

# CHAPTER ONE

## 1.0 Introduction

The dissertation is divided into five chapters. The first chapter introduces the dissertation giving the statement of the problem, objective of the study, research questions, significance of study, limitation of study, delimitation of study and also defining the operational terms. Chapter two discusses the literature available on the subject of study. Chapter three discusses the methodology used for the study. Chapter four, five, six and seven discusses the situational analysis and the findings of the study. Finally chapter eight contains the conclusions and recommendations.

## 1.1 Background Information

Workplace awareness programmes on HIV and AIDS are among strategies that have been used widely to combat the pandemic which is still claiming many lives. The global picture shows that the pandemic has progressed very fast and poses a major threat to advances in human welfare and development. Kelly, (2007) points out that the epidemic has doubled in size in just ten years. There were 20 million people living with HIV in 1996 and almost 40 million in 2006. Studies have indicated that about 24 million people in Sub-Saharan Africa are living with HIV and AIDS.

As with other social sectors, the impact of HIV and AIDS has not spared the education sector in Zambia. "Education is the most powerful weapon you can use to change the world, it is also a weapon that the world cannot do without in the fight against HIV and AIDS". As Nelson Mandela has noted ([wwocusw.africanfocus.org](http://wwocusw.africanfocus.org)). Education saves lives while ignorance is lethal. Thus it is important for the education sector to have the capacity to meet its mandate in this HIV and AIDS era through HIV and AIDS workplace awareness programmes in high schools. Inter-Agency Task Team on Education (IATT) Case Study Review states that in 2006 the Zambia National Union of Teachers reported that the country was losing 800 teachers every year to AIDS-related illnesses. Moreover, the Ministry of Education points out that the HIV prevalence rate for teachers in Zambia is estimated at 17% which is slightly higher than 16% of the national rate (MoE: 2007). International Labour Organisation (ILO) states that the epidemic is a global crisis and

constitutes one of the most formidable challenges to development and social progress (ILO: 2003). HIV and AIDS is a major threat to the world of work. It is affecting the most productive segment of the labour force and reducing earnings, and also imposing huge costs on enterprises in all sectors resulting into loss of skills and experience.

HIV and AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatisation aimed at workers and people living with and affected by HIV and AIDS. The pandemic and its impact strikes hardest at the vulnerable groups including women and children due to biological, social-cultural and economic reasons, thereby increasing gender inequalities (ILO, 2003). Hence gender relations as well as empowerment of women are cardinal to successfully prevent the spread of HIV infection and enable both men and women to cope with AIDS. Therefore the gender dimensions of HIV and AIDS should be recognised.

The International Labour Organisation is committed and instrumental in helping preventing the spread of the pandemic, mitigating its impact on workers and their families, providing social protection to help cope with the disease. Therefore, ILO views HIV and AIDS as a workplace issue, non-discrimination in employment, gender equality, screening, and confidentiality, social dialogue, prevention, care and support, as the basis for addressing the epidemic in the workplace (ILO: 2003). This is necessary not only because it affects the workforce, but also because the workplace is part of the broader society and has roles to play in the wider struggle to limit the spread and effects of the epidemic.

The fight against the spread of HIV and AIDS has been an on-going process in the ministry of education. 'Educating Our Future' (1996) recognised the importance of the fight against HIV and AIDS in education and promotion of development of life skills and states that it includes 'decision making, problem solving, creative thinking, and effective coping with stress, self-esteem and confidence'. HIV and AIDS workplace awareness programme is an action-oriented plan that the Ministry of Education has put in place and is committed to implement in order to prevent new HIV infections, provide care and support for employees who are infected or affected by HIV and AIDS, and manage the

impact of the epidemic on the ministry. This is so because most teachers range within the age group that is most vulnerable to HIV and AIDS infection. The education policy of Zambia popularly known as Educating Our Future (1996), states that; “the Ministry of Education has developed a fully-fledged HIV/AIDS programme and has been implementing an HIV and AIDS strategic plan since 2001 which went up to 2005”. In the same year, an HIV and AIDS abridged strategic plan was finalised to cover 2006-2007 thus confirming to the time frame of Ministry of Education strategic plan. Initially its priority was targeted on the well-being of the pupil and the educators of HIV and AIDS. In 2000 the Ministry of Education began to sensitise teachers on positive living and by referring HIV and AIDS positive teachers to government hospitals where Ministry of Education paid for their Anti- retroviral Treatment (ARTs).

In December 2003, the Ministry of Education embarked on HIV and AIDS Workplace Programme to compliment other efforts such as communication campaigns that Ministry of Education was already using to achieved massive awareness. HIV and AIDS workplace programme came into inception in 2004 though the workplace policy was still in a draft form and Department for International Development (DFID) provided technical advice. In 2006, the HIV and AIDS workplace policy for the education sector for management and mitigation of HIV and AIDS policy was launched.

Ministry of Education states that; “HIV and AIDS workplace programme under President’s Emergency Programme for AIDS Relief (PEPFAR) focuses on four broad areas namely, sensitisation and mobilisation of the education sector for employees in the fight against HIV, peer education of workers focused on Information, Education and Communication (IEC) campaigns, monitoring and evaluation” (MoE: 2006). Among the core elements of the workplace programmes are the risk assessment amongst teachers and support staff, provision of intensive regular on-site education and prevention programmes for teachers and education staff. The programme is also committed to the distribution of condoms, promotion of effective peer education, counselling and support groups. The promotion of voluntary counselling and testing (VCT) is also taken into consideration as well as procurement, access and distribution of the Anti-retrovirals (ARVs). Mitigating the pandemic’s potential and actual impact on all high school teachers means ensuring

that those affected and infected can work in a caring environment that respects the safety and human rights of all. Kelly M.J states that; “mitigation efforts should also be addressed to providing counselling and testing services, making provisions for voluntary counselling and testing, working with social welfare and health ministries to provide learner-friendly services and adequate supplies, and ensuring responsiveness to the special needs of infected or affected learners and educators” (2008:106).

Hence, the workplace policy caters for every worker under Ministry of Education including High School teachers. The workplace policy in line with the strategic plan continues to implement activities for teachers in prevention, care and support, treatment and provision of Information, Education and Communication (IEC) materials. Ministry of Education has been trying to influence teachers’ attitudes and sexual practices through activities such as in-house workshops, Voluntary Counselling and Testing, distribution of pamphlets, magazines and condoms to mitigate the impact of HIV and AIDS on High School teachers. This study was to investigate whether workplace awareness programmes on HIV and AIDS had an impact on teachers’ knowledge, attitudes and sexual practices.

## **1.2 Statement of the problem**

Ministry of Education and other stakeholders have committed themselves to mitigate the spread of HIV and AIDS in the Ministry. Mitigating HIV and AIDS in the education sector is especially important because this sector trains all public servants and is often the largest employer in Government which is crucial to economic development. The commitment has been shown by the strategies and programmes on HIV and AIDS that have been put in place such as policies and strategic plan on HIV and AIDS. Despite the awareness programmes to mitigate the spread of HIV and AIDS among High School teachers, knowledge levels on HIV and AIDS among High School teachers is still insufficient as indicated by findings by some studies. IATT Case Study Review states that; mortality rates of teachers are expected to continue to rise if not checked as infections from the nineties convert into full blown AIDS and a shortage of teachers is expected from 2011 onwards as deaths surpass the capacity of replacement of teachers (IATT:2007). Moreover, (MoE: 2005) points out that; the HIV prevalence rate for

teachers in Zambia is estimated at 17% which is slightly higher than 16% the national rate. It is important to state that if mitigation measures are not put in place, this could be an indication that teachers still get infected and die of HIV and AIDS related diseases.

It was indeed vital to investigate the impact of the workplace programmes on HIV and AIDS on knowledge, attitudes and sexual practices of High School teachers and would help HIV and AIDS workplace awareness programmes come up with effective strategies on how to curb the spread of HIV and AIDS and also how to take care of those already infected.

### **1.3 General Objective of the study**

To investigate the impact of HIV and AIDS workplace awareness programmes on high School teachers' knowledge, attitudes and sexual practices.

### **1.4 Specific Objectives of the study**

- i To assess HIV and AIDS knowledge levels among male and female high school teachers.
- ii. To examine the attitudes of male and female high school teachers on HIV and AIDS mitigation measures such as Voluntary Counselling and Testing VCT.
- iii. To investigate sexual practices of male and female high school teachers in terms of condom use.
- iv. To investigate the impact of HIV and AIDS workplace awareness programmes on sexual practices.
- v. To examine gender equality in accessing HIV and AIDS information and services between male and female high school teachers.

### **1.5 Research questions**

- (i) What knowledge do male and female high school teachers have on HIV and AIDS
- (ii) What is the attitude of male and female high School teachers towards abstinence?
- (iii) What is the attitude of male and female high School teachers towards safe

sex?

- (vi) What is the attitude of male and female high School teachers towards VCT?
- (v) To what extent has the HIV and AIDS workplace awareness programme influenced High School teacher's knowledge, attitudes and sexual practices?

### **1.6 Significance of study.**

The study will benefit the educationists both from the government and the private sector. Policy makers will find this study helpful in designing effective awareness programmes to mitigate the spread of HIV among High School teachers. It will also help them formulate gender perspective awareness programmes and policies to improve the effectiveness of the workplace programmes and that would help improve the knowledge of high School teachers. Furthermore, the study will contribute to the body of knowledge.

### **1.7 Limitation of the study.**

There were two potential limitations to the study. The first one was that the methods used were both qualitative and quantitative. However, qualitative method demands a deeper understanding of the situation. Interviewing high school teachers on matters of HIV and AIDS was very difficult because most of them felt uncomfortable to discuss openly about issues of their sexuality and HIV and AIDS. The second limitation was that HIV and AIDS is a very sensitive topic as a result some respondents were not willing to give the required information.

## **1.8 Definition of operational definitions.**

**AIDS:** Acquired Immune deficiency Syndrome (AIDS) is a final stage of HIV infection and is a condition characterised by a condition of signs and symptoms caused by HIV which attacks and the weakens the body's immunity system making the affected person susceptible to other life threatening disease.

**Attitude:** Learned predisposition to respond in a favourable or unfavourable manner to a particular person, behaviour, belief or object.

**Gender:** It is an individual's self-conception as being male and female. It is a social construct that denotes culturally and socially determined differences between men and women.

**HIV:** Human Immune – Deficiency Virus. It is a virus that causes AIDS.

**VCT:** Voluntary counselling and Testing is voluntary HIV testing that involves a process of pre-test and post-test Counselling that helps people to know their sero-status (HIV status) and make informed decisions.

**Workplace:** Refers to occupational settings, stations and places where workers; spend time for employment Schools and other institutions of learning are also considered to be workplaces.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.0 Introduction.**

This chapter presents a review of literature relevant to the impact of HIV and AIDS workplace awareness programme on high school teachers' knowledge, attitudes and sexual behaviour. The researcher will also present some reports on the impact of HIV and AIDS workplace awareness programmes as recorded by other researchers.

### **2.1 Background information**

The education sector touches all parts of society and has the potential to play a key role in the battle against HIV and AIDS if that potential is utilised effectively. Therefore, there is need for the Ministry of Education in each country to have the HIV and AIDS Workplace policy (ILO: 2004). This is so because HIV and AIDS is a workplace issue and should be treated like any other serious illness or condition in the workplace. The Inter-Agency Task Team on Education states that; workplace policies should provide a legal framework for the protection of employees' rights, containing regulations governing the appropriate conditions of employment. It should also be able to establish efficient monitoring and reporting mechanisms of HIV and AIDS impact on teachers and other employees in the education sector, and complement policy for the wider protection of learners in the sector (UNAIDS: 2007).

Zambia is one of the African countries said to have a high mortality rate among teachers most of which are HIV and AIDS related. The Zambian Educational Statistical Bulletin, states that; "the mortality rate of teachers in high schools in 2003 was forty seven females and one hundred and five males while in 2004, they were forty six female and one hundred and six males" (17:2004). Similarly, Ministry of Education confirms that the high death rate among teachers has been associated with HIV and AIDS related diseases (1999).

In order to reduce the transmission and impact of HIV and AIDS on high school teachers, there is need to influence their attitude and sexual behaviour through dissemination of information on HIV and AIDS on workplaces. According to a study conducted by

Munachaka J.C, there is need to encourage behavioural change is critical but unfortunately little is known about factors that may make teachers vulnerable to HIV and AIDS (2006). Ministry of Education in conjunction with other relevant stakeholders recognises the gravity and devastating effects of the HIV and AIDS pandemic on the ministry and seeks to mitigate the impact on its employees through workplace awareness programmes including Sexually Transmitted Infections (STI) programmes (MoE:2006). Available information on HIV and AIDS is usually disseminated through in-house workshops, voluntary counselling and Testing, distribution of pamphlets, magazines, and condoms. Despite the improvement on these HIV and AIDS awareness programmes the pandemic has continued to claim many teachers' lives of high school teachers in Zambia.

## **2.2 Modes of transmission of HIV and AIDS**

The most common way of HIV transmission in sub-Saharan Africa is through heterosexual sexual relations. Ekpo (1994) records that heterosexual relation accounts for 71% of the global infections. Moreover Caldwell, P etal (1989) attributed the rapid spread of the pandemic to “sexual permissiveness” in the African society, located notably in two phenomena: multiple sex partners and extra marital relations. This is usually through unprotected sex. In Zambia, HIV is transmitted primarily through heterosexual contact, followed by perinatal transmission in which the mother passes the HIV virus to the child during pregnancy, during labour and delivery or through breastfeeding (ZSBS: 2005).

The effectiveness of prevention efforts relies heavily on spreading information about how the virus is transmitted and what this means in regard to changes in risky behaviours. This information can help HIV and AIDS workplace awareness programmes in high schools to refine the content of educational messages and target the individuals and groups most in need of information. To assess levels of awareness of HIV and AIDS, respondents were asked if they have ever heard of an illness called AIDS, or of HIV, the virus that causes AIDS. Findings across all survey years indicate that knowledge of HIV and AIDS is almost universal in Zambia (Clarke: 2008). More than nine out of ten respondents said they knew about HIV and AIDS. In 2005 the percentages in knowledge levels were 96.6% of males and 96.9% of females. Levels of awareness were slightly

lower in rural as compared to urban areas. The 1998 Zambian Sexual Behavioural Survey reported that 39% of sexually active men and 17% sexually active women had a non-cohabiting sexual partner (ZSBS: 2005). Other modes of transmissions are parental or mother to child, intravenous drug and skin piercing activities including blood transfusion.

### **2.3 Knowledge about HIV and AIDS.**

The majority of Zambians have heard of HIV and AIDS. Exposure to HIV and AIDS information increases knowledge about how HIV and AIDS is transmitted or may result in a reduction of attitudes or behaviour that leads to HIV and AIDS transmission. UNAIDS reported that knowledge about HIV and AIDS is virtually universal among Zambian adults, most of whom understand it as a fatal disease and that it has no cure (UNAIDS:1999). More than four out of every six adult know how to prevent it and similarly, more than 80% of adult that are healthy persons can be HIV infected. Moreover, 70% of the adults can tell that a person has died of HIV and AIDS related conditions.

The report by the Zambia Sexual Behavioural Survey has shown increase in awareness that HIV can be prevented and that a healthy looking person can be HIV-infected are high and have been increasing over time (ZSBS:2005). Records revealed that the percentage of females who knew that HIV can be prevented has increased from 78% in 1998 to 91% in 2005. Similarly, the percentage of the males increased from 86% in 1998 to 94% in 2005. In 1998, 86% of males and 82% of females knew that a healthy-looking person can be HIV-infected.

In 2005 these percentages were 93% for males and 89% for females. ZSBS indicates that respondents were asked questions about the ABCs of HIV prevention - abstinence, being faithful (and having one faithful partner) and consistent condom use. The percentage of respondents with awareness of being faithful to one partner and consistent condom use as ways to prevent HIV transmission were 90% and 82%, respectively. About three-quarters (74%) of respondents were aware of all the three methods. In 2005 84% of males and 86% of females knew of mother-to-child transmission (MTCT) of HIV. About one-third

(34%) of rural respondents held this misconception and one fifth (20%) of urban respondents (ZSBS: 2005).

However, despite the high levels of general knowledge about HIV and AIDS, misconceptions about HIV transmission persist, and appear to be more common in rural areas than urban areas. The Zambia Sexual behavioural Survey confirmed that 33% of males and 27% believe that HIV and AIDS can be spread by mosquito bites and that more than one in five males and females believe that HIV and AIDS can be caused by witchcraft (ZSBS:2005). The percentages holding this misconception have not decreased since the 1998 survey.

#### **2.4 Attitudes and behaviour towards HIV and AIDS**

The Zambia Sexual Behavioural Survey states that “an individual’s knowledge of his or her HIV status can empower these individuals to take precautions to protect themselves against acquiring or transmitting the virus” (2005:14). In Zambia, a number of voluntary counselling and testing (VCT) sites have been established and their use is encouraged throughout the country. ZSBS reports that, although a majority of Zambians say they know a place to get tested for HIV, the majority have not been tested (ZSBS:2005). In 2005, 83% of all males and 80% of all females indicated they knew a place for testing. Knowledge of a testing site was higher among urban 88% respondents than rural respondents 79%.

Despite this knowledge, the percentage of Zambians who have ever been tested remains low. In 2005 the percentages ever tested were 11% for males’ and 15% for females (ZSBS: 2005). This is because women are most likely to be tested for HIV because of the counselling and the encouragement that they receive on the advantages of testing when they go for antenatal clinic on how HIV positive mothers can avoid mother to child transmission. On the other hand most women are curious with information which they get from most gatherings such as workplaces, churches and other places of social gatherings and they are more willing to find out more and protect themselves as opposed to men who mostly have a result of a negative attitude they have towards testing. Hence

continuing efforts are needed to educate the population both men and females about the importance of being tested and knowing one's status whether pregnant or not.

It is important to state that the term attitude can be understood as opinion or a general feeling about something. It can either be positive or negative depending on the situation. According to Rajecki, attitudes follow ABC model which has three components namely affect, behaviour, and cognition (Rajecki:1989). The affect component encompasses positive and negative emotions or feeling about something, the actions constitute the behavioural components and the beliefs constitute cognitive component. The survey on the levels of knowledge in Zambia has yielded mixed results. Mukumba and Edwards in their study stated that; 73% of the University of Zambia students had received some previous HIV/AIDS education and knowledge was generally good regarding to transmission routes but attitudes to prevention was generally negative (Mukumba & Edwards:1993). Similarly, Mulwila et al in their studies stated that; 76% of adult urban population is knowledgeable about HIV and AIDS and yet continues to engage in unprotected penetrative sex (Mulwila et al: 1993). This is an indication that despite the knowledge on safe sex people still engage in unprotected sex.

Therefore, sexual behaviour which is considered to be safe involves ABC ; A for abstinence, B for being faithful to one partner, and C, for using condoms if you are neither abstaining nor faithful to your regular sexual partner. Although the use of condoms is on the increase in Zambia recently, it is still inadequate. ZSBS confirms that condom use with a marital partner is not common in Zambia, and this has changed little over the survey years (ZSBS: 2005). Overall results showed that both urban and rural percentages reporting condom use with a spouse remained low in 2005, and showed a slight decline, from 7.9% in 2003 to 5.5%. Moreover, the Sexual Behavioural Survey indicates that only 33% of men and 24% of women used condoms and yet many people who engage in penetrative sex do not use condoms (ZSBS:1998). According to (Ayiga, Ntozi, Ahimbisibwe, Odwee and Okurut: 1999) who examined changes in attitudes towards death, HIV testing and sexual behaviour as a result of AIDS in Northern Uganda recorded that 87% of the respondents stated that they had changed their attitudes towards information on HIV and AIDS due to many deaths. They noted that there was 68% sexual

behavioural change as a result of AIDS deaths in their communities. VCT has proved to have many benefits such as behavioural change and prevention of transmission, improved health and medical treatment, informed decision and psychological support. Among other services is prevention of mother to child transmission. Despite improved VCT services, most adults have never been tested for HIV (NAC: 2004). USAIDS estimates that nine out of ten adults do not know their HIV status. This is because in many places people who are thought of being HIV positive are feared and discriminated against.

