



NAVIGATING LEARNER ATTITUDE TOWARDS HIV/AIDS: CONTINGENT VALUATION OF SCHOOL HEADS AND TEACHERS PERCEPTIONS.

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Abstract

This study purposed to assess the school heads' and teachers' perceptions about their pupils' attitude towards HIV/AIDS. Ten teachers, and two heads, each from a different school, were conveniently selected from Shurugwi district, in Zimbabwe, to participate in the study, having satisfied all critical ethical considerations. Teachers completed a questionnaire partly based on essay narrations on how they perceived the behaviours of their pupils. School heads were interviewed, following all critical issues of a good qualitative design. Participants concurred that pupils do still engage in unsafe sexual activities tantamounting to risks of HIV infections. The illegal gold panners, sugar daddies and mummies are the most prevalent perpetrators. Parents, schools, faith-based organisations, and the Ministry of Health need to work out concerted efforts to curb the decadency of morals, virtues and vices in spite of poverty, peer pressure being some reasons why unsafe sexual activities amongst school pupils are still prevailing.

Key Words: HIV/AIDS, attitude, perception, sex, teacher.

1. Introduction

One of the millennium goals is to reverse the global HIV epidemic by 2015. Behaviour change is the world's primary tool for fighting the epidemic. Botwell (2005) states that HIV is invariably the result of human behaviour. Behaviour change is believed to be essential in curbing the spread of HIV infection in most cases where national epidemics have been reversed.

Behaviour changes were central to the success of the fight against the epidemic (Swanepoel & Hoeken, 2008). Clarity is required regarding the optimal means of producing needed behaviour changes. In this case, particular clear understanding is needed regarding the best strategies to reduce the number of new infections among high school students. Individual risk behaviour is likely to have limited effect due to such structural factors as partnership concurrency and gender inequality that magnify transmission risk levels of risk behaviour.

Sexual behaviour, which remains the primary target of AIDS prevention efforts worldwide, is widely diverse and deeply embedded in individual desires, social and cultural relationships and environmental and economic processes. It is the purpose of this study to determine or find out how heads and teachers of schools perceive the attitudes of their pupils towards HIV/AIDS. The Ministry of Education having introduced HIV/AIDS education in secondary schools by 1992, I would hasten to find out whether there is a sign of behavioural change or not? How do heads and teachers perceive or view the situation?

2. Context of the Problem

HIV/AIDS should be everyone's concern. The family and schools are the primary source of knowledge. Parents should play a crucial role in the prevention of the spread of the pandemic. Teachers should integrate HIV/AIDS lessons in all their school curricula. Van Dyk (2008) states that HIV/AIDS prevention programmes can be successful only if they are backed by parents, schools, political will and leadership. The same sentiment was echoed by Kelly (2001) that parents and teachers play a pivotal role in building their children's efficacy in moulding their good sexual behaviours. Children need their parents' support and encouragement in order to overcome physiological demands and the influence of friends and media. Maibach and Parrott (1995) states that from childhood children have confidence and trust in their parents and believe in whatever they tell them but the trust gradually diminishes as parents reduce the frequency of teaching and instructing them because they begin to treat them as adults and then begin to give them the autonomy of associating with friends. The study by Jackson (2006) revealed that open discussions in families enabled Uganda to realise a 24% reduction in HIV/AIDS prevalence among the youths. However Van Dyk (2008) stated that some parents do not want to discuss sexual issues with their children. They argue that it is taboo and embarrassing to talk about sexuality and HIV/AIDS issues (Gudyanga, Gore, & Wadesango, 2013b; Gudyanga, Mashini, & Gudyanga, 2014) However, in this paper, I argue that the concept of taboo is culturally and linguistically oriented. In my Shona culture, it sounds vulgar to refer to the human private parts using our shona, or vernacular. How and why do we comfortably talk about the same thing(s) in English? Is it because it is our second language or is it because the English language seems to be out there, far away from us, or removed from us. If so, how come our fore-fathers used to sit down around a fire during the evenings talking freely to their children, counselling them, which is today difficult amongst so many rural and or urbanised families in Africa. Is it because of the modern technology which is affecting us today? I will argue that then we should ask our teachers and parents, to start creating a new culture of curriculum (from bottom up) with the notion of untabooing the taboos. Each and every subject should be taught with some reference to HIV/AIDS, since it is part and parcel of our lives. It should not be divorced from all teaching subjects. Recent report on new HIV prevention underscore what the entire world has known for a long time. Wider delivery of effective behaviour change

