TEACHERS' AWARENESS OF THE MINISTRY OF EDUCATION HIV/AIDS WORKPLACE POLICY: A CASE STUDY OF SOME SELECTED HIGH SCHOOLS IN SOUTHERN AND EASTERN PROVINCES

BY

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A dissertation submitted to the University of Zambia in partial fulfillment of the requirements for the award of the DEGREE OF MASTER OF EDUCATION IN EDUCATIONAL ADMINISTRATION AND MANAGEMENT

UNIVERSITY OF ZAMBIA

LUSAKA

2008

DECLARATION

I declare that this dissertation was written and submitted in accordance with the rules and regulations governing the award of Master of Education of the University of Zambia. I further declare that the dissertation has neither in part nor in whole been presented as substance for award of any degree, either to this or other University. Where other peoples' work has been drawn upon or incorporated, acknowledgement has been made.

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APPROVAL

This dissertation of Marian Mpongosa Chipemba is approved as having fulfilled the requirements for the award of the Degree of Master of Education in Educational Administration and Management by the University of Zambia.

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ABSTRACT

This study was set to find out teachers' awareness of the HIV/AIDS workplace policy. It was conducted in four schools in Southern province, Kalomo and Monze High schools designated as urban, Kabanga and Macha High schools designated as rural and in Eastern province, Ndake and Petauke High Schools designated as rural and urban respectively.

The data was collected using Questionnaires for the teachers and face to face interviews for the headteachers and DEBs. A sample of 90 teachers was selected for the study of which 68 responded favourably. Six headteachers and three District Education Board Secretaries (DEBS) were selected for the in-depth interviews.

The findings revealed that MoE had made considerable efforts in disseminating the contents of the policy to teachers in both urban and rural schools. Most teachers were aware of the policy and its provisions, although some especially those in rural areas were not.

Further results revealed that since the inception of the policy, deaths among teachers due to HIV-related illnesses had reduced tremendously and that headteachers had taken a proactive role in giving care and support to infected teachers who had made some disclosure.

On the other hand behaviour change was reported by some teachers who disclosed that they had gone for Voluntary Counselling and Testing.
However, it was learnt the issue of stigma prevented others from coming out in the open to disclose their status. This resulted in them getting little support from their schools as their privacy was respected.

All-in-all the steps taken by MoE in coming up with the policy in 2004 are bearing fruits although there lies a big challenge in the implementation process which most teachers during the study expressed disappointment with. It was hoped that more awareness would be raised on the contents of the policy which might further reduce HIV-related illnesses and deaths and thereby increase the teacher-pupil ratio and productivity in schools.

For sure teachers were a key and valuable resource in the education sector thus Government cannot afford to continue losing them after their training at great cost.

DEDICATION

This work is, especially, dedicated to my father, Mr. Frank Mpongosa, for inculcating in me the importance of education at a very tender age, hence his unfailing support both financially and morally.

Other people I dedicate it to are my mother Mrs. Grace Mpongosa, my husband Sampa, my sons Chanda, Kasonde, Mwiche and my only daughter Mapalo for their affection, patience and encouragement.

ACKNOWLEDGMENTS

I wish to express my sincere gratitude and indebtedness to my supervisor Mr. N.Sumbwa who worked tirelessly to guide and correct this dissertation.

I also extend my appreciation to the following people Mr. Anthony Morrison, Mr. B. Kaani, Mr. P.Sakala and my Headteacher Mrs.S.Mizinga for their input in the project.

Lastly, but not the least, I wish to thank my sisters, Mrs. A. Musonda and Mrs. W. Nyangu; my former roommate Mrs. M. Musale, staff at NOCAD- Monze, and all friends and relatives too numerous to mention for their moral support.

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LIST OF ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome

ART: Anti-Retroviral Therapy

ARV: Anti-Retroviral

CHAMP: Comprehensive HIV/AIDS Management Programme

DEBS: District Education Board Secretary

FNDP: Fifth National Development Plan

HIV: Human Immunodeficiency Virus

IEC: Information Education Communication

MoE: Ministry of Education

MoH: Ministry of Health

NOCAD: National Organisation for Agricultural Development in Communities

NGOs: Non-Governmental Organisations

PTAs: Parent Teachers' Association

OVC: Orphans and other vulnerable children

STIs: Sexually Transmitted Infections

USA: United States of America

VCT: Voluntary Counselling and Testing

WHO: World Health Organisation

CHAPTER 1: INTRODUCTION

1.1 Background to the Study

Our knowledge of the HIV/AIDS pandemic is increasingly expanding. New ideas concerning the pandemic have come from a cross section of people such as natural scientists and social scientists.

It is not known where in the world AIDS originated or how the virus arose. Research gives some indication of when HIV first occurred. Jackson (1988) reports the case of a teenage boy from Missouri, USA, who died in 1969 of unusual tumours including kaposis sarcoma and whose immune system was not working properly. Tests on stored tissue and blood samples from the test suggested strongly that he had HIV/AIDS.

One thing about this disease is the remarkable manner in which it has spread not only to various parts of the world but to all classes of people. Another is the lack of a cure for the disease. These factors induced many if not all governments in the world to introduce policies and measures aimed at tackling the scourge. One of these policies is the Ministry of Education (MoE) HIV/AIDS workplace one, which was introduced in the country in 2004 and happens to have been the focus of this study.

1.2 Statement of the Problem

The number of deaths has been continually increasing worldwide ever since the emergence of HIV/AIDS. This prompted governments to take measures aimed at educating their citizens about the pandemic and/or caring for those infected by it. Among those it has been terribly affecting are teachers. Grassly et al (2003) testify to this when they refer to 'teachers dying at a are dying at a faster rate than they are being replaced'.

(http://www.id21.org/health/h5ng1.html) As this phenomenon has serious adverse effects on the education system, the Ministry of Education (MoE: 2005) put in place an HIV/AIDS workplace policy aimed at ameliorating the situation. The policy was aimed at promoting a non-discriminatory environment for employees living with HIV/AIDS in order to maintain maximum stability and productivity in the workplace. It sought to do this by providing continuous health education, care and support programmes for employees.

However, it was not known whether teachers were aware of this policy and its provisions. It was for this reason that this study was undertaken. It sought to find out the situation concerning these issues.

1.3 Purpose of the Study

The purpose of the study was to find out teachers' awareness of the Ministry of Education HIV/AIDS workplace policy; and whether or not they were responding favourably to it.

1.4 Objectives of the Study

The objectives of the study were as follows:

1. To find out if teachers were aware of the MoE HIV/AIDS workplace policy.
2. To determine the availability of the necessary requisites for the MoE HIV/AIDS workplace policy implementation.
3. To determine how teachers were responding to the Ministry's HIV/AIDS workplace policy requirements.

1.5 Research Questions

The following were the research questions for the study.

1. Is there awareness among teachers regarding the MoE HIV/AIDS workplace policy?
2. Are the resources for implementing the MoE HIV/AIDS workplace policy available in schools?
3. How are teachers responding to the MoE workplace policy requirements?

1.6 Significance of the Study

The findings of this study would throw light on teachers' awareness or otherwise of the MoE HIV/AIDS workplace policy. It would also portray teachers' reactions to the policy which might induce government to either continue with the policy and its administration as at present or make adjustments to it.

1.7 Limitations of the study

The geographical scope of the study was confined to selected schools in Southern and Eastern Provinces. These were Kalomo, Monze, Kabanga, and Macha High schools in the Southern Province and Ndake and Petauke High schools in the Eastern Province.