Negative attitudes towards AIDS patients are reported in many parts of the world including Zambia and these prejudices greatly hinder efforts to control the epidemic (Mukumba & Edwards: 1993). Despite concerted efforts in Zambia and elsewhere to address stigma and discrimination, many still view people living with HIV as shameful and blame them for being irresponsible. Where these negative attitudes exist, discrimination against infected individuals is also likely to be common, fuelling further anxiety and prejudice. Stigma and discrimination are key challenges to prevention and control of the epidemic. Among other things, the presence of social stigma leads people to feel a need for secrecy and denial, and hinders individuals from seeking counselling and testing.

Stigma can be strong in workplaces and that it can hamper successful planning for adherence to medication to treating AIDS. The presence of knowledge and medication or prevention materials such as condoms and Anti-Retroviral (ARV) will help to mitigate the impact of HIV and AIDS workplace awareness programmes on High School teachers. However, in the social stigmatisation context of HIV and AIDS infection, the loss of confidentiality leads to negative attitude for the individual affected by the virus because of how the community views him or her. He or she will be more likely unwilling to seek help from HIV and AIDS service providers.

## **2.5 Gender and HIV and AIDS**

A Gender dimension of HIV and AIDS should be recognised at workplaces in order to mitigate the epidemic. One of the main reasons why HIV and AIDS has spread so quickly among high school teachers is gender inequality because high schools reflects the larger

community where gender inequality is very noticeable. It is evident that female high school teachers are more likely to be infected than their male counterparts due to biological, social-cultural and economic reasons. Kelly MJ (2005) points out that the rate of new infections is increasing among women in most regions in the world, and women tend to become infected at a younger age than men. He further reports that a number of studies in Africa show that girls aged 15-19 are five to six times more likely to be HIV positive than men. The physiology of the female genital tract puts women at greater risk of becoming infected, with the risks being greatest in young girls and menopausal women. Abdool Karim reports that ‘the extensive and fragile tissues in the sexual areas of the female body, their greater exposure during sexual intercourse to large volumes of potentially high-risk body fluids, and the retention of such fluids for relatively lengthy periods, make women more vulnerable than men to HIV infection’ Abdool Karim (2005: 249). In addition, women’s risks are increased by a wide array of social, cultural, economic and legal factors, all of which are embedded in extensive theoretical and practical gender inequalities.

Kelly reports that, at the sexual level unequal power-relations give women a subordinate position and make them submissive to men. Several established practices in society also have the twofold outcome of demeaning women and enhancing their risk of HIV infection (Kelly: 2006). These include various forms of sexual violence in the home, community and workplace; indulgence towards men who take sexual liberties; and the practice of older married men of having a “girlfriend” and “sugar daddies” on the side.

Furthermore, some customary practices, such as early marriage, widow inheritance, ritual cleansing, and dry sex, have the same double effect of treating women as chattels and making them more vulnerable to HIV infection. However this does not exempt high school teachers either male or female because they also belong to the cultural practices and may marry from this category of women or get married to a high school male teacher who has been involved with such women and get infected with HIV in the process. Hence, it is therefore important that HIV and AIDS workplace awareness programmes in high schools responds to the circumstances and needs of men and women separately as

well as together both in terms of prevention and social to mitigate the impact of the epidemic.

HIV and AIDS is no longer just a health problem but is a developmental crisis with potentially devastating consequences for the social and economic progress of many countries. The epidemic acts as a spotlight, exposing inequalities, including gender inequality globally. HIV and AIDS has opened a debate around issues of sexualities and has served to highlight the importance of gender equality in sexual relations as well as the importance of equality and respect in all social relationships (Tallis:2002:5). Many social, religious and cultural factors modify and regulate the roles of men and women in communities. However, even though gender norms vary according to cultures and communities, women are subjected to the dominant influence of men at every level of society because the social cultural norms. This imbalance of power in gender relations has negative consequences for women in all areas of their lives including issues of sexuality such as sexual relations and reproductive health despite policies put in place like HIV and AIDS workplace policy.

Gender perspective can be understood as the different roles, expectations, identities, needs, opportunities and obstacles that society assigns to women and men based on sex. This often places women at a considerable disadvantage in terms of their access to resources and goods, decision-making power, choices, and opportunities across all spheres of life. Gender determines how individuals and society perceive what it means to be male or female, influencing one's roles. Therefore, the term gender describes the roles of women and men that are determined by political, economical social and cultural factors rather than biology. In other words, people are born male or female and then learn to be boys and girls, and men and women. Tallis points out that, 'we are taught "appropriate" behaviour and attitudes, roles and activities, expectations and desires (Tallis 2002:24)'. Hence it is this learned behaviour that forms gender identity and determines gender roles. It is important to note that gender roles are not necessarily the same all over the world, or even within the country or region.

The concepts of masculinity and femininity lead to imbalances in decision-making power, with women almost invariably being in a subordinate role and submissive to men. In practice this means that women are weakly placed to determine the circumstances of their sexual lives. They cannot control when, with whom, and under what conditions they have sex, and may often be forced to have unwanted sex. Moreover, these stereotyped concepts of masculinity and femininity also lead to double standards governing the sexual behaviour of women and men in both traditional and modern societies. Men are expected to be knowledgeable and experienced in sexual matters, whereas women are expected to be somewhat naïve. Therefore, if they show knowledge or interest in sexual areas they may be regarded as immoral or “cheap” (Tallis 2002:24).

Promiscuity among men is more readily condoned than among women. As a result, boys and men tend to have more sexual partners than girls and women. Kimmel in his article *Theorising Gender masculinists studies of men and masculinities*, share a belief in the essential nature of men and women which defines gender as a social construction and also stresses the natural divisions between men and women (Kimmel: 1994). Such practices and attitudes validate them and increase vulnerability to HIV infection of both men and women. However, because of women’s subordinate status, their risk is greater than that of men.

Gender inequity and inequality in the areas of sexual expectations and behaviour compound this biological vulnerability of women. Socially constructed images of masculinity, promoted in many cultures, portray a picture of the controlling male. The man is seen as the main initiator of sexual activity and the dominant partner in most sexual interactions. “Widespread stereotypes of masculinity, ‘machismo’ and what it means to be a ‘real man’, encourage male dominance over women, risk-taking and promiscuous sex” (Jackson 2002: 88). Integral to this stereotype is the twofold notion that a man “needs” sexual activity in order to establish his identity and that to exert sexual and physical domination over women defines what it means to be a man.

Gender perspective in other words examines female and male roles, responsibilities, opportunities and resources within the context of the distribution of power between men

and women. Gender perspective is a critical tool in reproductive health matters related to sex because it aims at sensitising both men and women to be able to make informed and free reproductive decisions and gives them the means to do so. It promotes equality, and comprehensive human development. The central issue from the gender perspective is the redistribution of power and resources. Kelly points out that,

*'Economic factors further accentuate women's vulnerability to HIV infection. They remain dependent on men because society accords them limited access to capital, credit, understandings or opportunities. Some societies do not allow women to own land. Because they receive inadequate financial support from their spouses or partners, many women apply their own ingenuity and resources to maintaining their household. All too frequently the sale of sex becomes the only way for many of them to do so'. (2007: 6)*

Moreover, research by the International Labour Rights Fund in 2002 in Kenya's export-oriented sectors - coffee, tea, and light manufacturing industries, found that women experienced violence and harassment as a normal part of their working lives. Over 90 percent of the women interviewed had experienced or observed sexual abuse within their workplace where as 95 percent of all women who had suffered workplace sexual abuse were afraid to report the problem, for fear of losing their jobs. Therefore, 70 percent of the men interviewed viewed sexual harassment of women workers as normal and natural behaviour. This trait of behaviour is a source of concern at workplaces in some countries and high school teachers in Lusaka, Zambia can never be exempted. Therefore, HIV and AIDS policy makers in education have the challenge to understand gender differences and discrimination in social relations and address this vulnerability and direct HIV and AIDS related risk in their workplaces.

It is important to state that gender affects the world of work because people take their gender identities to work, and the workplace mirrors gender inequalities in the wider society. *The HIV and AIDS, Gender and the world of work fact sheet* identifies types of

work situation and groups of people within them that may have higher risks of HIV infection, and the gender relations which exacerbate risk (UNAIDS.2005). It provides specific recommendations for workplace policy on sexual harassment and sex education. Therefore, it is very important that the HIV and AIDS workplace awareness programmes on high school teachers are evaluated in order to assess the impact on high school teachers.

## **2.6 How social cultural norms affects high school teachers on HIV and AIDS workplace awareness programmes.**

High School teachers are part of the larger society in which they live and work. Therefore, social cultural norms of masculinity and femininity that affects men and women's access to information and services, their sexual behaviour and attitudes and how they cope with the illness once infected or affected in the society also affects them at their workplaces. The cultural prescriptions for masculinity and femininity and their sexuality norms influence both men's and women's vulnerability in this HIV and AIDS pandemic. For instance most societies place women in a subordinate, dependant and passive position with virginity, chastity, motherhood, moral superiority and obedience as key virtues of the ideal woman. Rasing, T. points out that, "traditional teachings emphasises to women that their body is for their husbands and so they must give sex to their husbands daily" (1995:28-29). This puts a woman at a high risk of contracting a virus as very few women can negotiate when, where and how of sex and this means that husbands are free to demand sex at any time without resistance from a wife as she is expected to be submissive at all times.

On the other hand, the dominant ideology of masculinity characterises men as independent, dominant, invulnerable, aggressors and providers, whose key virtues are strength, virility and courage. This also poses on them a very high risk of contracting the virus since they have been made to believe that as male they need not to ask for information or knowledge about sex and that 'real men' are courageous and that it will be a sign of weakness for them to resist and fear sexual activities. According to Kimmel in his article *Theorising Gender*; (1994:143) states that,

*‘Masculinity is portrayed in literature as something that is unresolved and therefore subject to eternal doubt...because of the masculine ideal, it is argued that, there is a constant need for men to prove that they are achieving the goals of masculinity and with it a permanent insecurity attached to manhood. Being able to display signs of hegemonic masculinity for example, strength, sexual prowess with women, the ability to consume beer becomes vital to demonstrate that one is a ‘real man’.*

On the contrary, in most societies, ‘good women’ are expected to be ignorant and passive in sexual interactions,’ (Rao Gupta et al: 1993). This imbalance of knowledge fosters the development of fears and myths about condom use and other contraceptives. For instance, studies conducted in diverse setting, Brazil, Guatemala, India, Jamaica, Mauritius, and South Africa have found that women did not like using condoms because they feared that if the condoms fell off inside their vagina and it could be lost or travel to the throat or that a woman’s reproductive organ would come out when the condom is being removed.

On the other hand the studies which were conducted in some selected parts of Senegal review that some men believe that condom use makes them impotent. Moreover, a study conducted in Petauke, a rural town in Eastern Zambia reviewed that condom use was not popular among couples for it was a clear indication that either of them was promiscuous which lead to serious misunderstanding and fear of divorce. Some men pointed out that condom use reduces sexual pleasure and they saw no need for couples to use condoms (Kelly, M J: 2006).

Some gender-based cultural practices such as genital mutilation and widow inheritance may increase the spread of the virus; in this case both men and women may be at a high risk of contracting a virus. Moreover, most societies believe that variety in sexual partners is essential to men’s nature as men will inevitably seek multiple partners for sexual release (Mane Rao, et al: 1993). In some African cultures, there are proverbs that encourage men to have extra marital affairs. In Zambia, in a Bemba tradition there is a saying which goes as “Ubuchende ubwa mwaume tabutoba inga’nda” this means that a

man's adulterous life is acceptable and cannot lead to divorce. In other words, promiscuity among men is more readily condoned than among women. As a result, boys and men tend to have more sexual partners than girls and women do (Marston & King: 2006). All of these practices, and the attitudes that validate them, increase the vulnerability to HIV infection of both men and women, but the risk for women is greater because of their subordinate status. Hence practices and traditions like Bemba traditions which in a way encourage husbands to have many sexual partners should be discouraged.

Motherhood is another cultural factor that puts both men and women at a high risk of being HIV positive as they strive to have a child or children of their own. This is because in Africa children provide a social identity for many men and women because they guarantee them status in a kinship group (UNAIDS: 1999). In a situation where a couple has difficulties in having children, the other partner may be having extra marital affairs with others with the hope of having a child or children outside the legal home. Chondoka confirms that; traditionally, the larger the size of the family the higher the status of the parents in society. He also pointed out that the larger the number of children indicates sexual energy and sexual potentials of a man (Chondoka: 2001).

In order to achieve this, it means having unprotected sex and this obviously put both men and women at a high-risk of contracting a virus because preventive methods also prevent conception. In some cases, HIV positive women may conceive willingly despite being aware that they are carrying the virus due to the desire of motherhood, however after giving birth, their immunity system goes down and chances of survival are reduced.

In an African set up, there are some customary practices that are very damaging which put women at a high risk of contracting a virus such as early marriages, dry sex and wife inheritance which is associated with sexual cleansing. Furthermore, messages which are communicated at the time of initiation and kitchen party's emphasizes that a woman should be submissive, non-assertive and take a subordinate status in marriage to please the husband at all cost. These customary norms and practices make it difficult for many women to negotiate for safe sex. This is a clear indication that some female high school teachers find themselves in the same category of the women stated above. On the other

hand women who are married to high school teachers but do not belong to any formal work sector so as to access the HIV and AIDS workplace awareness programmes equally find themselves in the similar situation with the women stated above who cannot negotiate for safe sex. This does not spare a man who may have easy access to such women who may be infected and hence infecting the man in the process.

## CHAPTER THREE: METHODOLOGY

### 3.0 Introduction

This chapter discusses the methodology that the researcher used to collect data. It describes the following sections in detail. Section 3.1 discusses research design, section 3.2 discusses study setting, section 3.3 discusses target population, section 3.4 discusses sampling and data collection procedure, section 3.5 discusses pre-testing the methodology, section 3.6 discusses data collection tools and section 3.7, discusses data analysis.

### 3.1 Research design

The study used both qualitative and quantitative research approaches. This was because the nature of the research problem under investigation in this study required deep understanding. In this regard, qualitative approach was used to a larger extent complemented by quantitative approach to obtain an in-depth understanding of the impact of HIV and AIDS workplace awareness programmes on high school teachers.

Aguma (1995:73) observes, “Qualitative research methods can give valuable insight into the local situation and people’s feelings can help ascertain how local culture and beliefs, as well as how the economical and physical environment affect human behaviour” The main research instruments were semi-structured questionnaires and interviews. This approach was preferred because the techniques used were aimed at obtaining responses on what teachers know, think and feel about workplace awareness programmes on HIV and AIDS. Qualitative method was also used to explore the meaning, experiences, and to gain insight into perception of high school teachers on HIV and AIDS workplace awareness programmes. One cannot understand human behaviour without understanding the framework within which subjects interpret their thoughts, feeling and actions Marshall, C. and Rossman, G. (1980).

It was felt that a combination of both qualitative and quantitative approaches would produce a better and deeper understanding on matters pertaining HIV and AIDS as they are very sensitive. This is in line with Dey (1995) who advises that both quantitative and qualitative should be used appropriate because both have strong and appropriate factors which could be used to provide a more comprehensive and fuller evaluation of results.

Therefore, 20 high School teachers were interviewed from the 4 high schools in Lusaka namely Libala, Munali Boys, Arakan, and Kabulonga Girls. On the other hand, quantitative method was used to see the magnitude of ignorance of knowledge on HIV and AIDS workplace awareness and also to test broad samples of 80 high school teachers from the stated schools above. Patton (1990) states that the major advantage of quantitative research method is that they can be used to measure the reaction of many people to a limited set of questions thereby facilitating comparison and statistical aggregation of the data. In quantitative approach, questionnaires were the main research instruments used in this study.

### **3.2 Study setting**

The study was conducted in Lusaka District. It was in the town setting of Lusaka Urban which has more than 14 government High Schools. The target population was all the high school teachers in Lusaka Urban. The records at District Education Board Secretary (DEBS) indicate that there are about 3313 secondary teachers. These include Middle Basic, Basic and High School teachers.

### **3.3 Target Population**

The target population included all the high school teachers in Lusaka urban, Zambia. The study was conducted in selected four High schools Libala, Munali Boys, Arakan, and Kabulonga Girls high school. It was restricted to 100 high school teachers both male and female. Twenty teachers were selected at random from each school. In order to come up with comprehensive information and deeper understanding on HIV and AIDS workplace awareness programmes, HIV and AIDS focal point persons in high schools and those at the Ministry of Education, high school administrators and some officials at the Ministry of Education were selected purposively and interviewed. This was because they were actively involved in the HIV and AIDS workplace policy implementation. It is important to state that in some cases some officials from Ministry of Education who were in charge of HIV and AIDS activities were not teachers by profession. These were from Human Resource Department and also worked as HIV and AIDS focal point persons at the Ministry. These were interviewed in order to gain deeper understanding on policy matters

on how they are to be implemented from the ministry to a high school level and were not taken as part of the target population.

### **3.4 Sampling and data collection procedure.**

Lusaka Urban was selected based on its high density in population of High School teachers. Using purposive method, four High Schools namely Libala, Munali Boys, Arakan, and Kabulonga Girls were selected. These schools were selected by the researcher because they are well established high schools with high population of teachers. Moreover, in December 2003 the Ministry of Education embarked on HIV and AIDS Workplace Programme to compliment other efforts such as communication campaigns that Ministry of Education was using (DFID:2006).

The schools under study were among the first High Schools which were sensitised on HIV and AIDS Workplace Awareness Programmes in 2004 by Ministry of Education and other stakeholders such as Non – Governmental Organisations. The HIV and AIDS workplace programme came into inception in 2004 though the workplace policy was still in a draft form and Department for International Development (DFID) provided technical advice. The researcher's choice of schools under study was based on the fact that they were among the first schools that embarked on HIV and AIDS Workplace programmes when it was introduced.

The sample comprised of 100 High School teachers from selected high schools calculated with an estimated 50% of low levels of knowledge, 90% confidence level with a +/- 20 width interval as illustrated below. The researcher used 50% as an estimated prevalence / proportion (P) of knowledge levels on HIV/AIDS workplace awareness programmes because the researcher could not establish from other studies done in Lusaka urban on the knowledge levels from the HIV and AIDS workplace awareness programmes.

#### **Formula**

Knowledge levels = required precision

n = sample size

d = confidence level which in this case is 90% = 1.645 or 1

$$e = d \times e = \frac{1}{2} \times \text{width interval}$$

$$2 \times e = \frac{1}{2} \times 20$$

$$2e = 10$$

$$\frac{2e}{2} = \frac{10}{2}$$

$$e = 5.$$

To calculate the sample size, below is the formula.

$$n = \frac{p(100 - p)}{e^2}$$

$$n = \frac{50(100 - 50)}{5^2}$$

$$n = \frac{50 \times 50}{25}$$

$$n = \frac{2500}{25}$$

$$n = 100$$

The sample size for this study was 100 Lusaka urban High School teachers. The study used probability sampling specifically stratified random sampling to select teachers in order to have a fair representation of male and female teachers. This was followed by a lottery method to select individual male or female high school teachers. Eighty (80) respondents administered self-administered questionnaires. Purposive sampling method was used to select 20 participants to be interviewed.

In order to have comprehensive findings four High School administrators from the selected High Schools were selected purposively for interviews in order provide a deeper understanding to the researcher. In addition to that, five officials from the Ministry of Education under the department of Human Resource Development who were not teachers by profession were also interviewed to have precise detailed information on matters concerning the policy but were not taken as part of the sample derived from the High School teachers.

### **3.5 Pre-testing the methodology.**

Prior to the formal study, a small pre-test of the questionnaire was done at Olympia High School. The school was selected using probability sampling specifically lottery method. Pre-testing was done to ensure that questions on the questionnaires and the interview

guide for both the interviewer and interviewee meant the same and also to rule out the possibility of repetition and unforeseen errors before conducting the main study. After the pre-test, the questionnaires were adjusted.

### **3.6 Data collection tools**

The major data collection tools included interviews guide and questionnaires. Questionnaire A (see appendix A) was used to collect data from 80 high school teachers. Respondents filled in the black spaces where they provided one word answer, short phrases or simply by ticking Yes or No. This method encouraged respondents to answer all the questions in the questionnaire though there were a lot of questions in the questionnaires. Answers from the questionnaires were easy to code and interpret. Interview guide B (see appendix B) was used to collect data from 20 respondents. These provided qualitative data and clarified issues emerging from the interview guide. In order to have a deeper understanding on the study and policy issues, the researcher found it useful to interview 5 officers from the Ministry of Education both from Ministry Headquarters and District Education Board Secretary (DEBS).