strategies is central to reversing the global HIV epidemic (Mendoza, 1997). The availability of new bio medical HIV prevention modalities such as vaccines and micro-biocides is still a dream (Orme & Starkey, 1999).

However human behaviour still remains central and new strategies are not likely to be hundred per cent effective in preventing the spread of the epidemic. Campbell (2007) reports that there were about 2,5 million new HIV infections in the year 2007. In the same vein, UNAIDS (2010) states that more than half of the infections are among young people aged between 15 and 24 years. This was related to this study in that the majority of people in this age range are high school pupils, with the prevalence in females of the same age group being twice and a half more than the males of the same age group (WorldBank, 2002, p. 57). Why? This clearly shows there is urgent need to promote safe behaviours among the youths and pupils included because they are more vulnerable to the epidemic because of numerous reasons which include inter alia physiological needs. As indicated earlier on, the majority of the youths are still students in high schools.

Because of pupils 'unsafe sexual behaviour, it is generally assumed that more than half of the new infections occurs among young people aged between 15 and 24 years (Jackson, 2006). Fox (2009) argued that the most common means of transmission of HIV is through sexual contact. In the same vein Kenya University AIDS Control Unit (2006) confirms that 97% of HIV/AIDS are transmitted through unprotected sexual intercourse. Mathews (1990) states that social factors, which promote the spread of HIV/AIDS, are poverty, sex for survival, gender and power, abuse of alcohol, drug, and sexual abuse. According to Adedimoyi (2003) teenagers are using alcohol and drugs together and this contributes to unsafe sexual behaviour. This has relevance in the study in that some of the students in schools are taking drugs and alcohol (Gudyanga et al., 2014) which give them devastating courage to ignore the consequences of HIV infection.

Some school girls indulge in sexual activities because of poverty (Gudyanga et al., 2014; UNAIDS, 2012). In the same view, Jackson (2006) points out that girls are vulnerable to HIV infection than boys because rich men entice them to having sex with them in exchange of money and other precious gifts. Poverty is a situation, which drives people to behave in unusual ways. Females may be forced to be involved in sexual activities in order to acquire what they cannot afford, Kelly, (2000). In schools, some girls simply get involved in love affairs for prestige (Gudyanga, Gore, & Wadesango, 2013a). They would like to be picked up by luxurious cars so that they feel unique in that they will appear to be richer, more beautiful and luckier than others. Some may get involved in sexual activities so that they get money and gifts from boyfriends so that they will be like others materially. This is supported by Van Dyk (2005) who argues that parents should provide for their girl child's needs before she looks somewhere for the desired thing. Behaviour theories are indispensable as they explicate what could be possible determinants of the behaviours. Leclerc (2000) argues that some of the behaviours are largely due to the desire to satisfy physiological needs. It should be clear that high school pupils are sexually active and have feelings and their feelings may overpower their ability to suppress the physiological needs.

Van Dyk (2008) argues that some parents or relatives because of some beliefs that HIV/AIDS is cured by having sex with a young child who has never had sex abuse some children (Gudyanga, 2014a). Such myths maybe found to be present in several cultures, especially where education is lacking. Wood (1998) describes the youths as an experimenting group. His argument is that most teenagers experiment with dangerous and irreversible things which they will always regret. In this context boys and girls may want to prove their manhood and womanhood. This will result in unwanted pregnancies. There is relevancy in that girls and boys may be involved in risky behaviours because they want to prove their worth. This can be one of the problems which militate against behaviour change.