The study was limited by lack of funds on the part of the researcher.

1.8 Definitions of Terms

1. Anti-retroviral drugs: Drugs that inhibit the spread of HIV in the body.
2. Education sector: Institutions or organs dealing with educational matters.
3. Learner: Any child or adult enrolled in an educational programme.
4. Life skills: Practical skills that are taught to pupils to prepare them for life situations.
5. Orphan: A person below the age of 21 who has lost either one or both parents.
6. Psychosocial support: Physical, economic, moral or social support provided to an individual under any form of stress.
7. Workplace: Occupational setting or place where workers are employed. (In this case a school).

CHAPTER 2: LITERATURE REVIEW

A lot has been written on HIV/AIDS both globally and with regards to Zambia. The writing itself has been multifaceted; with some of it focused on the scourge's fast spread, some on its impact, some on interventions, etc.

The spread of the scourge

Kari et al (1994) talks of 19.5million people worldwide as having been infected with HIV by 1st January, 1993. They portray Sub-Saharan Africa as having had the largest number of these (12million or 61%) and East Africa as having had the second largest (3.7 million or 19%).

Estimates by the joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO) point to the rapidity and enormity of its spread. It indicates that by the end of 1999 over 30million people were infected with HIV (27million of whom did not know their HIV status), and that 12.7million around the world had already lost their lives to the disease. This large number of new infections (though estimated) after the one reportedly given by Kari et al above; shows how fast the virus had spread in that five year period (1994-1999). Its rapid spread is further shown by the Comprehensive HIV/AIDS Management Programme (CHAMP 2005) report that the virus' rate of new infections was 16,000 people per day or 5,840,000 per annum (if the figure is to be multiplied by the number of days in a year).

Literature on HIV/AIDS is not confined to the global scene. It is available on individual countries too. Zambia for one has not been spared the wrath of the HIV/AIDS pandemic. USAID (2003) put the number of people living with HIV/AIDS in 2001 at 1.2million, the infection rate at 16% among adults of reproductive age (17.8% women and 12.9% men). This number has been increasing.

Loss of life and other matters concerning HIV/AIDS

Available literature does not concern itself with issues of infection only. UNAIDS (2002) portrays the loss of personnel in the Education and Health sectors particularly, due to this scourge. Grassly et al (2003) support this view when they write about the education sector thus: 'HIV/AIDS has had a devastating impact with the number of deaths among Zambian primary school teachers rising from two per day in 1996 to more than four per day in 1998, largely as a result of AIDS,' (http://www.id21.org/health/h5ng1.html). The Ministry of Education (2003) in its document entitled: **HIV/AIDS Guidelines for Educators,** alludes to the fact of teachers dying in large numbers and thereby challenging the capacity of the Government's training program to replace them. The document further indicates that in the year 2000 alone, 1400 teacher deaths were reported in Zambia – more than double the 1997 figure of 624; while about 2,001 died in 2001, although not all these deaths were directly attributable to AIDS. Researchers from Imperial College of London were more precise on the number of AIDS related deaths among Zambian primary school teachers in 1999. These state that 8100 out of 37 117 teachers or 22% were HIV positive in that year and that 840 of them subsequently died.

Barbara Chilangwa (2003) in acknowledging further the devastating impact HIV/AIDS has had on Zambia's education system says the high cost of morbidity and mortality require a concerted effort to educate and equip young learners and teachers alike on how to meaningfully respond to the challenges posed by this scourge. She gives some of the challenges as low enrolment, retention and achievement levels of children in school as a result of them leaving school to engage in income-generating activities, inability to

pay school fees and prolonged stay at home to care for sick parents and guardians, (http://www.zambezitimes.com/health/fulltxt.php/id).

Peroshni Govender, (2005) in a study on **The Impact of HIV/AIDS on Education Across Africa** observes that 'countries like Zambia and Zimbabwe face the gains made towards achieving Universal Primary Education by 2015 reversed, unless they stabilize the devastating impact of AIDS. She further stresses that AIDS is decreasing the opportunity for children to become educated and less education deepens poverty and in turn increases the vulnerability to infection' (http://www.plusnews.org/AIDS).

Undoubtedly, the increasing teacher attrition rate due to HIV/AIDS has adversely affected the quality of education.

Roy Mwaba as quoted in the Post newspaper of August, 2006, gives further testimony regarding the high rate of teacher attrition in the country. He reveals that Zambia is losing 800 teachers annually to AIDS and that this is resulting in a critical shortage of teaching staff.

Impact of HIV/AIDS on education in Zambia

Kelly (2000) explains how HIV/AIDS has affected education through various mechanisms, thus:

Demand for education

There are fewer children to educate who are able to afford education. Fewer children are able to complete schooling.

Supply of education

Supply does not match with demand due to loss of educational personnel through mortality or sickness. Productivity also reduces.

Availability of resources for education

Reduced public funds for the system and also funds are tied down by salaries for sick but inactive teachers.

Potential clientele for education

There is a rapid growth in the number of orphans causing a massive strain on the extended family and the public welfare services.

Process of education

Some rural communities are hostile to teachers whom they blame for introducing and spreading HIV/AIDS among their members. There is erratic school attendance by pupils from AIDS-affected families, and erratic teaching by teachers who are personally infected or whose families are infected.

Organisation of schools

The problems experienced by orphans in attending normal schools have given impetus to the development of community schools that operate on a more flexible timetable and are more accommodating to the needs of orphans, street children and those whom AIDS-related causes have induced to abandon the normal school system.

Planning and management of the education system

The capacity of the education ministry's professional and administrative units at national and sub-national levels has severely been eroded in the recent years. Education officials charged with the responsibility for planning, implementing and managing policies, programs and projects have been lost through mortality and sickness.

Support for education by donors

There has been donor uncertainty about supporting extended training abroad for people from heavily infected countries.

(http://www.jesuit aids.net/whataiddoes.htm).

HIV/AIDS as a workplace issue

The Ministry of Education's National Policy on Education document, **Educating Our Future** recognizes the importance of the HIV/AIDS education, promotion and development of life skills and states that these include "decision making, problem solving, creative thinking, critical thinking, effective coping with pressure, self esteem and confidence" (MoE, 1996: 56).

While gigantic strides were taken by MoE to address HIV/AIDS as part of the Ministry's efforts to improve the entire education system, there remained a serious challenge in the area of implementation.

A study conducted by Rosah (2000), shows that there were no teaching/learning materials provided on HIV/AIDS and that teachers had not been trained in this area at the time, although the MoE had a clear policy on the integration of HIV/AIDS into the basic and high school curricular. 81% of the respondents in that study indicated that they received inadequate training in preparing them for teaching HIV/AIDS. Many teachers reported that the subject needed to be given more class time and that opportunities for teachers to attend seminars and workshops on HIV/AIDS were rare.

The then Education Minister, Godfrey Miyanda (2000), in the Times of Zambia, was equally unsatisfied with the prevailing situation. He stated:

'AIDS has come as a challenge and my Ministry has an obligation to make sure that the old and the young alike are given formal education on the

subject. I would like to see a situation where the education system will involve AIDS related subjects from the start up to the University level.' (htpp://www.meguide.org.zm/aids/aidszam24.htm)

In line with the Minister's intentions, the MoE issued a policy statement that spelt out the strategies for addressing HIV/AIDS in the Ministry. Beginning in 2000, with leadership from the office of the HIV/AIDS focal point Headquarters in Lusaka, the Ministry of Education undertook a fairly systematic and comprehensive program to address prevention and care for its staff throughout the country.