### **3.7 Data analysis**

Primary data was analysed both qualitatively and quantitatively. Data from the questionnaires was analysed using Social Science Package (SPSS) version 11.5 and Microsoft excel to draw tables that helped to present and summarise data easily. Data from interviews were written down in a note book and in some cases a digital voice recorder was used to back up handwritten notes and analysed manually.

### **3.8 Ethical consideration**

Written permission was sought to conduct research from the Ministry of Education Headquarters, Teacher Education department (TED), District Education Board Secretary and the school Head teachers of the four high schools where the study was conducted. Verbal permission was also sought from the teachers, school administrators and officers from the ministry before conducting interviews. An explanation on the purpose of the interviews was explained in order to receive cooperation.

## CHAPTER FOUR: PRESENTATION AND DISCUSSION OF THE FINDINGS

### 4.0 Introduction

This chapter presents and discusses the findings on the study which was conducted in four high schools in Lusaka urban on the effectiveness of HIV and AIDS workplace awareness programmes to mitigate the spread of HIV and AIDS among high school teachers. Section 4.1 discusses basic information of the respondents in relation to age, sex and marital status. Section 4.2 discusses Knowledge of HIV and AIDS modes of transmission and on activities of HIV and AIDS workplace awareness programmes in high schools under study.

#### 4.1 Basic Information: Age of the respondents.

**Table1.**

<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
20-25years	5	4	9
26-30years	8	7	15
31-35years	11	13	24
36-40years	12	6	18
41-45years	3	2	5
46-50years	6	1	7
51 and above	1	1	2
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

Findings presented in Table 1 above show the sex and age of the respondents. There were 80 respondents 46 males and 34 females. Efforts to get equal number of males and females failed. This was because the researcher found out that in the 4 high schools where the study was conducted; there were less female high school teachers compared to

male high school teachers. The respondents were between the ages of 20 to 51 and above. The majority of the teachers were between the ages 21 to 51 an indication that most teachers were in the most sexually active age group. Findings also show that 9 out of 80 respondents were between 20 and 25 years old and only 2 respondents were above 51 years of age. This is because most teachers between the ages 31 to 46 opt to go for further studies as they continue teaching and eventually they search for greener pastures leaving the teaching profession before they reach retirement age. Others die of different illnesses including AIDS whereas others go on retirement when they reach 55 years of age. As a result, there were very few high school teachers above 51 years in high schools in Lusaka urban at the time of this study.

**4.1.1 Knowledge on marital status of the respondents. Results were recorded in Table 2 below.**

**Table 2**

		Sex of the respondents		Total
		Male	Female	
<b>Marital status of the respondents</b>	Single	13	11	24
	Married	24	18	42
	Widowed	3	3	6
	Separated	2	1	3
	Divorced	4	1	5
<b>Total</b>		<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

Findings in Table 2 show that the category with the highest percentage was those who were married and were 42 out of 80. Among the married respondents 24 were male teachers and 18 were female teachers.

#### **4.2.0 Knowledge on HIV and AIDS**

It is very evident that the HIV and AIDS epidemic has great potential to undermine the effective and efficient delivery of educational services in the country. In order to institutionalise the fight against HIV and AIDS, the Ministry of Education has decided to make HIV and AIDS education an essential component of Zambia's educational system (MoE 2000). There are at least four dimensions to the impact of HIV and AIDS on teachers and teaching in Zambia: teacher mortality, teacher productivity, teacher costs and teacher stress. The 2001-2005 strategic plan aims to address these among others. Ministry of Education will be increasingly challenged to deliver quality knowledge on HIV and AIDS to its workforce unless bold interventions are undertaken to address human capacity and resource shortfalls.

It has become clear that high school teachers' needs adequate knowledge on HIV and AIDS at their workplaces in order to equip them with professional skills to enable them perform their teaching duties while dealing with their HIV and AIDS personal situations at workplaces. Education is a strong predictor of better knowledge, safer behaviour and reduced infection rates such that it has been described as the "Social Vaccine". It is also a most effective weapon that the world cannot do without in the fight against HIV and AIDS" as Mandela puts it. Thus, it is important for the HIV and AIDS workplace awareness programmes in high schools to have the capacity to meet its mandate in this HIV and AIDS era.

#### **4.2.1 Knowledge on Activities of HIV and AIDS Workplace Awareness Programmes in High Schools Under Study.**

In order to mitigate the impact of HIV and AIDS on the Ministry of Education, HIV and AIDS workplace awareness programmes came into inception in 2004. Two years later, a workplace policy was developed and a full time HIV Workplace Technical Assistant was engaged to effectively implement the HIV workplace policy (UNDP: 2007). The rationale for MoE developing an AIDS workplace policy is to provide its employees with clear statements on expectations and responsibilities (Rau, 2003). These policies are based on the International Labour Organisation (ILO) Code of Practice on HIV and AIDS and the World of Work. According to the Joint United Nations Programme on HIV and AIDS

and the International Organisation of Employers (2002), the majority of employers are concerned with how to protect their workforce from HIV infection and how to deal with those who are already infected. This was so because a workplace policy provides a framework for action to reduce the spread of HIV and AIDS at workplaces and mitigate its impact. It defines an institution's position on HIV and AIDS, and outlines activities for preventing the transmission of the virus and providing care and treatment for its staff. It also ensures that the response is balanced, activities complement each other, and resources are used most effectively. HIV and AIDS workplace policy contains an outline or a description on how a particular organisation or institution is going to manage the pandemic. HIV and AIDS workplace awareness programmes and implementing its policy in the workplace is a cost-effective solution and helps reduce the future spread and impact of the disease (UNAIDS: 1998).

It is important to state that HIV and AIDS workplace awareness programme is an action-oriented plan that high schools should implement in order to prevent new HIV infections, provide care and support for teachers who are infected or affected by HIV or AIDS. According to (AED: 2004) HIV and AIDS Workplace Awareness Programmes are most effective when they include a comprehensive and coordinated set of prevention, care, and support components. Whether they are provided directly by employer or by employer sponsored referrals to service providers in the community, such programs are more likely to be strong, cost-effective, and sustainable.

USAIDS Health Policy Initiative, (2008) have identified that the key elements of an HIV and AIDS workplace awareness programme include Sensitisation and Prevention and Care and Support. It is important to state that the activities that are supposed to be implemented and guided by the Ministry of Education's HIV workplace policy provides a framework for responding to the concerns and needs of all those infected and those affected by HIV and AIDS in the education sector are developed and based on the International Labour Organisation guiding principles. Therefore, this study classified the two key elements of the HIV and AIDS Workplace Awareness Programmes as follows in order to provide a clear picture of the activities that should be present in the high schools under study

## 1. Sensitisation and Prevention

- i) Provision of Abstinence, Being Faithful, and Condom use (ABC) messages and condom distribution in the public toilets.
- ii) Information, Education and Communication (IEC) Materials brochures and flyers on HIV and AIDS to facilitate better understanding. These materials are meant to help in behavioural change of high school teachers.
- iii) Flyers on the 999 toll free number for HIV counselling services.
- iv) Participation in AIDS Day and Teachers' Health Days and mobile VCT visits to schools.

## 2. Care and Support activities.

- i) Voluntary Counseling and Testing (VCT) - This is done through mobile Voluntary Counselling and Testing (VCT) visits to schools, through World AIDS Day and Teachers' Health Days.
- ii) Mobile VCT at the schools - The counsellors spends a day at a school doing counselling and testing and move to another school. Those that test positive are given referral letters to go to the nearest health centre for further HIV and AIDS diagnosis and care.
- iii) Training of Focal Point Persons, Peer educators and Caregivers-To enable them identify HIV and AIDS disease progression in a timely fashion in order for them be able to identify clients who need to start treatment.
- iv) Creating an Open and acceptable environment launch-Teachers Testimony Book launched.

The "Teachers telling their story testimony book" was launched. The book is a collection of testimonies by teachers who are living with HIV who have shared their experiences of being HIV positive and how they have deal with their status. This is to help Teachers Living with HIV and AIDS come to terms with matters of stigma by accepting their status and being open to share their testimonies with others. By so doing, this would help some teachers those in the state of denial to get courage and deal with their situation.

Having, classified the key elements of the HIV and AIDS Workplace Awareness Programmes, and how MoE hoped that its policy would be implemented according to the stipulated key elements. This study presented the findings of the HIV and AIDS Workplace Awareness Programmes activities that existed in each of the four schools under study. In order to maintain confidentiality, the names of the schools were not mentioned but were given letters A, B, C and D to represent the high schools under study because the topic under investigation was highly sensitive.

## **High school - A**

### **1. Sensitisation and Prevention.**

There was provision of Abstinence, Being Faithful, and Condom use (ABC) messages and condom distribution in teachers' toilets. Information, Education and Communication (IEC) materials were provided in form of brochures and flyers on HIV and AIDS to facilitate better understanding. Teachers had T-shirts on which HIV and AIDS sensitisation and prevention messages were written on and were worn every Friday. These materials were meant to help in behavioral change of high school teachers. In addition to the above, flyers with the information on the 999 toll free number for HIV counselling services were also available. Each year, Ministry of Education organises HIV and AIDS World Day and Teachers' Health Days. MoE invites schools to attend this day to a venue prepared by MoE. The school administrator of High School A was committed to activities on HIV and AIDS and responded to all invitations and always selected one or two high school teachers to attend this event.

The HIV and AIDS focal point person who was also working as guidance and counselling teacher stated that it was not possible for all teachers in the school to attend the event due to limited funding. During HIV and AIDS World Day, there was usually a mobile clinic. Teachers were encouraged to have general body checkups such as high blood pressure and many other diseases. The main purpose of mobile clinics was to encourage teachers to take up VCT. However, this service was not always available because it was reliant on donor funding.

## **2. Care and Support activities.**

Voluntary Counselling and Testing (VCT) was done to one or two high school teachers those who were privileged to attend the mobile Voluntary Counselling and Testing (VCT) visits in schools or at a selected venue by MoE on World AIDS Day and Teachers' Health Days. Those that tested positive were given referral letters to go to the nearest health center for further HIV diagnosis and care. It is important to state that it was not on all World AIDS Day and Teachers' Health Days that this service was offered because it depended on the funds available and the sponsors. The sources of funding for the Ministry of Education HIV and AIDS workplace awareness programmes were mainly Government of the Republic of Zambia, PEPFAR, GFATM and UNICEF. The HIV and AIDS Focal Point Person stated that she was not a trained HIV and AIDS focal point person but was a qualified counselling and guidance teacher. The officer pointed out that there were no peer educators and caregivers in the school and that most teachers sought such services from other health providers or clinics of their choices where they felt comfortable.

### **High School - B**

#### **1. Sensitization and Prevention.**

High school B was similar to high school A in that it also provided Sensitisation and prevention messages of Abstinence, Being Faithful, and Condom use (ABC). Condoms were also put in teachers toilets. Information, Education and Communication (IEC) materials were provided in form of brochures and flyers on HIV and AIDS to facilitate the understanding on how it can be transmitted and prevented. Teachers had T-shirts on which HIV and AIDS sensitisation and prevention messages were written on and are worn every Friday like high school teachers in school A. Flyers with the information on the 999 toll free number for HIV counselling services were also available. HIV and AIDS World Day and Teachers' Health Days were also part of the activities like the case was in school A.

## **2. Care and Support activities.**

High School-B also responded to the invitation to HIV and AIDS World Day and Teachers' Health Day. The school administrators always selected an average of two high school teachers to attend this event. Those who attended were expected to come back and brief other teachers and usually came back with brochures or flyers. Similarly, the HIV and AIDS focal point person was also working as guidance and counselling teacher as in school A. The officer stated that he was trained through in-house workshops organised MoE which he attended two times and funded by PEPFAR and GFATM. The officer pointed out that through these workshops a lot of skills were acquired such as psychosocial counselling skills and that he was also a peer educator. He further stated that teachers found it difficult to come over for counselling and they preferred to be counseled by someone they did not know.

### **High school – C**

#### **1. Sensitisation and Prevention.**

There was provision of Abstinence, Being Faithful, and Condom use (ABC) messages like in high schools A and B. Condoms were initially put in the teacher's toilets for a short period of time when the programme was introduced but they were never put there again. Information, Education and Communication (IEC) materials were provided in form of brochures and flyers on HIV and AIDS and were put in the staffroom for teachers to read. Teachers did not have T-shirts on which HIV and AIDS sensitisation and prevention messages were written on and worn every Friday like the case is in high schools A and B.

The HIV and AIDS focal person who was also working as guidance and counseling teacher stated that nothing much was done for the teachers and that she dealt mostly in pupil's affairs. The officer pointed out that in most cases, the school administrators asked her to attend meetings and workshops on HIV and AIDS if the school was invited to do so by MoE or other Non-governmental Organisation. Afterwards, the HIV and AIDS focal person would brief the rest of the teachers on what was learnt.

## **2. Care and Support activities.**

Voluntary Counseling and Testing (VCT) was not done at the workplace. Teachers found it easy to find their own way to the clinics or health centers where they enjoyed their privacy. Those that were tested positive went to the clinics of their choice for further HIV diagnosis and care. There were no peer educators and caregivers in the school and that most teachers sought help elsewhere. The HIV and AIDS focal point out that, the school administration once in a while organises experts on HIV and AIDS to come and talk to the teachers on the issues of HIV and AIDS.

### **High school – D**

#### **1. Sensitization and Prevention.**

There were Information, Education and Communication (IEC) materials which were in form of brochures and flyers on HIV and AIDS to facilitate the understanding like other three schools. Messages of Abstinence, Being Faithful, and condom use (ABC) were through IEC materials but were not regular. They did not have T- shirts on which HIV and AIDS sensitisation and prevention messages were written on like the case was in other schools. The guidance and counselling stated that they did not have funds for that exercise. She further pointed out she was very conversant with pupils affairs and that in fact much of the materials which were available were for pupils such as Kwatu magazines and monthly newsletters from ZARAN.

#### **2. Care and Support activities.**

Voluntary Counseling and Testing (VCT) was not done at the workplace like the case was in all the schools. It was clear that there was no HIV and AIDS focal point person in this school. The school administration appointed any teacher to attend workshops and other activities such as HIV and AIDS World Day. Once in a while, the school administration organised talks and workshops on HIV and AIDS at the school where issues VCT, treatment and stigma were discussed. Victims of HIV and AIDS after acquiring relevant information on HIV and AIDS, they sought medical care from clinics of their choice.

### 4.3.0 ATTITUDES, BELIEFS, SEXUAL PRACTICES ABOUT HIV AND AIDS.

Having established the knowledge on activities of HIV and AIDS on workplace awareness programmes in high schools under study, this theme highlights some attitudes, beliefs, sexual practices on HIV and AIDS.

#### 4.3.1 Respondents' views on how it can be contracted. Responses recorded in Table 3 below.

**Table 3**

	Yes		No		Not sure		Total
	M	F	M	F	M	F	
using unsterilized needles for injections	46	34	0	0	0	0	80
Drinking from the same cup with an infected person	2	4	44	28	0	2	80
having unprotected sex	46	34	0	0	0	0	80
sharing the same toilet and bathroom with a sick person	46	34	0	0	0	0	80
through saliva by deep kissing	45	31	1	2	0	1	80
by mosquito bite	2	3	43	30	1	2	80
blood transfusion	46	34	0	0	0	0	80
Condom lubricant	0	2	45	30	1	2	80
Witchcraft	3	2	43	31	0	1	80

**Source: Data from questionnaire 2009.**

The findings in Table 3 above show that the majority of the respondents above 77% knew how HIV and AIDS can be transmitted. Moreover, Knowledge on ways of how to prevent HIV and AIDS in Zambia has increased from 77.8% in 1998 to 90.7% in 2005 (ZSBS: 2005). This is an indication that high school teachers in Lusaka are knowledgeable enough on how HIV and AIDS can be contracted. Despite high school teachers being highly educated, significant misconceptions still persist among high school teachers such as beliefs that mosquito bites can cause HIV, witchcraft, condom lubricants, and drinking from the same cup with an infected person could transmit HIV. Findings indicated that 4% of high school teachers thought that one can get HIV and AIDS through condom lubricants and 2% of high school teachers were not sure on some questions. This shows that though the majority of high school teachers knew how HIV was contracted, 5% of them did not know.

Therefore, it is important to state from the findings that it is clear that higher education levels of high school teachers under study do not necessarily correlate with increased knowledge and less risky behaviour because misconceptions about HIV and AIDS still persist. Evidence shows that HIV is not spread through touch, sweat, saliva, condom lubricant, mosquito bites or by breathing the same air with an HIV-infected person ([www.webmd.com/hiv-top-myth](http://www.webmd.com/hiv-top-myth)). It is evident that there is a significant lack of comprehensive understanding about HIV and AIDS and this is the reason why a few high school teachers were not sure on how HIV was transmitted. As a result, these misconceptions on HIV and AIDS among some high school teachers mislead them and expose them to risky behaviour. Furthermore, the researcher was interested in finding out what respondents thought were the measures of the prevention of HIV transmission. The respondents were asked to choose the answers from the following options.

The letter in the table stands for;

- A      abstinence.
- B      having multiple sex.
- C      sticking to one partner.
- D      preventing mosquito bites.

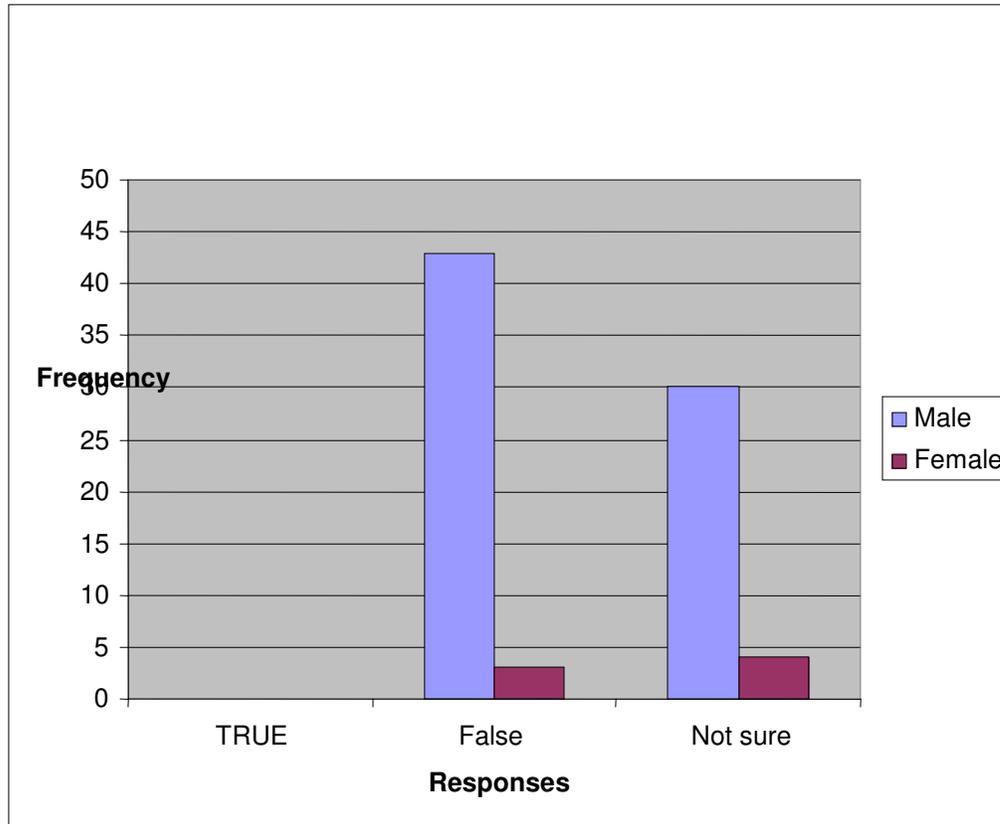
- E using condoms during sexual intercourse.
- F washing genitals immediately after sex with soda, soap, water or alcohol.

From the findings, it is clear that more than three quarters of the respondents chose ACE which is abstinence, sticking to one faithful partner and using condoms as a measure one can take to prevent HIV and AIDS. This shows that most high school teachers knew that you can prevent HIV and AIDS transmission through abstinence, sticking to one partner and using condoms during sex. Findings also revealed that none of the respondents gave a wrong way of preventing HIV.

