education in TTIs and universities, which train and produce budding teachers, Education for All (EFA) cannot be attained.

Apart from being instrumental in the delivery of HIV and AIDS education, teachers in Africa are regularly singled out as a high-risk group more susceptible to HIV infection. However, among the adult population, the number of teacher deaths due to AIDS has been much lower than what the media and experts have suggested (Bennell, 2003). Nevertheless, it is imperative to design and implement HIV and AIDS workplace policies for education institutions, and to provide teachers with solid pre-service and in-service training to teach HIV and AIDS prevention.

Some TTIs and universities in countries in the Southern African Development Community have successfully developed institutional policies on HIV and AIDS, including for the workplace, integrating HIV and AIDS prevention into the curricula, and implementing training, support and counselling services for students and staff. However, many of the TTIs and universities have weak structures and have limited collaboration with other stakeholders in the field of HIV prevention. These institutions

need to identify gaps in current programmes, identify best practices, and gain required assistance in developing policies and implementation strategies. Information on HIV and AIDS pre-service teacher programmes in sub-Saharan Africa is scarce. Most of the information does not offer hard data on measuring the effectiveness of such programmes (UNESCO, 2006).

There is little evidence that HIV and AIDS prevention education in schools has a significant impact on sexual behaviour, and that programmes have altered behaviour despite risk awareness among students in both primary and secondary schools (Bennell, 2004). However, the World Health Organization Technical Report on Preventing HIV/AIDS in Young People (WHO, 2006) highlights that there is sufficient evidence to support widespread implementation of school-based interventions, as long as they incorporate the characteristics of effective programmes. Such characteristics would include: involving multiple people with various backgrounds; assessing the needs of the target groups; focusing on clear goals and behaviours; addressing the multiple sexual and psychosocial risks that affect sexual behaviours; creating safe environments in which young people can participate. Lack of time, resources and training often means that curriculum based education, as well as counselling and peer education are inadequate. Poorly trained teachers are often too shy to teach sex education, and sometimes show a lack of commitment to teach the topic in what can be an over-crowded curriculum (Boler and Jellema, 2005).

By focusing on Zambia, this study will try to identify relevant and appropriate actions and approaches that TTIs in sub-Saharan Africa could adopt to strengthen their response and better prepare teachers to confront teaching in a world with HIV and AIDS.

1.2 Aim, research question and approach

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

The research questions guiding this study are the following:

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

A qualitative approach was used to address the research questions through a field visit. Data was based on a range of primary sources including interviews. Further details of the methodology are given in *Chapter 3*.

A literature review informed the theoretical framework of this study and relied on the following:

- Internet searches, including institutional websites (e.g. of tertiary institutions and regional associations), UN agencies (e.g. UNESCO's Joint United Nations Programme on HIV/AIDS, UNAIDS), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), international, regional and national Zambian NGOs partnering with the education sector (ActionAid, Student Partnership Worldwide and Forum for African Women Educationalist in Zambia), online databases and clearinghouses (e.g. the International Institute for Educational

Planning's (IIEP) HIV/AIDS Impact on Education Clearinghouse, UNESCO's International Bureau for Education's (IBE) International Clearinghouse on Curriculum for HIV/AIDS Education), and other relevant websites.

- Journals and periodicals such as Comparative Education and The Journal of Development Studies.
- Grey literature and other documents (e.g. secondary data sources from the college, such as memoranda, national and institutional policies and action plans, course outlines and curriculum reviews, and reports from conferences and meetings not available in the public domain).

1.3 Scope and sequence

This report will first present a brief overview of Zambia's education sector and HIV and AIDS, focusing particularly on the structure of teacher training in Zambia. *Chapter 2* provides a literature review. *Chapter 3* discusses the methodology, and *Chapter 4* presents qualitative research findings. Finally, *Chapter 5* concludes with some recommendations for policy and practice at the international, national and institutional levels.

1.4 Zambia's education sector and HIV and AIDS

Background

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

Zambia has adopted a number of poverty reduction objectives to guide its development efforts and those of its partners. By implementing the Poverty Reduction Strategy Paper and in trying to attain the Millennium Development Goals (MDGs), the Zambian Government is focusing on diversification, growth and investment, budgetary reform, HIV and AIDS (identified and dealt with as a cross cutting issue) and anti-corruption measures. Zambia has also taken the necessary steps to reach its completion point under the enhanced Heavily Indebted Poor Countries Initiative; debt relief from all of Zambia's creditors will surpass US$3.9 billion over time (World Bank, 2005).

Zambia has roughly 11 million inhabitants. Currently it is experiencing the health, economic and social impacts of a mature AIDS epidemic. The national adult HIV prevalence is 16 per cent – 18 per cent for women and 13 per cent for men – with most cases occurring in urban areas. The National AIDS/Sexually Transmitted Infection/Tuberculosis Implementation Plan guides Zambia's inter-sectoral responses. It can also rely on provincial and district local government structures. A lack of human resources has prevented action plans from being implemented although there is a high level of commitment (UNAIDS, 2004).

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

The implementation of the response is guided by the HIV and AIDS Strategic Plan and the HIV and AIDS Workplace Policy for the Education Sector for Management and Mitigation of HIV and AIDS (MOE, 2006). This policy guides the overall response to HIV and AIDS and covers four key areas:

(a) prevention;
(b) care and support;
(c) HIV and AIDS in the workplace;
(d) planning, management and mitigation.

Table 1.1 Facts and figures on Zambia

Population (2003): 10,812 million	Number of primary school teachers (2005): 50,000
% urban population (2003): 36	Number of secondary school teachers (2001): 10,100
% population less than 18 years old (2006): 56	Teacher-pupil ratio in primary education (2001): 1:51
Gross National Income per capita in US$ (2006): 630	Teacher-pupil ratio in secondary education (2001): 1:23
% of population living below US$1 a day (1995-2005): 64	Number of extra teachers needed by 2015 to achieve UPE: 20,000
HIV adult (aged 15-49) prevalence rate (2005): 17%	Human Development Index ranking: 165th
Number of AIDS orphans (in thousands): 710	
All orphans in 2005 (in thousands): 1,200	Gender-related development index ranking: 143th
Primary school net enrolment ratio: 89	Education Development Index and rank: 0.65 (165)
Secondary gross enrolment ratio male 29 and female 23:	Adult literacy rate % (15-24) (2000-2004): 68

Sources: UNICEF, no date; UNESCO, 2007; UIS, 2006; UNDP, 2007.

An analysis was conducted of the impact of HIV and AIDS on the demand for and supply of human resources in the education sector. Awareness programmes for all employees at different levels of the education sector exist. The Ministry has a policy of non discrimination with regard to recruitment, advancement, continued employment and benefits for personnel with HIV and AIDS, and Zambia enforces confidentiality of information about ministry employees with HIV and AIDS (UNAIDS Inter-Agency Task Team on Education, 2004). The MOE has prioritised voluntary counselling and testing (VCT). In 2004 it initiated a scheme to pay for ART for MOE employees. This scheme covers costs associated with ART such as routine testing and blood screening. Government funds are expected to cover the cost of antiretroviral (ARV) medication.

Teacher training and support

Initial teacher training for lower and middle basic levels is provided by 14 government and grant aided institutions or colleges of education. In 2005, there were ten basic colleges of education, two junior secondary colleges of education and the University of Zambia (UNZA) which trained senior secondary school teachers (Fifth National Development Plan, Education chapter). Two government colleges are the main providers of initial teacher training for upper basic level (Grades 8 and 9), and the University of Zambia has been providing initial teacher training for high school or senior secondary (Grades 10-12) (Commonwealth of Learning, 2005).

The primary school teacher's course (lower and middle basic) is structured so that students spend their first year at the college and are placed in a school for the practical part of the course in the second year. All subjects, as they appear in the primary school curriculum, are regrouped into six so-called study areas. HIV and AIDS prevention and life skills are considered cross-cutting issues, to be dealt with in all six study areas. A manual on Interactive Methodologies for HIV/AIDS Prevention in Zambia Schools was developed in 2003, but training all teachers in interactive methodologies and life skills for psychosocial competencies remains a challenge. A lack of high level commitment, curriculum congestion and inadequate training of trainers are the three main reasons for this problem. Generally there are very little HIV and AIDS information qnd prevention activities in colleges of education (MOE, 2004), and HIV and AIDS materials are not available to all tertiary students (UNAIDS Inter-Agency Task Team on Education, 2004).

Several strategies have been put in place to provide teachers with in-service training on HIV and AIDS education. Teachers' group meetings in the School Programme of In-Service of the Term (SPRINT) share HIV and AIDS information and methodology. SPRINT is a school-based system that delivers in-service training through a cascade model, involving school heads, zone resource centres and district resources centres. The Primary Diploma, which is provided through distance learning, has a specific module on life skills, and the Primary Reading Programme (PRP) has introduced HIV and AIDS-related texts. Several books have been produced, printed, and are being distributed to help teachers integrate HIV and AIDS prevention.

In the period between 2002 and 2004, Zambia trained 21,600 in-service teachers through the Teacher Training Programme to Prevent HIV Infection and Related Discrimination. This successful skills-based and participative programme was jointly developed by WHO, Education International and the Education Development Centre (EDC) in close collaboration with teacher unions, the MOE, the Ministry of Health (MOH) and some support from UNESCO (Pevzner, 2005).

Zambia has a growing number of orphans whose psychosocial needs are not addressed as part of teacher preparation (MOE, 2005). In 2005 18 per cent of all children under 15 (800,000 children) were classified as orphans. The enrolment of orphans in basic schools increased from 11.1 per cent of the total enrolment in 2002 to 20.1 per cent in 2004 (Fifth National Development Plan, Education chapter).

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

Reports on the impact of HIV and AIDS on teachers and teaching in Zambia are quite disturbing. A study by Kelly (2000a) concludes that in 1998, the loss of life among teachers in Zambia equalled two thirds of the teacher output of that year. Reports suggest that 20 per cent of all teachers were HIV positive in 1997. The MOE data for 1996 and 1997 reported 680 and 627 deaths respectively during those 2 years and 1,300 deaths during the first 10 months of 1998. According to the Zambian National Union of Teachers, the death toll among teachers in the last 2 years has been 1,000 each year (Commonwealth of Learning, 2005).

The MOE in Zambia is making efforts to mitigate the impact of HIV and AIDS on teachers. Plans are being put in place for 'Ora-sure' testing among staff and teachers, counselling services are

offered to teachers, and a scheme to provide ART to teachers and other staff in the MOE is being piloted. A VCT/ART programme also exists at the University of Zambia, using resources from the USA President's Emergency Plan for HIV/AIDS (PEPFAR) (PlusNews, 2005). Furthermore, teacher transfers on grounds of poor health are tolerated and several hundred infected and affected teachers are paid even after they have stopped working. The MOE is also encouraging scaling up efforts by the Anti-AIDS Teachers' Association of Zambia (AATAZ), a teachers' non-governmental organization (NGO) that promotes HIV and AIDS prevention and targets in and out-of-school youths, teachers and people living with HIV and AIDS (PLWHA) (MOE, 2003).

Although there is no empirical evidence, there seems to be a lot of child/pupil/teacher and student/lecturer sexual abuse that is not adequately addressed, and quite a number of female students return from their school-based practical year either pregnant or with a child: an indication of both vulnerability and unsafe sexual behaviour (MOE, 2004). Although some pregnancies may be due to student/teacher sexual relations, the majority of pregnancies are most likely due to relationships between learners and non-teachers (other learners or locals from the community).

2 Literature review

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

Youngsters between 15 and 24 years old are the hardest hit by HIV, and girls and women continue to be, on average, 2.5 times more likely to become infected than boys and men (UNAIDS, 2002). This age group should be taught HIV and AIDS prevention education in school, but according to some of the literature, the prevention messages that schools are supposed to deliver have mostly failed. Research suggests that HIV and AIDS education, particularly in formal settings, is not always implemented as envisaged (Bennell, Hyde and Swainson, 2002). The difficulty in implementing effective HIV and AIDS education in schools lies both at the institutional and at the personal level; at the institutional level because there is a lack of training and learning materials, and at a personal level because research suggests that there is resistance from communities and teachers (Bennell *et al.*, 2001). This is most likely because the topic of HIV and AIDS and all that is related to it touches on the most intimate aspects of society that are shaped by social, cultural and religious attitudes. Existing social rules and patterns of behaviour are never static, but rather dynamic and can adapt to complex change.

