Evaluating School Health Policies in Zambia: An Application to Administration of the HIV and AIDS Health Education Policies in the Selected Basic Schools of Mazabuka District.

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Abstract

This paper evaluated the effectiveness of the HIV and AIDS school health education programmes in the selected basic schools of Mazabuka district. The principle objective of the study was to examine the implementation models of the prevailing school health policies in the selected schools and to determine the effectiveness of these school-based policies in transmitting HIV and AIDS health messages. Self-administered questionnaires and a semi-structured interview guide were used to collect data from a sample of 180 respondents. Data for this study was analysed quantitatively and qualitatively. The study revealed that 94 per cent of the respondents had a great deal of understanding of basic concepts of HIV and AIDS and other related knowledge. Additionally, government initiatives through development of directives on what to teach, who to teach and how to teach HIV and AIDS school health content have been spotted in all the target schools. The central argument of this paper is that school based HIV and AIDS health policies exist and that the implemented policies have begun to yield a positive impact at the basic school level. Finally, the paper established that HIV and AIDS health education like any other subject in Zambia is not without challenges. Among the challenges identified was lack of specialised training for health education teachers. The Ministry of Education (MoH), therefore, needs to train and retrain teachers in HIV and AIDS health education components in order to instill confidence and effective teaching.

Key words: Evaluation, HIV and AIDS education, School health policies, Basic schools.

1.1. Background and Rationale for Formulation of HIV and AIDS Education Policies in Zambia

The earliest recorded school involvement in the Human Immuno-deficiency Virus (HIV) and Acquired Immuno-deficiency Syndrome (AIDS) activities in Zambia was in the late 1980s, when one school in Lusaka, became perhaps the first in the Southern African region to set up an Anti-AIDS Club. At this time, there were no clearly laid down guidelines on how the schools were to respond to the HIV and AIDS pandemic.

The Ministry of Education policy response to HIV and AIDS health education can be traced back from the 1996 policy document, 'Educating Our Future; National Policy on Education' which made reference to the importance of school based health education to combating HIV and AIDS (the Ministry of Education, 1996: 74-77). Among other things, the 1996 policy document recognised the fact that the HIV and AIDS situation added to the many problems facing the education sector. According to the policy document, HIV and AIDS prevention was to be included in the broader context of psychological life skills. Since then, the Ministry of Education (MoE) has demonstrated unwavering commitment to fighting HIV and AIDS using the school based programmes.

In the late 1990s, the Ministry of Education lost a lot of teachers through HIV and AIDS. An increase in the number of orphans was also recorded (UNESCO, Dakar, June 2005). This prompted the Ministry of Education to make HIV and AIDS health education an integral component of the Basic Education Sub-Sector Investment Programme (BESSIP). From this phase onwards, the Ministry of Education increased resource allocation and programme interventions for HIV and AIDS.

The year 1999 saw the development of the Basic Education Sub-sector Investment Programme (BESSIP). This programme was a large scale-sector-wide reform that sought to improve access, quality and relevancy of education. UNICEF, World Bank and almost all the donours supporting basic education in Zambia worked through the BESSIP framework. One of the major undertakings of BESSIP was to develop an articulate HIV and AIDS intervention programme that was aimed at responding to the HIV and AIDS crisis.

Later in 1999, the Ministry of Education issued a policy statement that spelt out strategies for addressing HIV and AIDS in education. The statement recognised the importance of teachers and students in the education process and committed the Ministry to developing interventions aimed at these target groups. The Ministry revised the curriculum to include life skills and reproductive health education. During the same period, HIV and AIDS was regarded as a cross cutting issue to be included in all subject areas.

By the year 2000, the momentum for dealing with HIV and AIDS education in the Ministry of Education seemed to have become self-sustaining and was supported by a committed leadership. The then Deputy Chief Inspector of Schools was appointed National Focal Point Person for HIV and AIDS. The Deputy Chief Inspector of Schools was assisted by a full time

HIV and AIDS officer who had the responsibility of coordinating the design and implementation of HIV and AIDS Programmes. HIV and AIDS focal persons were also appointed at provincial, district and school levels.