Actions that were taken to address the epidemic from the Ministry of Education's perspective included:

1. Publishing an HIV/AIDS strategic plan covering the years 2001-2005.
2. Preparing HIV/AIDS guidelines for use by teachers and other educators.
3. Revising curriculum materials for teaching about AIDS in the classroom.
4. Conducting an HIV/AIDS impact assessment.
5. Reviewing policy options relevant to the Ministry.

The strategic plan included a provision to train selected teachers to address the psychosocial needs of orphaned children. It also addressed the need to identify options to replace teachers lost to HIV/AIDS (UNAIDS 2002).

In appreciating the strides taken by the MoE, a report presented at a Forum in Dakar, Senegal (Times of Zambia, 2005) revealed that Zambia's education sector had been one of the most active in the southern African region, vis-à-vis the combating of the HIV/AIDS scourge. The report further stated that the Ministry of Education in Zambia had demonstrated

unwavering commitment to the creation of an environment within the education sector that was conducive to an effective sectoral response. It also pointed to the fact that the Ministry's well-articulated policies such as the comprehensive workplace programme for its employees at the Ministry had been successful. The report further revealed that one school in Zambia became the first school in the region to set up an Anti-AIDS club and that the concept had since become very popular.

The Ministry's HIV/AIDS workplace policy

The HIV/AIDS workplace policy for the education sector was an active response in managing and mitigating HIV/ AIDS. It acts as a practical guide for effective prevention, care and support within the Education sector where HIV and AIDS programmes are being implemented. It is also an important tool for dissemination of information on HIV/AIDS to institutions and individuals involved, directly or indirectly, in the education sector such as the learners, parents, caregivers, educators, managers, administrators, support staff and the civil society.

Among the key things it talks about are:

- Provision of IEC materials in order to improve and update knowledge and awareness on HIV/AIDS, sexually transmitted infections and opportunistic infections.
- Facilitation of an allotment to provide messages and information on HIV/AIDS for every learning Institution and office.
- Provision of an enabling environment for affected and infected individuals to have access to a wide range of care and support

by availing the necessary requisites for the MOE HIV/AIDS workplace policy implementation.

- None tolerance of discrimination against any employee on account of real or perceived HIV status.
- Enhancement of equal rights and obligations for all education sector educators, managers, administrators, support staff and other employees living with HIV/AIDS.
- Availing all employees equal opportunities for training and promotion, regardless of their HIV status.
- Fostering a supportive environment for employees who are HIV positive at all learning institutions and education workplaces.
- Guaranteeing security of employment to all employees regardless of their HIV status.
- None coercion of employees to reveal their HIV status.

This study has given relatively more detail on Teachers' awareness of the MoE HIV/AIDS workplace policy, government's involvement in providing the necessary requisites for policy implementation and how, on the whole, teachers are responding to the policy requirements.

CHAPTER 3: METHODOLOGY

3.0 Introduction

This section describes methods used in collecting data and how the data were analysed. It describes the research design employed, targeted population, sample size, sampling methods, research instruments, data collection procedures and analysis. Furthermore, the instruments used, their validity and reliability are outlined.

3.1 Research Design

This study was a survey and non-experimental in nature. Both qualitative and quantitative approaches were used in the data collection process and analysis. The two approaches were employed as a guide for collecting data. The qualitative approach was used in order to obtain the insiders' view, and to understand the felt experiences of respondents.

The quantitative approach was used to get statistical information and to measure the magnitude of awareness of the MoE HIV/AIDS workplace policy among teachers.

3.2 Target Population

The study was conducted in four schools the in Southern Province, Kalomo and Monze High schools designated as urban, Kabanga and Macha High schools designated as rural and in the Eastern Province, Ndake and Petauke High Schools designated as rural and urban respectively.

The study targeted teachers both male and female in rural and urban schools in the Southern and Eastern Provinces.

3.3 Study Sample

The study targeted ninety (90) teacher respondents from six schools, that was fifteen (15) from each school. In addition, six (6) headteachers and three (3) District Education Board Secretaries were targeted.

However, of the targeted ninety (90) teachers only sixty-eight (68) responded adequately in answering and returning the questionnaires. Twenty-two (22) respondents, were for one reason or the other absent at the time the questionnaires were being filled in.

3.4 Sampling procedure

Systematic sampling was employed to select ninety (90) respondents from six (6) schools. Teacher registers were used and every teacher was given a number. Every third person was chosen for the sample, until the required sample size of fifteen (15) per school was obtained.

3.5 Research Instruments

Various techniques for collecting data are available. Achola and Bless (1988) suggest a number of documents and sources from which data may be collected. For example they mention archival records, demographic records (death and birth certificates) crime statistics, school records, (registers, examination results), historical documents and biographies. In this study a structured questionnaire was used for targeted teachers to fill in. The questionnaire was used because it was both economical and that it gave room for respondents to give their perceptions freely. They were considered literate and could fill in the responses on their own. The questionnaire also ensured confidentiality and since it was self administered, it quickened the process of data collection.

Structured interview schedules were used for the headteachers and the DEBS and these made it possible for the researcher to get qualitative data. This data helped the researcher to understand the felt experiences of both the Head teachers and the DEBS.

3.6 Data collection

Questionnaires were given to teachers while face to face interviews were held with head teachers and the DEBS respectively.

The researcher personally delivered, administered and collected all questionnaires to and from the respondents. Interview schedules were administered on the spot to each headteacher and the DEBS and notes were taken on each interview made.

3.7 Data Analysis

Both qualitative and quantitative techniques were used in analyzing data.

Qualitative data mostly from face to face interviews involving head teachers and the DEBS were analysed manually and according to themes. Quantitative data was analysed using Statistical Package for Social Sciences (SPSS) and after grouping and categorizing, the responses were put into tables and percentages were shown against the responses.

CHAPTER FOUR: FINDINGS OF THE STUDY

4.0 Introduction

This chapter presents the findings of the study whose aim was to ascertain teachers' awareness of MoE HIV/AIDS workplace policy.

A total of 68 copies of the questionnaire were received from the respondents. In order to interpret the results accurately, the percentage, (%), of respondents who attempted the question and chose the response in the question was plotted against the responses themselves and Tables were constructed.

4.1 Findings from the questionnaire items

4.1.1Question 5: Are you aware of the MoE HIV/AIDS workplace policy?

The responses to this question were as shown in Table 1 below.

Table 1

.n=68

Response	Number	Percentage
Yes	39	57
No	29	43
Total	**68**	**100%**

The table shows that 39 (57%) respondents were aware of the HIV/AIDS workplace policy while 29 (43%) were not aware.

4.1.2 Question 6: How did you know about the HIV/AIDS Workplace Policy?

The responses to this question were as shown in Table 2 below.

Table 2

.n=68

Response	**Number**	**Percentage**
Through the Provincial Education Officer (or representative	2	3
Through the DEBS	10	16
Through the headteacher	22	32
Through Friends	3	4
Through the Press	4	6
Through the Radio	22	32
Through Television	5	7
Total	**68**	**100**

The table shows that the largest numbers of teachers that is 22 (32%) got to know about the policy through their headteacher and the radio while the least number of teachers that is 2(3%) got to know about the policy through the Provincial Education Officer or his/her representative.

4.1.3 Question 8: If you are aware of the policy, are you happy with the policy provisions?

The responses to this question were as shown in Table 3 below.

Table 3

.n=39

Response	Number	Percentage
Yes	32	82
No	7	18
Total	**39**	**100**

The table shows that 32 (82 %) respondents were happy with the policy provisions while 7 (18%) were not happy.