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

Pilot studies (Boler, 2003b) have been conducted to assess the difficulties teachers and students are confronted with when teaching and learning about HIV and AIDS. Carr-Hill (2002) has also undertaken interesting work on the impact of HIV on teachers inside the classroom, and Bennell *et al.* have done school based research in Botswana, Malawi and Uganda. Nevertheless, "very limited research has been devoted to the implementation of HIV/AIDS education in the classroom" (Boler, 2003a), and even less in teacher college classrooms.

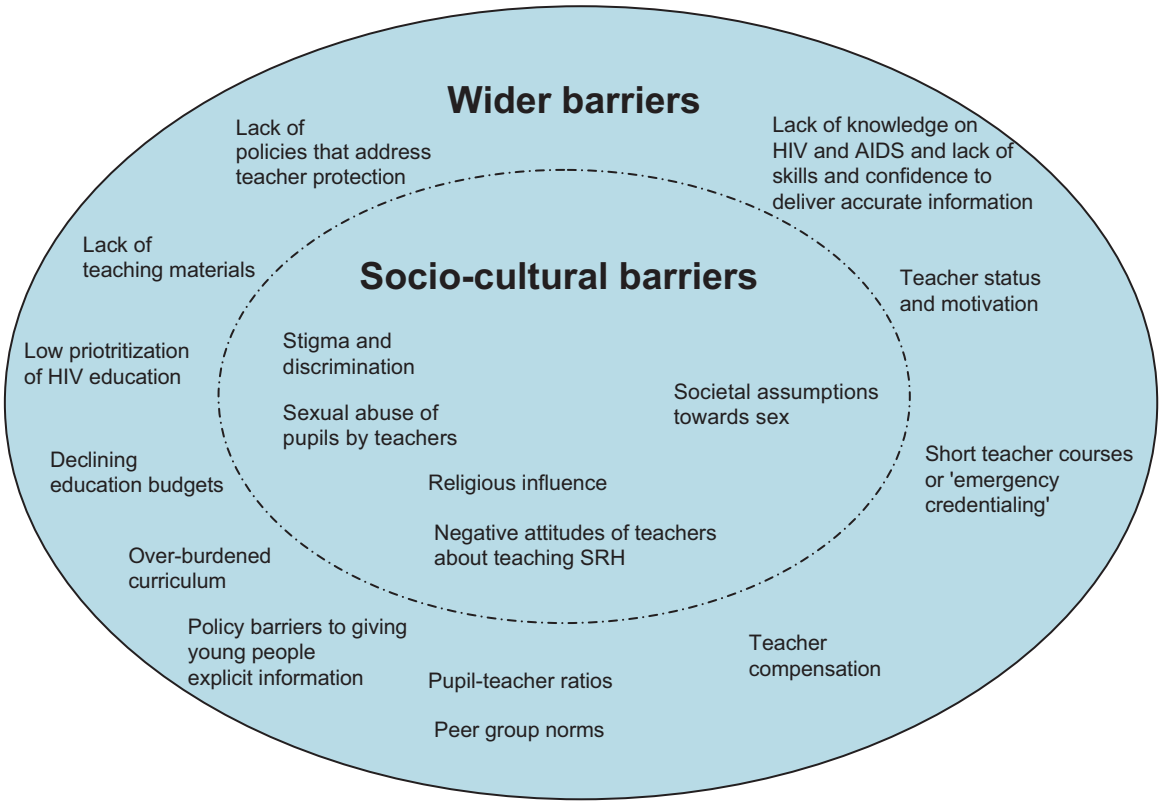
2.1 Challenges for teacher educators and student teachers

For the most part, the literature reviews the challenges that exist for classroom teachers, and one or two sources mention the challenges that teacher educators are confronted with when teaching

HIV prevention to student teachers. This is probably due to the shortage of research addressing teacher training in HIV and AIDS education. Boler (2005), Kelly (2001), Car-Hill (2002), Bennell *et al.* (2002) and UNESCO (2006) all agree that social and cultural constraints exist in teaching HIV and AIDS prevention. They stress that there are a number of obstacles to teaching HIV and AIDS prevention which are indicative of a wider crisis in education.

Figure 2.1 presents a framework for considering the factors a teacher educator and a student teacher have to deal with when teaching and learning about HIV and AIDS. This is a comprehensive model developed from existing literature, but it has been expanded and adapted to analyze the teacher-training context.

Figure 2.1 Framework for considering factors which affect teaching and learning about HIV and AIDS prevention for teacher educators and student teachers



Wider educational barriers

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

Bennell (2002) indicates that teachers are hampered in their efforts to teach HIV and AIDS education for a number of reasons. It is a low priority and at times there are insufficient learning materials.

Low-income countries are also being faced with a teacher crisis. Such issues include teacher shortages, the declining occupational status of teachers, motivation, compensation, attrition, poor teacher management including delayed salary payments, poor working and living conditions and absenteeism.

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

Socio-cultural barriers

Studies have demonstrated that teachers were reluctant to talk about condoms, and also tended to avoid more participatory elements of the curricula. Similarly, evidence suggests that teachers were reluctant to address HIV and AIDS (Kelly, 2000*b*).

In ActionAid's qualitative survey, results indicate that teachers often resort to 'selective teaching', where they "appear to be teaching some lessons on HIV, but exercise their own judgment on which messages should be taught" (Boler, 2003*b*: 32). In other words, teachers avoid teaching lessons which are sensitive and might be embarrassing. The study also indicated that teachers were practicing selective teaching of HIV and AIDS prevention without making any direct reference to sex. Since the virus is mainly transmitted worldwide through unprotected heterosexual intercourse "discussion on HIV/AIDS without talking about sex will be inherently limited" (Boler, 2003*b*: 32). Additionally, in the same study, teachers expressed concern that parents would disapprove if they knew that the students were being taught about sex.

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

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

2.2 General recommendations and principles of best practices for teacher training

The literature repeatedly stresses the importance of teacher training and peer training. Although recommendations are made in most available reports and studies, little is known about what type of training works best, the optimum length of training, or how to involve the community in training and supporting teacher educators. Such gaps also sustain the need to adapt learning materials to

the local context and assess their impact locally so that practitioners are able to draw and share lessons.

Generally speaking, HIV and AIDS education has three tasks at hand (Coombe, 2003*b*):

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

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

Prevention

In terms of prevention, the most common response for TTIs is the integration of HIV and AIDS prevention education into SRH curricula. The literature recommends the following principles of best practice:

1) integrate HIV and AIDS prevention education and skills-based curricula as a mandatory and examinable course (assessing more than knowledge) (James Traore, Finger, Ruland and Savariaud, 2004; Coombe, 2003*b*);
2) enhance the pedagogical competencies and confidence of teachers (to enable them to be child-centred, participatory, creative, culturally sensitive, and peer led). This should be done based on a process of reflection on their own attitudes and values regarding the topic and their behaviour concerning the risk of contracting HIV (James Traore *et al.*, 2004; Kelly, 2000*b*; Coombe, 2003*b*; Boler, 2003*b*);
3) ensure a systematic supply of education material (James Traore *et al.*, 2004; Kelly, 2000*b*; Coombe, 2003; Boler, 2003*b* and others);
4) ensure teacher professionalism and role modelling, emphasizing a policy of zero tolerance towards student exploitation (James Traore *et al.*, 2004).

Social support

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

1) develop scenarios on accessing treatment for teachers and advocate for prioritizing treatment for teachers;
2) provide teacher literacy and counselling skills on treatment;
3) increase teachers' ability to identify and address psychosocial and other needs of orphans and other vulnerable children, including HIV-positive learners;
4) bridge the gap between what takes place in the institution and in the community, and strengthen community and school linkages, particularly with parents.

Protection

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

1) advocate for educational leadership and commitment;
2) put in place reliable HIV and AIDS-sensitive data and information systems to guide management responses (Kelly, 2000*b*);
3) develop, promote and implement HIV and AIDS policies, strategies and legal frameworks (Kelly, 2000*b*);
4) set up HIV and AIDS programmes in the workplace and tertiary institutions that increase access to information and condoms, encourage the uptake of VCT, ensure referral networks for care and support, and address stigma and discrimination (UNESCO, 2004);
5) review rules and regulations within ministries of education in light of the impact of HIV and AIDS for teachers (such as sick leave, early retirement, replacement) (IIEP, 2003);
6) support alternative measures to respond to teacher shortages and loss: multi-grade teaching, radio instruction methods, more peer education, community teaching, distance and flexible learning;
7) improve teacher service conditions: adequate remuneration, housing, career development and other motivating incentives;
8) institutionalize continuous and accredited professional development and focus HIV training on motivated and trusted teachers;
9) improve the management, monitoring and evaluation skills of education personnel;
10) strengthen universities' capacity in research and pedagogical guidance related to behavioural change models, teacher preparation and actual teaching (UNESCO, 2006).

Guiding principles

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

1) Eliminating gender disparities in pupil enrolment and the teaching profession, and integrating gender sensitivity into HIV and AIDS interventions, must take a central role in the education sector response.
2) Effective responses are those devised to meet local conditions (Aggleton, Chase and Rivers, 2004).
3) Effective responses are those that also reach out-of-school youth (Aggleton *et al.*, 2004).
4) The education sector must work with all other stakeholders in the education community (community based organizations (CBOs), NGOs, parents and carers) as well as with other social sector departments at national, provincial and community levels.
5) Interventions must be within the managerial competence of colleges and schools to deliver, and must contribute to building capacity to manage more challenging interventions later.
6) Combating sexual violence in schools is essential.
7) Young people have to be at the forefront of planning HIV and AIDS programmes (Aggleton *et al.*, 2004).
8) Strengthening links between schools and youth-friendly SRH services, including guidance and counselling services.
9) The greater involvement of PLWHA is fundamental.

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

2.3 Framework for evaluating teacher training

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

There is consensus that teachers should play a basic role in the classroom, provided they are offered the right support. This role includes: delivering prevention curricula; offering students basic care and counselling; and knowing how to manage the crisis at school and within the community for the benefit of learners, teachers and stakeholders (Coombe, 2003*a*).

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

Curricula

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

1) the characteristics of the curricula and its implementation:
   a) process of development;
   b) characteristics of the content;
   c) implementation.
2) the needs and assets of the target group being served by the programme;
3) the characteristics of the target group's environment (Kirby, Laris and Rolleri, 2006).

Furthermore, IBE-UNESCO has developed a set of tools to guide the appraisal of teaching and learning for HIV and AIDS education and to help decide what should be taught and the most efficient ways to teach it. There are three separate sets of criteria with which to appraise three distinct kinds of educational materials, namely: material for teachers, material for learners, and material for teacher training. Material for peer educators has not been developed, as the tools currently available are only meant for the formal setting.

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

1) goals, objectives and target groups;
2) conditions of implementation;
3) provision of information;
4) attitudes, values and norms;
5) community and cultural relevance;
6) life skills education;
7) teaching methods and strategies;
8) teacher guidance;
9) lay out and packaging;
10) material development (IBE-UNESCO, 2006);

This list should also include:

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

Nevertheless, a proper evaluation of teacher-training programmes goes beyond appraisal of the curriculum. The environment in which it is taught is equally important. Considering the literature, the framework shown in *Figure 2.2* can be used to begin to evaluate pre-service teacher training programmes (in-service programmes might vary slightly). This framework shows five key components which should be addressed when evaluating HIV and AIDS teacher training programmes and strengthening the response of teacher training institutions to HIV and AIDS.