Another notable undertaking that the Ministry of Education made was the development of a well-articulated policy framework to guide their response to HIV and AIDS (MoE, 1996). In addition to the 1996 policy document cited above, A Teacher's Instructional Manual on HIV and AIDS health education was developed in 2003. This document was meant to serve as a guide to all classroom teachers in the teaching of HIV and AIDS health education. Through the production of this teaching manual, it was expected that there would be uniform administration of HIV and AIDS health education policies at basic school level as well as at the classroom level. This study, therefore, sought to evaluate the implementation models of the school-based HIV and AIDS policies in the selected basic schools of Mazabuka district.

1.2. Statement of the Problem

HIV and AIDS pose one of the greatest threats to the attainment of Global Millennium Education Goals for the attainment of 'Education for All' in Zambia. To avert this, the schools provide basic education for students to have access to HIV and AIDS education that can assist them cope with the HIV and AIDS pandemic. Despite the commitments made by many governments to implement HIV and AIDS health education policies in schools, the implementation pace and process vary from country to country (Simuyaba, 2008), let alone the AIDS health education practice offered at basic school level. Furthermore, there is very limited scholarly information on HIV and AIDS school health policies, and how the policies could influence the reduction of HIV and AIDS risks on the basic school students. As a result, previous research is limited to providing policy input and explanation on HIV and AIDS and schooling. It is for these reasons that this study was conducted to evaluate the implementation pace and process of the prevailing HIV and AIDS school health policies and to determine the impact that the policies have made at the basic school level.

1.3. Aims and Objectives of the Study

The principle objective of the study was to evaluate the implementation of the HIV and AIDS school-based health policies in the selected basic schools of Mazabuka district, in the Southern province of Zambia in order to determine the effectiveness of these policies on basic education level in Zambia.

1.4. The Specific Objectives

1. To find out the prevailing HIV and AIDS School Health Policies in Mazabuka district.
2. To explore how these policies have been implemented in the selected basic schools.
3. To determine the extent to which basic schools adhere to the policies.
4. To assess the strengths and weaknesses of the prevailing HIV and AIDS school based health policies and to suggest the way forward.

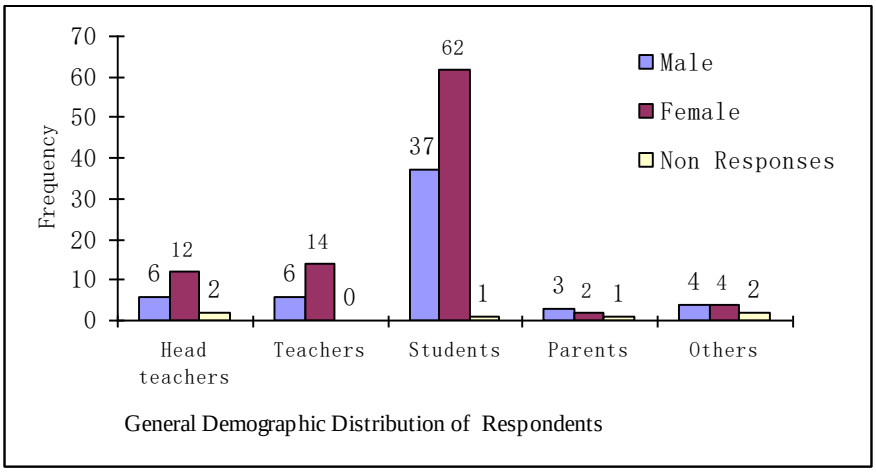
3.0 **Methodology**

The survey targeted 180 respondents, of these, 156 (87 %) participated in the survey. Self-administered questionnaires and a semi-structured interview guide were used to collect data from a sample of 156 respondents. The study employed both quantitative and qualitative methods of data analysis.