4.1.4 Question 10 Are all the policy provisions implemented?

The responses to this question were as shown in Table 4 below.

Table 4

.n=68

Response	Number	Percentage
Yes	14	21
No	22	32
No idea	32	47
Total	**68**	**100**

The table shows that 14 (21%) of the respondents felt that the policy provisions were being implemented while 22 (32 %) felt they were not. The remaining 32 (47%) said that they had no idea.

4.1.5 Question 12: Does your school hold workshops or seminars on HIV/AIDS to enlighten members of staff?

The responses to this question were as shown in Table 5 below.

Table 5

.n=68

Response	Number	Percentage
Yes	22	32
No	46	68
Total	**68**	**100**

The table shows that 22 (32%) respondents said that their schools held workshops and seminars on HIV/AIDS while 46 (68%) said that their schools did not hold workshops or seminars on HIV/AIDS to enlighten members of staff.

4.1.6 Question 14: Does your school make condoms available to members of staff?

The responses to this question were as shown in Table 6 below.

Table 6

.n=68

Response	Number	Percentage
Yes	15	22
No	51	75
No idea	02	3
Total	**68**	**100**

The table shows that 15 respondents (22%) said that their schools made condoms available to their members of staff, while 51 (75%) said that their schools did not make condoms available to their members of staff. 2 (3%) of the respondents had no idea.

4.1.7 Question 15: Does your school provide enabling environment for VCT without stigmatisation?

The responses to this question were as shown in Table 7 below.

Table 7

.n=68

Response	Number	Percentage
Yes	37	54
No	31	46
Total	**68**	**100**

The table shows that 37 (54%) respondents said that their schools did provide an enabling environment for VCT without stigmatisation, while 31(46%) did not agree.

4.1.8 Question 16: Would you like to be tested for HIV?

The responses to this question were as shown in Table 8 below.

Table 8

.n=68

Response	Number	Percentage
Yes	43	63
No	25	37
Total	**68**	**100**

The table shows that 43 (63%) respondents said that they would like to be tested for HIV, while 25 (37%) said they would not like to be tested for HIV.

4.1.9 Question 18 If found positive, would you prefer to be treated at your local hospital or clinic?

The responses to this question were as shown in Table 9 below.

Table 9

.n=68

Response	Number	Percentage
Yes	38	56%
No	30	44%
Total	**68**	**100**

The table shows that 38 (56%) respondents were willing to be treated at the local hospital if found positive, while 30 (44%) were not.

4.2.0 Question 20: Has your school developed an HIV/AIDS workplace policy?

The responses to this question are as shown in Table 10 below.

Table 10

.n=68

Response	Number	Percentage
Yes	15	22
No	53	78
Total	**68**	**100**

The table shows that 15 (22%) respondents said that their school had developed an HIV/AIDS workplace policy, while 53 (78%) said that it had not been developed.

4.2.1 Question 22: Has anyone you work with confided in you about his/her HIV/AIDS status?

The responses to this question were as shown in Table 11 below.

Table 11

.n=68

Response	Number	Percentage
Yes	7	10
No	61	90
Total	**68**	**100**

The table shows that 7 (10%) of the respondents said that someone they worked with had confided in them about his/her HIV/AIDS status, while 61 (90%) said that no one had.

4.2.2 Question 24: Are there teachers at your school who go for VCT?

The responses to this question were as shown in Table 12 below.

Table 12

.n=68

Response	Number	Percentage
Yes	17	25
No	2	3
No idea	49	72
Total	**68**	**100**

The table shows that 17 respondents (25%) said that there were some teachers who went for VCT, while 2 (3%) said that there were no teachers who went for VCT. The remaining 49 (72%) said they had no idea.

4.2.3 Question 25: Are there teachers who receive ARVs at your school?

The responses to this question were as shown in Table 13 below.

Table 13

.n=68

Response	Number	Percentage
Yes	08	12
No	06	9
No idea	54	79
Total	**68**	**100**

The table shows that 8 (12%) of the respondents said there were some teachers who were receiving ARVs, while 6 (9%) answered in the negative. The remaining 54 (79%) said they had no idea.

4.2.4 Question 26: Does your school support HIV positive members of staff?

The responses to this question were as shown in Table 14 below.

Table 14

.n=68

Response	Number	Percentage
Yes	09	13
No	33	49
No idea	26	38
Total	**68**	**100**

The table shows that 9 (13%) of the respondents said that their schools supported members of staff with HIV, while 33 (49%) said that their school did not. The remaining 26 (38%) said they had no idea.

4.2.5 Findings from the interviews held with headteachers

4.2.6 Question 3: Did you share the contents of the policy with your teachers?

The responses to this question were as shown in Table 15 below.

Table 15

.n=06

Response	Number
Yes	6
No	0
Total	**6**

The table shows that all the six (6) respondents said that they shared the contents of the policy with their teachers.

4.2.7 Question 4: How has the policy been conceived by your teachers?

The responses to this question were as shown in Table 16 below.

Table 16

.n=06

Response	Number
Very well	3
Not well	3
Total	**6**

The table shows that three (3) of the respondents stated that the policy was very well conceived by their teachers while the other three (3) said that it was not well received.

4.2.8 Question 5: Are you happy with the policy provisions?

The responses to this question were as shown in Table 17 below.

Table 17

.n=06

Response	Number
Yes	5
No	1
Total	**6**

The table shows that five (5) of the respondents were happy with the policy provisions while one (1) respondent was not happy.

4.2.9 Question 7: Does your school hold workshops or seminars on HIV/AIDS to enlighten members of staff?

The responses to this question were as shown in Table 18 below.

Table 18

.n=06

Response	Number
Yes	6
No	0
Total	**6**

The table shows that six (6) respondents said that they held workshops or seminars on HIV/AIDS to enlighten members of staff.

4.3.0 Question 9: Does your school support teachers with HIV?

The responses to this question were as shown in Table 19 below.

Table 19

.n=06

Response	Number
Yes	1
No	5
Total	**6**

The table shows that one (1) of the respondents said that he/she supported teachers with HIV while five (5) respondents said that their schools did not.

4.3.1 Question 11: Have you been receiving materials on HIV/AIDS and VCT?

The responses to this question were as shown in Table 20 below.

Table 20

.n=06

Response	Number
Yes	5
No	1
Total	**6**

The table shows that five (5) of the respondents agreed that they had been receiving materials on HIV/AIDS and VCT, while (one) 1 of them said they had not been receiving materials on HIV/AIDS and VCT.

4.3.2 Findings from the interviews held with DEBs

4.3.2.1 Question 2: Did you share the contents of the policy with your teachers?

The responses to this question were as shown in Table 21below.

Table 21

.n=03

Response	Number
Yes	3
No	0
Total	**3**

The table shows that three (3) respondents agreed that they shared the contents of the policy with their teachers.

4.3.3 Question 3: How has the policy been received by your teachers?

The responses to this question were as shown in Table 22 below.

Table 22

.n=03

Response	Number
Very well	3
Not very well	0
Total	**3**

The table shows that three (3) respondents stated that the policy had been very well received by their teachers.

4.3.4 Question 4: Are there some challenges in the implementation of the policy?

The responses to this question were as shown in Table 23 below.