2.4 Structures and processes needed to support teacher training

"Ministries have now realized that their response must extend beyond the curricula and infuse the policies, plans and procedures that govern every part of the system." (Kelly, 2004: 1)

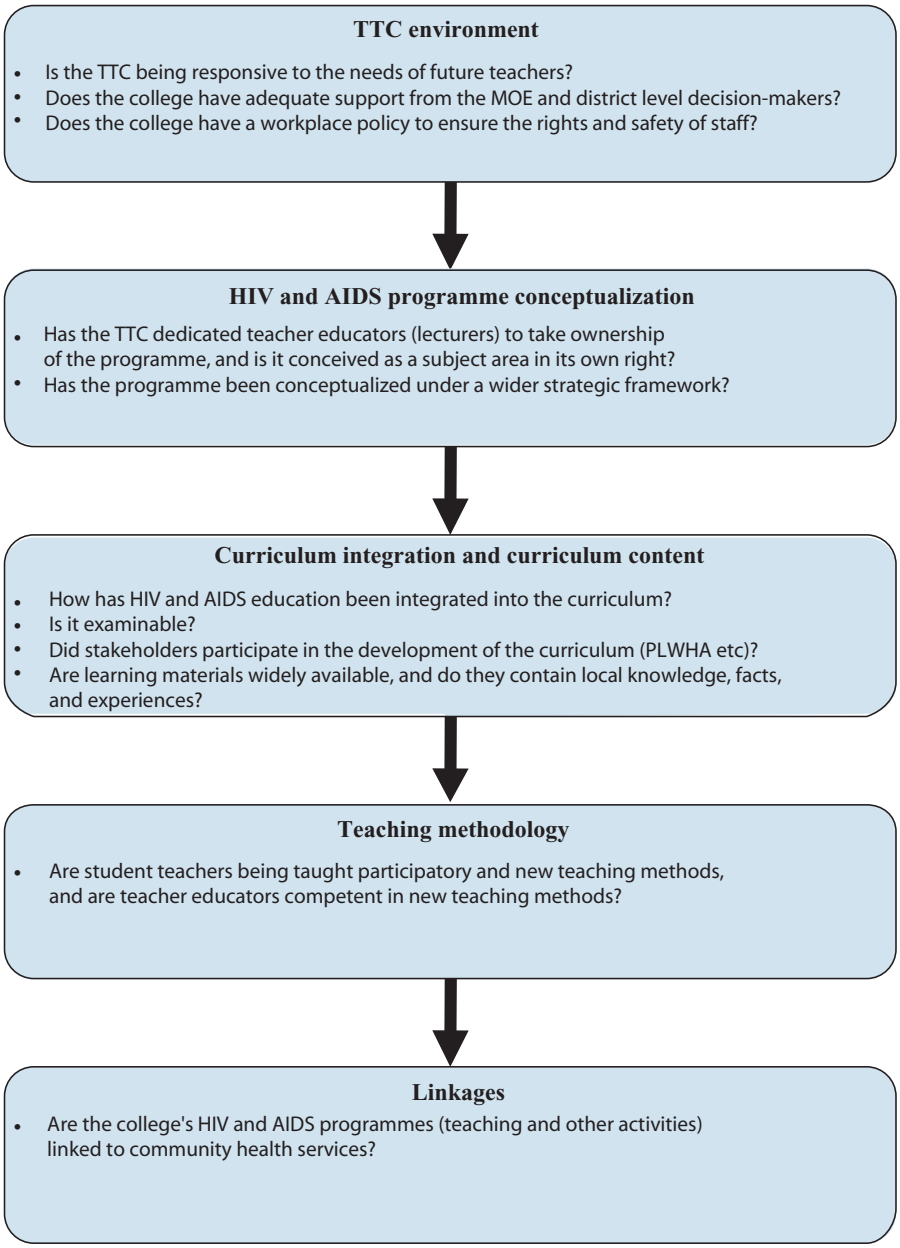
"A broad strategic response rooted in education – and set within a national, multisectoral context – is essential for all countries. Responses to the HIV/AIDS epidemic have too often been piecemeal, small-scaled, health focused, and weakly integrated into related efforts. Strong political commitment is key to addressing such shortcomings … A successful response will also require flexibility and creativity to meet the challenges of a sector influx and constructive engagement with key stakeholders, such as communities, religious leaders, educators, and politicians, who have influence – and often conflicting points of view." (World Bank, 2002: 13)

Policies and legal frameworks

Boler (2003*a*) argues that there is a need to develop policy frameworks that locate HIV and AIDS as part of the mission and core business of a TTC, as teachers alone cannot be held responsible for HIV and AIDS education. While institutional policies need to be developed in country-specific legal and social contexts, most will include the following components:

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

Figure 2.2 Framework for evaluating pre-service HIV and AIDS teacher training programmes



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

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

1) Networking is essential to help institutions identify partners and secure resources for funding. In the case of Highridge, the Association for the Development of Education in Africa (ADEA) Working Group on Higher Education provided valuable support.
2) Policy made a difference for concerted actions.

3) Advocacy created an enabling environment for further action, such as peer counselling programmes.

The literature shows that policies, strategies and action plans are all necessary to support TTCs in delivering effective HIV and AIDS prevention education, but policies and action plans are only as good as the leaders and individuals committed to their implementation. It is therefore important to identify and address existing gaps in national capacities in supporting strategic plans or policies at the local level (UNESCO, 2006).

Management, leadership and union participation

According to Kelly (2006: 5), "Education about HIV and AIDS, sexuality and life skills is being introduced quite rapidly into school programmes, but teacher preparation and development programmes are not keeping pace with these advances. As a result, schools are endeavouring to infuse the subjects of HIV and AIDS, sexuality and life skills into their curricula before anything similar has been undertaken in teacher preparation institutions or, in many cases, in university faculties of education." In the case of Zambia, this statement holds true as the MOE has identified education in general and the school in particular as one of the principal ways of responding to HIV and AIDS. Anti-AIDS campaigns and anti-AIDS clubs have been introduced in schools, but teachers are not always trained in delivering HIV and AIDS education. In order for the response to be adequate, principals, head lecturers, inspectors and teacher unions must support activities related to HIV and AIDS.

2.5 Summary

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

3 Methodology

This chapter has five sections. First it explains the rationale behind the choice of country and college. It then explains the research design, methods and tools used to collect the data. The schedule of the field visit and the sampling methods adopted are also discussed. Lastly, this chapter presents a framework for data analysis.

3.1 Choice of country and college

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

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

In its national policy on education, Educating our Future, the MOE (1996) recognizes the importance of education and clarifying attitudes in relation to HIV and AIDS, and states that "In order to sensitise and protect uninfected staff and to help those already infected to live positively, the ministry will introduce HIV and AIDS counselling for teachers and other education personnel and integrate HIV and AIDS awareness into its in-service training programmes." (MOE, 1996: 77)

Zambia therefore emerges as a sub-Saharan country where serious efforts have been made to tackle HIV and AIDS in the education sector, an experience from which other countries could benefit.

The TTC, which will remain anonymous, has around 600 students, but receives 1,500 applications each year. It cannot accept all applicants due to the MOE's financial constraints. The college has a two year programme and students are required to spend one term in an upper basic or high school for their teaching practice before graduating. It has a 60:1 student to lecturer ratio. The student body is around 60 per cent male and 40 per cent female. The college was selected for the following reasons:

- It is located in a province with a high HIV prevalence (18 per cent compared to the national average of 16.5 per cent).
- It is a TTC for upper basic and high school teachers. Donors and the MOE have clearly provided more resources to the ten primary teacher colleges over the years, while the upper basic and high school colleges have to some extent been neglected when it comes to HIV and AIDS. The study seeks to analyze this gap and to advocate for the strengthening of upper basic and high school teacher training.
- The Principal of the college, together with the Chief of the Teacher Education and Specialised Services (TESS) at the MOE visited UNESCO headquarters in Paris in October 2005 for a Teacher Training Initiative for Sub-Saharan Africa (TTISSA). This visit made it a lot easier to access the college.

3.2 Research design, methods and tools for data collection

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

This case study used multiple methods of data collection (triangulation) to enrich the quality of data, thus making the study's findings more reliable. Intra-method and inter-method triangulation also ensured one method of data collection complemented the other. Primary data was gathered through observation and interviews. Data were also collected from secondary sources including ministry documents and reports, lecturers' notes and presentations, and teaching manuals and guidelines issued by the MOE. Please refer to Appendix II for a complete list of secondary data sources.

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

The data collection instruments include:

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

(Refer to *Appendix I* for a complete list of data collection instruments).

On average, interviews lasted one hour, except for the interview with the Principal, which lasted two hours. Refer to *Table 3.1* under the *Section 3.4* for the duration of each interview and a list of people interviewed.

At the central level, interviews were held with senior MOE officials. The four officials interviewed were key decision makers and senior officials in charge of policy direction related to teacher training and/or HIV and AIDS. Interviews carried out at the central level provided information on the MOE's policy on HIV and AIDS; statistics on HIV and AIDS in educational institutions, including colleges (if any); institutional policy guidelines; and current programmes/activities, practices and responses to HIV and AIDS. Other issues included obstacles to effective response, as well as the ways in which the MOE assists in tackling these obstacles.

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

These interviews covered the following issues: using HIV and AIDS policies or policy guidelines at college; whether the Ministry has an education management information system (EMIS) to monitor HIV and AIDS at college; the known or perceived impact of HIV and AIDS on staff and trainees at college; how HIV and AIDS education is organized and managed at college; the content of the HIV and AIDS prevention education training curriculum; selecting tutors who will teach HIV and AIDS prevention in the TTCs; HIV and AIDS prevention training's impact on trainees, including their sexual behaviour and on the pervasiveness of lecturer-student sexual relationships. A total of seven informants were interviewed. The advantage of in-depth interviews was their flexibility, which

made it possible to ask questions that were pertinent to the interviewee. The in-depth interviews unveiled individual subjective experiences and observations on institutional responses to HIV and AIDS, which would otherwise not be easily captured in a group setting. Two focus group discussions were also held and are described in the section on *Sampling* below.

The direct observation method was used to gather data throughout the study. It was used mostly during institutional visits to gain a visual appreciation of the institution vis-à-vis its operations. This method made it possible to observe the location of the college; trainees' residence; the availability of HIV and AIDS-related posters; how clean toilets were; and other visually verifiable indicators of the institutional response to HIV and AIDS. Other observed factors included: entertainment points and the type of leisure activities held around the college that indicate how the physical, social and cultural environments influence the rhythm of life in the college. These observations allowed us to understand and appreciate institutional responses. Observation is an exceptional way to understand institutional responses to HIV and AIDs.

3.3 Sampling

Informants were selected based on their status and rank at the MOE or college, and their daily responsibilities and level of decision-making authority. Two key informants were identified before the data was collected:

1) the College Principal (a woman in her fifties);
2) the Chief of the TESS department at the MOE (a man in his fifties).

A third key informant, the Chairperson of the Anti-HIV and AIDS Committee (a young man in his thirties) and lecturer at the college emerged during the field visit. Because of his age and his responsibilities related to HIV and AIDS, the information he provided on an informal basis was particularly useful.

Focus group discussions were conducted with students. The respondents were all men or women. All group members were more or less the same age. The students were between 19 and 28 years old and most were first year college students. This homogeneity in gender and age seemed to have allowed them to speak freely, without inhibitions. The focus groups generated debate that brought a diverse and rich range of opinions on critical issues influencing the institution's vulnerability and response to HIV and AIDS. The strength of the focus groups was that they generated varied opinions from different perspectives, which were eventually distilled into quality information.

The number and composition of focus groups was largely determined and not random. Students were asked to gather randomly although college staff had already selected them from the anti-AIDS club, the Life Matters Club, and peer educators from Student Partnership Worldwide (SPW) for interviews. One would assume that such a sample of students knew about HIV and AIDS issues and safe practices and behaviour.

The focus groups were conducted in the college Youth Friendly Centre, which had no materials and was in desperate need of them. The college was more favourable to male enrolment. The female focus group was much smaller although participants came with their friends. Among male participants, there were some peer educators and members of the clubs, as well as students not belonging to any HIV and AIDS club. In total there were 7 women and 14 men.

The issues covered during the group discussions included trying to understand their perception of the magnitude of HIV and AIDS as well as risk groups in the college; factors that pre-dispose students and staff to HIV infection; the type of HIV and AIDS training they receive; how such training

is offered (in person, through videos, books, pamphlets); whether the student teachers perceive their tutors as adequately prepared to teach HIV and AIDS prevention education; whether the training has enabled the students to change their own sexual behaviours; what the students see as the major strengths and weaknesses in the teaching they receive on HIV and AIDS, as well as the trainees' recommendations on how this could improve; and lecturer student sexual relationships in the college and how they affect the quality of education.

3.4 Schedule of the field visit

The visit to Zambia took place from May 20 to 27 2006. Besides the MOE and the college where most of the data was gathered, two other primary teacher colleges were visited so that a limited comparison could be made in terms of resources and responses. *Table 3.1* outlines the schedule and lists the people encountered.