This clearly shows that the respondents had sufficient knowledge on how HIV is transmitted and how it can be prevented. Knowledge of abstinence as a preventive method is virtually universal in Zambia. More than nine out of ten respondents recognised the method. Total percentages were 96.6% among urban respondents and 94% among rural respondents. (ZSBS: 2005) It is important to state that the majority of the high school teachers in Lusaka recognised having one faithful partner as an effective prevention method. Therefore, it is clear from the findings that most respondents recognised all three of the ABC prevention methods (abstaining from sex, being faithful to one partner, and consistent condom use).

**4.3.2 Knowledge on whether a person with Tuberculosis certainly had HIV and AIDS. The responses were recorded in Figure 1 below.**

**Figure 1**



**Source: Data from questionnaire 2009.**

Findings in Figure 1 show that none of the respondents either male or female said that a person with tuberculosis definitely had HIV. Only 4% males and 6% female respondents out of 80 were not sure. This shows that most of the teachers knew that it was not always that a person with tuberculosis is HIV positive. Tuberculosis (TB) is a chronic or acute bacterial infection that primarily attacks the lungs, but which may also affect the kidneys, bones, lymph nodes, and brain. TB bacteria infected more than one-third of the world's population at some time in their lives by 2005 (Microsoft Encarta: 2007). Symptoms of pulmonary TB include coughing, chest pain, shortness of breath, loss of appetite, weight loss, fever and fatigue. Therefore children and people with weakened immune systems are the most susceptible to TB. When TB patients fail to follow the prescribed treatment, they may become vigorously infectious, spreading the disease to others and even become

chronically ill and can easily be likened to a person infected by HIV because symptoms may be similar in some cases.

There are a number of factors that can contribute to some people suspecting that a person with tuberculosis (TB) could also be HIV positive because infection with the human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS), is the single greatest risk for progression of TB infection to disease. People with HIV have weakened immune systems that increase their susceptibility to TB. Therefore, in these people with TB often progresses rapidly from the primary to the secondary stage. The increase of TB incidence is highest in Africa, Asia and in areas with the highest number of people infected with HIV. However, where information of HIV and AIDS is not sufficient, it is possible for people to liken TB patients to HIV and AIDS victims. However, it is not always that a person with tuberculosis is HIV positive but it is important to point out that an HIV positive victim is more susceptible to the infection because his or her low immune system.

**4.3.3 Knowledge on whether a woman with HIV can transmit the disease to her unborn baby. The responses are shown in Table 4 below.**

**Table 4.**

		Sex of the respondents		Total
		Male	Female	
Respondents' responses at whether a pregnant woman who is HIV positive can transmit the virus to her unborn baby	True	15	8	23
	False	1	1	2
	Only if not taken precautions during delivery	29	24	53
	Not sure	1	1	2
<b>Total</b>		<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 4 above show that the majority, 66% of the respondents knew that it was possible for the baby to be born without HIV if precautions were taken during delivery. This included 36% males and 30% females. On the other hand 3% of the respondents were not sure and 23 said that a baby of an HIV infected mother will have HIV. It is important to state that HIV transmission in pregnant women and their babies is often referred to as mother-to-child transmission (MTCT) which has become a crucial intervention in the global fight against this epidemic. MTCT is usually by perinatal transmission in which the mother passes the HIV virus to the child during pregnancy, during labour and delivery or through breastfeeding. Ninety-nine percent of the pregnant women globally are HIV negative and need information, counselling, and services in order to remain safe (UNAIDS: 2005). Preventing HIV infection in these women protects the women themselves for their own sake, and protects their babies and partners.

In Zambia, more than eight out of ten males were reported to have knowledge of mother-to-child transmission, with only a very small increase, from 81.8% in 2000 to 83.6% in 2005. Overall percentages for females are slightly higher than those for males. It is evident that vital information is usually disseminated mostly to women when they attend antenatal clinic. In 2005, more than nine out of ten women pregnant in the last two years attended antenatal care at least once (94.3%). Attendance rates are almost the same among women in urban (96.2%) and rural areas (93.8%) (ZSBS: 2005).

Therefore, from the findings of this study, it is clear that most male and female high school teachers have enough knowledge on whether a pregnant woman who is HIV positive can transmit the virus to her unborn baby. HIV and AIDS awareness programmes in high schools are critically important in order, to raise the general level of knowledge of transmission of the virus from mother to child so that no high school teacher is left ignorant or doubting as reported from the findings of this study. However, these findings show that the majority of the high school teachers knew that HIV transmission can be prevented if precautions are taken during delivery.

**4.3.4 Knowledge on whether breast milk from an HIV positive mother can transmit HIV and AIDS. The responses are shown in Table 5 below.**

**Table 5**

Respondents' responses at whether breast milk from an HIV positive mother can transmit HIV virus to the baby	Sex of the respondents		Total
	Male	Female	
True	32	18	50
False	5	11	16
Not sure	9	5	14
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

From the findings in Table 5 above, most respondents knew about MTCT and about the usual routes of transmission that transmission could occur during pregnancy, at delivery, and through breast milk. The majority 63% thought that HIV and AIDS could be transmitted through breast milk. This included 40% male and 23% female respondents. On the contrary, 16 respondents said that HIV cannot be transmitted from a mother to a child through breast milk and 14 respondents were not sure.

Knowledge that transmission can occur at delivery and through breast milk has increased over the survey years. Previous surveys indicates that knowledge of possible transmission through breast milk was 86.0% for males and 90.9% for females in 2005, an increase from the 2000 survey of 9 percentage points for males and 11 percentage points for females from 2000. (ZSBS: 2005). It is important to state that after birth, babies born to HIV-infected women test positive for the virus, because they have their mother's antibodies (HIV tests measure antibodies to the virus). The infants' true status, however, won't be known for another three to six months. Nonetheless, all of the babies should receive treatment just in case, until their HIV status is verified. After birth, HIV-infected women should not breastfeed, said Ms. Barringer, because breastfeeding increases the

risk of transmission by 15 percent (UNAIDS: 2005). Until knowledge of MTCT is widespread, it is important to continue efforts to educate high school teachers in their workplaces through HIV and AIDS workplace awareness programmes in high schools.

**4.3.5 Knowledge on whether HIV and AIDS have a cure. Responses were recorded in Table 6 below.**

**Table 6**

Respondents' responses at whether HIV/AIDS can be cured	Sex of the respondents		Total
	Male	Female	
Yes	1	3	4
No	40	29	69
Not sure	5	2	7
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

Findings in Table 6 above show that more than three quarters 86% knew that HIV and AIDS disease was not curable. On the other hand, 11 respondents did not know that HIV and AIDS were not curable. This included 4 respondents who said that HIV and AIDS were curable and 7 who were not sure. These findings show that most of the teachers knew that HIV and AIDS was not curable and only few of them felt that it was curable or were not sure.

One 40 years old female teacher from the 4 teachers who said that HIV and AIDS were curable said that; “there is nothing impossible with God; one can be cured of HIV and AIDS depending on one’s level of faith”. It is therefore very vital to note that issues of faith are very complex and demands a deeper understanding and reflection so that humanity is not misled. The Theological Reflections states that, AIDS in the life of humanity and in the life of church is very new, and thinking is just beginning (TR: 2003).

The church itself in general is making a lot of efforts with the purpose of stimulating mature and more courageous reflections in facing HIV and AIDS in the world.

The church is not exempted from HIV and AIDS and this poses a challenge in coming up with solutions to this problem at hand. It is not enough to depend on faith and miracles without taking meaningful action. Indeed, Christians believe that everything is possible with God but faith should be coupled with action. Faith alone without action is not enough especially in this era of HIV and AIDS and that much as it could be very important to have complete faith in God, it is very important to be realistic in order to be helped. Though there is no known cure for HIV and AIDS at the moment, drugs such as ARVs have been discovered which act on the immune defences against viral infections eventually activate to battle HIV in the body, reducing but not eliminating HIV in the blood. Infected individuals' lives can be prolonged and enter a symptom-free period that can last ten years or more and may remain in good health during this period, while HIV continues to replicate, progressively destroying the immune system.

Harrington an American AIDS activist, became infected 1985 with HIV that causes AIDS. He began taking the drugs in 1996. "There can be little question that my immune system is much better, and my health stronger, than it was in 1996," he told the assembled delegates (Encarta: 2007). Harrington's story illustrates the enormous progress made in treating people living with HIV. However, it is important to state that Harrington's situation is a special one because the majority of HIV-infected people across the globe live in developing countries, where access to sophisticated medical care and costly medications is far beyond the reach of nearly all of those infected. Hence, it is very important for the victims of HIV and AIDS to act responsibly by taking ARVs and adhering to medical instructions as researchers in the medical field are busy working out solutions to this problem. HIV and AIDS workplace awareness programmes in high schools have a big challenge to disseminate such information so that high school teachers are well informed on issues pertaining to HIV and AIDS and that they cannot be misled when confronted with issues of their faith.

**4.3.6 Knowledge on whether symptoms of HIV and AIDS were well known by all school teachers. The responses were recorded in Table 7 below.**

**Table 7**

Respondents' responses on whether symptoms of AIDS are well known by all high school teachers	Sex of the respondents		Total
	Male	Female	
True	9	7	16
False	26	17	43
Not sure	11	10	21
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009**

The findings in Table 7 show that 54% of respondents felt that teachers did not know the symptoms of HIV and AIDS only 20% of the respondents felt that teachers knew the symptoms of HIV and AIDS and 26% were not sure. One 35 years female teacher responded that; “symptoms of HIV and AIDS are very complex because they manifest in so many ways and that most victims do not disclose what their real problem is for fear of being stigmatised but would easily mention other illnesses such as pneumonia, liver or heart problem in trying to avoid being identified as HIV and AIDS victims”. This shows that the majority of teachers were still not sure of the symptoms of HIV and AIDS. It has been reported by some studies that symptoms of AIDS seem to have changed over years with the addition of new illness to the group of maladies.....You cannot tell from a person’s face whether he or she is infected or not, remember the infection can only be detected by doing a blood test such as ELISA which is an HIV antibody test ([www.bestindiansites.com/./AIDS.html](http://www.bestindiansites.com/./AIDS.html)). Therefore, it is evident that you cannot tell from a person’s appearance whether he or she is infected with HIV and AIDS. This is because AIDS is not one disease; it ranges from a number of diseases such as yeast infection, pneumonia, TB to cancer.

It is important to note that awareness that a healthy looking person can have HIV increased among all respondents in Zambia in 2005 and the overall percentages for men and women reporting this awareness were 93.4% and 89.3%, respectively though females were reported less frequently than the male respondents (ZSBS: 2005). It is evident from the findings that most teachers in high schools knew that it was not possible to tell by looking whether someone was HIV positive or not.

It should be noted by all high school teachers that HIV and AIDS symptoms do not follow a regular pattern and that each patient may have a unique experience depending on his or her immune system making it difficult for someone to tell by personal appearance whether someone is infected by HIV. However, awareness that a healthy looking person can have HIV increased among all respondents in Zambia in 2005 and the overall percentages for men and women reporting this awareness were 93.4% and 89.3%, respectively though females were reported less frequently than the male respondents (ZSBS: 2005). It is evident from the findings that most teachers in high schools knew that it was not possible to tell by looking whether someone was HIV positive or not.

**4.3.7 Knowledge on whether condoms had small pores which could allow a virus to pass through. The responses were recorded in Table 8 below.**

**Table 8**

	<b>M</b>	<b>F</b>	<b>Total</b>
True	5	1	6
False	39	13	50
Not sure	2	20	22
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The finding in Table 8 above show that 63% of the respondents stated that condom did not have small pores that can allow the HIV virus to pass through. On the other hand, only 8% of said that condoms had pores that could allow a virus to pass through and 28%

of the respondents were not sure. The majority of the respondents who stated that condoms do not have small pores which can allow a virus to pass through were men. It is important to note that condoms like all other contraceptives are not 100% safe. However, most failure is as a result of human factors such as not being able to use a condom properly and poor storage and exposure to heat and light by some careless manufacturers and users especially in developing countries. Condoms for life confirms that poorly manufactured condoms which are sometimes found in developing world or those stored at excessive heat for a long period of time can fail [www.condom4life.org/facts/condom](http://www.condom4life.org/facts/condom).

Therefore, though condoms are not perfect, they are highly effective in preventing HIV infection. Claims that latex condoms allow HIV to pass through are unfounded because the pores that are found in latex condoms are too small to allow HIV to pass through. Research indicates that in the laboratory latex condoms are very effective at blocking transmission of HIV because the pores in condoms are too small to allow the virus to pass through. However, outside the laboratory condoms are less effective because people do not always use condoms properly (UNIAIDS: 2005.) These findings indicate that a good number of the high school teachers though well educated, had wrong ideas on whether condoms had pores which could allow a virus to pass through, an indication that knowledge on condoms and HIV and AIDS was still not adequate.

It is important to state that HIV and AIDS workplace awareness programmes on high school teachers have a great challenge to impart correct knowledge to teachers on the characteristics of condoms and that will help reduce the unfounded fears that might hinder high school teachers from using the condoms.

## **CHAPTER FIVE: ATTITUDES, BELIEFS AND SEXUAL PRACTICES ON HIV AND AIDS.**

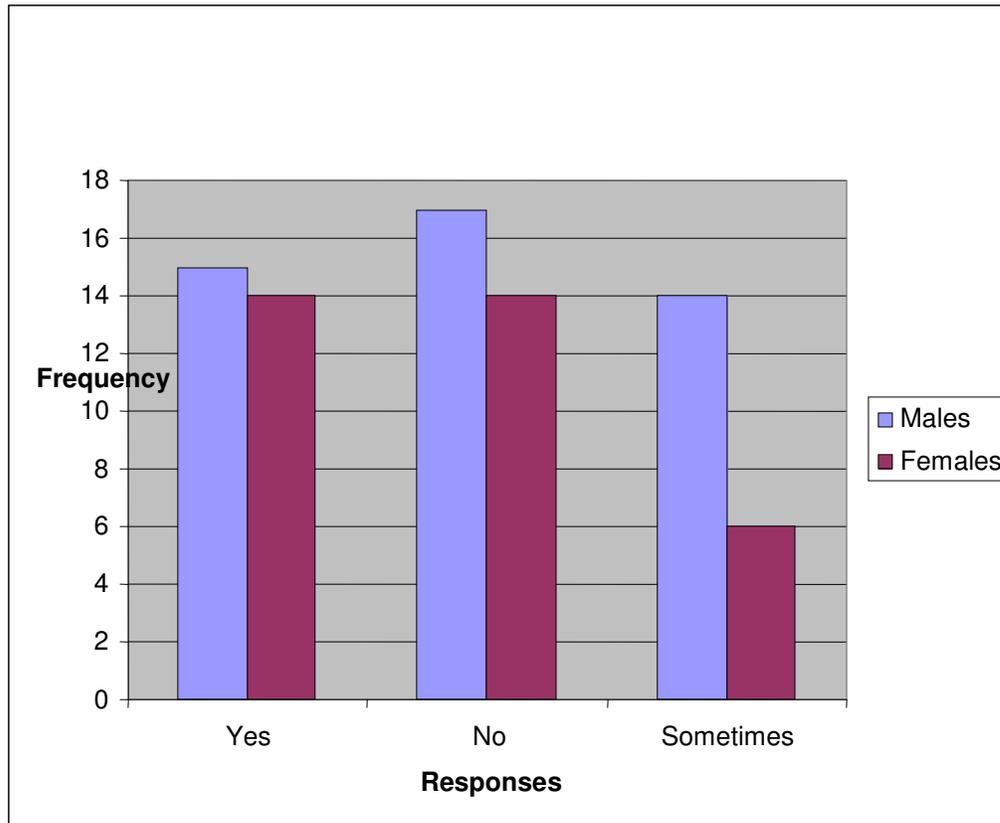
### **5.0 Introduction**

HIV and AIDS is a global problem with a disastrous impact not only on human survival but also social and economic development. Attitudes can be understood as opinions or a general feeling towards something (Encarta: 2007). Attitudes can either be positive or negative depending on a situation. Negative attitudes towards AIDS patients are reported in many parts of the world, including Zambia. These prejudices greatly hinder efforts to control the epidemic (ZSBS: 2005). Some negative attitudes such as stigma associated with HIV arise from the fact that the main form of transmission is through sexual contact. As a result, it has generated fear, anxiety and prejudice against those unfortunate enough to have contracted the virus.

Despite concerted efforts in Zambia and elsewhere to address stigma and discrimination, many still view people living with HIV as shameful and blame them for being irresponsible. Where these negative attitudes exist, discrimination against infected individuals is also likely to be common, fuelling further anxiety and prejudice. Stigma and discrimination are key challenges to prevention and control of the epidemic. Among other things, the presence of social stigma leads people to feel a need for secrecy and denial, and hinders individuals from seeking VCT.

In many parts of the world, condom use is often associated with extra-marital sex. Some people may be reluctant to suggest condom use with their regular or marital partners because of such implications. There is a possibility that condoms and other services may not be used as expected to mitigate HIV and STIs since they may be greatly influenced by such attitudes. According to the policy statement, educators would require skills and non-discriminatory attitudes to deal with the emotional and social impact of the epidemic at home and in the workplace.

**5.1 Respondents' responses on whether they used condom during sexual intercourse. The responses were recorded in Figure 2 below.**



**Source: Data from questionnaire 2009.**

Figure 2 shows that only 36% respondents used condoms during sex and out of these 36% the majority (19%) were male. On the other hand, 39% respondents said that they never used condoms. The majority (21%) of those who never used condoms were male. Twenty respondents said that they only used condoms sometimes. It is important to state that condom use in Zambia is recognised as an effective way to prevent infection. However it is still not as widespread as it should be. This reflected that the category of the respondents with the highest frequency were those who never used condoms. Accepted notions of masculinity and femininity also come into play. For instance, in many cultural settings, women whether married or single are supposed to be sexually innocent and may therefore be reluctant to carry or suggest using condoms for fear of being seen as promiscuous.

Many young men dislike condoms for their interference in the carefree enjoyment of sex. This attitude is strengthened by a stereotypical association of sex with risk-taking as a marker of masculinity. Condoms in many contexts are associated with illicit or extra-marital sex. Therefore, women whether married or single are often powerless to request their sexual partners to use a condom despite suspecting that they may be infected with HIV. They do so for fear of reprisal at the implied accusation of being unfaithful. Research conducted in a diverse range of countries found that women whether married or single avoided asking their sexual partners to wear a condom for fear of violent response or accusations of her own suspected infidelity (ILO: 2005).

Having your own children is something that some culture has given great value. This is evident from among those who said that they only used condoms at times, indicated that they used only to prevent pregnancy and when they wanted to conceive they wouldn't have used it since condoms prevent conception. Findings from this study indicate that of the 39% respondents, 6% of them said they never used condoms because of their culture and religion and that they depended on natural methods to prevent conception.

Culture and religion have a profound effect in maintaining the gender status quo and upholding social norms and expectations of men and women, and can create some of the most significant barriers to effective HIV prevention (UNAIDS:2005). Culture and religion will continue to increase men and women's vulnerability to infection as long as they continue to represent sex and sexuality as a taboo subject. A key example is the stance of the Catholic Church on the use of condoms. The Catholic Church's strong official condemnation of condoms is based on the church's attitude to artificial contraception in general. In this view, using condoms misuses God's gift of sex which is intended for the transmission of life in marriage (Onyanha et al: 1998).

**5.2 Respondents' responses on how often respondents used condoms during sex. The responses were recorded in Table 9 below.**

**Table 9**

	<b>Male</b>	<b>Female</b>	<b>Total</b>
Always	14	5	19
Sometimes	12	8	20
Not applicable	20	21	41
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

Findings in Table 9 above show that only 24% of the respondents said that they always used condoms during sex. Hence, 25% of the respondents though used condoms, they only used condoms sometimes. The majority 51% of the respondents did not respond. The majority of the women who said that they do not use condoms said that condoms can be very uncomfortable especially female condoms. On the other hand, responding to the same question, the HIV and AIDS focal point person stated that condoms do not have any problem. The HIV and AIDS focal point person argued that those who complained after using condoms it was usually psychological because most people are not prepared to use condoms due to the myths that surrounds condom use. He also pointed out that if female condoms are not inserted properly, they may cause discomfort. However, if instructions are followed carefully by sexual partners then sex using condoms is supposed to be enjoyed in the same way as though condoms is not used and can not cause any illness.