Table 23

.n=03

Response	Number
Yes	3
No	0
Total	**3**

The table shows that three (3) respondents agreed that there were some challenges in the implementation of the policy. These were stated as:

- Erratic distribution of condoms in some schools.
- Inadequate supply of resources meant for the implementation of the policy.
- Lack of confidentiality when handling files for HIV-positive teachers resulting in stigma and discrimination.
- Irregular supply of ARVs in clinics.
- Irregular supply of visual aids and materials on HIV/AIDS.
- Lack of transport refunds for infected teachers who travel long distances to hospitals/clinics to obtain ARV drugs.

4.3.5 Question 7: Do you think the policy has helped reduce teacher deaths?

The responses to this question were as shown in Table 24 below.

Table 24

.n=03

Response	Number
Yes	3
No	0
Total	**3**

The table shows that three (3) respondents said that the policy had helped reduce teacher deaths.

4.3.6 Question 8: Have you been sending materials to schools on HIV/AIDS and VCT?

The responses to this question were as shown in Table 25 below.

Table 25

.n=03

Response	Number
Yes	3
No	0
Total	**3**

The table shows that three (3) respondents said that they had been sending materials to schools on HIV/AIDS and VCT.

CHAPTER 5: ANALYSIS AND DISCUSSION OF THE FINDINGS

This chapter discusses the findings of the study that have been portrayed in the previous one. Information obtained through further probing of the subjects that were interviewed has been referred to and used in the discussions as well.

5.1.0 DISCUSSION OF TEACHERS' RESPONSES

5.1.1 Awareness of MoE HIV/AIDS workplace policy

In view of the claim by DEBS personnel that they sent the policy document to schools in 2004 and its apparent authentication by headteachers during interviews, it seems plausible to say that the onus to further raise teachers' awareness of policy lies upon school heads. This is the more so because school heads are the immediate supervisors; therefore their interaction with teachers is much higher than that of others in the organisational structure of the MOE. This could explain why a higher percentage of the respondents that is 57%, was aware of the policy at the time of the study as opposed to those who were not aware.

5.1.2 Teachers' sources of information about the MoE HIV/AIDS workplace policy

The indication by the findings of this study that headteachers and radio were the main sources through which teachers came to know about the MoE's HIV/AIDS workplace policy has two implications. The first implication is that it supports the claim by DEBS office bearers that they sent the policy document to schools in 2004; i.e. soon after its formulation in 2003.

This prompt dispatch did not only enable some teachers to quickly get to know about the policy but that it manifests the Ministry's commitment to the fight against the pandemic in its schools.

The second is that it portrays the pre-eminence of the radio in matters of information dissemination in the country. Whereas many teachers may not have had access to the PEO and DEBS' offices (due to long distances) or to TV and print media (due to other reasons), it is indisputable that many of them had access to the radio. It is for this reason that many of them came to know about the policy through the radio.

5.1.3 Happiness with the policy provisions

The findings from the study revealed that 82 % of the respondents said that they were happy with the policy provisions while 18% indicated that they were not. The large percentage of those who were happy implies that the policy is a good one. It could also mean that many teachers might be keen to adhere to the policy provisions. If this happens then the document will really be a worthy practical guide for effective prevention, care and support within the Education sector where HIV and AIDS programmes were being implemented.

5.1.4 Implementation of the policy provisions

As regards implementation of the policy document, the study results painted a rather gloomy picture. 21% of the respondents alluded to the fact that policy provisions were being implemented while 32% did not agree; the remaining 47% said that they had no idea. The latter percentage being higher was a clear indication that not much had been done in the area of implementation.

It also substantiated the claims by DEBs that the implementation of the document faced numerous challenges such as the erratic supply of ARVs in

some health centres and the lack of transport refunds for infected teachers who had to cover long distances to reach the nearest hospital. The fact that the implementation process had been rather slow was a problem which could result in more teacher deaths due to delayed access to Anti-retro viral Therapy (ART). Thus makes it was imperative that the authorities took prompt measures to mitigate this problem.

5.1.5 The holding of workshops or seminars on HIV/AIDS to enlighten members of staff

The indication by most teachers (68%) who responded to the questionnaire that their schools did not hold seminars or workshops on HIV/AIDS to enlighten members of staff contradicted the claim by most headteachers that they held workshops on HIV/AIDS for their staff. This undoubtedly was a sign that headteachers only took a proactive role in disseminating the contents of the policy but they did not take further steps to organise workshops or seminars on HIV/AIDS for their members of staff in order to fulfil some of the provisions that the policy pledges to tackle such as to ensure that, 'every person in the education sector is informed and knowledgeable on HIV prevention and applies this to create a safe environment that prevents further HIV infection,' (MOE, 2005: 6). Capacity building through workshops or seminars in schools is a sure way of effectively disseminating information and knowledge on HIV/AIDS to teachers; it therefore becomes imperative for headteachers to source funds for meeting the costs of these workshops or seminars for members of staff.

5.1.6 Availing teachers with condoms

One sure way of mitigating the effects of HIV/AIDS is by using condoms and doing so correctly. In most workplaces these days condoms are made easily available for instance in toilets. While this may be the case for some

schools, most respondents (75%) did not agree that condoms were made available to them. Only 22% affirmed the availability of condoms in their toilets while a negligible number (3%) said they had no idea. It would appear that the supply of condoms to schools was erratic. It would be a good idea if schools created partnerships with NGOs that were actively involved in the free distribution of condoms such as Society for Family Health in order to access these condoms which they could in turn readily avail their members of staff.

5.1.7 Provision of an enabling environment for VCT without stigmatization

The research findings indicate that 54% of the respondents said that their school provided an enabling environment for VCT without stigmatisation, while 46% did not agree. However, it was encouraging to note that efforts were being made by schools to create a friendly environment for teachers to access VCT without fear of stigmatisation. At one school for instance a workshop for teachers on HIV awareness was organised in conjunction with an NGO called CHAMP during which period teachers who needed to test for HIV were encouraged to do so, using the free mobile VCT facilities that CHAMP had made available during the time of the workshop.

5.1.8 Teachers' willingness to undergo HIV tests

The higher percentage of teachers who were willing to be tested for HIV (63%) than that of teachers who were not willing (37%) could be attributed to an improvement in the sources of information on HIV/AIDS and on the availability of free ARVs and the MoE HIV/AIDS workplace policy itself. Given the above situation it is worth noting that the MOE HIV/AIDS workplace policy has impacted positively on the teachers.

5.1.9 Teachers' willingness to take HIV/AIDS treatment at local hospital or clinic

The difference between those who were willing to be treated at their local hospital or clinic and those who were not was rather small. Of the respondents 56% agreed while 44% did not. It would appear that those teachers who did not want to be treated at the local hospital or clinic feared stigmatisation and did not believe that their cases would be handled with the strictest confidence, more especially that they were local people who were obviously known by staff at the local hospital or clinic.

5.2.0 Schools' development of their own workplace guidelines in line with the HIV/AIDS workplace policy

The picture portrayed on this issue was rather gloomy, with only 22% of the respondents agreeing and 78% disagreeing. This could imply that schools have not been innovative enough to come up with their on guiding principles in line with the MoE HIV/AIDS workplace policy. It would be a good idea if schools domesticated and internalized some components of the MoE HIV/AIDS workplace policy. Schools could do this by coming up with their own guidelines in line with the MoE HIV/AIDS workpalce policy.This would go a long way in ensuring full ownership of the policy by teachers and thereby enhance adherence.

5.2.1 Teachers' disclosure of their HIV/AIDS status

A very small fraction of respondents (10%) agreed that someone they worked with had confided in them about their HIV/AIDS status while a larger proportion of the respondents (90%) did not agree. This could mean that teachers were still not free to talk about HIV/AIDS with their friends.