Table 3.1 Schedule of the field visit

Date	Place	Person(s) encountered/ activity	Method	Duration
21 May 2006	MOE, Lusaka	Chief TESS	Semi-structured interview	1 hour
22 May 2006	MOE, Lusaka	2 focal points for HIV/AIDS, TESS	Semi-structured group interview	40 minutes
22 May 2006	College	Principal	Semi-structured interview	2 hours
23 May 2006	College	Anti-AIDS committee	Semi-structured group interview	1 hour
23 May 2006	College	Female student teachers	Focus group interview	40 minutes
23 May 2006	College	Male student teachers	Focus group interview	1 hour
23 May 2006	All Girls High School, Kabwe	HIV and AIDS teaching by student teachers	Observation	1 hour
24 May 2006	Mixed High School, Kabwe	HIV and AIDS teaching by student teachers	Observation	1 hour
24 May 2006	College	Biology lecturer	Semi-structured interview	20 minutes
26 May 2006	MOE, Lusaka	National Co-ordinator, Planning and Information HIV and AIDS Unit, MOE	Semi-structured interview	20 minutes

3.5 Data analysis

This study relied on qualitative data. Semi-structured interviews and focus group discussions were recorded on a digital voice recorder, and key information was also written out manually in a notebook. The recorded data was then transcribed and analyzed. The responses were categorized into key words and concepts, and then analyzed. The interview guide questions were later categorized into areas so that data could be broken down and identified into themes. The data was then analyzed for trends, contradictions and gaps. It was arranged into three columns: impact, response and challenges/gaps/weaknesses. The final table guided the drafting of *Chapter 4*. Data was kept in its original form and not taken out of context. Observed data was recorded with a digital camera and incorporated into the analysis or simply jotted down.

4 Findings

This chapter presents findings from the field visit. It describes the impact HIV and AIDS have had on the college, including its staff and students. It describes the college's response and that of the MOE.

4.1 The impact of HIV and AIDS on teacher training institutions

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

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

HIV infections and AIDS-related deaths

Questions concerning people known to be living with HIV and known AIDS-related deaths presented a challenge for respondents to answer precisely. This was mainly due to two reasons: (1) there is no system spearheaded by the MOE to monitor deaths and infections among students and lecturers, and the college itself does not record such information; and (2) the stigma and silence surrounding the epidemic make it too difficult for lecturers and students to disclose their status openly in the college environment.

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

Few students and staff were reported to have declared their HIV status as most of them feared being stigmatized and being discriminated against. The Principal said "The problem is quite huge. In terms of infections, for students it is very difficult to say because they are here for such a short time. We do not actually know of any student who has been infected by HIV. None of them has disclosed his status." Additionally, a lecturer and member of the anti-AIDS committee stated: "Some people are afraid to come out because of stigma and discrimination. They sit away from the rest. People find it difficult to disclose, but talking about their own experiences helps with stigma. If people begin to discuss then things begin to be acceptable. There is a lot of fear even for people to test – a lot of fear. If people tested then people would know that even if positive or negative they could be accepted."

The Principle did admit that although HIV infections may not surface when the students are at college, the problem does surface when students go to the field for their teaching practice: "That is when they begin to get sick and the impact is felt. My feeling is that they get infected at college and then get sick during their teaching practice." Three out of five anti-AIDS committee members agreed that students could be infection-prone at college and get sick after graduation.

A total of 56 lecturers are employed at the college and the Principal estimated that in the last four years not many have had to be replaced, even though two members of academic staff had passed away, possibly due to AIDS-related illnesses. Their death certificates did not state the cause of death. The Principal estimated that two or three lecturers were currently living with HIV. During the focus groups discussion, the girls reported that second year students had told first year students that some lecturers were HIV positive. This number was estimated to be around two or three by the majority of the females in the focus group, which was consistent with the Principal's estimates.

The college has never conducted surveys or assessments on the impact of HIV and AIDS on how the college runs, nor does it keep records of student or lecturer absenteeism or deaths due to AIDS. Therefore, as stated above, it was difficult for the Principal to give a correct estimate of the number of AIDS-related deaths. Based on her experience of seeing students come and go throughout the four years she has been in her position, she calculated that on average three students might die of AIDS-related illnesses every year. There are nearly 600 students in the college, 20 per cent of whom are on the distance programme and are only present for two weeks in the year. If students are at greater risk of becoming infected while at the college, then the majority of deaths will probably not occur during the course of their studies. The Principal felt that the magnitude of the problem was greater at ten colleges that train basic school teachers "HIV infection is a bigger problem for the basic colleges because students go to the field and are away from home and do not get paid in time so how do they survive? Some villages complain because student teachers are hanging out without being paid."

High risk and vulnerable groups

The entire college community (students, academic staff and support staff) is considered to be at risk, and generally people are aware that the epidemic can affect everyone. One student mentioned that there was a gap between what people know in rural areas and in urban areas, and stated that people who come from rural areas do not believe that AIDS exists there. This student stressed the importance of making students aware of the epidemic and how not to get infected.

Both focus groups and all members of the anti-AIDS committee felt that among the student population, girls and first year students were most at risk. This is mainly due to the fact that first year students are younger (usually aged 18 to 25) and it is their first time living away from home. Day pupils (i.e. those that are forced to find their own accommodation in the town and commute, since the college faces a housing shortage) are considered to be at greater risk of infection. "They rent their own accommodation, often run out of money and are unable to pay college fees. Problems are complex for these students. People think they are adults so they receive no MOE bursaries like secondary school students do. They become vulnerable because they might have lost their parents and they need to take care of their family. If they drop out, they feel they have failed; there might be no one to care for them so they become more vulnerable to HIV." (College Principal)

Girls were often cited as being the most vulnerable in a college that has a 60:40 male to female student ratio. On top of their financial obligations, such as paying college fees or taking care of family members, there is a lot of peer pressure to dress and look nice. To meet these demands, girls often resort to frequenting sugar daddies and engaging in transactional sex. Interestingly

enough, although girls are considered to be more vulnerable overall, it is the boys who tend to be more open and ask for support from the college's limited funding. College tuition fees cost 500, 000 kwacha a term (US$150). This is not negligible and the Principal explained that lots of people drop out because of lack of financial support. Additionally, the Principal explained that girls are often inhibited, afraid to ask for financial help and are able to resort to sugar daddies, which boys don't do. This view that girls often have sugar daddies was also shared by a lecturer in the anti-AIDS committee, as well as all participants in both focus groups. All participants in the male focus group agreed that the fact that girls have transactional sex may increase the number of HIV infections in the college.

Both focus groups thought that another high risk and vulnerable group was alcohol consumers. They felt that drinking led to "immorality" or, as defined when asked for clarification, "indulging in sex". Apparently, school dances were banned because "there is a lot of sex and people get infected after these dances. ...We use[d] to have dances [at the college] but there was lots of drinking, the men would spend the night with ladies and refuse to use protection." (Female student)

Factors contributing to the spread of HIV at the college

As mentioned above, peer pressure, excessive alcohol consumption and engaging in transactional sex (especially among females) contributes to the spread of HIV. A male student also cited poverty as a major factor, explaining that "people will do anything just to attain some money. If for example, I do not have school fees, somebody can give me money in return for sex." The other males in the focus group nodded in agreement on hearing this statement. Lack of self esteem and the dependency syndrome of girls were mentioned in the male focus group. The term dependency syndrome arose while the students explained that when they are given assignments and instructed to work in study groups girls often agree to have sex with their male peers if they write their assignments for them. In other words, females are perceived to be dependent. This was a heated part of the focus group discussion, and all the men agreed that this was a reality in the college. When asked if they sought girls in this way and offered to do their assignments in exchange for sex, all of them admitted to doing so.

Peer pressure is common and many male students pride themselves in the number of girls they have slept with. They also mentioned "immorality" and "moral decay" as contributing factors. Such terms clearly carry religious overtones and can be associated with guilt.

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

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

Both male and female students felt that lecturer-student sexual relationships were a conduit for HIV transmission in the college. They said this was a problem across the education system. "A lecturer might have been at the college for the past ten years and sleeps with four girls from every intake, so they sleep around a lot", said a male student.

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

Additionally, the National Co-ordinator at the HIV and AIDS unit in the MOE also mentioned the seriousness of the issue of teacher-student sexual relationships. "For teaching at the colleges something that is really needed is personal conviction … it is not even leadership. It is at the personal level. These same teachers are the ones that abuse the girls. If it goes on in the college it goes on in the schools, it is like snowballing. It happens to you [the abuse] while you are at the college so then you do it at the school; only the most motivated need to teach HIV, not the ones who are thinking about abusing the students." (National Co-ordinator, HIV/AIDS Unit, MOE)

Absenteeism, emotional strain and compromised quality of education

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

Absenteeism is high due to funeral attendance and the need to provide care to sick loved ones. Three staff members were attending funerals on the first day of interviews, and the next day when it was scheduled for a lecturer to be observed during class, this was cancelled because the majority of lecturers were away attending the funeral of a colleague's family member. When a relative of a staff member dies, co-workers are expected to offer their condolences and support. This might be in the form of pooling money to contribute to the funeral costs, driving them to and fro, making food, or supervising their children. This sense of community and solidarity in the college is positive, but it clearly causes frequent absenteeism. The College Principal summarized the situation as follows: "Each member of staff may have to take care of 10 to 20 children that are not their own. Many ask for advances [referring to money] to take care of orphaned children. Impact is felt because the college finances cannot cope."

Being financially constrained and having to deal with the emotional and psychological effects of losing loved ones brings a lot of strain on the lecturers. A member of the anti AIDS committee said "Quality is affected because staff is pre-occupied with sick loved ones. In due course staff may breakdown because of stress, even the students [breakdown]. The person who might be sponsoring

a student might be living with HIV so some students are forced to drop out because they need to take care of a loved one and their sponsorship stops." Responding to such habitual absences presents many challenges that lie at the national, institutional and personal levels. The college has no way of assessing the level of AIDS-related absenteeism among staff and students, and respondents explained that funerals can always be attended as there is no cap on absenteeism in one year. According to the Principal, the MOE has failed to provide a clear policy on authorized absences or salary adjustments in case of prolonged absenteeism. There are contractual provisions regarding the number of days that can be allowed for sick leave, though the situation regarding occasional absences (such as for funerals) is not so clear. "At the end of the day you find teachers that are on the timetable, but have not worked for the last 30 days. The problem is that even the decision-maker is not sure whether they will ever become sick so they do not want to be too tough."

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

4.2 The response of the ministry of education and the teacher training institution

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

The epidemic's deep impact merits a comprehensive response. Unfortunately, the findings indicate that in most instances the current response falls short of what is needed. The findings are consistent with current research which states that overall programmes, policies and structures in response to HIV and AIDS in TTIs tend to be unsystematic, ad hoc, and poorly followed through.

Policies

None of the government TTCs in Zambia has a formalized policy for HIV and AIDS. The Chief of TESS reported that the MOE has been involved in the development of the HIV and AIDS workplace policy for the education sector and is rolling it out. When discussing this issue, the Chief of the TESS department said "Here in Zambia we are very good at developing documents, but very bad at implementing them." He explained that the lecturers involved in the development of the policy should have gone for training soon after, and a job description should have been created to hold them accountable. "With the passage of time, esteem goes down and nothing is accomplished", he concluded. His view was echoed by a member of the anti-AIDS committee, although he thought the MOE should be doing more. "Each lecturer has a job description and HIV and AIDS is not on the job description. There are around ten highly motivated lecturers ready to teach [HIV and AIDS]. Some are enthusiastic and most do nothing. If the Ministry is serious about taking on HIV and AIDS it should be put on their job description." (Anti-AIDS committee member). The lecturer added,

"Activities begin, but tend to get dropped. For example, we may produce a book, but then do not have enough money for printing."

Currently the MOE is shifting its approach from targeting information and materials at teachers to equip them with the knowledge and skills to teach HIV and AIDS prevention, and is instead launching more comprehensive workplace programmes and policies. This shift follows recognition by the MOE that the epidemic is rapidly spreading among educators and, consequently, the need to offer treatment, care and support has emerged. Teachers considered to be civil servants can now benefit from free ARVs. Free ARVs are at the disposal of everybody who is medically in need of them; one does not have to be a civil servant to qualify for this treatment.

At the college level, the Principal mentioned a need for a workplace policy and is committed to finalizing the strategic plan for integrating HIV and AIDS education into college activities. The various college departments are currently reviewing the draft strategic plan, especially in relation to the proposed carrier subjects. She had this to say about its implementation: "More support is needed that is directly to the college. Not just financial. But more support like materials, training, policies... especially policies. The Ministry needs to recognize and respect the [our] strategic plan so it does not remain a college strategic plan, but the Ministry should pick it up and offer clear support for it."