Since the discovery of HIV, there has been many prevention interventions but the results are not pleasing because new infections are reported among teenagers (UNAIDS 2010). According to Ogendana (2002) about 60% of new infections are among teenagers and it is clear that the majority are in secondary schools hence relevant to this study. Adedimoyi (2003) argues the lack of perception of risk of invulnerability can be significant obstacles in changing adolescent behaviour.

Adedimoyi (2003) states that there are so many forces that fight the prevention of the spread of HIV/ AIDS. Some of the factors have religious and cultural origin. Good examples are that some traditional cultures practice circumcision but do not adhere to HIV /AIDS prevention measures. Boys may be circumcised using one sharp object and may lead to the spread of the epidemic. It is rather important for such practices to incorporate medical practitioners. This behaviour need to be changed and adopt a safer way of upholding such traditional practices.

In some sects there are beliefs that some cleansing can be done by having sex with one's own daughter (Masvingo Star June 2010). Some false prophets and traditional healers mislead people. The behaviour of consulting such people can be eradicated in order to reduce the spread of HIV/AIDS. A lot of prophets have been reported of having raped their clients especially young girls as indicated in Zimbabwe Chronicle of 15 January, 2013.

How to prevent the spread of HIV/AIDS has been difficult because sexual behaviour is not well understood (Mathews, 1990). However, mixed messages about HIV prevention come from different sources, radios, televisions, posters, billboards and celebrities may say something but their actions show and mean something different. As has earlier been pointed out by the theory of reason and action, pupils will analyse the behaviours of teachers and those who advocate for behaviour change. The relationship between words and actions should be matching, hence teachers and those advocating for behaviour change should live to their words. Youths tend to model their superiors. Action does speak more than what people say.

It is against this background that I sought to find out how heads of schools and the teachers perceive their students in terms of their attitudes towards HIV/AIDS pandemic.

3. Method

The study followed a mixed methods design. Ten secondary school teachers (5 females, 5 males) were conveniently selected including 2 heads. Each of them represented a school. This cohort of 12 participants represented the cultures of

12 different secondary schools in Shurugwi district, a mining area in Midlands province of Zimbabwe. The 2 heads of secondary schools were interviewed separately, at different locations and times. Interviews were found suitable because the questions were not directed at their personal lives but on how they perceived the behaviours of learners. Audio tapes were used to record all what participants had to say during the interviews. Transcriptions were made leading to major themes being drawn out. The 10 teachers responded to a questionnaire previously edited by two senior researchers to authenticate the trustworthiness of the final instrument. All 10 participants returned the completed questionnaires which were self administered. Generally people tend to ascribe and view mine dwellers as promiscuous. There are the “amakorokoza” (illegal gold and chrome panners) who are heavily notorious and well known for their spend thriftness when it comes to money. Observers view such communities, surrounded by small mud shacks resembling dwelling places which by any human standards are considered inhabitable, however panners live there. These compounds and Boterekwa (the local name for the place) villages have secondary school learners living there and may be prone to abuse by the local miners. I therefore wanted to study the behaviour of school pupils in such areas through the lenses of their teachers and heads of schools.

Participants consented to take part in the study. They were informed about confidentiality, privacy, anonymity and the fact that they could withdraw from the study at any time if they so wished. They were informed that the study was for academic purposes only hence their honest responses were encouraged (Babbie, 2010).

In order to understand the social conditions and the positions from which the girls make meaning of their lives, I employed Bourdieu’s theory of practice. It is the lens through which my study was informed and conclusions conceptualised.