Condoms for life confirm that, polyurethane condoms (female condoms) are made of a type of polythene that is thinner than latex condoms, and so they increase sensitivity and are user friendly to those who use them correctly. Studies suggest that they are less likely to break if used correctly and the chances of breaking are reduced by the lubrication on the condoms which makes it easier for one to put it on and more comfortable to use ([www.condom4life.org/facts/condom](http://www.condom4life.org/facts/condom)). These studies suggest that most high school teachers do not have adequate information on condoms especially female condoms and

affects their condom use. A study on the impact of HIV on Education in Rwanda funded by DFID reported that good data on HIV and infection risks among teachers are available, but teachers are vulnerable to HIV due to inadequate knowledge about and poor access to condoms (DFID:2005).

Respondents were also asked the reasons why they used condoms. Findings show that 46% of the respondents who used condoms, 23% of them used condoms only to prevent pregnancies and 24% 19 respondents used condoms to prevent both HIV and AIDS and pregnancies. Out of these 24%, 15% (the majority) were male. These findings show that the majority of the respondents who used condoms during sex used condoms only to prevent pregnancies.

### 5.3 Respondents' thoughts on whether condoms reduced sexual pleasure.

Responses were recorded in Table 10 below.

**Table 10**

Respondents' responses on whether condom use reduces sexual pleasure	Sex of the respondents		Total
	Male	Female	
True	10	12	22
False	18	13	31
Not sure	18	9	27
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

Findings in Table 10 show that out of 80 respondents, 26% thought that condoms reduced sexual pleasure and 15% of these were females. Only 39% of the respondents said that condoms did not reduce sexual pleasure and 34% were not sure. These findings reveal that only a few respondents thought that condoms reduced sexual pleasure and the majority of these were female teachers. It is important to state that findings from the survey carried out in 2005 indicated that condoms suppress sexual pleasure (29.2% agreed, 36.6% disagreed (ZSBS: 2005). Beliefs that condoms reduce sexual pleasure

should be come to an end because they are unfounded. Teachers should be encouraged to be free to use the type of condoms that would make them feel as though they were using nothing at all. Some condoms are lubricated on the inside with a special body heat-activated climax control lubricant that allows long lasting sex for both partners whereas some are very thin and contain more lubricant for a more natural feeling ([www.billdol./dir/health/sex/q/c](http://www.billdol./dir/health/sex/q/c)).

**5.4 Respondents' beliefs on whether female condoms can cause complications when pushed in the womb of a woman during sexual intercourse. Responses were recorded in Table 11 below.**

**Table 11**

	<b>Male</b>	<b>Female</b>	<b>Total</b>
True	23	16	39
False	6	4	16
Not sure	17	14	25
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

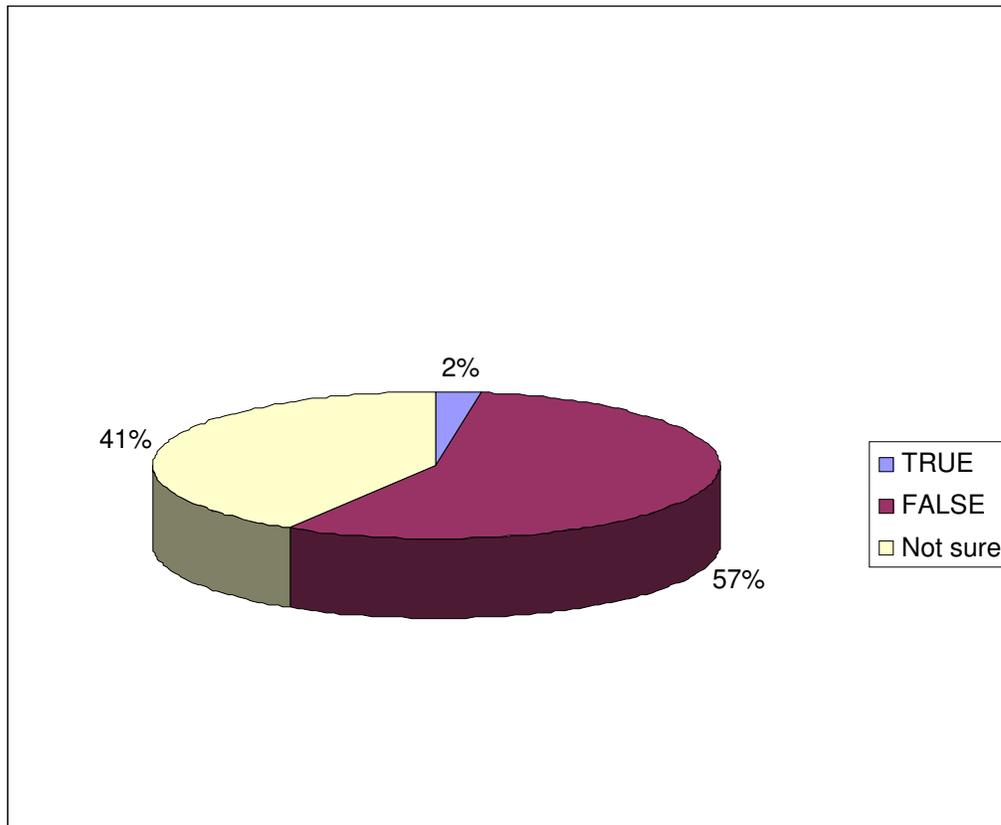
**Source: Data from questionnaire 2009**

The findings in table 11 show that 49% of the respondents thought that female condoms can fall off the vagina during sexual intercourse and cause complications when pushed in the womb. However, only 20% of the respondents said that female condoms had no effects while 31% said that they were not sure. A 37 years old woman said; “when my husband brought a female condom for me I was very excited but after reading the instructions and opening it, I was not ready to use it. The shape put me off and to be honest I thought it could remain inside.” This may indicate that some women had a wrong conception and negative attitude towards female condoms and were not willing to use it. Myths, misperceptions and fears about condoms are significant deterrents to their use, and often exhibit underlying gender inequalities. For example, fears that a female condom can cause complications should it be pushed to the womb. It is important to note that such fears are unfounded because if a female condom is inserted properly and the

male organ guided properly when using it, there is no way it can fall off and be pushed to the womb. Studies indicate that the usage of condoms in both types usually require some level of partner cooperation, its availability is to a degree limited by demand and by factors such as lack of knowledge, lack of trained staff able to demonstrate its fitting and use, and by higher cost (UNAIDS:2005). Therefore, HIV and AIDS workplace awareness programmes in high schools should ensure that they educate high school teachers on how to use condoms correctly and not to take it for granted that teachers already know how to use condoms.

**5.5 Respondents' beliefs on whether prolonged use of condoms had a negative effect on the sexual performance of a man. Responses were recorded in Figure 3 below.**

**Figure 3.**



**Source: Data from questionnaire 2009.**

The findings in Figure 3 show that the majority 57% of the respondents knew that prolonged condom use had no negative effects on the future sexual performance of a man. Only 2% of the respondents said that condoms reduced sexual performance and the remaining 41% were not sure. This is an indication that the majority of teachers knew that condoms had no effects on a man's sexual performance after using them for a long time. It is important to state that both male and female condoms are safe to use for most couples. Research suggests that condoms do not produce irritation or allergic reactions in people sensitive to latex (UNAIDS: 2005).

**5.6 Respondents' view on whether they practiced multiple sex. Results on this were recorded in Table 12 below.**

**Table 12**

		Sex of the respondents		Total
		Male	Female	
Respondents' responses on how many sexual partners they have	1	24	23	47
	2	9	3	12
	3	3	3	6
	More than 3	10	5	15
<b>Total</b>		<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 12 reveal that the majority 59% of the respondents had only one sexual partner. Hence, (19%) respondents had more than three sexual partners. Furthermore, the findings show that the majority of the respondents with more than three sexual partners were male teachers. This shows that male teachers were the ones who were more engaged in practicing multiple sex. The stereotyped concepts of masculinity and femininity also lead to double standards governing the sexual behaviour of women and men in both traditional and modern societies. Men are expected to be knowledgeable and experienced in sexual matters, whereas women are expected to be somewhat naïve, if

they show knowledge or interest in sexual areas they may be regarded as immoral or “cheap” (Marston and King, 2006: 5). Promiscuity among men is more readily condoned than among women whether married or single. This is evident why male high school teachers tend to have more sexual partners than their female counterpart because their traditions in a way demands that by having many sexual partners they prove that they are real “men” and that that is expected of men. More than three quarters of the respondents, 93% of them did not approve of having many sexual sex partners. Only 6 out of 80 respondents approved of having many sexual partners. From these six, four were male respondents.

Most of the people who were interviewed said that multiple sex should be discouraged to curb the spread of HIV and AIDS. However, it is important to note from the findings of this study that though most high school teachers said that they did not approve of having many sexual sex partners, it was found out that there are still some high school teachers who engage in multiple sex but where not ready to state during interviews, but were able to indicate on questionnaires how many sexual partners they had, an indication that people find it difficult to open up on issues pertaining their sexuality.

Globally, multiple partnerships are reported more commonly in developed than in developing countries, but concurrent sexual relationships in which the individual maintains a number of sexual partnerships at the same time appear to be more common in some regions where HIV prevalence is high (Wellings et al: 2006). However, as a result of globalisation, most high school teachers are slowly changing their culture to fit in the western one where sexual relationships can be taken casually. Moreover, many societies condone the practice of an older married man having a “girlfriend” on the side and understand the meaning underlying references to a “small house” or a “second office”. This is because some married men believed that having sexual intercourse with girlfriends was more romantic and enjoyable than the usual routine with their wives. This well-established practice has the twofold outcome of demeaning women and enhancing their risk of HIV infection and high school teachers are not exempted from this practice they are part and parcel of such societies.

Research conducted by Population Services International (PSI) on *Multiple and Concurrent Sexual Partnership in Southern Africa* reports that all African countries respondents pointed out that, in a situation where a person has a steady ‘love’ partner the ‘other’ multiple sexual partners are often kept and the relationship exists to satisfy sexual material or emotional needs (PSI: 2008). This was confirmed by one 28 years old man of the 6 high school teachers who approved of having multiple sexual partners. He said that, ‘one of the reasons why people resort to multiple sexual partners is lack of sexual satisfaction with their steady partners or spouses. “...us men look for varied sexual adventures and those physical specific characteristics that may not be present in a wife or in a steady partner”. However, most of those who approved of having multiple sexual partners pointed out that lack of communication between sexual partners led to sexual dissatisfaction which contributes to multiple sexual relationships.

**5.7 Respondents' responses on whether they had been tested for HIV and AIDS before. The results were recorded in Table 13 below.**

**Table 13**

Respondents' responses to whether they have been tested for HIV/AIDS before	Sex of the respondents		Total
	Male	Female	
Yes	24	30	54
No	22	4	26
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The results in Table 13 show that the majority 69% of the respondents had tested for HIV before. The findings further show that out of the respondents who had gone for an HIV test 38% were female teachers. This indicates that there were more female teachers who had gone for an HIV test than their male counterparts. One female high school teacher pointed out that; “as women we are really vulnerable when we became pregnant and even

if it is not an easy decision to make, when we go for antenatal clinic nowadays, we have no choice but to take an HIV test for the sake of preventing the baby in case the mother is HIV positive”. This is one factor that has made most of high school female teachers to test for HIV.

Therefore, it is very important for high school teachers to have knowledge of their HIV status because it is through this that they can be empowered and be able to take precautions to protect themselves against acquiring or transmitting the virus. Promotion of voluntary counselling and testing (VCT) is an essential element in response to HIV epidemic because of its importance of VCT as a cost effective HIV prevention to its role in improving access to care and support. In Zambia, a number of (VCT) sites have been established and their use is encouraged throughout the country. However, findings from ZSBS review that most people have still not been tested. Hence, workplace awareness programmes in high schools have the challenge to ensure that members of staff are exposed to the right information and are encouraged to know their HIV status.

In the face of HIV and AIDS, feelings of insecurity and hopelessness are inevitable. Nolan confirms that, most human beings today live in a state of suppressed despair, trying to find ways of distracting themselves from the hard realities of our times (Nolan:2008). In the same survey conducted by ZSBS, respondents were asked on possible reasons why some individuals might choose not to go for VCT. The reasons most commonly cited were “fear of learning the test results.” Therefore, 74.5% of respondents indicated that it was as a result of fear of knowing their test results whereas fear of stigma or discrimination was mentioned by about one-third of all respondents (ZSBS:2005). Hence, workplace awareness programmes in high schools have the challenge to ensure that members of staff are exposed to right information and are encouraged to know their HIV status

**5.8 Factors that led respondents to go for HIV test. Responses were Recorded in Table 14 below.**

**Table 14.**

		Sex of the respondents		Total
		Male	Female	
Respondents' responses to what circumstances led them to be tested for HIV	Became ill and decided to be tested	2	0	2
	After HIV and AIDS workplace programmes was prompted to go for VCT	8	6	14
	Sexual partner died of HIV and AIDS	1	1	2
	It is good for someone to know his or her HIV status	18	18	36
	Not applicable	17	9	26
	<b>Total</b>		<b>46</b>	<b>34</b>

**Source: Data from questionnaire 2009.**

The findings in Table 14 show that the majority 45% respondents of those who went for an HIV test went because they felt that it was important for them to know their HIV status. Only 3% of the male respondents went for a test after they had fallen sick and 3% of the respondents went for testing after their sexual partners died of AIDS. These findings could be an indication that some high school teachers knew that it was important to know their HIV status.

However, from the findings, 75% of the high school teachers indicated that diagnosis of HIV is generally much harder to take and in some cases those who went for HIV never went back to collect their results because they feared to learn their HIV status. An official Kara counselling, confirmed that there have been cases where after counselling some

clients, they will go ahead to take a test but will disappear and never come back for their results (Kara counselling: 2008). Weinstein points out that, it is important to note that an essential part of understanding HIV's emotional and psychological impact is to recognise it as complex as the disease itself (Weinstein: 2007). It is generally hard for someone to imagine his or her condition if diagnosed HIV positive. These thoughts provoke anxiety of what next. In addition, worries about declining health, body deterioration, and the possibility of premature death are unavoidable. Weinstein points out that, the greatest cause of psychological stress is change (Weinstein: 2007). The mind finds it hard to adjust to the new status of HIV. Hence, a lot of questions spin in the victims mind such as how will I be able to handle the stigma and discrimination at my workplace? How will I explain my status to my family and how will they take the news? Such thoughts are more tormenting than the illness itself.

As a result, some ideas of denial comes in and these can take various forms, such as addictions to smoking, drinking alcohol heavily, engaging oneself in unprotected sex, delaying in visiting the hospital by pretending to be well until they are so ill that they have to be hospitalised. Others get so depressed that they do not see any meaning in life and think of themselves as being less productive and can even wish to die before they get their HIV status results. Whereas others feel guilty and shame that they are HIV positive because they take it that it was their fault hence they easily give up and have no self-esteem. On the contrary, some develop great desire for miracles in order to be healed by higher powers; such as beliefs in miracles from God or yoga meditation.

HIV and AIDS workplace awareness programmes in high schools have a great challenge to address the psychological and emotional impact in connection to VCT. It is important for them to sensitise the high school teachers so that no matter how difficult it may be to adjust to HIV status, they should always bear in mind that with time, people can adapt to almost any circumstances although the initial period of adjustment is always challenging.

**5.9 Respondents' responses on whether they could tell other people if they tested HIV positive. Responses were recorded in Table 15 below.**

**Table15.**

Respondents' responses to whether they would tell other people if they tested positive	Sex of the respondents		Total
	Male	Female	
Yes	23	12	35
No	9	9	18
Not sure	14	13	27
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 15 show that only a few teachers were ready to tell other people about their HIV status when they tested positive. It was noted from this study that most high school teachers find it very difficult to disclose their HIV status but would rather mention the symptoms or other diseases than to come out and say that they were HIV positive and that they were suffering from AIDS.

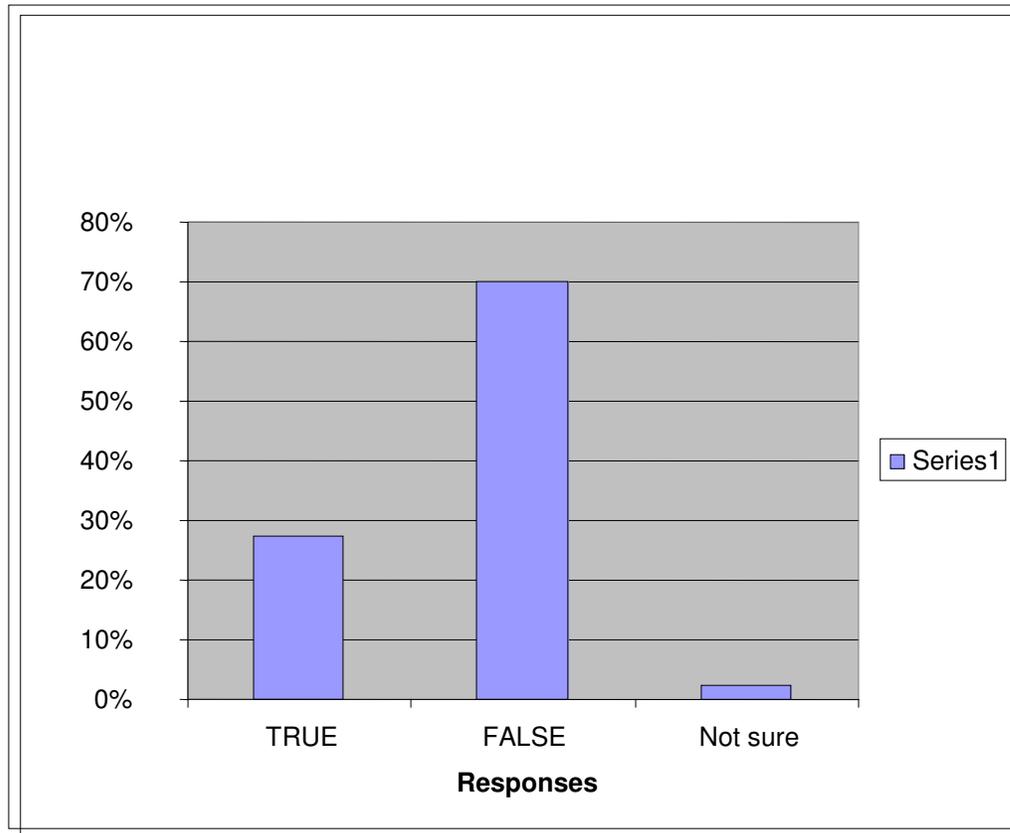
In order for the researcher to capture the needed information from the respondents, narrative analysis was very useful. A male teacher stated that; “it was not easy telling people about your status if you are positive for fear of how they will react towards the news. I would rather keep it to myself because people can make you die faster because of the way they can react towards you” On the other hand, a 43 years old female teacher stated that; “I am HIV positive and I received the news with great shock. I was depressed and I didn’t know that I would ever pull through. Stigma is real and people can really pull you down by the way they avoid you and make you feel you are too ill to do anything. However, with time I have accepted my situation. I come out when people make unfair sentiments of HIV and AIDS victims and this has made me feel that I am better off because am now able to take precautions and take care of myself and my children though my husband died six years ago of AIDS. I haven’t gone public as such but am able to speak freely to my workmates and friends about my status.” HIV and AIDS are real in

our midst and pretending that it's not there can be more deadly than the diseases itself. It doesn't pay to run away from the truth because it is as if one is running away from one's shadow. It pays a great deal to be true to oneself especially when dealing with deadly issues of HIV and AIDS. A modern example might be the realistic ego needed to face painful truth and get tested for HIV. However, even if we are found HIV positive, we can get ART and prolong our lives. The truth will set us free for further growth and development (Mudalitsa 2006:33). It is important to note that, it is only by facing the truth the way things are, will we be able to change our present situation for the better. Freud provides an example of what it means to be true to oneself. He preferred a painful truth to a joyful lie. Mudalitsa, points out that,

*'Freud drank alcohol rarely for he always wanted to be clear-minded and free of illusions. He was angry when his doctors did not tell him the full extent of his health problem. Even though he suffered from mouth cancer and a heart condition for many years, he preferred mental clarity to the painful relief alcohol might bring (2006:32).*

Therefore, HIV and AIDS workplace awareness programmes in high schools could learn something from this experience and work out strategies on how they can motivate high school teachers that it can be very beneficial for them to realise their full potential even in their HIV and AIDS status by coming out to confront the disease with courage.