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

Structures, plans, funding and services

The TESS department at the MOE is responsible for 14 TTCs. Ten are lower and middle basic/primary (Grades 1 to7); three are upper basic/junior secondary (Grades 8 to 9) and the University of Zambia provides initial teacher education for high school/senior secondary (Grades 10 to 12). In the TESS department there are two HIV and AIDS focal points: one for pre-service and one for in-service training. These two officials are responsible for policy formulation related to HIV and AIDS and ensuring that colleges are well-equipped to respond. At the institutional level, there are focal points at every college, a total of 14, who are usually heads of departments or heads of institutions. The Principal was the focal point at the college visited.

Both of the HIV and AIDS focal points in the TESS department agreed that a solid structure was crucial to ensure accountability. Building strong responsive structures, one explained, is "more of an issue than creating materials." Both focal points in TESS also felt that perhaps heads of departments or heads of institutions at the colleges should not have been selected as HIV and AIDS focal points because such individuals were already over-burdened. When asked to give an alternative, they replied: "a motivated teaching staff member." Furthermore, the chief of the TESS Department also stated "Those lecturers should have received training soon after being held accountable. But as time goes by self-esteem slides. Structures must be created and held accountable. HIV and AIDS focal points [in the colleges] need to be given a job description and held accountable."

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

In principle, HIV and AIDS activities are conceived at the national level (i.e. by the MOE), and are then communicated to the provinces. The institutions fall within provinces, districts and zones. According to the Chief of the TESS department, "Supporting HIV and AIDS-related projects and programmes are considered a priority by the Ministry of Education, but with the decentralization

policy, colleges set the priorities and have to apply to the MOE to receive funding. Therefore, if a college does not have the capacity to develop HIV and AIDS projects and programmes it will be left out."

Both HIV and AIDS focal points interviewed agreed with this statement and further explained that colleges often miss out on funding because they are considered to have the capacity to develop their own programmes and then apply for funding. This however, is often not the case. These views were verified at the colleges, where the Principal disagreed. "The Ministry of Education has an empty basket [referring to funding]. They do not look at the proposals that are submitted. They [the MOE] are asked to prioritize. The minute they squeeze our budgets the first thing that will get thrown out is HIV and AIDS activities. The second thing that will go is the bursary support [for the students]. Things that really matter will get thrown out of the window. Human things will become too expensive and will be the first thing to go," said the College Principal.

The Principal also stated that the college has six million kwacha for all HIV and AIDS activities and materials for the entire year (US$1,800). When asked if she thought the management and operational structures from the ministerial and provincial levels supported her work, her answer was negative, as follows: "With the district, we hardly interact. With the province we have certain areas where we interact with the provincial officer, like salary related. They are kept informed, but they deal with the MOE. Structurally we are under the province, but at the provincial level they rarely budget for the college. The support ends there. ... There is very little support from the MOE. [Their] support went flat out to basic schools. Now they are realizing they have forgotten the secondary colleges like this one."

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

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

The National HIV and AIDS Policy implements all activities related to HIV and AIDS in Zambia, including developing a strategic plan at the college. The college plan is being developed in response to the demands of the national policy for all public institutions to integrate HIV and AIDS prevention into all of their programmes and activities.

Although the college has not yet put in place this strategic plan, some response structures are already in place. In 1995, the college established an anti-AIDS committee, which is chaired by the HIV and AIDS focal point person. The committee is comprised of nine members: the Principal, some lecturers and a few non-academic staff. All members have benefited from a three-day training on HIV and AIDS organized by Cara Counselling. However the committee members stated that there remains a need for further training for all lecturers, particularly on life skills. The five committee

members also stressed the importance of guidance and counselling: "Training on guidance and counselling is very needed. We have no in-depth training to guide us." (anti-AIDS committee member)

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

All respondents, including the college Principal herself, agreed that at every gathering such as graduation, and during every college assembly, HIV and AIDS are mentioned in an effort to sensitize staff and students to the realities and dangers of the epidemic. Nevertheless, all respondents agreed that awareness-raising and sensitization were not enough. "For Zambia we have gone beyond sensitization, or it is high time we left sensitization. We should move on to the real things. Like how to view college lecturers that are going to be in the support unit. Who will provide guidance and counselling? It is high time we divided labour and gave lecturers and have them give themselves responsibilities on how to deal with HIV/AIDS. Giving them the information is not enough. We have not done a lot of care and support. All energies should go towards that, so that when a person is sick we have a system that deals with it. We need to focus on the structures. When a student comes in and is sick then they should know there are services and structures to respond to their needs. We need to create more linkages." (Chief, TESS department)

Finally, when it comes to monitoring and evaluation, the two focal points in TESS stated that monitoring is done through observation and through the quarterly TESS visits of the college. "Generally someone from TESS visits the college and asks student teachers what each of them is doing in their teaching practice. Monitoring and evaluation needs strengthening and we should have within the college a monitoring team and a stronger monitoring structure." (HIV/AIDS focal point, TESS Department)

Teaching programmes

The entire teacher training curriculum (for all 14 government colleges) is being updated. Although HIV and AIDS education is not formally in the curriculum, it will be in the newly-updated version. The Chief of TESS said "HIV and AIDS is not formally in the curricula now and has been introduced in the form of addendums. Such teaching material is mostly informal and comes in booklets and has been prepared by the teacher unions, NGOs and by the MOE. In some subjects, HIV and AIDS are completely integrated like biology and maths. At one point there was an attempt to create a 'special issues' unit in each college, but it was felt that adding more layers and units at the institutional level was unnecessary and would slow down the response. Instead, lecturers have been burdened with the additional responsibility of teaching HIV and AIDS into their curricula. Teacher trainees are examined at the end of each term and some questions related to HIV are asked in some subjects." (Chief, TESS department)

The Principal assured that the burden of HIV and AIDS is not yet felt in terms of increased teaching loads, as it has not yet been integrated into every subject. She concurred with the Chief of TESS that only a few subjects include the topic of HIV and AIDS, namely maths, science, physical education, geography and civics.

When asked if HIV and AIDS were taught in courses, a lecturer and a member of the anti-AIDS committee responded, "Yes, we read materials in my English class that relate to HIV and AIDS.

Lecturers try to incorporate material on HIV/AIDS in the classroom so that students can be sensitized, but now the curriculum is being reviewed so it should be integrated more." It was reported that the topic of HIV and AIDS prevention was already well integrated in 4 (out of a total of 16) subjects – namely science, biology, geography and religious studies.

A student from the female focus group stated that: "Lecturers do talk about it in their courses, but it is not something which is planned in the course. They just talk about it. There are times when we have lectures and they are on HIV and AIDS." The focus group felt that this was not enough and that more videos should be shown on HIV and AIDS and that the topic should be included formally in the syllabus. As a student from the male focus group stressed, "They [referring to the lecturers] just cover facts and general knowledge." Another male student said, "People always forget that they are dealing with adult youths. The best thing with us is to be flexible. They [referring to the lecturers] are now working on integrating it [HIV and AIDS prevention] into the curricula. But the lecturers that are going to be teaching are they going to be flexible, are they going to be accepted by the students that what they are teaching is more interesting than what is already being taught? We have been hearing HIV and AIDS in and out."

All respondents, including the students in both focus groups, agreed that students could easily miss out on HIV and AIDS teaching since they may not take the four subjects mentioned above. The Principal felt that the current teaching response was very piecemeal as it "just contained addendums." She explained, "HIV and AIDS can be taught at any point of the year and students are not examined on HIV and AIDS, except those that do science or where the carrier subject may have an exam question, but this is *ad hoc*."

A male student had this to say about the teaching programmes: "Behaviour change is low because our moral behaviour has not changed, but the teaching is also not effective. It is not resulting in behaviour change."

All students enrolled at the college participate in a one-day intensive training on interactive methodologies just before they go out to their teaching practice, which lasts one term. This workshop consists of an informal course on HIV and AIDS, along with language courses, and the student teachers are trained to teach these two subjects interactively. Unfortunately, it was not possible to observe a lecturer running the interactive methodologies session, since the visit was undertaken at the beginning of the term. However, some college students were observed teaching HIV and AIDS prevention education to high school students in two nearby high schools as part of their teaching practice. The two institutions visited included a private all-girls Catholic school and a government mixed high school. Both lessons consisted of group work and presentations, and ended with role plays. The students were divided into five different groups (there were about seven or eight students per group), and each group was asked to brainstorm and provide answers to the following questions:

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

After a 15-minute discussion, the group designated two reporters to present the groups' conclusions in plenary. After the presentation, the students gave a skit. (Please refer to *Appendix III* for a description of the answers provided to each question.)

Female students in the all-girls high school were much more inhibited with their answers. They had difficulties saying words related to sex, and references to specific body parts were avoided. In contrast, the students in the mixed high school were much more open and more vibrant discussions took place. They had little reservation in pronouncing the word 'sex'.

There were many limitations in the teaching, such as the following:

- No materials or hand-outs were provided.
- There were no questions addressing prevention, and this topic was completely avoided during both lessons.
- Students presented their answers, but there was no discussion or review afterwards, and no questioning by the teacher or by the other students. Presentations included serious misinformation, and this was not clarified. For example, when presenting responses to *question 4* – what are the factors relating to high prevalence in sub-Saharan Africa? – female students mentioned, among other items, "condoms not being 99 per cent safe" and "the government not saying abstinence is the best way. The government is advocating condoms."
- The role-playing was entertaining and made students laugh, but again, no discussion followed. The skits also tended to remain limited and had no tangible lessons and did not challenge myths.

With such myths surrounding teaching, it was not surprising when the Principal stressed the following "I would not be shocked if we did a survey and people would say 'we do not know.' We take it for granted that they know, but how much do the students really know [regarding HIV and AIDS]?"

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

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

Another member added, "Cultural norms state that I cannot say certain things in the presence of my daughter, like reproductive issues. African families have extended families so we are not short of daughters and sons in the classroom[1] so it is difficult to teach. We will try to say it, but we cannot say it the way it should be said. We are constrained [when teaching HIV and AIDS] and cannot be explicit."

Even within the anti-AIDS committee, two lecturers were "siblings". One explained, "Cultural norms make it even very difficult to speak now, in front of my sister." Lastly, an anti-AIDS committee member added, "We try to say it as it is, who else will tell them [referring to the students] if we cannot do it?" The group stressed that cultural norms dictating that family members should not speak about reproductive sexual health issues and HIV and AIDS in an explicit way, was a "very big problem." Nevertheless, the group also agreed that things are slowly changing and that some daughters had in fact been present during what they considered to be sensitive teaching. Another constraint was the embarrassment caused if young students wished to discuss sexual health issues with a lecturer. "If a younger person opens up to elders then the elders feel that the young person

1. In many sub-Saharan African countries, 'daughters' and 'sons' can also refer to extended family members, and 'sister' or 'brother' does not necessarily refer to biological siblings.

is insulting. This is also a barrier to teaching." (Anti-AIDS committee member) Other difficulties mentioned regarding teaching HIV and AIDS prevention were a lack of materials, lecturers' busy schedules when they are already full-time employees, and students' tight timetables.

When asked what services they would like to see in the college, a male student said: "Free access to information about HIV and AIDS is needed. The information is not readily available. A computer to get information on HIV would be nice." The group agreed with him. Access to medication and ARVs for those infected was also mentioned. Another male student also raised the issue of materials: "We need materials, and there are no materials. We need an artificial penis to demonstrate how to use a condom. We need people to show us how to use it. People just talk and tell us to use condoms and that we can get condoms from the clinic, but the clinic is always closed. We need condoms and they should be in a convenient place." The group felt that there was a need for relevant, interesting and adapted material as times were changing. "We want new methods of teaching and information to help us reflect," said a male student.

Teaching programmes have not been evaluated. According to the Principal: "There is no culture of monitoring and peer evaluation. Lecturers resist feedback as this makes them very uncomfortable. They worry about how they will feel in the presence of the students and being evaluated. They feel uncomfortable. It is foreign and it needs to be part of everyday programme."

When asked if student teachers were monitored once they graduated, she explained, "There are no HIV and AIDS monitoring systems to follow students after they have graduated. No system so we are not sure how we are doing and how teachers are performing. They just train the students and never go back to ask how effective is the training." Training for the staff was cited as a pressing need at the college. One lecturer and member of the anti-AIDS committee stressed, "Most staff have been teaching for the last five to ten years, when we were trained there was no HIV and AIDS. So retraining on HIV and AIDS is needed. Not many lecturers would be comfortable teaching it, because they feel inadequate to teach it. They feel they do not have the skills to teach it."