3.1. **Description of the Study Sample**

One hundred and fifty-six (156) respondents participated in the survey. Thirteen (13) were interviewed while the rest had their responses obtained through questionnaires. The breakdown of the study sample was as follows; ninety-nine (99) out of one hundred and fifty (150) targeted students responded, five (5) out of a sample of six (6) parents responded and all the twenty (20) health education teachers provided responses. Of the twenty (20) sampled school leader respondents, eighteen (18) were interviewed. The last category consisted of different officials from Ministry of Education, Science, Technology and Vocational Training, Early Education (MoESTVEE), Religious leaders and the parents from which the study obtained thirteen (13) responses out of the sixteen (16) that was proposed.

Fig: 1. Demographic Distribution of Respondents by Gender



***Source*: Survey Data 2012**

The figure above shows that one hundred and fifty-six (156) responses which are equal to 87 per cent of the study sample were obtained in the field. The responses from the teachers were 100 per cent, and 99 per cent from students; 90 per cent from school leaders and 81 per cent from the other stake-holders. This means that the study succeeded in obtaining a great number of respondents.

2.0. Perspectives and Conceptual Framework of HIV and AIDS and Education

This section reviews some literature on the analytical framework of HIV and AIDS and education with limited examples from the Zambian education system. Essentially, HIV and AIDS are conceptualised as affecting education through ten different mechanisms (See Box 1 below).

Box 1: **Conceptual Framework on what HIV and AIDS Can Do to Education**

HIV and AIDS has the potential to:

- affect the demand for education
- affect the supply for education
- affect the availability of resources for education
- affect the potential clientele for education
- affect the process of education
- affect the content of education
- affect the role of education
- affect the organisation of schools
- affect the planning and management of the education system
- affect donor support for education

Source: Kelly, M. J. (2000)

HIV and AIDS affects education through: reduction in demand, reduction in supply, reduction in availability of education resources, potential clientele for education, the process of education, curriculum modification, altered roles that must be adopted by teachers and the education system, the organisation of schools, planning and management as well as donour support as explained with some examples drawn from the Zambian education system below.

a) HIV and AIDS can affect **demand for education**. A study in the Copperbelt, one of the regions in Zambia affected by AIDS, found 44 per cent of the children of school going age were not attending school but with proportionately more orphans (53.6%) than non-orphans (42.4%) not attending, (Rossie and Reiger, 1995). The study found that the principal reason for this was the inability to pay school costs. For many of the children,

this inability was AIDS related. It occurred because with AIDS in the family, either there was no longer a source of regular income or else whatever income was there was diverted to palliative care of the sick person(s).

b) HIV and AIDS affects the **supply of education** because of the loss through mortality of trained teachers and the reduced productivity of sick teachers. There are examples of such effects in Zambia. For instance, a study conducted in 1998 showed that the mortality rate for teachers in 1998 was 70 per cent higher than the previous decade and most of the deaths were attributed to AIDS. Communities then complained about the loss of teaching time due to prolonged illness of teachers (Kelly, 2000).

c) HIV and AIDS affects the **availability of resources** for education because of the reduced availability of private resources. Owing to AIDS, affected families' incomes occasionally were reduced or diverted to medical care. The public funds for the education sector may be reduced or diverted owing to health or AIDS related interventions. Kelly's study reveals that the HIV epidemic affects the availability of both public and private resources for education (Kelly, 2000: 5).

d) HIV and AIDS is conceptualised as affecting the **potential clientele for education** because of the rapid growth in the number of orphans, the massive strain which the orphans' phenomenon is placing on the extended family and the public welfare services. It also affects the potential education clientele, because there will be need for children to head households and to undertake income-generating activities. In Zambia, the UNAIDS report indicated that about 710 thousand children had lost a mother or father or both parents to AIDS; who were alive and under the age of seventeen (17) by the end of 2005 (UNAIDS Report for Zambia: 2006). Some of these fell under the extended family system while others run some 'child headed households'.