**5.10 Respondents' thoughts on whether HIV and AIDS is just like any other disease and did not deserve the attention it was getting. Responses were recorded in figure 4 below.**



**Source: Data from questionnaire 2009.**

The findings in Figure 4 show that the majority of the respondents 70% thought that AIDS was not like any other diseases and deserved the attention it was getting. On the other hand, 27.5% of the respondents felt that AIDS was like any other disease and did not deserve the attention it was getting and 2.5% of the respondents did not know. Sensitising those who are in the workforce especially educators on HIV and AIDS and its implications is cardinal to the development of any country. The HIV and AIDS pandemic has developed into a major threat to human development especially in the poorest regions of the world such that its impact cannot be undermined. Women and girls are at particular risk because of power relations and concepts of masculinity that undermine their rights and ability to make their own decisions in most sectors. As a result, most of the women in developing countries are economically dependent on men and are also victims of

harmful traditional practices that increase their vulnerability and risks of their infection. IATT Case study review reports that,

*“the country was losing 800 teachers every year to AIDS-related illnesses. Children have also been seriously affected. 18% of all children under 15 (corresponding to 800,000 children) were classified as orphans in 2005. Research shows that most orphans struggle with very basic needs - only 50% have two pairs of clothing— and only 13% live in households that receive any kind of external support. Mortality rates of teachers are expected to continue to rise as infections from the nineties convert into full blown AIDS and a shortage of teachers is expected from 2011 onwards as deaths surpass the capacity of replacement of teachers (IATT: 2007).*

Hence, HIV and AIDS prevention requires concerted action from all sectors if “the tide” is to be turned out. Educators such as those involved in HIV and AIDS workplace awareness programmes in particular, are strategically placed to make a difference, since educational institutions reach further into communities around the world than any others. Education can act as a powerful weapon in HIV and AIDS awareness programmes which can help rule out wrong attitudes on few high school teachers who indicated in this study that they do not see the necessity of taking HIV and AIDS as a special diseases and that it requires more attention than other diseases.

The World Bank confirms that education protects against HIV infection through information and knowledge that may affect long-term behavioural change, particularly for women by reducing the social and economic vulnerability (World Bank 2002). HIV and AIDS, Focal Point Persons from both Ministry of Education headquarters (MoE) and Teacher Education Department (TED) pointed out that; “HIV and AIDS deserves the attention it is getting and in fact more has to be done in reaching out more high school teachers through capacity building. The Ministry has put in place many programmes but due to limited funding, some activities targeted at reaching out teacher have been left hanging” (MoE: 2009).

**CHAPTER SIX: KNOWLEDGE ON HIV AND AIDS ON WORKPLACE  
AWARENESS PROGRAMMES.**

**6.0 Introduction.**

This chapter discusses on knowledge of HIV and AIDS on Workplace Awareness Programmes.

**6.1 Respondents' responses on whether they had HIV and AIDS focal point persons in their schools. Results were recorded in Table 16 below.**

**Table16.**

	<b>M</b>	<b>F</b>	<b>Total</b>
Yes	18	10	28
No	28	24	52
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 16 show that the majority 65% of the respondents said that they did not have HIV and AIDS focal point persons at their schools. High schools such as Libala and Kabulonga and Munali Boys' and Girls' stated that they had an HIV and AIDS focal person. However, after interviews with the school administrators and the teachers concerned, the findings were that the Guidance and Counselling teachers were also considered as the HIV and AIDS focal point persons whose duties were that of the guidance and counselling of the pupils' affairs and rarely handled teachers' affairs.

From the findings it is clear that the position of HIV and AIDS focal point was not well defined from that of guidance and counselling and most teachers thought it was only concerned with the affairs of the pupils. Only one school of the schools under study had a trained HIV and AIDS focal point person. This made most respondents not to be very precise with what they were saying. Therefore, qualified HIV and AIDS focal persons are very cardinal at workplaces because they provide quality education and awareness for

improvement of knowledge, attitudes, and perceptions on HIV and AIDS as well as psychosocial support.

**6.2 Respondents' responses on sources of information on HIV and AIDS at workplaces. Results on this are shown in Table 17 below.**

**Table 17**

	<b>Male</b>	<b>Female</b>	<b>Total</b>
Articles and news papers	29	5	34
Health education talks by health professionals	2	4	6
Television	5	5	10
Fellow teachers	3	11	14
Workshops	4	4	8
During HIV workplace awareness	2	2	4
Not applicable	1	3	4
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 17 show that articles and newspapers were the most used as sources of HIV and AIDS information because 43% of the respondents used them. However, only 6% of the respondents were female clear evidence that gender affects the world of work because people take their gender identities to work, and the workplace mirrors gender inequalities in the wider society. Patriarchal culture enforces behaviour in women that benefits men by providing them with domestic work and sexual servants. The above statement explains the reason why only few high school female teachers read articles and newspapers Therefore, this prevents women from acquiring information on

HIV and AIDS since they do not have enough time to read articles and newspapers other materials where they can get information on HIV and AIDS.

**6.3 Respondents' response on how often they attended seminars and workshops on HIV and AIDS awareness. The responses are shown in Table 18 below.**

**Table 18**

	<b>M</b>	<b>F</b>	<b>Total</b>
Once a month	0	2	2
Once a term	2	2	4
Twice a term	8	6	14
Once a year	15	8	23
More than once a year	4	5	9
Never had any HIV and AIDS workplace awareness programmes	17	11	28
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 18 show that 35% of the respondents had never attended any HIV and AID awareness workshop or seminar and 29% of the respondents only attended the workshops or seminars only once a year. On the other hand, the findings show that there wasn't much difference in attendance by sex, an indication that they were given equal opportunity to attend the HIV and AIDS workplace awareness programmes when there was chance to do so. However, by introducing HIV and AIDS Workplace awareness Programs in the ministry and in high schools, MoE's intentions are to provide effective interventions to mitigate the impact of the epidemic on employees in the education sector through services such as awareness campaigns, VCT, and facilitation of ART. This is so because MoE recognises that teachers are a crucial resource in the achievement of Education for All and that if no efforts are put in place to mitigate the pandemic, teachers

will continue to be lost at a faster rate than they can be replaced. UNESCO confirms that, ‘by putting in place a workplace and antiretroviral program for teachers, Zambia is committing itself to caring for its teachers as it recognizes the valuable role they play in the country’s development’ (UNESCO: 2005). This means that giving teachers adequate information through workplace awareness programmes on how they can access treatment from the clinics or hospitals of their preference will mean that they will live longer and this will reduce the incidences of opportunistic infections. The above findings from this study show that high school teachers were not given adequate opportunity to get needed information on HIV and AIDS.

One high school head teacher stated that, ‘it is very important to expose all high school teachers to workshops and seminars on HIV and AIDS if it were possible to do so, but with the limited resources it is practically impossible to cater for all teachers due to the costs and logistics needed to organise these ventures as well as teacher’s allowances. Therefore, due to these factors, in most cases few teachers were selected to attend seminars or workshops which are mostly donor funded and high schools get instructions from the Ministry of Education’.

**6.4 Respondents’ responses on who organises the workshop on HIV and AIDS awareness they attended. The responses were recorded in Table 19 below.**

**Table 19.**

	<b>M</b>	<b>F</b>	<b>Total</b>
The Ministry of Education	9	6	15
The school administration	6	5	11
NGOs	17	10	27
Not applicable	6	4	10
Not sure	8	9	17
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 19 show that NGOs had the highest percentage (33.8%) among those who organised the seminars or workshops on HIV and AIDS awareness. The school administrations had the lowest percentage (13.8%) followed by the Ministry of Education (18.8%). It is important to state that government has shown great commitment in mitigating the impact of HIV and AIDS on its workforce in Zambia. Therefore, government's response to the pandemic was accelerated by the significant external support it received. In addition, the impact of the HIV and AIDS situation has attracted significant donor funding in recent years offering local opportunities for sectors to receive external support.

The Global Fund, WHO and the World Bank have played an important role. UN agencies, under the coordination of UNAIDS worked hand in hand with the government to confront the pandemic. With external support the country has begun to provide ARVs for all those who need them (UNESCO: 2005). This is in line with the findings of this study which indicates that most seminars and workshops on HIV and AIDS were organised by NGOs mostly funded by the stated organizations because MoE cannot managed to do as much due to limited resources.

However, it is important to note that from the findings a good Number of high school teachers were not sure of who organised seminars and workshop on HIV and AIDS an indication that there was something wrong with the information system in high schools. UNESCO confirms that few MoEs have developed guidelines for teachers dealing with HIV and AIDS in schools, although a large number are reported to have guidelines in progress reflecting recent attention to this issue. Attention and information has been starkly lacking (UNESCO: 2005).

**6.5 Respondents' responses on which services were available to high school teachers on HIV and AIDS workplace awareness programmes. Responses were recorded in Table 20 below.**

**Table 20**

	<b>M</b>	<b>F</b>	<b>Total</b>
Distribution of condoms	10	5	15
Peer education	2	2	4
Counselling and support groups	0	0	0
Distribution of pamphlets and Flyers on mitigation of HIV.	29	17	46
Voluntary counselling and testing	1	2	3
Access and distribution of the ARVs	0	2	2
Not applicable	4	6	10
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 20 show that only 2.5% of the respondents said that the workplace facilitated the distribution of ARVs to teachers. This indicates that teachers were not helped by their employers to access ARVs. Comments from the HIV and AIDS focal person at headquarters on why the ministry did not do much in the facilitation of the distribution ARVs to high School teachers were that initially the drugs were scarce and very expensive such that victims had no choice but to access the drugs through the Ministry of Education hence, a good number of teachers registered. However, she stated that; “ the situation is very different now because the drugs are readily available in government hospitals at no cost or manageable charges if it’s a private clinic and most high school teachers prefer going to the clinics of their choices without the consent of the ministry or school so that that they maintain their confidentiality. As a result of this

it's difficult for the ministry to keep the actual record of the people accessing ARVs” (MoE: 2009). It is important to note that MoE is also reportedly ill-prepared to deal with the potential impact of HIV and AIDS on teachers, lacking adequate data on teacher morbidity and mortality, absenteeism of its employee (UNESCO: 2005) It is important to state that not much was done in most high schools in Lusaka to creating an environment of HIV and AIDS awareness campaigns apart from the activities which were present in high schools A and B. This was demonstrated by Ministry of Education staff and few high school teachers wearing T- shirts that carry HIV and AIDS messages as a way of reminding each other and the general public that they have a duty to play in the fight against HIV and AIDS.

## CHAPTER SEVEN: ATTITUDES AND SEXUAL PRACTICES AT WORKPLACE.

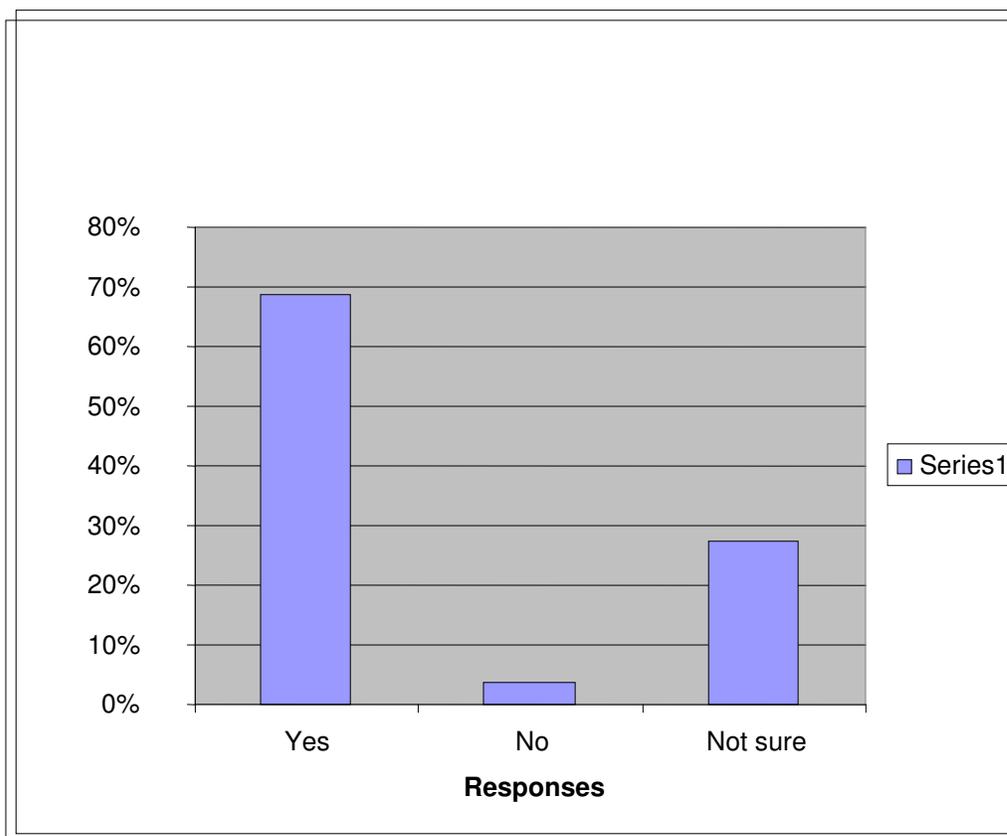
### 7.0 Introduction.

This chapter discusses on knowledge of HIV and AIDS awareness programmes, attitudes and sexual practices on high school teachers.

### 7.1 Respondents' responses on whether HIV and AIDS workplace awareness programmes in high schools helped change the behaviour of teachers.

Responses were then recorded in Figure 5 below.

**Figure 5**



**Source: Data from questionnaire 2009.**

The findings in Figure 5 reveal that the majority (68.8%) of the respondents felt that HIV and AIDS workplace awareness programmes helped to change the behaviour of teachers. One 42 year old male teacher stated that; “HIV and AIDS workplace awareness

programmes has many benefits such as behavioural change, prevention of HIV and AIDS transmission, improved health and medical treatment, making informed decision, reduced stigma and access to other services for instance, PMTCT and psychological support. If only all high school teachers can have frequent access to HIV and AIDS workplace awareness programmes there could be a positive behavioural change” (2009). This indicates that teachers were being helped by the programmes in terms of behavioural change. The above statement is in line with the findings of Allard who states that; “there is evidence that increased perception of risk does lead to behaviour change on the short term, but such changes are believed to diminish over time if not periodically enforced” (1989:82). One high school administrator pointed out that; “usually after a talk on HIV and AIDS workplace awareness programme most high school teachers show signs of being determined to implement what they have learnt but later on everything gets back to normal”.

**7.2 Respondents' responses on the impact of deaths as a result of HIV and AIDS of school teachers on fellow high school teachers. The responses were recorded in Table 21 below.**

**Table 21.**

	<b>M</b>	<b>F</b>	<b>Total</b>
Fear of death makes them stop practicing multiple sex	6	14	20
They tend to be more careful and practice safe sex	19	12	31
Those that are not married tend to abstain from sex	5	9	14
It has no impact on sexual behaviour	10	5	15
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings show that a quarter of the respondents felt that death of high school teachers as a result of HIV and AIDS helped reduce multiple sex among fellow teachers. Only 18.8% felt the deaths as a result of HIV and AIDS had no impact on sexual behavioural change. One male teacher pointed out that; “The loss of a close member of staff is a time of deep reflection for each one of us; it brings with it a lot of fear and anguish. The problem is that the disease is very vicious such that escaping from it is through the grace of God as there are so many ways in which one can contract the virus” (2009) On the other hand, one female teacher stated; “Deaths of fellow teachers impart fear on us and most teachers tend to be more careful with their lives and some minimise their sexual activities for fear of contracting a virus.”

The AIDS virus is indeed a tragedy. When confronted with death as a result of AIDS, each one of us experiences the human fragility and limitations and we feel shaken and helpless. Clarke indicates that, “HIV related deaths were said to lead to a reduction in the morale of members of staff since they empathised with people living with HIV (2008:155)”. However, HIV and AIDS workplace awareness programmes have a special challenge to respond to people with AIDS at workplaces in a generous and courageous way.

**7.3 Whether there was adequate provision to ensure that teachers living with HIV and AIDS, particularly female teachers were involved in the designing of programmes at workplaces. Responses were recorded in Table 22 below.**

**Table 22**

	<b>M</b>	<b>F</b>	<b>Total</b>
Yes	6	4	10
No	18	12	30
Not sure	22	18	40
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 22 show that only 12.5% of the respondents said that there were adequate provision to ensure that teachers were involved in the design, implementation and monitoring of the programmes. However, out of the 12.5% of those who said that there was adequate provision to ensure that teachers were involved in the design, implementation and monitoring of the programmes three quarters of them were of the few privileged teachers who attended the HIV and AIDS awareness programmes workshops. These workshops organised either by the Ministry of Education or by Some Non-Governmental Organisations. This is an indication that most high school teachers were not involved in the design, implementation and monitoring programme.

It should be noted that involving teachers living with HIV and AIDS, particularly female teachers in the design, implementation and monitoring programmes could be very instrumental to the HIV and AIDS workplace awareness programmes in high schools. This is because such teachers have the same experience and can understand the challenges better including those that specifically affect women such as mother to child transmission. Hence, they will be in a better position to advise, provide feedback, implement better and in some cases give testimonies to high school teachers. In addition, females are more vulnerable to HIV and AIDS than their male counterparts hence; involving them would be very beneficial since the designing of the programmes would focus on the real issues that affect them.

Monitoring and evaluation of HIV and AIDS awareness programmes at high school level is very cardinal because it provides information about how well the HIV and AIDS policy can be implemented and whether it can produce the intended effects. UNESCO confirms that, regular and well-structured monitoring provides feedback to policy planners, showing what is working well and what is not (UNESCO 2006:20) It should be noted that workplace policy is key to the success of any HIV and AIDS workplace awareness programme because it guides those who are given the responsibilities to implement and to have focus on how to go about it. UNESCO states that, “Without a comprehensive policy, the education sector has no way of dealing systematically with the erosive impact of HIV and AIDS” (UNESCO 2006:20). It is interesting to note that MoE has its comprehensive HIV and AIDS policy in place; however implementation has not been

very satisfactory. UNESCO & EI-EFAIDS confirms that, ‘having a workplace policy in place is insufficient if not implemented’ (UNESCO &EI-EFAIDS; 2007:139).

**7.4 Whether workplace HIV and AIDS awareness programmes contributed to equitable access to the health care and treatment options for both male and female teachers. Responses were recorded in Table 23 below.**

**Table 23.**

	<b>Male</b>	<b>Female</b>	<b>Total</b>
True	20	27	47
False	2	0	2
Not sure	24	7	31
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009**

The findings in Table 23 shows that the majority (58.8%) of the respondents said that HIV and AIDS workplace awareness programmes contributed to equitable access to the use of health care and treatment options for both male and female teachers. The HIV and AIDS focal point person under Teacher Education Department (TED) Mr. Malinda who quoted the national policy on education, “*Educating Our Future*” of 1996, pointed out that;

*“the Ministry of Education will introduce HIV and AIDS counselling in the workplace. The aim will be to prevent HIV infection and to help those already infected to live positively. For this purpose, the Ministry will call upon health personnel and on non-governmental organisations that are active in the area of HIV/AIDS counselling. The Ministry will also integrate HIV/AIDS awareness into in-service training programmes” (MoE:76).*

He argued that from the above statement it is a clear indication that the ministry is committed to contribute to equitable access to the use of health care and treatment options for both male and female high school teachers. In 2005, with funding from

PEPFAR through USAID, MoE with the support from Education Quality Improvement Programme 2 (EQUIP 2) initiated a Voluntary Counselling and Testing (VCT) programme called sensitisation and mobilisation for VCT campaign (MoE:2005). This programme aimed at promoting VCT uptake and was mainly targeted at teachers. VCT was done on site by two sub-contracted partners, Comprehensive HIV and AIDS Management Programme (CHAMP) and Society for Family Health (SFH). These two service providers moved from school to school offering VCT to teachers. In addition to VCT, the programme comprised of a wide range of training courses in HIV and AIDS management, prevention, nutrition, Anti-Retroviral Treatment (ART) and positive living. This shows that HIV and AIDS workplace awareness programmes played a major role in the equitable access to the use of health care and treatment option for teachers regardless of their gender.