Partnerships

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

There are no guidance and counselling services at the college and there is no testing centre. Students are referred to the local clinic for testing with a trained counsellor. However, the college has a partnership with Student Partnership Worldwide (SPW) and there are four students who have been trained by the organization as peer educators. Their role in the college is to sensitize their fellow students, organize events whenever possible, and ensure the Youth Friendly Corner is a place where students can go to read materials and discuss.

Several lecturers have also been designated social co ordinators and they are the ones that may refer a student to the local VCT services. A female student had this to say: "If I am positive then I can talk to a social co-ordinator, but it is not a good idea to have lecturers as social co-ordinator. An office with an external counsellor not related to the college would be better." Another female

said that some lecturers were very supportive and would respect students' confidentiality, but the group felt that a trained external counsellor at the college would be best.

4.3 Summary

This chapter has shown that responses to HIV and AIDS have fallen short of requirements. Although the epidemic is having a deep impact on the lives of college staff and students, there is still a long way to go before a proper response can be provided. Firstly, there is still peer pressure to have sex and student-lecturer relations can lead to HIV transmission and thus infection. Secondly it is crucial to strengthen teaching programmes by providing more guidance and materials. Structures and systems must be put in place to respond to the epidemic at colleges.

5 Discussion and conclusions

This section synthesizes the findings and discusses them in relaton to the literature review. It also makes recommendations.

5.1 Summary of main findings

The study's findings indicate that HIV and AIDS are considered to be a very serious threat and that they impact on the daily operations of the college. There is no EMIS to monitor deaths. Because of silence, stigma and a lack of services in the college, it is very difficult for people to be tested and to disclose their status. Additionally, no records of AIDS-related deaths or PLWHA are kept in the college.

The findings also show that students are considered to be at great risk during their teaching practice and that the most vulnerable groups are female and first year students. Peer pressure, a culture of sexual exploitation of female students, transactional sex, multiple sexual partnerships among students, and the new found freedom that first year students experience after leaving home all heighten the risk of infection. Misconceptions about HIV and AIDS are also a conduit for HIV transmission, not to mention student-lecturer sexual relationships, which were alleged to be widespread at the college. They affect the quality of learning.

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

Responses to TTIs are weak because of a lack of structures, services and policies. The college does have response structures such as the anti-AIDS committee, student clubs and the partnership with SPW for training peer educators. These units have organized various activities in the college such as guest speeches, dramas and plays, which are nonetheless limited by a lack of time and resources.

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

5.2 Discussion and analysis of the response

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

Wider and socio-cultural barriers

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

- a lack of teaching materials;
- overloaded curricula;
- declining education budgets;
- the lack of policies that address HIV and AIDS responses;
- low prioritization of HIV and AIDS education;
- peer group norms;
- lecturer status and motivation;
- a lack of knowledge on HIV and AIDS, and a lack of skills and confidence to deliver accurate information.

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

- the lack of policies that address student protection and sexual harassment at all levels, and not just sexual harassment of students;
- the lack of effective partnerships with the community and NGOs;
- a lack of research initiatives on HIV and AIDS within TTIs;
- a lack of accountable structures for the monitoring and evaluation of teaching programmes.

These additions would make the framework more complete.

A framework for evaluating pre-service HIV and AIDS teacher training programmes was presented in *Figure 2.2*. Drawing from this framework, an attempt is made below to answer and raise some points on the questions asked in the framework.

TTC environment

The findings indicate that the TTC is being partially responsive to the future needs of teachers and may not be receiving full support from the MOE and district level. There is no clear workplace policy on HIV and AIDS to ensure the rights and safety of staff, although one has been developed by the MOE and should be implemented in the college soon.

HIV and AIDS programme conceptualization

The current HIV and AIDS programme draws from the 2003 MOE HIV and AIDS guidelines for educators, but has not necessarily been conceptualized under a wider strategic framework. The lecturers who are members of the anti-AIDS committee, are dedicated and have, to some extent, taken ownership of activities related to HIV and AIDS. However, the programmes and activities are not conceived as a subject area as such. Instead HIV and AIDS education is integrated into subjects, speeches by the Principal and other events where lecturers find the opportunity to address the issue. The Youth Friendly Corner, an area where students can access information about HIV and AIDS and SRH, is a good initiative, but needs to be strengthened and equipped.

Curriculum content and integration

HIV and AIDS prevention education is not consistently examinable, and exam questions focus on biomedical facts. The curriculum is being updated and it is important that stakeholders such as PLWH participate in the development of the curriculum. Additionally, selective teaching was observed, as student teachers in their teaching practice shy away from answering students' questions. Learning materials are scarce and not readily available, which makes it very difficult for students to grasp the subject. Using videos has been found to be very effective in educating students on HIV and AIDS. The college is lacking in information and communication technology (ICT) facilities to boost awareness and sensitization activities, but findings indicate that students are eager to learn about ICTs and how to use computers, which would be an effective way of delivering messages. Effective HIV and AIDS education must be rights-based (including the rights of those infected and affected by HIV and AIDS), gender responsive, scientifically accurate, culturally appropriate and adapted to the age and group of student teachers and learners. Student teachers are generally between the ages of 18 and 30, so they should be exposed to profound questions on HIV and SRH.

Teaching methodology

Students at the college participate in a one-day workshop on interactive methodologies where HIV and AIDS education is addressed. HIV and AIDS education has led to a beneficial outcome in the sense that the effective teaching of the subject calls for participatory and interactive teaching methodologies that place a greater emphasis on learners playing an active role in the learning process. However, such methodologies have yet to be developed in the college. A one-day workshop is not nearly enough to make future teachers proficient in such skills. Furthermore, such a shift from a typical lecture format, where the lecturer is the sole source of information, to a more interactive structure, which involves several persons contributing to and facilitating the lesson, has not yet taken place in the college.

Linkages

The college has a recent partnership with SPW, and four students have been trained as peer educators. There are no other community outreach programmes on HIV and AIDS, nor are there strong partnerships with community health providers. The college must strengthen its fundraising methods and must learn how to draft proposals in order to mobilize funds from external donors. In the short term, it may be necessary to provide members of the college anti-AIDS committee with skills in proposal development and fundraising. Unless more resources are made available and partnerships established, only a few college activities are likely to carry on.

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

5.3 Recommendations

The prevailing HIV and AIDS situation in the college must be addressed with a well co-ordinated response by strengthening intervention measures already in place at both the ministerial and college levels. This will ensure that adequate measures are put in place to deal with prevention, care, support and treatment, as well as impact mitigation.

Policy and programmatic recommendations

- Colleges should be given technical and financial support to customize and implement the education sector's HIV and AIDS policy. The draft policy developed by UNESCO Harare should

be rolled out immediately. UNESCO should also offer assistance to create a mechanism to monitor and evaluate the implementation of the policy.

- The MOE should assist colleges in developing nationwide objective indicators to monitor and evaluate their HIV and AIDS programmes. While the colleges could be encouraged to carry out their own internal evaluations, the MOE should also conduct periodic external monitoring and evaluation of each college's HIV and AIDS programme, with a view to teasing out good lessons and practices, which can then be shared among colleges. The MOE could develop a ranking system of the college's response to the epidemic. Classifying the colleges could quickly identify weaknesses and scale up lessons. Colleges could also be encouraged to work together as part of this ranking system. Indicators would need to be established prior to doing this.
- The MOE needs to allocate more resources to support HIV and AIDS initiatives in TTCs by encouraging TTCs to mobilize resources from other sources by fundraising and grant proposal writing. This should include training.
- A systematic way of obtaining and recording data is necessary. This would include adopting an HIV and AIDS EMIS to keep track of cases of HIV in the college.
- The managerial skills of HIV and AIDS programme co-ordinators in the college should be enhanced and strengthened, and at the same time all college teaching staff should be taught skills to integrate HIV and AIDS education into the college curricula.
- The College Principal, who is usually the HIV focal point in each college, should be released of his/her duties as such, and HIV and AIDS focal points should be re-selected. This new role should also be included in their job description or terms of reference with specific tasks, objectives and a time line.
- Lecturers that are most motivated and currently teaching HIV and AIDS education in their subject should have HIV and AIDS teaching or organizing activities specified in their job description. This will recognize and motivate members of the anti-AIDS committee.
- The MOE should consider making HIV and AIDS education an integral part of the core college curricula and also an examinable subject, so that both staff and trainees can take teaching and learning about HIV and AIDS more seriously.
- TTCs need to be supplied with adequate information education communication (IEC) materials on HIV and AIDS, and encouraged to innovate and develop their own. Colleges could also be encouraged to develop relevant creative art activities on HIV and AIDS prevention, such as skits, plays, games, art and songs to reinforce the existing IEC materials. They could also establish research programmes on HIV and AIDS.
- Since most TTC students are adults, the MOE should provide an explicit policy on condom distribution in TTCs. This will ensure that students have easy access to quality condoms at all times.
- It is important to minimize the occurrence of lecturer-student sexual relationships. Appropriate disciplinary measures need to be meted out to make both staff and students involved in such relationships accountable. Furthermore, the entire college community needs to be fully aware of the code of conduct.
- More interactive ways of teaching HIV and AIDS, including the use of creative arts and the Internet, need to be explored.
- College clubs need to develop a mission and work plans, and ought to be held accountable for their activities.

- The MOE must provide colleges with a clear policy on absenteeism. College staff must know how many leave days they are entitled to when they are required to be absent to care for sick loved ones.
- It might be beneficial for colleges to have a core of substitute lecturers that can be called upon, so that students do not suffer the consequences of continued absenteeism by lecturers.
- VCT and ARVs need to be readily available to students, lecturers and non-teaching staff. To this end, strong linkages need to be established with the local health service provider or NGOs. There might be services such as mobile VCT services, which should be explored. A clear referral system is important so that those diagnosed with HIV can receive ARVs and counselling services.
- Guidance and counselling should be strengthened and professionalized at the TTCs so as to address a range of problems, such as coping with stress or substance abuse and HIV and AIDS adequately. Lecturers should be trained in guidance and counselling; however, an external counsellor should be available at the college to ensure complete confidentiality.
- Before students leave the college to do their teaching practice, they should participate in an in-depth training on HIV and AIDS that includes demonstrations on condom use.
- The findings indicate that the admissions policy has an implication on teaching HIV and AIDS. In view of the difficulties lecturers face in teaching HIV and AIDS prevention to family members, the admissions policy and practices should be assessed. How are students admitted? Are admissions localized at the college? If so, it might be beneficial to centralize it at the national level. Efforts need to be made to place members of the same family in separate classrooms, or even colleges, to avoid lecturers teaching their own relatives.
- The curriculum should address positive peer group norms, or workshops should be conducted with the students on peer group norms and coping with peer pressure, which is rampant throughout the college. Additionally, the fact that lecturer-student sexual relationships are also alleged to be widespread brings into question what is taught at the primary and secondary levels. Life skills training needs to be strengthened at the school level, so that when students go to college they are better able to negotiate safe sex and to cope with the stress of college life.

Recommendations for further research

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

5.4 Summary

HIV and AIDS might be a close-felt reality in the lives of all Zambians, yet teachers are not being adequately prepared to teach the subject, nor are they being properly equipped with the skills, attitudes and competences to challenge ways of thinking about the epidemic and to prepare the future generation to deal with living in a world with HIV and AIDS. Due to the high prevalence of the epidemic, there is an urgent need to thoroughly integrate issues of HIV and AIDS, sexuality and life skills into teacher training programmes in Zambia.

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Appendix I Tools for data collection

Guide for semi-structured interviews and observation schedule

Data collection consisted of the following:

Semi-structured interviews with:

senior official from the MOE;
college principal;
anti-AIDS committee members;
college lecturer/tutor;
two focus group interviews with trainees – one female, one male;
observation of HIV and AIDS teaching in two different classrooms.

Interview guide for senior official at the Ministry of Education headquarters

(one official from the teacher directorate)

Job profile

1. What is your job title within the ministry?
2. What are your specific duties and responsibilities?
3. For how long have you been working with this ministry?
4. Does your current job require you to deal with HIV and AIDS-related issues? If yes, what do you actually do on HIV and AIDS?