The other reason could be that the number of teachers affected by the scourge in individual schools may not be big.

5.2.2 Teachers availing themselves for VCT

Going for VCT is considered rather a personal issue which requires one to make a personal decision. Therefore no individual was under any obligation to inform his/her employer /supervisor or colleagues of his/her HIV status. This could explain why a larger number of the respondents (72%) could not confirm that some teachers were accessing VCT while only 23% answered in the affirmative. The disparity could mean that the level of interaction among teachers in the area of information sharing on HIV/AIDS was low.

5.2.3 Teachers' receipt of ARVs

Health providers, in this case counselors, treated information regarding the HIV status of their patients with strict confidence. This being the case the onus to disclose whether one was on Anti-retroviral Therapy (ART) lay on the patient himself/herself. The fact that most respondents said that they had no idea as to whether some teachers were receiving ARVs showed how highly confidential the information regarding the HIV status of individuals was. It could also mean that teachers receiving ARVs had chosen not to confide in their colleagues but had probably confided in their spouses and close relatives.

5.2.4 Schools' support for HIV positive members of staff

When asked about this matter, (49%) of the respondents stated that members of staff who were HIV positive did not receive support from their schools. 13% responded otherwise. The implication of this was that schools were giving very little moral, material and financial support to HIV positive teachers. This seems to be in agreement with the notion by headteachers that it was difficult for them to give support to HIV positive members of staff as

they had no record of teachers infected with HIV as none of them had come out in the open. This ties up with the earlier assertion that the number of teachers disclosing the HIV status was rather very low.

5.2.5 DISCUSSION OF THE HEADTEACHERS' RESPONSES

5.2.6 Awareness of MoE HIV/AIDS workplace policy and when it was sent to schools

All the respondents spoken to alluded to the fact that they became aware of the policy in mid 2004. Since the policy was only developed in 2003 it was evidently clear that there was a lot of commitment of by MoE to avail this document at the earliest possible time.

5.2.7 Dissemination of policy contents to teachers

"Workshops for all teachers were convened at which contents of the policy were shared. This was in line with one of the strategies of mitigating the impact of HIV/AIDS on teaching staff 'through dissemination of information to both learners and teachers; and the workplace programme, which includes advocacy and Anti-retroviral Therapy (ART),'quipped one of the headteachers. This claim was supported by the fact that most of the teacher respondents stated that they came to know about the policy through their headteachers. Fifty percent (50%) of the respondents indicated that the policy had been well received by their members of staff while the other fifty (50%) said that there was apathy by the majority of their staff resulting in a few appreciating it. It is worrying that some teachers have shown apathy as this could impede the fight against HIV/AIDS. The MoE should consider including certain incentives in the policy such as covering the welfare of the spouse and children in order to ignite the interest of the teachers. Active participation by the beneficiaries who in this case were teachers, during policy formulation and implementation would also reduce apathy as teachers

would have a sense of belonging if they were heavily consulted and if their input was recognised.

5.2.8 Happiness with policy provisions

Most of the respondents appreciated the policy provisions and acknowledged that the policy had made a difference in that:

- It had made the young ones aware of the deadly disease.
- It had helped to sensitise teachers and made most of them act responsibly.
- There has been behavioural change in staff and the policy has taught the staff to accept the illness and take appropriate medication. In addition to these general statements, the headteachers who were happy with the policy provisions made the following ones as well:
  - (i) In fact two of my teachers have come out in the open to declare their positive status and how the policy is helping them access free ART.
  - (ii) Partnerships with NGOs like CHAMP have encouraged many teachers to go for VCT, as evidenced when CHAMP visited my school to carry out sensitisation on HIV/AIDS and conduct free VCT.

It is important to remember, though, that not all the headteachers were happy with the policy provisions. One of them was not only unhappy but highly critical of it. He said:

The policy has not provided practical solutions. There are still high levels of apathy by teachers for whom it was mainly designed and there has been no extension of the policy to pupils. So far two (2) pupils at my school are infected with HIV/AIDS and the policy does not offer any help or hope for them to receive free ART.

The reality of having so many stakeholders, especially those charged with the direct responsibility of managing teachers' affairs, embracing the policy gives the beneficiaries hope that they have people they can turn to for help in the event that they get infected with HIV. The fact that most headteachers were happy with the policy ultimately has a bearing on its quick implementation as headteachers in the MOE are policy implementers.

The fact, that some headteachers were concerned with the welfare of pupils cannot be ignored however. The omission to render help to pupils infected with HIV could have very serious repercussions such as reduced enrolments of pupils, , high attrition rates among pupils, and low learning achievement rates due to absenteeism. This could in turn defeat the purpose of increasing access to quality education, thereby affecting the realization to meet Millennium Development Goal (MDG) number two which is to 'universalize primary education by ensuring that all children complete primary education by 2015,' and MDG number six 'to stem the spread of HIV/AIDS, malaria and other diseases by 2015.' Hence the need to include pupils' welfare, especially as regards to accessing free ART, in the policy cannot be over-emphasized.

5.2.9 The holding of workshops or seminars on HIV/AIDS to enlighten members of staff and frequency

Besides indicating that they held workshops and seminars on HIV/AIDS to enlighten members of staff on HIV/AIDS, headteachers said that there were other initiatives that they had taken. These included:

5.3.0

Intensification of HIV/AIDS club activities

This was done by making performances every Friday. Since drama is very entertaining, one would say that these performances undoubtedly spread

awareness of the scourge among the teachers and pupils where the performances were undertaken.

5.3.1

Constitution of a committee on HIV awareness

This comprised some members of staff who through their own initiative organised a one day symposium. High on the profile during the symposium were facts on HIV/AIDS – its origins and effects, myths and beliefs, its transmission, opportunistic infections, VCT and ART. This gesture by teachers themselves denotes their willingness to actively get involved in raising awareness on HIV through their own efforts. In so doing they allayed fears such as death and doom which were closely associated with the disease. Messages displayed during the symposium such as 'you can still live on ART, do not die of ignorance-visit your nearest VCT centre now' gave hope to those infected with HIV. The use of billboards and posters bearing life-saving messages in schools could also go a long way in giving hope to infected teachers.

5.3.2

Training peer educators

Since the policy gives prominence to peer education, training peer educators could be said to be a sure way of mitigating the impact of HIV/AIDS by using communication methods that deliver appropriate HIV/AIDS prevention messages in order to promote and sustain risk-reducing behaviour.

5.3.3 Schools' support for HIV positive members of staff and the kind of support given

Although most respondents said that schools gave no support of this nature, as they had no record of teachers infected with HIV since none of them had come out in the open, one school head indicated giving such support. It was in form of food supplements such as mealie-meal, cooking oil, sugar and beans which she said were given to chronically ill teachers. This head's action is worth commending and emulating by those of other schools countrywide. This is because it helped to improve the health of those affected and to enable them work effectively. This testimony should encourage other HIV/AIDS infected teachers to be open about it (to their heads at least) to enable them obtain similar assistance.

5.3.4 Receipt of materials on HIV/AIDS and VCT and its frequency

Most respondents bemoaned the irregularity in the supply of materials on HIV/AIDS and VCT by the MoE. It would appear that this defeats the whole purpose of the Ministry to 'identify and continue to produce a wide range of communication campaigns to raise awareness about AIDS and to bring about HIV preventive practices among education staff and learners through a range of initiatives which include small media approaches such as leaflets, posters and booklets, branded utility items like T-shirts, calendars, pens and event based campaigns such as school-based essay writing and drama competitions,' (MoE, 2003). In view of this, it is imperative that the Ministry took measures that will ensure regular and sustained supply of HIV/AIDS materials to all its schools in order for the noble aims of the workplace policy to be achieved.