**7.5 Respondents' responses on whether HIV and AIDS workplace awareness programmes helped to overcome HIV and AIDS related discrimination in relation to access to service and opportunities to condition of services.**

**Responses were recorded in Table 24 below.**

**Table 24**

	<b>Male</b>	<b>Female</b>	<b>Total</b>
Yes	10	30	40
No	12	2	14
Not sure	24	2	26
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

Results presented above in Table 24 show that half of the respondents felt that HIV and AIDS workplace awareness programmes helped to overcome HIV and AIDS related discrimination in relation to access to services. However, only 16% of the respondents felt that HIV and AIDS workplace awareness programmes did not help to overcome HIV and AIDS related discrimination in relation to access to services while 33% of the

respondents were not sure. It is important to state from the findings of this study that though half of the respondents felt that HIV and AIDS workplace awareness programmes helped to overcome HIV and AIDS related discrimination in relation to access to services, it is also very important to note that high school teachers living with HIV can face isolation and discrimination from colleagues, humiliation and being regarded as immoral. UNDP reports that in 2004, MoE with the support from DFID, started a full time workplace programme to focus attention towards the implementation of an effective HIV and AIDS workplace programme in order to create and promote a conducive workplace, free of stigma and discrimination (UNDP:2005).

Moreover, the focal point person from MoE Head Quarters pointed out that the ministry has been working hard to promote a better understanding of the circumstances of the affected people by increasing the visibility and integration of people living with HIV in education programmes such as workplace awareness programmes at ministry as well as in schools. She indicated that such programmes can further reduce stigmatisation by building the confidence of people living with HIV, and reduce the feeling of isolation and powerlessness. UNESCO confirms that,

*“Activities such as training and supporting people living with HIV as public speakers, educators and counsellors have helped to reduced stigmatisation. Training people living with HIV for example, to deliver personal testimonials in participatory educational sessions can encourage others to place themselves in the position of someone who has suffered discrimination and thereby appreciate the injustice of discriminatory actions. It may also have a positive impact on prevention efforts by those who personalise risks. The ensuing realisation that HIV has a shared concern may lead to the reduced stigmatisation of people living with HIV (UNESCO; 2006:19).*

To implement this, MoE has been promoting activities such as training and supporting people living with HIV as public speakers, educators and counsellors have helped to reduced stigmatisation at workplaces. Training people living with HIV for example, to deliver personal testimonies in participatory educational sessions can encourage others to place themselves in the position of someone who has suffered discrimination and thereby

discourage the injustice of discriminatory actions. Such activities can have a positive impact on HIV and AIDS workplace awareness prevention programmes in high schools and this would bring about a sense of realisation that HIV has a shared concern and may lead to the reduced stigmatisation of people living with HIV.

Therefore, from the findings it is clear that in some high schools in Lusaka nothing was done at school level and few teachers indicated that workplace programmes did not help much. However, most teachers acknowledged that MoE discouraged all forms of discrimination in relation to access to services. UNESCO confirms that, no individual infected with or affected by HIV and AIDS or perceived to be infected with or affected by HIV and AIDS shall be discriminated against in terms of access to or continued employment, training, promotion, or benefits or enrolment on the basis of the individual's HIV status (UNESCO:2008)

Similarly, the researcher also wanted to know whether there were discriminatory practices by fellow teachers or supervisors towards teachers who were HIV positive. The findings show that the majority (51.3%) of the respondents said that there were no any tendencies or practices towards HIV positive teacher by fellow teacher or their supervisors. Only 18.8% said that there was discrimination and 30% of the respondents were not sure. However, it is important to note that although the majority of them felt that there was no discrimination of teachers suspected to have HIV by fellow teachers or by their supervisors, matters concerning stigma and discrimination are very complex. This is because they affect the whole well-being of those affected be it economical, social, spiritual and psychological aspect.

It is important to note that workplace awareness programmes should ensure that they render support to all teachers living with HIV and to create a right atmosphere in workplaces so that teachers do not feel subject to stigmatisation, discrimination and abuse and to continue working freely. Clarke reports that, there is emerging evidence that HIV-related stigma can be reduced through education programmes (Clarke: 2008) It is also important to note that the role of the HIV and AIDS focal persons is very cardinal in workplaces to address stigma and discrimination that contribute to dispel myths and misconceptions about HIV and AIDS. They should also be able to educate high school

teachers that attitudinal values are found in such unavoidable suffering like when they are confronted with HIV and AIDS and must learn to face it bravely. According to Frankl, there is no hopeless situation. He pointed out that,

*“There is potential meaning to be found even beyond work and love... We may also find meaning in life even when confronted with a hopeless situation as its helpless victim, when facing a fate that cannot be changed. For what then counts and matters is to bear witness to the uniquely human potential at its best, which is to transform a tragedy into a personal triumph, to turn one’s predicament into a human achievement. When we are no longer able to change a situation-just think of incurable disease, say an inoperable cancer- we are challenged to change ourselves (Frankl 1978:39).*

In addition to the above, HIV and AIDS workplace awareness programmes in high schools have a challenge to build compassion on those infected or affected by HIV.

**7.6 Respondents' responses on what they thought about having many activities of HIV and AIDS workplace awareness programmes. Respondents' responses were recorded in Table 25 below.**

**Table 25**

	<b>M</b>	<b>F</b>	<b>Total</b>
It is good because people are reminded of HIV and AIDS	38	29	67
There has been too much sensitization on HIV and AIDS and it has lost its meaning.	7	2	9
It encourages immorality at workplace	1	3	4
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 25 show that more than three quarters (83.8%) of the respondents said it was important to have many HIV and AIDS awareness programmes at their

workplace. Only 11.3% of the respondents said that it was meaningless to have too much sensitisation on HIV and AIDS and 5% said that the activities encouraged immorality among teachers. It is important to point out that MoE has publicly acknowledged the seriousness of the epidemic and a need to protect and promote the health of its workforce and learners; minimise the personal and social impact of HIV and AIDS; challenge discrimination and mobilise and support community responses (MoE, 2002). The HIV and AIDS focal person at Ministry of Education (TED) stated that, in 2004, the ministry with support from DFID, started a full time workplace programme to focus attention towards the implementation of an effective HIV and AIDS workplace programme in order to create and promote a favourable workplace, free of stigma and discrimination. Its main purpose was to create HIV and AIDS awareness and at workplaces and deal with concerns such as condom promotion and distribution; promotion and referral to VCT services; and, information and referral for STI treatment and follow up.

UNDP reports that, 'In order to translate the policy statements into consolidated activities, strategic and implementation, plans have been developed to inform and guide the sector response to HIV and AIDS. The four high schools under study were among the first ones which were involved in the activities of the HIV and AIDS workplace awareness programmes. Tangible activities have commenced and these include the appointment of FPPs and the creation of the HIV and AIDS coordination office at the Ministry Headquarters (UNDP: 2005). In addition, tangible activities on HIV and AIDS also commenced at high school level under study as discussed under chapter 4.2.I.

Therefore, to fulfil its commitments in policy implementation, MoE and Global Leadership Training, an NGO, in peer education trained 50 teachers in April to June 2004, (at least six from each province) and it was envisaged that these trainers would in turn train at least 60 peer educators per province by the end of 2004 so that there should be 540 peer educators working within the Ministry for both basic and high schools. It is important to state that from the findings of this study there was only one trained peer educator from high school B who was also a focal point person. One 30 years old female teacher pointed out; "that some people have become too comfortable with having multiple sex and they forget that condoms are not 100% safe...to some extent condoms promote promiscuity especially when they are distributed anyhow at some workplaces

people tend to look for someone with whom they can use the condom with but if used properly then HIV and AIDS awareness programmes at the workplaces can be very beneficial to high school teachers”. The findings show that most high school teachers were interested in having many HIV and AIDS awareness programmes at their workplaces.

**7.7 Respondents' response on those who said that teachers suspected to be HIV positive were been discriminated against by fellow teacher and how they were being discriminated against. Responses were recorded in Table 26 below.**

**Table 26**

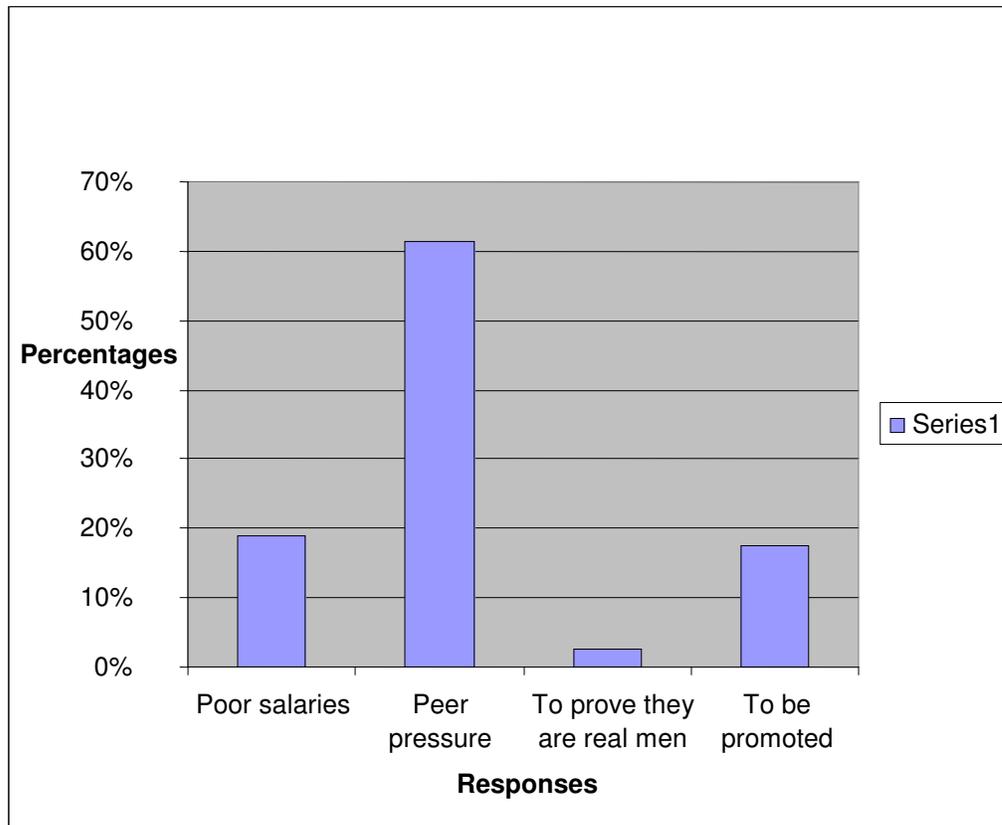
	<b>M</b>	<b>F</b>	<b>Total</b>
Infected teachers are forced to resign	2	0	2
Infected teachers are seen as immoral	1	1	2
N/A	39	28	67
No response	2	0	2
Others avoid being close to them	0	2	2
The remarks teacher make on fellow teachers	1	1	2
They pretend to be sick	1	2	3
<b>Total</b>	<b>46</b>	<b>34</b>	<b>80</b>

**Source: Data from questionnaire 2009.**

The findings in Table 26 above show that 2% of the respondents felt that teachers suspected to be HIV positive were seen as been immoral. Another 2% of the respondents said that fellow teachers avoided been close to them and another 2% of the respondents said fellow teachers made discriminatory remarks on teachers who were suspected to be

HIV positive. One female teacher stated that; “we can’t pretend that there is no discrimination against those suspected to be suffering from HIV and AIDS, though not directly but stigma does exist among high school teachers”. Clarke confirms that, teachers living with HIV can also face stigma and discrimination in workplaces. He reported that many teachers living with HIV are reluctant to disclose their status for fear of unfair treatment (Clarke: 2008). A 34 year old female teacher who said that she was HIV and AIDS positive pointed out that; “teachers who are HIV and AIDS positive are discriminated through indirect comments targeted at them and some teachers did not use some facilities used by them in the staffroom such cups and would rather bring their cups from home.” When there is a talk on HIV and AIDS in the school, they feel ashamed to contribute effectively and would take that everybody else knows about their HIV status.

**7.8 What respondents thought were the contributing factors to multiple sex among high school teachers. Responses were recorded in figure 6 below.**



**Source: Data from questionnaire 2009.**

Findings in Figure 6 show that the majority of the respondents thought peer pressure was the major factor that contributed to high school teachers having many sexual partners. It is important to note cultural norms contribute to the sexual behaviour of people in a particular social setting. A study done by Population Service International confirms that, “the overall research findings in the ten countries, most of the reason given are driven by gender inequalities and cultural and social norms that create a context for multiple concurrent partnerships (2008:9). This is mostly practiced by male high school teachers and in most cases the peer pressure demands that they have other sexual partners those whom they can go out with to have fun failure to which they would be laughed at by their friends and be considered as being under petticoat government.

On the other hand, it was reported that there are very few female high school teachers who involve themselves in multiple sex in order to get money for luxuries and gain a high status. The Theological Reflection indicates that, ‘Some women will tell you that they would rather die of AIDS than of starvation’. It should be noted that teachers of this category comprise of a very small fraction of female high school teachers otherwise the majority of them are decent and responsible. Therefore, HIV and AIDS workplace programmes in high schools has a challenge to seriously address the dangers of multiple sex in this era of HIV and AIDS.

However, it is important to state that despite the information to mitigate the spread of HIV and AIDS, it is very difficult for most people to avoid sexual activities especially men. This is so because human sexual behaviour refers to the manner in which human beings experience and express their sexuality ([wikipedia.org/wik/sexual-relations](http://wikipedia.org/wik/sexual-relations)). Sexual drive is a natural thing and very strong in people and as a result most people especially men engage in a variety of sexual acts from time to time, and for a wide variety of reasons. Sexual activities normally result in sexual arousal and physiological changes in the aroused person, some of which are pronounced while others are more subtle. It is therefore essential to state that sexual activities have biological, physical and emotional aspects. Biological refers to the reproductive mechanisms which encompass sexual intercourse and sexual contacts in all its forms. Moreover, Men have more testosterone hormones than women that are secreted in the testes of males and ovaries of

females. Testosterones are principle male hormones and play a key role in the male reproductive tissues such as testis and prostate as well as promoting secondary sexual characteristics. On average, an adult male produces about ten times more than that of an adult female making men develop stronger sexual desires than women. Emotional aspects deal with the intense personal bonds generated between partners by a sexual activity ([wikipedia.org/wik/sexual-relations](http://wikipedia.org/wik/sexual-relations)). Hence, sexuality activities like any other kinds of activity engaged by most people are influenced by social rules that are culturally specific and vary widely.

## **CHAPTER EIGHT: SUMMARY, CONCLUSION AND RECOMMENDATIONS.**

### **8.1 SUMMARY**

Findings of this study revealed that basic knowledge on HIV and AIDS was universal to all high school teachers. Seventy seven percent (77%) knew how HIV and AIDS could be transmitted and prevented. However, although most of them had basic knowledge on HIV and AIDS, they did not have adequate knowledge on other matters concerning HIV and AIDS such as Mother to Child transmission, condom use, VCT and treatment. This was because there are still some misconceptions that surround the pandemic which manifested in their attitude and sexual behaviour when measures were put forward in trying to curb the pandemic. For instance, only 39% of the respondents used condoms. Some scholars have reported that there is inadequate knowledge on the usage of both male and female condoms hence a lot of myths surrounding condom use. The general levels of condom use among the high school teachers remains well below the levels required to combat the HIV and AIDS pandemic.

It is evident from this study that in terms of sensitisation and prevention, there were provision of Abstinence, Being faithful, and Condom use (ABC) messages and condom distribution in teachers' toilets and Information, Education and Communication (IEC) materials high schools. These were provided in form of brochures and flyers on HIV and AIDS to facilitate better understanding in all the four (4) high schools under study. Findings reviewed that teachers of high schools A and B had T-shirts on which HIV and AIDS sensitisation and prevention messages were written on and were worn every Friday. On the other hand, high schools C and D did not have T-shirts on which HIV and AIDS sensitisation and prevention messages were written on. These were part of the sensitisation and prevention materials on HIV and AIDS which were meant to help in behavioral change of high school teachers. In addition, flyers with the information on the 999 toll free number for HIV counselling services were also available in all the high schools.

Findings showed that though high school D had sensitisation and prevention messages of Abstinence, Being Faithful, and condom use (ABC) which were through IEC materials they were not regular. The guidance and counselling teachers of the stated high schools pointed out that they did not have funds for that exercise. She further stated that she was very conversant with pupils affairs and that in fact much of the materials which were available were for pupils such as Kwatu magazines and monthly newsletters from ZARAN.

Findings on attitudes and sexual practices revealed that over 75 % of teachers were not engaged in multiple sex. Findings show that 59% of respondents had only one sexual partner and did not approve of having many sexual partners. Although the majority 93% indicated that they did not approve of having many sexual partners, there were still 5% of the respondents who had many sexual partners but were not comfortable to come out freely during the interviews but indicated the number of sexual partners they had on questionnaires. This is so because most cultures find it difficult to open up in discussions concerning sexuality for fear of being seen as promiscuous. Findings of this study show that 90% of high school teachers had good attitude towards HIV and AIDS mitigation measures. Moreover, 68% of the respondents had gone for VCT. Therefore, 56% of them said that they were not willing to disclose their HIV and AIDS status if tested positive for fear of being stigmatised.

The study showed that HIV and AIDS workplace awareness programmes had a big impact on high school teachers and that it could be of great help if they were increased and introduced in schools where they did not exist. Eighty four percent (84%) of the teachers felt that it was important to have many activities on HIV and AIDS at their workplace to mitigate the virulent disease. Fifty nine percent (59%) said that it contributed to the equitable use of health care and treatment options for both male and female teachers. Findings showed that 70% of the respondents said that there was no discrimination in relations to access to services and opportunities. Sixty nine (69%) said that workshops and seminars on HIV and AIDS had a positive impact on high school teachers and also helped to reduce stigma against HIV and AIDS victims.

One HIV and AIDS focal point person pointed out that the few high school teachers who had chance to attend workshops acquired some skills such as psychosocial counselling skills and peer education. However, it was reported that despite such services, teachers found it difficult to be counseled by a fellow high school teacher. They instead preferred to be counseled by someone they did not know at a health center of their choice.

Although HIV and AIDS Workplace Awareness Programmes are most effective when they include a comprehensive and coordinated set of prevention, care, and support components by the policy makers, the situation was different in the high schools. Findings showed that three (3) high schools did not have trained HIV and AIDS focal point persons at their workplaces. Findings of this study reviewed that the HIV and AIDS focal point persons were also working as guidance and counselling teachers. It was reported that it was not possible for all high school teachers to attend the activities on HIV and AIDS such as Workshops and HIV and AIDS World AIDS Day because of limited funding. During HIV and AIDS World Day, there was usually a mobile clinic. Teachers were encouraged to have general body checkups such as high blood pressure and many other diseases.

The school administrators always selected an average of two high school teachers to attend this event. Those who attended were expected to come back and brief other teachers and usually came back with brochures or flyers. The main purpose of mobile clinics was to encourage teachers to take up VCT. However, reports from this study indicated that this service was not always available because it was reliant on donor funding.

Findings showed that there were no peer educators and caregivers in all the four high schools under study and most teachers sought help elsewhere. Although it was reported that one HIV and AIDS focal point person from the four schools under study was privileged to be trained as peer educator at one of the workshops attended, he was never active as peer educator at his workplace. The study also reviewed that, some school administration once in a while would organise experts on HIV and AIDS to come and

talk to the teachers on the issues of HIV and AIDS. Ministry of Education did not conduct enough workshops for teachers and that only 2.5% of the respondents said they had workshops or seminars at least once a month. The highest percentage of the respondents said once a year. This show that there was not enough HIV and AIDS awareness programmes.

Reports of this study indicated that Voluntary Counseling and Testing (VCT) were not done at the workplaces. High school teachers found it easy to find their own way to the clinics or health centers where they enjoyed their privacy. Those that were tested positive went to the clinics of their choice for further HIV diagnosis and care. Findings reviewed that there were no peer educators and caregivers in the schools under study and that most teachers sought help elsewhere. One HIV and AIDS focal point person stated that, the school administration once in a while organises experts on HIV and AIDS to come and talk to the teachers on the issues of HIV and AIDS.

Findings showed that, even though the Ministry of Education has put in place guidelines on HIV and AIDS such as HIV and AIDS policy, strategic plan and other important documentations at a higher level, implementation on the ground at high school level was not to the expected standard as most teachers did not have access to such documents. Furthermore, not all high school teachers were afforded an opportunity to be sensitised. Hence, intensifying the services of HIV and AIDS awareness programmes at high schools would be very beneficial to high school teachers.