HIV and AIDS and education

5. How serious a threat are HIV and AIDS considered to be by your ministry? VERY SERIOUS/NOT SERIOUS [PROBE: if serious, why?]
6. Has your ministry ever conducted surveys or assessments on the impact of HIV and AIDS on the education sector in this country? YES/NO. If yes, what were the highlights of that survey or report?
7. Does your ministry have any HIV and AIDS strategic plan or any other actionable plan? YES/NO
8. Is there an HIV and AIDS workplace policy for the education sector? YES/NO
9. Do you advocate and support the dissemination of the ILO code of practice for the world of work? YES/NO. If yes, how?
10. Does the ministry have any ways of assessing the level of AIDS-related absenteeism among staff and students (due to AIDS-related illness, family obligations such as taking care of sick family members, attending funerals, etc.)? YES/NO. If yes, which ways are these?

11. Does your ministry keep any statistics on HIV and AIDS in the education sector in general? YES/NO. If yes, how are they obtained?

HIV and AIDS and teacher training institutions

12. As a ministry, do you have any information system to monitor the impact of HIV and AIDS in TTIs in this country? YES/NO. If yes, how does the system operate?
13. Does your ministry keep statistics specifically on HIV and AIDS in teacher training institutions? YES/NO. If yes, how is the data collected and who is in charge of keeping and updating the records?
14. Are HIV and AIDS experienced or perceived more as a problem to students or to staff in teacher training institutions? STUDENTS/TEACHERS/BOTH.

Policy development and institutional response in TTCs

15. How many TTCs in this country have an HIV and AIDS policy?
16. Can you describe how the development of HIV and AIDS policies in these teacher training institutions was conducted? [PROBE: Staff/student/donor initiative]
17. How was the ministry headquarters involved in the development of these policies at the college level? [PROBE: Financing, providing technical advice, other (specify) .....].
18. Has the development of HIV and AIDS policies in (some) TTCs strengthened their capacities to deal more effectively with HIV and AIDS? YES/NO. If yes, How? [PROBE: Created structures, generated more interest, enhanced programmes, other (specify) .....].

Teacher training in HIV and AIDS curricula

19. Is there a curriculum/syllabus for training (primary or secondary) teachers in HIV and AIDS in your ministry? YES/NO.
20. Is this curriculum applied equally in both private and public teacher (primary or secondary) training institutions? YES/NO. (Evidence?)
21. What, if any, HIV and AIDS teaching materials has the ministry prepared for teachers of HIV and AIDS prevention in TTIs?
22. Is HIV/AIDS prevention taught as a separate subject or is it integrated into other subjects, or both (or neither)? [PROBE: if integrated in other subjects, what are the carrier subjects?]
23. Are teacher trainees examined on HIV and AIDS-related issues? YES/NO. If yes, when? During their normal training sessions?
24. Does the HIV and AIDS training in TTCs aim to A) change the sexual behaviour of teacher trainees, B) to help teacher trainees become effective in teaching the subject, or C) both? A/B/C.
25. How is the effectiveness of teaching HIV and AIDS prevention to teacher trainees monitored? [PROBE: Who does it?]
26. How is the effectiveness of teaching HIV and AIDS prevention to students by teacher trainees/ graduates monitored? [PROBE: Who does it?]

Assistance and finance

27. Is there a budget to assist TTIs/colleges in dealing with HIV and AIDS? YES/NO. [PROBE: If yes, what is the level of funding and how is the disbursement organized?]

28. How is funding distributed in the colleges? [PROBE: Depends on proposal, depends on the college's expressed needs, it is uniformly distributed, it depends on the funds available, other (specify).....].
29. Is supporting HIV and AIDS-related projects and programmes in TTIs considered a priority in the ministry's budget considerations? YES/NO.

Conclusion

30. How can the capacity of TTIs be strengthened to deal with HIV and AIDS more effectively?

Interview guide for college principal and anti-AIDS committee

Job profile

1. What is your designation within the college?
2. What are your specific responsibilities?
3. How long have you been working in this college?
4. Which of your tasks are actually linked to HIV and AIDS?

Impact of HIV and AIDS

5. In what ways are HIV and AIDS considered a threat to the functioning and operations of this college/institution?
   a) death of staff;
   b) death of students;
   c) absenteeism of staff due to prolonged illnesses;
   d) absenteeism of students due to prolonged illnesses;
   e) increased medical and other costs such as funeral expenses for staff;
   f) staff replacements etc.
6. In which areas has the impact of HIV and AIDS been most felt in this college? [PROBE: Increased teacher workload, cancellation of courses, teaching and supervision being carried out by less qualified staff, increased medical costs, readjustment of institutional budget to cater for increasing funeral expenses, etc.]
7. Why in these particular areas?
8. Are there any particular categories of staff or students whom you would consider to be at a greater risk of becoming infected with HIV than others? YES/NO. If yes, which ones and why? [PROBE: Poverty, alcoholism, residence, urban lifestyle, materialism, payment of fees, loss of parents, gender/power relations, sub-group cultures, divergent levels of economic resources]

Institutional responses to HIV and AIDS

9. Has your college ever conducted any surveys or assessments on the impact of HIV and AIDS on its functioning and operations?
10. What were the highlights of that survey or report?
11. Is there an HIV and AIDS strategic plan or any other actionable plan in your college? If yes, what does the plan say on HIV and AIDS?

12. Does an HIV and AIDS workplace policy exist for the education sector? YES/NO. If yes,
13. Do you advocate and support the dissemination of the ILO code of practice for the world of work? YES/NO. If yes, how?
14. Do you as a college have any ways of assessing the level of AIDS-related absenteeism among staff and students (due to AIDS-related illness, family obligations such as taking care of sick family members, attending funerals, etc.)?
15. Does your college keep any statistics on HIV and AIDS in the education sector in general? YES/NO. If yes, how are they obtained?
16. In what other ways has your college responded to the challenges posed by HIV and AIDS? [PROBE: In terms of:
    a) providing leadership/advocacy in relation to HIV and AIDS;
    b) establishing structures (is there an established structure/structures for co-ordinating HIV and AIDS-related responses? Is there a designated AIDS co-ordination unit with a co-ordinator? Is there a timetable for running HIV and AIDS-related programmes?);
    c) committing resources (human, finances and materials);
    d) establishing HIV and AIDS programmes/projects within the college;
    e) establishing an HIV and AIDS monitoring system;
    f) providing services, e.g. VCT, ARVs, care and support networks;
    g) integration of HIV and AIDS in the curriculum.]
17. What has been the nature of these interventions? [PROBE: Ad hoc or planned; internally or externally driven; supply or demand driven].
18. What is the main emphasis of these interventions? [PROBE: Prevention, care, support, treatment, counselling, etc.]
19. Would you say that the impact of HIV and AIDS has been uniform across all colleges in the country? YES/NO. If no, which are the most affected TTCs and why are they so affected?
20. In your own assessment, would you say that HIV and AIDS are more of a problem for students or for staff in teacher training colleges? [PROBE: Students, academic staff, administrative staff or support staff].

Policy development

21. This college has developed an HIV and AIDS strategic plan. In your view, what else needs to be done to improve the plan?
22. Are you planning on developing a policy? YES/NO
23. How would you describe the process of developing the HIV and AIDS policy/plan? [PROBE: Staff driven, student driven, donor driven/involvement, ministry initiative, principals' initiative, NGO initiative, parents' initiative, board of governors' initiative].
24. Was the ministry headquarters involved in the development of this policy? YES/NO. If yes, in what ways?
25. In what ways does the MOE headquarters assist TTCs in developing HIV and AIDS policies?
26. In what ways has the MOE sector policy on HIV and AIDS influenced the development of the HIV and AIDS policy in your college?

27. Would you say that the presence of an HIV and AIDS policy in your college has strengthened the college's capacity to develop more effective responses to HIV and AIDS? YES/NO. If yes, how? If no, why?
28. Do you have any workplace policy in your college? YES/NO. If yes, what does it say about the rights of workers in the college? What does it say about the rights of students in the college?
29. Do you have any HIV and AIDS management structures in your college? YES/NO. If yes, could you please describe them?

Teacher training in HIV and AIDS curricula

30. Does this college have a curriculum/syllabus for HIV and AIDS teacher training? YES/NO.
31. Is this curriculum taught in A) any specific year of training, or B) is it spread over the entire training period in the college? A/B
32. What HIV and AIDS teaching materials has the college prepared for its trainees?
33. Is HIV and AIDS prevention taught as a separate subject or is it integrated in other subjects? If integrated in other subjects, which subjects are these?
34. Are teacher trainees in this college examined on HIV and AIDS-related issues during their training?
35. Is the HIV and AIDS training you offer in this college aimed at (A) changing the sexual behaviour of the teacher trainees, (B) at equipping trainees to become effective teachers in the subject, (C) both, or (D) something else? A/B/C/D
36. Is there a way of monitoring the effectiveness of that curriculum? YES/NO. If yes, how is it monitored and by whom?

Assistance and finance

37. Does your college have a budget to deal with HIV and AIDS? YES/NO. If yes, how much money per year, where does it come from, and how is it used?
38. Has a unit been created within your college to deal specifically with HIV and AIDS issues? YES/NO
39. In what other ways is the MOE helping TTIs deal with HIV and AIDS?
40. Are HIV and AIDS projects and programmes considered a priority in the college's budget? YES/NO
41. Do you feel that the management and operational structures (administration, human resources, etc.) support your work and are conducive to it? Would you say management is effective? (time it takes do to things, to get a response from the MOE)

Community partnerships

42. Has this college established partnerships with community organizations or service providers? YES/NO [PROBE: Who? In what form, formally, informally?]
43. What is their role? [PROBE: Teaching, offering testing, treatment or counselling to staff?]

Conclusion

44. What actions would you like to see taking place to strengthen the capacity of TTIs including your own college in dealing with HIV and AIDS?

Interview guide for a college staff member (tutor/lecturer)

Predisposing factors and impact of HIV and AIDS

1. Do you think HIV and AIDS constitute a major problem in this college? YES/NO. If yes, how?
2. Do you think the current physical location of this TTC contributes significantly to the transmission of HIV among:
   a) academic staff in this particular college? YES/NO
   b) administrative and support staff in this college? YES/NO
   c) students in this college? YES/NO
3. Are there any particular categories of staff or students whom you would consider to be at greater risk of contracting HIV? YES/NO. If yes, which one(s)?
4. What factors would you regard as predisposing staff members of this college to HIV infection? [PROBE: Poverty, alcoholism, residence, urban lifestyle, materialism, payment of fees, loss of parents due to AIDS, student-tutor relations, divergent levels of economic resources]
5. Are sexual relationships between lecturers/tutors and teacher trainees common in this college? YES/NO. If yes, why?
6. What factors would you regard as predisposing staff members of this college to HIV infection? [PROBE: Poverty, alcoholism, residence, urban lifestyle, materialism, payment of fees, loss of parents, student-tutor relations, divergent levels of economic resources, low salaries]
7. In what ways have HIV and AIDS impacted on this college? [PROBE: In terms of
   a) absenteeism of staff due to prolonged illnesses?
   b) absenteeism of students due to prolonged illnesses?
   c) a rise in medical and other costs such as funeral expenses for staff?
   d) staff replacements, etc.?
   e) no impact.
8. In the last ten years has there been an increase in the number of deaths among:
   a) students? YES/NO
   b) administrative and support staff? YES/NO
   c) academic staff in this college? YES/NO
9. If any deaths have occurred in this college in the recent past (up to five years ago), what proportion or percentage would you attribute to HIV and AIDS? E.g. out of ten, how many men and how many women?
10. How did the death or continued absenteeism of staff as a result of HIV and AIDS affect the college in terms of:
    a) teaching and examining of courses?
    b) course load of others?
    c) supervision of students, e.g. during teaching practice;
    d) other (specify)?
11. Where has the impact been felt most? [PROBE: Increased teaching loads, cancellation of courses, teaching and supervision being carried out by less qualified staff, increased costs, readjustment of institutional budget to cater for increasing funeral expenses, etc.]
12. Why in these particular areas?