5.3.5 Suggestions as to how the implementation of the policy can be improved.

The respondents' suggested ways of improving the implementation of the policy:

- MoE should ensure that there is timely distribution of Information Education Communication (IEC) materials such as posters, brochures, pamphlets.
- Schools should put up billboards with HIV/AIDS messages.
- There was need for more school visits by Provincial HIV/AIDS Focal Point Persons.
- The welfare of pupils should be included in the workplace policy provisions.
- PTAs should be actively involved in equipping teachers with facts and ideas that were aimed at improving healthy behaviour.
- There was need for more workshops for headteachers, teachers, pupils and ancillary staff.
- Policy should be extended to teachers'spouses.

These suggestions have two significant implications. The first is that they showed the great concern headteachers had for their pupils' welfare and that of teachers' spouses. Taking care of these groups would enhance pupils' school work because they would be fit to learn, while their teachers would be available to teach them instead of being absent due to nursing sick spouses where these may be found. The second was that both the Ministry and School Boards needed to find more money to enable the workplace policy meet the suggested extensions to their operational spheres.

5.3.6 DISCUSSION OF THE DEBS' RESPONSES

5.3.7 Conception of policy contents by teachers

Respondents said that generally the policy had been well received. This is in agreement with the responses given by both teachers and headteachers. Satisfaction with the policy by all stakeholders could ultimately impact on adherence in a positive manner. That teachers were happy with the policy provisions meant that the document had been thought and designed.

5.3.8 Challenges in the implementation of the policy

Respondents confirmed that the policy was facing some challenges saying:

- Clinics did not have ARVs therefore teachers in rural areas had to travel long distances to the nearest hospital to go and get ARVs.
- In the past teachers were buying ARVs and when money ran out at the Provincial Headquarters it created a lot of problems.
- Transport refunds for infected teachers covering long distances to the nearest hospitals were not made.
- Erratic supply of ARVs in some health centres.

The office of the DEBS' played a pivotal role in handling teachers' affairs. All the files concerning teachers' various issues such as placement, salaries, discipline, retirements and deaths were kept at the DEBS office. It would not be helpful for the DEBS' office to simply keep these statistics without adding a human face. Adding a human face would mean that DEBS took keen interest in the welfare of their teachers especially those infected with HIV/AIDS. This could be by way of regular visits to those infected or affected by the scourge, quick expeditions of funds required by HIV positive teachers, placement of

infected teachers living in remote areas to places near hospitals where they could access ARVs easily without having to cover long distances.

5. 3.9 Overcoming the challenges

Most respondents alluded to the fact that the challenges were not being addressed. It was not enough for DEBS to only acknowledge challenges faced in the implementation of the MOE HIV/AIDS workplace policy without addressing them and more especially that government was striving hard to decentralize operations in government ministries and departments. The MoE, being one of the largest ministries in the country the DEBS' office could play an instrumental role in advocating change. One way of doing this would be that of the DEBS' initiating and encouraging the formation of support groups in various schools. These support groups could comprise various stakeholders such as those living positively, focal point persons from the DEBS' office, Guidance and counselling teachers, Parents Teachers' Associations (PTAs), School head boys/girls, civil society groups and the church. Such a multi-sectoral approach would go a long way in mitigating the effects of HIV/AIDS. Through the office of the DEBS these interest groups could lobby Government and other co-operating partners for increased funding to the Education sector in order to meet the financial, nutritional, and material needs of those teachers infected with HIV and were receiving ART.

5. 4.0 Impact of policy on reducing teacher deaths

Respondents said that the policy had helped reduce teacher deaths. The fact that the policy has helped reduce teacher deaths was a good sign, suffice to say the Office of the DEBs should not relent in ensuring that deaths due to HIV related illness were further reduced. This could be done by addressing

the gaps in the MoE HIV/AIDS workplace policy that had been identified such as omission to include the welfare of spouses and pupils in accessing free ART, the inadequate coverage on hygiene and nutrition, the apparent inconsistent supply of ARVS in some health centres, and the erratic supply of condoms and other resources needed to effectively implement the policy. A reduction in teacher deaths would impact positively on the education sector in that literacy and learning achievements among pupils will be high and the teacher-pupil ratio will also be narrowed.

5. 4.1 Sending of materials on HIV/AIDS and VCT to schools

While respondents confirmed that they did send materials to schools on HIV/AIDS and VCT they admitted that they did not do this often. The reason they gave for their failure to send these materials was lack of financial resources. This apparent lack of financial resources could also be the reason for the erratic supply of condoms and other resources meant to mitigate the impact of HIV/AIDS in the education sector. Being the administrative body, through which teachers were supposed to access these resources, it remained a mammoth task for the office of the DEBS in partnership with other stakeholders, to lobby government to quickly implement the Decentralization Policy of 2002. Under the policy, the districs would be the focal points for the planning and delivery of public services to the poins of delivery. Since the district would be the focus of development and service delivery, efficiency will be enhanced and ultimately there will be a timely disbursement of funds meant to purchase the necessary requisites for the implementation of the MOE HIV/AIDS workplace policy.

5.4.2 Suggestions as to how the implementation of the policy can be improved

Respondents had this to say on this matter:

- ARVs should be stocked in clinics.
- Transport refunds for infected teachers travelling long distances should be provided.
- Hygiene and nutrition should be given ample coverage in the policy.
- Adequate visual aids should be provided.
- "Headteachers should be seen to be involved in the programmes in order to motivate their teachers to participate in executing the policy.

Since there is no vaccine or cure for AIDS in 2007 the only practical solution available was for those infected to be on ARVs, therefore the concerns expressed by the DEBS' office were very much cardinal in reducing deaths which occur due to HIV related illnesses. ARVS should be throughout one's life and discontinuation of the same could have very fatal results. Therefore, government should ensure that there was a continuous supply of ARVS in hospitals and the MoE should increase transport refunds for teachers living in the remote areas of Zambia. It was unpardonable for teachers to die on account that there were no ARVS in clinics or that they had failed to raise the required transport money to get them to the nearest health centre.

5.4.3 Existing challenges in the implementation of the policy

The study revealed that there were some challenges associated with the implementation of the MoE HIV/AIDS workplace policy, as listed below:

- Condom distribution was erratic and almost non-existent in some schools thus increasing the risks.
- Unavailable or inadequate supply of resources meant for the implementation of the policy.
- Lack of confidentiality when handling files for HIV-positive teachers resulting in stigma and discrimination.
- Irregular supply of ARVs in some clinics.
- Supply of visual aids and materials on HIV/AIDS was irregular.

These challenges hampered the effective implementation of the policy, in various ways. They should all be effectively addressed in order for the policy aims to be realized.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.0 This chapter provides conclusions to this study, which are based on the research findings. It also contains some recommendations which the author hoped might lead to a more effective implementation of the HIV/AIDS workplace policy and therefore to a greater realisation of objectives.

6.1. Conclusions

The following were the conclusions of the study:

6.1.1. That the majority of the teachers who responded to the questionnaire were aware of the MoE workplace policy; although the difference between them and those who were not aware was quite small.

6.1.2 That apart from condoms, resources for implementing the HIV/AIDS workplace policy were either unavailable or inadequate.

6.1.3 That some headteachers gave food supplements to HIV/AIDS affected teachers who approached them for such assistance.