4. Results

4.1 Theme 1. Unsafe sexual activities

The heads of schools agreed that pupils get involved in unsafe sexual activities. Poverty, peer pressure were highlighted as the main cause of unsafe sexuality. Eight (8) teachers out of 10 argued that pupils (learners) were mostly influenced by friends to practise unsafe sexual behaviours. They revealed that the behaviour of pupils was uniform in nature. They stated that learners had what they called fashionable behaviour which meant that pupils copied behaviour from their friends. In other words, peers play a crucial role in determining behaviours of their colleagues. Eight (8) of the teachers argued that school pupils get involved in unsafe sexual activities because of the love of money and gifts showered by sugar daddies. The haves take advantage of the have nots. In the response to why pupils get involved in unsafe sexual activities the head of school B had this to say, *“Our students are very much attracted to the so called “bozwell” meaning these rich fellows. They pick up our children and give them a lot of money up to two hundred United States dollars as pocket money. The girls will get confused and do whatever the old men tell them”*. In the same vein the head of school A stated that *“Boys are enticed by old women who have tested HIV positive and their previous boyfriends dropped them for that. Some widows also lure big boys by offering them pocket money”*. These women are called “vana mother” implying old women who can look after you, supplying you with personal needs. Head A went on to say, *“They are now looking for these young boys because old men are now aware of the fact that some widows look physically fit while they were infected by their dead husbands before they passed on because of HIV/AIDS”*. While the majority of teachers agreed that the main cause was peer pressure heads of schools blamed parents.

Head of school B had this to say, *“Parents in the compounds are so sexually reckless that they do it while children are watching and seeing is stronger than hearing. Parents should change their behaviour so that they become good role models of their children.”*

4.2 Theme 2: Abstinence

Head B said, *“this generation of our students is not responsible at all. They are all aware of HIV/AIDS but still continue to practice immoral sexual activities. Very soon they may be ill and die. Last year we buried one girl and two boys whom I suspected died of the disease”*. However Head A indicated that abstinence was a result of observing cultural norms. He stated that those tribes which were conservative and upheld their traditional norms and values had their group members achieving abstinence. Head A blamed the parents as he said, *“Parents are doing the opposite of what we teach children in school about HIV/AIDS. In fact they de-teach what we teach them. They practise unsafe sex before the children in the shack dwellings (compounds) so how can children learn to control themselves when their parents are reckless. It reminds me of the story of the crab who had problems in teaching his young ones to go straight when he could not. Pupils will behave like their parents”*.

4.3 Theme 3: Effectiveness of HIV/AIDS Lessons

Five teachers out of ten said that there were no proper syllabi and teachers could dwell on whatever they thought was right. Four other teachers also echoed the sentiments that some male teachers took chances of proposing love to girls. That was being counterproductive in the lesson delivery which aimed at reducing the HIV prevalence among pupils.

Head of school A stated that, *“The effectiveness of the lessons is hindered by many factors which include among other issues lack of qualified teachers and reading materials.”* However head of school B had a different version as he stated that the, *“HIV lessons have gone a long way in reducing the number of drop outs due to pregnancy. I can even identify some behaviour change among both boys and girls. Only a few stubborn ones are still behaving badly, I mean those who even visit beer halls at night.”*

Head of school B revealed the point of pupils visiting beer halls at night which can be another cause of indulging in unsafe sexual behaviour. Three (3) female teachers also stated that some teachers used vulgar language during the HIV/AIDS lesson which usually resulted in girls not being free to discuss sexual issues with male teachers and students

and hence recommended that lessons should be held separately i.e. females on their own and boys on their own. Eight (8) teachers confirmed use of condoms and 2 were adamant. The 2 were for abstinence because they argued that condomisation promotes promiscuity. Two (2) male teachers pointed out that condom use was very useful to those who would have failed to abstain from sexual involvement.

4.4 Theme 4: Parental Involvement

The school head B said, *“Parents are doing the opposite of what we teach the pupils in schools. They expose bad sexual behaviours to their children. Fathers in these compounds marry and remarry and in one year a man can have a relationship with three or more women especially when the real wife will be at home during farming seasons.”*

Head of school A reiterated the same sentiments, *“Our pupils cannot learn much from their parents. In fact the parents are giving bad influence to the pupils. The HIV/AIDS lessons should be extended to the parents.”*

The teachers echoed the same sentiments that parents themselves indulged in unsafe sexual behaviour so they could not be good role models. They argued that parents were supposed to walk the talk.

4.5 Theme 5 Internet

Both heads cited pornograph viewed on internet on the cell phones as one other key issue fuelling immorality. Learners bring phones to school. They are reports of pornographic watching even during school study hours.