e) HIV and AIDS affects the process of education because of new social interactions that arise from the presence of AIDS affected individuals in schools. A study conducted in Zambia reveals that the process is affected when children witness the physical deterioration of a classmate or a young teacher dying from AIDS (Siamwiza, 1999: 24). Trauma arising from experience of the way AIDS can degrade and humiliate a fellow human being, especially when it occurs in school surroundings can have a shattering impact on a young person's psychological stability and learning capacity.

f) HIV and AIDS affects the **content of education.** The content of education has not escaped from the impact of HIV and AIDS. AIDS affects the content of education because there is need to incorporate HIV and AIDS education in the curriculum, with a

view to imparting the knowledge, attitudes and skills that may help promote safer sexual behaviour, abstain from use of drugs and other AIDS related evils (Coombe, 2000). The most obvious impact of HIV and AIDS on the content of education in Zambia is the incorporation of AIDS education in the curriculum with a view to bring about AIDS awareness and behaviour change (MoE, 1996: 77).

g) HIV and AIDS also affects **the role of education** because of the counselling roles that teachers and the system must adopt. Kelly (2000: 18) points out that because of HIV and AIDS, schools will also adopt a new image as a centre for the dissemination of messages about HIV and AIDS to its own students and staff and to the entire education community. In other words, in addition to their traditional concern with intellectual development, schools are slowly recognising the need to play a more proactive role in pupils' psychological support and counselling.

h) HIV and AIDS affects **planning and organisation of schools** because of the need to adopt a flexible timetable or calendar that will be more responsive to the income generating burdens that many pupils must shoulder (Kelly, 2000b). There will be need for schools that are closer to pupils' homes. To this effect, many community schools have been established in Zambia (MoE, 2010).

i) HIV and AIDS also affects the **planning and management of the education** system because of the importance of managing the system for the prevention of HIV transmission and the need for all capacity-building and new human resource planning. There will be need for new approaches, new knowledge and skills and attitudes that will enable the system to cope with the epidemiological impact and to monitor how it is doing so. There will be need for sensitive care in dealing with personnel; and human rights issues of AIDS infected students, employees and their dependents.

j) HIV and AIDS affects **donour support** because of the diversion of donour support in response to coping with the epidemic (UNESCO, Dakar, June 2005). One practical outcome of this very necessary concern of donour community with the HIV and AIDS situation is the needed impetus it gives to education and other ministries to develop their own strategic plans for addressing the epidemic.

The theoretical framework and the negative consequences that have been brought forward are largely illustrative for Zambia. In some areas, HIV and AIDS effects are still low; but the evidence is sufficient to show that they have begun to manifest themselves. This theoretical framework and the examples given, therefore, facilitate the understanding of HIV and AIDS,

its impacts and the reasons why it is necessary for institutions of learning to take a leading role in helping to fight the epidemic. This confirms the fact that any functional institution has a duty towards HIV and AIDS. But what are the policies guiding the schools in trying to fight HIV and AIDS? How are these policies implemented at basic school level? This study has among other issues addressed these questions. The next section presents findings of the study.

4.0. Presentation and Discussion of Research Findings

This section seeks to find out the prevailing HIV and AIDS health education policy obtaining at the selected basic schools. It is addressed by the question; 'What HIV and AIDS school health policies apply at basic school level?' In addressing this, the study set out to interview a number of school leaders in order to establish the school based HIV and AIDS policy and AIDS education practice that prevailed in the selected schools. Information was collected from eighteen (18) school leaders through a questionnaire on the kind of HIV and AIDS health education policies that guided their schools. Each respondent was required to give details of the source of the policy document that they followed; whether they provided HIV and AIDS education; the kind of HIV and AIDS education they provided and the quality of teachers who taught HIV and AIDS health education. The school leaders were further asked to give their perception regarding the provision of health education in their respective schools. Some of the information given by the school leaders was later confirmed through oral interviews with the MoESVTEE officials.