6.1.4 That the majority of the teachers were willing to undergo the HIV test.

6.2. Recommendations

While the workplace policy had had some impact, more could still be done. Therefore, arising from the findings and discussions, this study recommends the following:

6.2.1 The Government should quickly implement the decentralization policy and increase funding to schools so that resources for implementing the HIV/AIDS workplace policy became adequate and were timely disbursed.

6.2.2 Partnerships between schools and some International Organisations such as the World Food Programme should be encouraged in order

for schools to access food supplements that could be donated to infected teachers.

6.2.3 Schools should hold workshops and seminars on HIV/AIDS to enlighten those members of staff who may still be unaware of the policy and/or its provisions.

6.2.4 Government should provide other resources on HIV/AIDS to all schools besides condoms.

6.2.5 All schools with known HIV infected teachers should provide food supplements to those teachers.

6.3 Suggestions for future research

More comprehensive research should be carried out on how effective activities of the education sector have been, in the face of HIV/AIDS, in reaching out to those out of formal education.

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APPENDIX 1

The Questionnaire

Below is the questionnaire that was used and deemed necessary by the researcher to collect data and successfully write a report on the research.

QUESTIONNAIRE

Dear Respondent,

My name is Marian Chipemba, a postgraduate student at the University of Zambia conducting research on 'Teachers' awareness of the Ministry of Education HIV/AIDS workplace policy'.

Teachers are a key resource in any educational system and as such are an important factor in HIV prevention and Health promotion programmes. Your opinions and experiences are important to this study; therefore you are requested to take part.

Please answer all the questions in the order in which they appear in the questionnaire. In most of the questions you are simply asked to respond by putting a tick [ ] in a box.

Where you need to write your answers, please be as specific and accurate as you can.

Be assured that your answers to the questions will be kept strictly confidential and that you as an individual will not be identified with them. **You need not** write your name on the questionnaire.

We greatly appreciate your willingness to take part in the study. You can be sure that by doing so, you are helping to improve policy implementation in the teaching profession.

SECTION ONE

Questions about yourself

1. Sex:

(a) [ ] Male

(b) [ ] Female

2. Age:

(a) [ ] 25 and below

(b) [ ] 26-45

(c) [ ] 46 and above

3. Marital status

(a) [ ] Single (including the divorced and widowed)

(b) [ ] Married

4. Place of work: ..... High School

SECTION TW0

Questions on the Research problem

5. Are you aware of the HIV/AIDS workplace policy that the Ministry of Education has put in place?

(a) [ ] Yes

(b) [ ] No

6. If yes, how did you come to know about it?

(a) [ ] Through the Provincial Education Officer (or a representative)

(b) [ ]Through the District Education Board Secretary (or a representative

(c) [ ] Through the Head teacher (or a representative)

(d) [ ] Through Friends

(e) [ ] Through the press (newspapers)

(f) [ ] Through TV

(h) Other means (specify)

.....

.....

.....

7. What are the contents of the policy?

(a) .....

.....

(b) .....

.....

(c) .....

.....

(d) .....

.....

8. Are you happy with the policy provisions?

(a) [ ] Yes

(b) [ ] No

9. If your answer is no, which of the provisions are you not happy with and why?

Are all the policy provisions being implemented?

(a) [ ] Yes

(b) [ ] No

10. If your answer is no, which of the policy provisions are not being implemented and why?

.....

.....

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11. Does your school hold workshops or seminars on HIV/AIDS to enlighten members of staff frequently? If yes go to question 14.

(a) [ ] Yes

(b) [ ] No

12. If no, in your opinion what could be the reason for the failure by your school to

frequently hold workshops or seminars on HIV/AIDS?

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In some workplaces these days, condoms are easily available for example in toilets. Does your school avail these?

(a) [ ] Yes

(b) [ ] No

13. Does your school provide an enabling environment for teachers to go for Voluntary Counselling and Testing without fear of being stigmatised?

(a) [ ] Yes

(b) [ ] No

14. Would you like to be tested for HIV?

(a) [ ] Yes

(b) [ ] No

15. Suppose you were diagnosed with HIV whom would you turn to for help?

Mention at least three groups of people.

(a).....

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(b).....

.....

(c).....

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16. If you found out you were positive, would you prefer to be treated at the local hospital where you live? If no go to question 19.

(a) [ ] Yes

(b) [ ] No

17. If no why would you prefer to go somewhere else?

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18. Has your school developed its own HIV/AIDS policies in line with the HIV/AIDS workplace policy in the Education sector?

(a) [ ] Yes

(b) [ ] No

19. What are these policies?

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20. Has anyone you work with confided in you that s/he has HIV/AIDS?

(a) [ ] Yes

(b) [ ] No

21. If your answer to question 22 is yes, how did you react?

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22. Are there any teachers at your school who go for VCT?

(a) [ ] Yes

(b) [ ] No

(c) [ ] No idea

23. Are there any teachers at your school who receive ARVs?

(a) [ ] Yes

(b) [ ] No

(c) [ ] No idea

24.Does your school give support to employees infected with HIV; if any?

(a) [ ] Yes

(b) [ ] No

25. If yes, explain the kind of support that is given.

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26. State the barriers to VCT.

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27. State the things that make people fail to access ARV treatment.

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28. List the benefits of VCT.

(a) .....

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(b) .....

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(c) .....

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(d) .....

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We have come to the end of the questionnaire. Are there any issues you would have wanted us to address but were not included? Or do you have any comments you would like to make? If so, please make them here and thank you for your time.

APPENDIX 2

Interview Guide for Head teachers in the Ministry of Education

1. The current Ministry of Education HIV/AIDS workplace policy was produced in 2003. When did you become aware of it?
2. When was it sent to your school?
3. Did you share the contents with your teachers?
4. How has the policy been conceived by the teachers?
5. Are you happy with the policy provisions?
6. If not, which of the provisions are you not happy with?
7. Does your school hold workshops or seminars on HIV/AIDS to enlighten members of staff? If so how often?
8. If not what could be the reason for the failure by your school to frequently hold workshops or seminars on HIV/AIDS?
9. Does your school give support to employees infected with HIV/AIDS, if any?
10. If yes, explain the kind of support given.
11. Have you been receiving materials on HIV/AIDS? VCT?
12. How often have you been receiving such material?
13. What programmes has your school put in place to mitigate the impact of HIV/AIDS in your school?
14. Suggest ways that would improve the implementation of the policy?
15. Do you have any final comment to make?

IT HAS BEEN A PLEASURE TALKING TO YOU. THANK YOU VERY MUCH FOR YOUR TIME.

APPENDIX 3

Interview Guide for District Education Board Secretaries in the Ministry of Education

1. The Ministry of Education (MoE) HIV/AIDS workplace policy was made in 2003. When was it sent to schools?
2. Were there any other ways that were used to enlighten teachers about the policy? If so, which ones?
3. How has the policy been conceived by teachers?
4. What are some of the challenges in the implementation of the policy?
5. How are these challenges being addressed?
6. How many HIV/AIDS related cases in the Southern and Eastern Provinces in particular have been recorded from the time the policy was effected?
7. Do you think the policy has helped reduce teacher deaths?
8. Have you been sending materials to schools on HIV/AIDS and VCT?
9. How often have you been sending such materials?
10. Suggest ways that would help improve the implementation of the policy?
11. Do you have any final comment to make?

IT HAS BEEN A PLEASURE TALKING TO YOU. THANK YOU VERY MUCH FOR YOUR TIME.