## 8.2 CONCLUSION

Although findings of this study revealed that basic knowledge on HIV and AIDS on how it can be transmitted and prevented were universal to all high school teachers, most of them did not have enough knowledge on other matters concerning HIV and AIDS such as Mother to Child transmission, condom use, VCT and treatment. This was evident because some myths that surround the pandemic manifested in their attitudes and behaviour when measures were put forward in trying to curb the pandemic. It is important to note that although much funding and documentations has been put in place at the Ministry of Education for the implementation of the HIV and AIDS workplace awareness programmes, the situation in high schools was different. This was because some teachers in some high schools did not have much information on workplace awareness programmes an indication that not much was done at high school level.

## **8.2 Recommendations**

1. Ministry of Education should assess the effectiveness of HIV and AIDS workplace awareness programmes in high schools.
2. Ministry of Education and other interested stakeholders should conduct more workshops in high schools focused on knowledge, attitudes and sexual behaviour on HIV and AIDS emphasizing on the value of VCT and as an entry point for seeking further treatment if one is HIV positive as well as dispelling myths on HIV and AIDS, stigma or discrimination and Sexually Transmitted Infections.
3. Ministry of Education and other interested stakeholders should conduct more workshops in all high schools focusing on peer mentoring program to make HIV and AIDS workplace awareness programmes more effective.
4. The roles of HIV and AIDS Focal Point Persons and that of a guidance and counselling teacher should be clearly distinguished from each other at high schools, as for teachers affairs and pupils respectively and not to be taken as one as the case is in some high schools.
5. Ministry of Education should facilitate training on HIV and AIDS issues such as focal point persons, peer education, home based care and trainer of trainers so as to equip them with professional counselling skills on how to handle high school teachers effectively.
6. High Schools Head teachers should be sensitised to take HIV and AIDS workplace awareness programmes seriously at their workplaces.
7. Ministry of Education and other stakeholders should facilitate training on sexual and reproductive health and also in life skills on matters concerning HIV and AIDS at workplaces.

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## APPENDIX 1

### QUESTIONNAIRE

I am a student at the University of Zambia, School of Humanities and Social Sciences, Department of Gender Studies. As part of the requirements for this course, I am required to conduct a research. The results of this study will be helpful in designing effective HIV/AIDS workplace awareness programmes to mitigate the spread of HIV and AIDS among High School teachers. It will also help in formulating gender perspective awareness programmes and policies. The information obtained from this questionnaire is strictly for academic purpose and highly confidential.

### INSTRUCTIONS

- (a) Treat this work as contribution.
- (b) Tick [√] on your choice or circle your answer or fill in the appropriate responses in the space provided.
- (c) All answers must be written in the space provided.

SEX [M / F]

NAME OF HIGH SCHOOL .....

---

### SECTION A

#### Knowledge on HIV and AIDS and modes of transmission

1. How do people contract HIV? (Tick those that apply)

- A) Using unsterilised needles for injection. [ ]
- B) Drinking from the same cup with an infected person. [ ]
- C) Having unprotected sex with an infected person. [ ]
- D) Sharing the same toilets and bathrooms facilities with an infected person. [ ]
- E) Through saliva by deep kissing. [ ]
- F) Being beaten by a mosquito that has beaten an infected person. [ ]
- G) Blood transfusion. [ ]
- H) Condom lubricant.
- H) Other, specify..... [ ]

An HIV positive elderly man can be cured from HIV and AIDS if he has sex with a young girl.

- A) True [ ]
- B) False [ ]
- C) Not sure [ ]

3. How can transmission to HIV and AIDS be avoided? (Tick those that apply)

- A) Abstinence [ ]
- B) Having multiple sex [ ]
- C) Sticking to one partner [ ]
- D) Prevention of mosquito bites [ ]
- E) Use of condom during sexual intercourse. [ ]
- F) Having sex with a virgin. [ ]
- G) Washing genitals immediately after sex with soda, soap, water and alcohol. [ ]
- H) Other, specify..... [ ]

4. When a person has tuberculosis he or she certainly has HIV and AIDS.

- A) True [ ]
- B) False [ ]
- C) Not sure [ ]

5. A pregnant woman who is HIV infected can transmit a virus to her unborn baby.

- A) True [ ]
- B) False [ ]
- C) Only if not taken precautions during delivery.
- D) Not sure [ ]

6. Breast milk from the mother who is infected by HIV to the baby can transmit the virus.

- A) True [ ]
- B) False [ ]

- C) Not sure [ ]
7. Can AIDS be cured?
- A) Yes [ ]
- B) No [ ]
- C) Not sure. [ ]
8. Can you tell by looking whether a person is HIV positive or not?
- A) Yes [ ]
- B) No [ ]
- C) Not sure [ ]
9. Symptoms of HIV/AIDS are well known by all high school teachers.
- A) True [ ]
- B) False [ ]
- C) Not sure [ ]

Thank you so much for answering this section, you can now turn to the section that follows.

## **SECTION B**

### **Sexual practices and condom use**

1. Do you use condoms during sexual intercourse?
- A) Yes [ ]
- B) No [ ]
2. If yes to question 1, how often?
- A) Always [ ]
- B) Sometimes [ ]
- C) Other specify..... [ ]
3. If you use condoms, give the reason why you use them.
- A) To avoid getting AIDS [ ]
- B) To avoid pregnancies [ ]
- C) I'm forced by my partner [ ]

- D) To avoid both pregnancies and HIV Infection. [ ]
- E) Other specify..... [ ]

4. Condoms reduce sexual pleasure.

- A) True [ ]
- B) False [ ]
- C) Not sure [ ]

Thank you so much for answering this section, you can now turn to the section that follows.

---

## SECTION C

### Personal Data

1. What is your age?

- A) 20 years and below [ ]
- B) 20-25years [ ]
- C) 26-30years [ ]
- D) 31-35years [ ]
- E) 36-40years [ ]
- F) 41-45years [ ]
- G) 46-50years [ ]
- H) 51 and above [ ]

2. What is your marital status?

- A) Single [ ]
- B) Married [ ]

- C) Widowed [ ]
- D) Separated [ ]
- E) Divorced [ ]
- E) Cohabiting [ ]

3. Do you practice multiple sex?

- A) Yes [ ]
- B) No [ ]

5. How many sexual partners do you have?

- A) None [ ]
- B) 1 [ ]
- C) 2 [ ]
- D) 3 [ ]
- E) More specify ..... [ ]

6. Do you approve of having many sexual partners?

- A) Yes [ ]
- B) No [ ]

7. Have you been tested for HIV?

- A) Yes [ ]
- B) No [ ]

8. If your answer to 7 is yes, what circumstances lead to your knowing your HIV status?

A) Became ill and decided to be tested for HIV. [ ]

B) After HIV and AIDS workplace awareness programmes was prompted to go for VCT. [ ]

C) Was afraid because my sexual partner had /has a sexual relationship with a person infected with HIV. [ ]

D) My sexual partner died of AIDS. [ ]

E) It is good for someone to know his or her HIV status because it helps someone to take precautions whether found positive or not. [ ]

F) Other reasons, specify..... [ ]

9. If yes to question no 6 state the reason why you approve

.....

10. If you were positive, would you tell others about your status?

A) Yes [ ]

B) No [ ]

C) Not sure [ ]

11. Give reasons to your answer to 30.

.....

12. If no to question no 6 state the reason why you do not approve.

.....

Thank you so much for answering this section, you can now turn to the section that follows.

## SECTION D

### Conceptions about HIV and AIDS and condom use

1. Condoms have very small pores which can allow virus to pass through.

- A) True
- B) False
- C) Not sure

2. Condoms can cause illness such as rash.

- A) True
- B) False
- C) Not sure

3. Female condoms can fall off the virgin.

- A) True
- B) False
- C) Not sure

4. Female condoms can be pushed to the womb during sexual intercourse.

- A) True
- B) False
- C) Not sure

5. Female condoms can cause discomfort during sexual intercourse.

- A) True
- B) False

C) Not sure [ ]

6. Female condoms can cause complications should they be pushed to the womb.

A) True [ ]

B) False [ ]

C) Not sure [ ]

8. Prolonged use of condoms has negative effects on a male's future sexual performance.

A) True [ ]

B) False [ ]

C) Not sure [ ]

Thank you so much for answering this section, you can now turn to the section that follow.

## **SECTION E**

### **Information on HIV and AIDS workplace awareness programme.**

1. Do you have HIV and AIDS focal point persons at your high school?

A) Yes [ ]

B) No [ ]

3. Where have you learned about AIDS? (Tick those that apply)

A) Articles and newspapers [ ]

B) Talking to colleagues [ ]

- C) Health Education talks by health professionals [ ]
- D) Radios [ ]
- E) Television [ ]
- F) Fellow teachers [ ]
- G) Workshops [ ]
- H) During HIV and AIDS workplace awareness programmes. [ ]
- I) other, specify..... [ ]

4. How often do you attend workshops or seminars on HIV and AIDS?

- A) Less than a month [ ]
- B) Once a month [ ]
- C) Once a term [ ]
- D) Twice a term [ ]
- E) Once a year [ ]
- F) More than once a year [ ]
- G) Never had any HIV and AIDS workplace awareness programme [ ]

5. If you have attended the workshops or seminars on HIV/ AIDS workplace awareness programme who organised it?

- A) The Ministry of Education [ ]
- B) The school administration [ ]
- C) NGOs. [ ]
- D) Other
- E). If the answer to 18 is C or D, then specify..... [ ]

6. What services (resources, counselling, and information) on HIV/AIDS workplace awareness programmes are available to teachers both male and female teachers at your high school?

- A) Distribution of condoms. [ ]
- B) Peer education. [ ]

- C) Counselling and support groups. [ ]
- D) Distribution of pamphlets and flyers on mitigation of HIV and AIDS. [ ]
- E) Voluntary counseling and testing. [ ]
- C) Access and distribution of the ARVs. [ ]
- D) Others Specify..... [ ]

7. Do HIV/AIDS workplace awareness programmes address cultural norms that encourage risk-taking and place high school teachers at increased risk for HIV and AIDS.

- A) Yes [ ]
- B) No [ ]
- C) Not sure [ ]

8. HIV/AIDS workplace awareness programmes in high schools help change teachers behaviour.

- A) Yes [ ]
- B) No [ ]
- C) Not sure. [ ]

9. Who has more say in the change of behaviour between male and female high school teachers?

- A) Male [ ]
- B) Female [ ]
- C) Both [ ]

10. Do the HIV and AIDS awareness programmes in high schools identify and develop strategies that encourage both male and female high school teachers to seek health care?

- A) Yes [ ]
- B) No [ ]

C) Not sure [ ]

11. The HIV and AIDS awareness programme at my high school has put in place strategies on how teachers living with HIV and AIDS cope up with the epidemic at the workplace without being stigmatised.

A) True [ ]

B) False [ ]

12. What impact do you think death as a result HIV/AIDS of a high school teacher will have on the sexual behaviour of his or her fellow high school teachers?

A) The fear of death makes them stop practicing multiple sex. [ ]

B) They tend to be more careful and practise safe sex. [ ]

C) Those that are not married tend to abstain from sex. [ ]

D) It has no impact on sexual behaviour because death is taken to be normal and that people still die whether with HIV and AIDS or not when their time has come. [ ]

13. HIV and AIDS workplace awareness programmes consciously challenge or transform gender stereotypes and power imbalances between male and female teachers.

A) True [ ]

B) False [ ]

C) Not sure [ ]

14. Do HIV and AIDS workplace awareness programmes use culturally sensitive approaches to vulnerability to HIV and AIDS infection?

A) Yes [ ]

B) No [ ]

C) Not sure [ ]

15. Is there adequate provision made to ensure that teachers living with HIV/AIDS, particularly female teachers are involved in the design, implementation and monitoring programmes?

A) Yes [ ]

B) No [ ]

C) Not sure [ ]

16. The HIV and AIDS workplace awareness programmes challenge and transform stereotypes and stigma associated with HIV and AIDS.

A) Yes [ ]

B) No [ ]

C) Not sure [ ]

17. HIV and AIDS workplace awareness programmes contribute to equitable access to appropriate use of health care and treatment options for both male and female teachers.

A) True [ ]

B) False [ ]

C) Not sure [ ]

18. Does the programme actively challenge and overcome HIV and AIDS related discrimination in relation to access to services and opportunities conditions of service?

A) Yes [ ]

B) No [ ]

C) Not sure [ ]

19. The resources and efforts towards HIV workplace awareness programmes have resulted in improved services and quality life of high school teachers especially in the area of VCT and access to ARV.

- A) True [  ]
- B) False [  ]
- C) Not sure [  ]

20. What is your view of having many activities of HIV and AIDS workplace awareness programmes?

- A) It is good because people are reminded of HIV and AIDS and helps them change behavior. [  ]
- B) There has been too much sensitization on HIV and AIDS and it has since lost its meaning. [  ]
- C) It encourages immorality at the workplace especially if condoms are available in toilets. [  ]
- D) Awareness programmes on HIV and AIDS cannot change teacher's behaviour. [  ]

21. What do you think is the contributing factor to multiple sexual practices among high school teachers?

- A) Poor salaries [  ]
- B) Pleasure or fun [  ]
- C) To prove they are real men [  ]
- D) To be promoted or in exchange for favours at the workplace. [  ]

22. Which sex is more likely to engage into sexual activities?

- A) Male [ ]
- B) Female [ ]
- C) Both [ ]

23. Give reasons to your answer to question number. 24

.....

24. There are sexual relationships between teachers and pupils at this school.

- A) I agree [ ]
- B) I disagree [ ]
- C) Not sure [ ]

25. AIDS is a disease like any other which does not deserve the attention it is getting from the HIV and AIDS workplace awareness programmes.

- A) True [ ]
- B) False [ ]
- C) Not sure [ ]

26. Are there discriminatory tendencies or practices by either fellow teachers or supervisors against those teachers suspected to be suffering from HIV and AIDS.

- A) Yes [ ]
- B) No [ ]
- C) Not sure [ ]

27. If yes to question 35, explain how

.....

**THANK YOU FOR ANSWERING THE QUESTIONS AND FOR YOUR TIME.**

## APPENDIX 2

### INTERVIEW GUIDE

Good morning/afternoon,

My name is Afrah Chinzi, a student for Masters of Arts Degree in the department of gender studies at the University of Zambia. I am carrying out a study on the impact of HIV and AIDS awareness programmes on high school teacher's attitudes and sexual behaviour. I would appreciate if you could spare time to answer some questions and please bear in mind that the interview is strictly for academic purposes and is highly confidential.

- 1) What do you know about the activities of HIV and AIDS workplace awareness programmes at this high school?
- 2) What services on HIV and AIDS are offered at your workplace to both male and female high school teachers?
- 3) Do HIV and AIDS workplace awareness programmes in high schools help teachers change their sexual behaviour?
  - i) If they do, how do they help change teachers' sexual behaviour?
  - ii) Who has more influence in the change of sexual behaviour between male and female teachers in matters related HIV and AIDS?
- 4) What strategies has HIV and AIDS workplace awareness programmes put in place to encourage male and female high school teachers to seek health care?
- 5) What is known about exchanging sex for favours as a means of obtaining promotion on high school teachers?
- 6) How do high school teachers living with HIV and AIDS cope up with the epidemic at the workplace?
- 7) What socio- cultural and traditions norms have an impact on the progress of the HIV and AIDS workplace awareness programmes?
- 8) How do HIV and AIDS workplace programmes transform power imbalances between male and female teachers?

- 9) What has the HIV and AIDS workplace programmes done to involve teachers living with HIV and AIDS to be involved in design, implementation and monitoring programmes at the workplace.
- 10) How do HIV and AIDS workplace awareness programmes transform stigma associated with HIV male and female high school teachers?
- 11) How do HIV and AIDS workplace programmes contribute to equitable access to use of health care and treatment options for male and female high school teachers?
- 12) How do HIV and AIDS workplace programmes overcome HIV and AIDS related discrimination in relation to access to HIV/AIDS services?
- 13) What are the benefits of ARVs on the quality of life of high school teachers?
- 14) What is the nature and extent of stigmatisation of HIV and AIDS victims on the High school teachers at workplaces?
- 15) How much awareness is there among high school teachers on HIV and AIDS workplace policy?
- 16) How much training has been put in place for HIV and AIDS focal point personnel service delivery?
- 17) What would be your comment on resources and efforts towards HIV workplace programmes by the Ministry of Education and other stakeholders.
- 18) What cultural factors hinder the participation of men and women on HIV and AIDS Workplace awareness programmes?

**APPENDIX 3**

**INFORMED CONSENT**

I hereby declare that I have fully understood the purpose of the study. I sign for participation and my participation is wholly voluntary. I have read the instructions on the questionnaire and everything is clear to me. I freely and voluntarily choose to participate in this study.

I hereby give my consent to take part in the research on *“The Impact of HIV and AIDS workplace awareness programmes on High School teachers’ knowledge attitudes and sexual behaviour, 2004-2010: A gender perspective: The Case of Lusaka Urban.*

At .....

High School being a teacher of the above stated high school.

-----

Date:-----

Participant’s signature

-----

Date:-----

Witness (name and signature)

*APPENDIX 4 (i)*

**LETTER TO THE SCHOOL MANAGER OLYMPIA HIGH SCHOOL**

*University of Zambia*

*School of Humanities*

*Department of Gender Development Studies*

*P.O. Box 323379*

**Lusaka.**

UFS: The District Education Boards Secretary,

Box 36538

**Lusaka**

UFS: The School Manager,

Olympia High School,

Box 31246

**Lusaka.**

Dear Sir/ Madam,

**RE: PERMISSION TO CONDUCT A RESEARCH**

I am a Master of Art in Gender Studies student at the above named institution. In partial fulfilment for the award of the said degree I am required to carry out a research. My research topic is entitled "*The Impact of HIV and AIDS workplace awareness programmes on high school teachers' knowledge, attitudes and sexual behaviour, 2004-2010:A gender perspective*". I request for permission to conduct a pre-test at your High School. The main study will take place at four High Schools namely Munali Boys, Libala, Arakan and Kabulonga Girls in Lusaka Urban. The pre-test will help refine the instrument before the actual study. The information will be used for academic purposes. The pre-test is planned to be conducted in the last two weeks of September, 2008. The information will be used for academic purposes only.

Your consideration to my request will be highly appreciated.

Yours faithfully,

Chinzi Afrah.

**APPENDIX 4(ii)**

**LETTER TO THE HIGH SCHOOLS WHERE THE STUDY WILL BE CONDUCTED**

University of Zambia  
School of Humanities  
Department of Gender Development Studies  
P.O. Box 323379

**Lusaka.**

UFS: The District Education Secretary  
Box 36538

**Lusaka.**

The School Manager  
Box

**Lusaka**

CC. Munali Boys High School  
CC. Libala High School  
CC. Arakan High School  
CC. Kabulonga Girls

Dear Sir/ Madam,

**RE: PERMISSION TO CONDUCT A RESEARCH.**

I am a Master of Art in Gender Studies student at the above named institution. In partial fulfilment for the award of the said degree I am required to carry out a research. My research topic is entitled "*The Impact of HIV and AIDS workplace awareness programmes on High School teachers' knowledge attitudes and sexual behaviour 2004-2010: A gender perspective.*" Therefore, I request for permission to conduct a study at your High School. The information will be used for academic purposes. The study is planned to be conducted in September, 2008. The information will be used for academic purposes only.

Your consideration of my request will be highly appreciated.

Yours faithfully,

Chinzi Afrah.

## APPENDIX 4 (iii)

### LETTER TO THE DISTRICT EDUCATION BOARD SECRETARY

University of Zambia  
School of Humanities  
Department of Gender Development Studies  
P.O. Box 323379,  
**Lusaka.**

UFS: The District Education Secretary,  
Box 36538,  
**Lusaka.**

Dear Sir/ Madam,

#### **RE: PERMISSION TO CONDUCT A RESEARCH STUDY**

I'm a Master of Art in Gender and Development Studies student at the above named institution. In partial fulfilment for the award of the said degree I am required to carry out a research study. My research topic is entitled "*The Impact of HIV and AIDS workplace awareness programmes on high school teachers' attitudes and sexual behaviour, 2004-2010: A gender perspective*". Therefore, am requesting for permission to conduct a pre-test at Olympia High School and later on carry out the actual study at four High Schools namely Munali Boys, Libala, Arakan and Kabulonga Girls in Lusaka Urban. The information will be used for academic purposes. The study is planned to be done in September, 2008. The information will be used for academic purposes.

Your consideration of my request will be highly appreciated.

Yours faithfully,

Chinzi Afrah.