4.1. School Leaders' Awareness of the HIV and AIDS School Health Policy

The first question sought the school leaders' awareness about the existence of the National HIV and AIDS school health policy. Eighteen (18) responses were obtained from school leaders. All the Eighteen (100%) school leaders did acknowledge awareness of the existence of this policy document. This school leadership consciousness of the policy and high levels of awareness implies the likelihood that the policy may be implemented. It also implies that there is likelihood that these school leaders would support the AIDS education policy. This information was confirmed by government officials. Asked on whether school heads were invited in national policy formulation, the MoE officials from Mazabuka district office agreed that they did, but that it was not possible to have everyone participate due to logistical problems.

4.2. Level of Participation on HIV and AIDS School Health Policy Formulation

On whether these school leaders had taken part in the formulation of the HIV and AIDS National School Health Policy document that was in use in schools by 2012, the survey results revealed that all eighteen (18) school leader respondents had participated in policy formulation. This, therefore, may imply that there is a great deal of stakeholder involvement in policy formulation in Zambia.

4.3. Schools that Provided HIV and AIDS Health Education in the District

All the eighteen (100%) contacted school leaders revealed that their institutions provided HIV and AIDS health education. This implies that school based health education has taken root in Mazabuka district.

4.4. Kind of HIV and AIDS Health Education Taught at Basic School Level

For this particular item, three (3) options were provided from which school leaders were to select the kind(s) of health education that obtained in their respective schools. The choices were based on a similar study by Graham Pembrey (2006) on Indian, Kenyan, Ugandan and US schools regarding HIV and AIDS health education practice. Just like Pembrey's findings, our study found two main types of AIDS education offered by Mazabuka schools, i.e. through thematic education and AIDS education as a across cutting issue in the curriculum. An illustration is provided in the table below.

Table 2: Kinds of AIDS Education Taught at Basic Schools level

S#	Kinds of HIV/AIDS Education	No. of Responses
1	Thematic	1
2	Infused into Curriculum	16
3	Both thematic and infused in the curriculum	1
	Total	**18**

***Source*: Survey Data 2012**

One (1) of the respondents indicated that AIDS education was taught through thematic education, while another respondent stated that AIDS education was offered both through thematic education and across all subjects in the curriculum. On the other hand, sixteen (16) of the school leader respondents stated that AIDS education was conducted through various subjects across the curriculum. The survey results, therefore, reveal some differences in the way HIV and AIDS education is provided in the district. The common mode was, however that

which is infused in all subjects across the curriculum. When this question was given to MoESVTEE officials regarding the kind of AIDS education, the MoESVTEE official confirmed that the policy document required that AIDS education be taken as a cross-cutting issue in all subjects across the curriculum. The MoE official, however, indicated that they have no full control on AIDS education teaching and practice in private schools and hence, the noted differences.

4.5. Teachers of HIV and AIDS Health Education

The study also ventured into the kind of teachers that provided HIV and AIDS education in their schools in 2012. Four (4) choices were given from which they were to select the suitable kind their schools had. Sixteen (16) school leaders indicated that they had no teachers specifically trained to teach AIDS education, but that HIV and AIDS education was taught by any teacher trained to teach other subjects and two (2) school leaders indicated that any teacher who had interest could teach the subject while the other two (2) head teachers indicated that their schools had AIDS education teachers that were partly trained to teach HIV and AIDS health education component. In addition to this option, two (2) school leaders also included the counselling and guidance teachers who offered AIDS education as a supplementary subject to AIDS education that was taught along with other subjects. From this, we infer that HIV and AIDS education was predominantly taught by teachers who were trained to teach other subjects while the counselling and guidance teachers simply supplemented AIDS education during their counselling classes. This result confirms what the education policy document (1996: 74-77) states: 'the guidance teacher would among other responsibilities spearhead the provision of psychosocial services with special focus on HIV and AIDS'. This, therefore, implies that the basic schools are adhering to the requirement of the 1996 policy document on education.