5. Discussion

Both heads of schools cited pornographic watching as a contributing factor to pupil involvement in unsafe sexual behaviour. The blame was on the internet and television. However, while others viewed internet as a good educational tool, the heads pointed out that it did more harm than good. Guidance is needed. Pupils must be taught the pros and cons of internet inter alia issues like pornography. The pros and cons must be discussed since the technology is here to stay, and since internet can also be used for educational research. Discipline is highly called for amongst learners of all age groups. HIV/AIDS education teachers must take such a finding as a challenge and must find some solution to it. How can such an issue be teachable (Gudyanga, 2014b)?

The teachers' responses on the use of condoms were that condoms were fuelling unsafe sexual behaviours. This was in contrast with UNAIDS (2006) which states that condom use reduce HIV prevalence among youths. In clear terms 8 of the teachers showed a negative attitude towards the use of condoms. Traditionalists, faith based institutions, churches all argue against use of condoms (ibid). However I argue here that which is better condoms or no condoms? Our children are already sexually active from about age of 9 (Gudyanga et al., 2014)? I argue here that knowing how to use a condom is not always a licence to promiscuity. Knowledge is power. Two teachers suggested that pupils can be encouraged to abstain from sexual activities until they get married. However, the two heads indicated that condom use was benefiting the nation since it saves pupils lives. Although it might be argued that condom use might open the doors to promiscuity, it is better to empower someone through knowledge than to let someone remain in ignorance. Inasmuch many people might again even advocate for abstinence, not everyone will believe so since the youth get involved in intimate relationships. It is important to know various methods of ensuring safer sex.

Parents are supposed to be role models and discuss sexual issues with their children. It is better to break cultural barriers and taboos than for children to contract infections and eventually die as a result of ignorance. Today's youth are dwelling and depending on information supplied by peers as the absolute truth whilst in reality, some of it will be weird. The adolescent of today appear to be like one blind person leading another blind person because the information they supply to one another in most cases is incorrect. It is the role of the parents and the school to break such cultural barriers. In as much culture is good and should be upheld, it is not always the case if the negatives are detrimental and “toxic”. Parents can initiate change of culture both in the home and at school. If schools and parents form a concerted effort in reducing HIV infection by way of prevention, this will be a noble and good idea, although not the best one.

The other side of the story is to advocate for institutions like the faith-based organisations to enliven the role which they are already playing in the prevention of HIV infections. They are already encouraging abstinence, purity and no sex before marriage. Studies on the effects of religion on health and well beingness, have examined the specific health coping actions, adopted with religious affiliations (Mpofu, et al 2011). The broader structural knowledge environment of faith-based organisations present the context of health behaviour in its members (Mpofu, Mutepfa, and Hallfors, 2012).

6. Conclusion and Implication

It could be concluded that behaviour modification should still be taught in school as part of the curriculum. Schools must among other methods of teaching, use participatory methodology in teaching HIV/AIDS education. Teachers of HIV/AIDS education should research and advocate for a teachable HIV/AIDS curriculum with the notion of prevention. The Ministry of Education, informed by practitioners, the teachers, should put in place a well developed sexuality educational policy that will promote healthy life style among pupils. Jointly the Ministries of Health and Education, should work towards availing more reading materials on HIV/AIDS and sexual behaviour change. Teacher training institutions and universities should include HIV/AIDS in their curricular so as to equip teachers and graduates with the relevant knowledge and skills of dealing with HIV/AIDS problems in order for them to assist the communities in which they live to deal with the HIV/AIDS related problems. Political leadership is called upon to have a fervent will and call for vigorous campaigns to annihilate HIV/AIDS in the country. Different programmes must be set up through different organisations and stakeholders, funded by Government to fight against the pandemic.

Pupils may have the knowledge but behaviourally fail to have the will power to change for the positive or to abstain. The faith based institutions like the churches should work in close liaison with the schools and families with the view to prevent infections.

The study is limited in the small sample used, uni-culture and methodology, otherwise for external validity to be achieved, the opposite of the mentioned could be called for in futuristic researches.

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