Responses

13. Has the college had to reorganize itself or undergo any internal reorganization (ad hoc, planned or otherwise) in order to meet the challenges brought about by HIV and AIDS? YES/NO
14. If yes, what forms of reorganization have taken place? [PROBE: How were they done, who were the key players in the reorganization?]
15. How have these reorganizations worked out?
16. What challenges have arisen as a result of these reorganizations? [PROBE: How have they affected the quality of teaching, supervision of students, etc.?]
17. Are there any known members of staff suffering from HIV and AIDS-related illnesses in this college? YES/NO
18. How is the college helping them cope?
19. Are there any known students suffering from HIV and AIDS in this college? YES/NO
20. How is the college helping them cope?
21. Does your college have any specific programmes for staff and students addressing HIV/AIDS? [PROBE: What they are, how they are organized, by whom, how often, who funds them, have they brought about any changes, who co ordinates them etc.]
22. Does the college make reading materials on HIV and AIDS available to students and teachers? YES/NO
23. Has this college integrated HIV and AIDS education into any of the course units it offers? If not why not? [PROBE: If yes, which ones? What is covered? What is the duration of the course? Is the integration systematic or ad hoc?]
24. Have you ever taught or are you currently teaching HIV and AIDS in your courses? YES/NO
25. Do you find it a difficult subject to teach? YES/NO [PROBE: Why or why not? Lack of teaching materials, students not interested, not an examinable subject, not enough time for it, very personal subject, don't like talking about sex or embarrassed by it, was never trained in it.]
26. What would the college need to do to make teaching the subject easier for you? [PROBE: Salary increase, offer incentives, decrease workload, offer training for tutors, respond to stigma and discrimination, provide quality teaching materials, train in new teaching methodologies]
27. Are any incentives or rewards given by the college to tutors who teach HIV/AIDS? YES/NO
28. How does the college deal with students suffering from HIV and AIDS?
29. Is there a written workplace policy to deal with teacher trainees and tutors who suffer from HIV and AIDS in this college? YES/NO
30. What programmes exist in this college to assist lecturers and students suffering from HIV and AIDS? E.g. treatment programmes, counselling programmes etc.
31. What does this policy say on the rights of teacher trainees and tutors who suffer from HIV and AIDS?
32. How would you rate the college's response to the HIV and AIDS epidemic? [PROBE: Enough/adequate, inadequate, lukewarm, could be better, if so in what areas, where are the gaps?]
33. What concrete suggestions would you like to make to top college administrators on how to enhance the college's capacity to respond to the HIV and AIDS epidemic more effectively?
34. Amidst all the other challenges facing this college, would you consider HIV and AIDS a priority? YES/NO. How would you rank the epidemic on a scale of 1 to 10? Why?

Interview guide for focus group discussions with student teachers/trainees

Projective composition

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

[CHOOSE]

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

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

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

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

Predisposing factors and impact of HIV and AIDS

1. Do you think HIV and AIDS are a major problem to students in this college? YES/NO. If yes, in what way(s)?
2. What factors do you think could have contributed to increasing HIV infection rates among students in this college? [PROBE: Location of college, poverty, alcoholism, residence, urban lifestyle, materialism, payment of fees, loss of parents, gender/power relations, sub-group cultures and divergent levels of economic resources]
3. Is (are) there any particular category(ies) of students in this college whom you would consider to be at greater risk of contracting HIV than others? YES/NO. [PROBE: e.g. male/female; first/second years; students from poorer/richer families; others]
4. What factors do you think could have contributed to increasing HIV infection among these college students? [PROBE: Location of college, poverty, alcoholism, residence, urban lifestyle, materialism, payment of fees, loss of parents, tutor student relationships, sub-group cultures and divergent levels of economic resources]
5. Do you think that HIV and AIDS have had a significant impact on students or staff or both? STUDENTS/STAFF/BOTH.
6. How have HIV and AIDS impacted on students academically in this college? [PROBE: For absenteeism of students from lectures due to prolonged illnesses and death among students]
7. How has the epidemic impacted on students socially? [PROBE: Life on campus, in the hostels, in the halls of residence, peer relationships, teacher/student relationships]

8. How has it impacted on students economically? [PROBE: Payment of fees, accommodation; upkeep]
9. Based on your own observations, have HIV and AIDS had an impact on your lecturers? YES/NO [PROBE: In terms of absenteeism of staff from works due to prolonged illnesses and death of staff]
10. What factors do you think could have contributed to HIV infections among lecturers/tutors in this college? [PROBE: Location of college, poverty, alcoholism, residence, urban lifestyle, materialism, relationships with students, relationships with other lecturers/tutors, relationships with outsiders, economic resources]
11. Based on your own observation, how common are tutor-student sexual relationships in this college? [PROBE: Common/rare. If common, why?]
12. In your view, do you think that tutor-student relationships are a conduit for HIV transmission in this college? YES/NO
13. Is there an official college policy on tutor-student relationships? YES/NO. [PROBE: If yes, what is it and how is it enforced?]

Responses to HIV and AIDS

14. Are there any HIV and AIDS programmes available for students in this college? YES/NO. [PROBE: If yes, what type of programmes? Who runs them? How often? Who is involved? How useful are they? What have students learnt? Is this considered adequate? How has it helped them to navigate their lives on campus? etc.]
15. Have you ever been introduced to an HIV and AIDS workplace policy for the college? Has anyone spoken to you about testing and where to go to be tested, or about treatment and where it is available, or about stigma and discrimination and how to deal with it?
16. Is HIV and AIDS prevention taught in any of the courses that you take in this college? YES/NO. [PROBE: If yes, is it taught as separate subject or is it integrated in other subjects, or both? SEPARATE/INTEGRATED/BOTH]
17. What are the main issues addressed during these lectures and how is the teaching conducted? [PROBE: Epidemiology, transmission; preventive education; treatment care and support... How are they taught? Interactive methods, electronically, through workshops, seminars, group work, normal lectures... Who teaches HIV and AIDS prevention? Specialized tutors/external persons, any tutor/lecturer... What additional information would you like to see communicated on the topic and how should it be done?].
18. If HIV and AIDS prevention had been taught, what kind of things would you have learned about it?
19. INTERACTIVE EXCERCISE: Ask the students to write on three pieces of paper the questions that they still have about HIV and AIDS which have not been answered in their courses. Ask them to write down all the things they wish they had learned about HIV and AIDS.
20. Is there a workplace policy to protect the rights of tutors and teacher trainees who suffer from HIV and AIDS in this college? YES/NO
21. What does this policy say on the rights of tutors and students suffering from HIV and AIDS?
22. How is the workplace policy enforced?
23. To your knowledge, what services relating to HIV and AIDS are available to tutors and students in this college? [PROBE: VCT, ARVs, free condoms etc.]

24. What HIV and AIDS care and support services are available to tutors and students in this college? [PROBE: post-test clubs etc.]
25. Do you have any services relating to HIV and AIDS which are available only to members of staff in this college? YES/NO [PROBE: VCT, ARVs, free condoms etc.]
26. Among students and members of staff in this college, which category has shown most concern in the area of HIV and AIDS? STUDENTS/STAFF
27. Why has this been the case?
28. What are the major HIV and AIDS interventions in which students have been involved? [PROBE: condom use, abstention, peer group discussions, TV programmes etc.]
29. What HIV and AIDS-related services would you (students) like to see the college make available to them?
30. What concrete advice would you give college administrators in relation to their responses to HIV and AIDS?

Perceptions

31. Do you feel that management, human resources and administrative structures are effective? Do you feel that the college overall operates effectively? YES/NO [PROBE: If no, what things are promised and not delivered? What would you like to see changed?]
32. Do you know of any students who currently have HIV or AIDS in this college? YES/NO
33. How did you discover that these students have HIV or AIDS?
34. How would you describe the relationship between these HIV positive students and other students in the college? [PROBE: Normal/they are stigmatized/other (specify).....].
35. How would you describe the relationship between these HIV positive students and their lecturers/tutors in the college? [PROBE: Normal/they are stigmatized/other (specify).....].
36. Have there been any cases where students have raised concerns about their lecturers or their fellow students being sick with AIDS-related illnesses? YES/NO
37. How does the college protect HIV positive teachers and students from discrimination?
38. What was the nature and form of such complaints?
39. Amidst all other challenges facing students in this college, would you consider HIV and AIDS to be a priority? Where does it rank on a scale of 1 to 10? Why?

Observation schedule – identifies specific points being looked for

1. Physical environment	2. Classroom interaction	3. Teaching methods and approaches	4. Planning and monitoring of the lesson plans – to ask lecturer upon conclusion of the session
a. Set up of the classroom furnishings • Columns or circles? • Tables or individual desks? • Are they movable?	*a. Communication between teacher and students* • Do males participate more? • Does the tutor look at one side of the classroom only? • Is it authoritarian? • Convivial?	*a. Passive methods* • Is the tutor lecturing only?	*a. Schedule for running the class* • Does the tutor follow a basic routine?
b. Materials • Video • TV • DVD • Chalkboard or whiteboard	*b. Student-to-student interaction* • Is interest being built? • Respectful?	*b. Stories/surveys/role play* • Are any new and interactive methods being used? • Any group work?	*b. Class assessments* • How is feedback given to lecturers? • Who observes them, if anyone? • Who offers guidance? • Peers? • Any mechanism for self assessment?
c. Amount of space • Spacious • Crowded		*c. Content – appropriate and accurate* • Is the information on HIV/AIDS the right one? • Is the lesson being taught without talking about sexual intercourse? • Are methods reinforcing skills?	*c. Curricula assessments* • Any planned co-curricula assessment? • How is the HIV curricula assessed?
e. Classroom displays • Posters • Pictures		*d. Start of lessons and close of lesson* • Is there a clear ending and beginning of the lesson?	
f. Health and hygiene facilities • Clean • Separate for men and women • Soap available			

Appendix II Secondary data sources

Secondary data sources collected at the MOE

Kelly, M.J.; Kanyika, J. 2000. *Final report on Zambia's national assessment process*. The Examinations Council of Zambia on behalf of The Basic Education Sub-Sector Investment Programme.

MOE. 2002. *Training and resource manual for education staff*. HIV/AIDS Programme. Zambia: MOE.

MOE. 2003. *Life skills education training manual*. Zambia Basic Education Course. Zambia: MOE

MOE. 2006. *HIV and AIDS workplace policy for the education sector for management and mitigation of HIV and AIDS*. Zambia: MOE.

MOE. 2003. *Strategic Plan 2003-2007*.

MOE. 1996. *Educating our future: National policy on education*. Zambia: Educational Publishing House.

MOE. 2004. *2004 Educational Statistical Bulletin*. Directorate of Planning and Information.

Secondary data sources collected at the college:

MOE. 2003. *HIV/AIDS Guidelines for Educators*. HIV/AIDS Programme. Zambia: MOE.

MOE. 2003. *Interactive methodologies manual for HIV/AIDS prevention in Zambian schools*. HIV/AIDS Programme. Zambia: MOE.

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

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

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

College. 2003. *Strategy for mainstreaming HIV and AIDS into college activities*.

Presentation on sexual abuse used by college lecturer.

Presentation on HIV and AIDS used by college lecturer.

Appendix III Summary of answers given during observation

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

6. What are the main ways in which HIV and AIDS can be transmitted?

- razor blade
- prostitution
- rape
- poverty
- sex
- mother to child
- blood transfusion

7. What is HIV and AIDS?

- a disease
- HIV is a virus which causes AIDS
- AIDS is the disease caused by HIV
- Human Immunodeficiency Virus
- Acquired Immunodeficiency Syndrome

8. What are some myths surrounding HIV and AIDS in Zambia?

- you can get it by touching
- you can get it by living with someone who is infected

9. What are some factors relating to the high prevalence in sub-Saharan Africa?

- poverty
- traditional practices – sexual cleansing
- poor governance
- condoms not being 99 per cent safe
- government not preaching abstinence and advocating for condom use
- polygamy
- lack of institutions
- untreated STIs
- unemployment because you engage in immoral activity
- lack of self control

10. What is the impact of HIV and AIDS on our communities?

- Orphans
- Land not being available because of so many dead
- No manpower for food
- People dying so a lot of orphans, a lot of street kids
- Loss of parents
- No sponsorship
- AIDS is a great disaster in Zambia

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The book

HIV and AIDS constitute a very serious problem in societies with a high HIV and AIDS prevalence, and require urgent and immediate attention on all levels. Education, despite being an area hard hit by the epidemic, is also an area which can help alleviate the problem by educating people in the gravity of the illness, how it can be avoided, and how it can be treated.

This research sought to examine the extent to which a teacher training institution in a high prevalence province of Zambia was able to address the problem of HIV and AIDS, by identifying first their impact on staff and students in the college, and secondly the existence of policies, structures, teaching programmes and strategies for addressing HIV and AIDS. It describes the barriers to effective teaching on HIV and AIDS and the causes for weaknesses in the overall response.

The study concludes that the teacher training college is being only partially responsive to the future needs of teachers and needs much more support from the ministry of education and other partners.

The author

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