4.6. Sources of HIV and AIDS Health Education Teaching Content

The study also sought to find out the source of the HIV and AIDS teaching content for their respective schools. The options were given as national, provincial, district, school based curriculum or others. All the sixteen (16) school leaders chose the national curriculum as an option, and within the eighteen (18), fifteen (15) indicated that they also formulated school based HIV and AIDS curriculum in their schools. This was done by heads of sections in conjunction with their subject teachers. This means that both the centralised and the decentralised curriculum are obtaining in the district.

4.7. Suitability of HIV and AIDS Health Education Content to Grade Level

With regards to the item regarding the suitability of HIV and AIDS content given to junior high school students; all the school leader respondents indicated that they were comfortable with the content because such content was designed for specific age groups. This information was later verified through interviews with MoE officials. They did indicate in both cases that professionals designed the curriculum and that age level was considered when designing HIV and AIDS learning materials.

4.8. Teachers' Programmes for Professional Development on HIV and AIDS Education

On whether the schools or districts where the schools were located had a deliberate policy of offering in-service training programmes for professional development of teachers in the field of HIV and AIDS health education by the year 2012, all the contacted schools in the district had professional staff development programmes available in their districts. The common programmes identified were professional lectures, workshops/seminars as well as in-service training programmes. The responses from the teachers also attested to these programmes.

4.9. Relevance of HIV and AIDS Health Education to Junior High School Students

HIV and AIDS health education was perceived to be highly relevant as illustrated in the table below.

Table 3: School Leaders' Perception on Relevance of HIV and AIDS Health Education

Perceptions on Relevance if AIDS education	**Number of Reponses**	**Percentage**
Highly Relevant	16	89%
Very Relevant	2	11%
Relevant	0	-
Not Relevant	0	-
Total	**18**	**100%**

***Source*: Survey Data 2012**

This result reveals some significant findings that are worth noting. Sixteen (16) head teacher respondents representing 89 per cent rated AIDS health education at the highest level, the second highest level was taken by only two respondents. The breakdown of responses,

therefore, indicates that the school leaders value HIV and AIDS health education. Linked to this aspect was the question which probed into the teachers' overall feelings about the Ministry of Education policy concerning the teaching of HIV and AIDS health education in basic schools? The findings indicate that of all the twenty (100%) respondents, sixteen (80%) teachers argued that the teaching of HIV and AIDS health education was an excellent idea. This high level of positive response towards AIDS health education implies that there is a likelihood of such leaders supporting HIV and AIDS education activities within their schools, thereby contributing to the effective implementation of the National HIV and AIDS education policy which has been noted when evaluating the impact of the HIV and AID policy on the students in the next section.

4.10. Conclusion and Lessons learned from the School Leaders

This section looks at the first research question: 'What HIV and AIDS school health policies obtained at basic school level?' The main findings are that the HIV and AIDS school health policies for HIV and AIDS education are there and that the school leaders are aware of these policies. Secondly, the study established that schools followed a combination of school based and the national policies; with more respondents following the national policies. Results also show that most schools (83%) had implemented school based policies.

5.0. Implementation of HIV and AIDS Health Education Policy in the Basic Schools

In this section, the study explored how HIV and AIDS policies have been implemented and then determined the extent to which junior high schools were adhering to the HIV and AIDS policies. These objectives were answered using the research questions; 'how have the junior high schools absorbed HIV and AIDS school health policies and how have the basic schools adhered to the policy of HIV and AIDS respectively'. In addressing these questions, two sample categories were targeted; that is, the health education teachers and the students. The section is divided into two (2) parts. The first part analyses the teachers' perceptions on HIV and AIDS policy on health education as well as their direct experiences in the teaching of HIV and AIDS education. The second part measures the student knowledge, attitudes and perceptions on the subject of HIV and AIDS in order to determine the success of the implemented policy at basic school level.

5.2. In-Service Training for HIV and AIDS Health Education Teachers in the District

On whether the selected teachers had received any specialised training related to HIV and AIDS health education, only one (1) teacher acknowledged having received special training

from the University of Zambia. However, all the teachers were aware of HIV and AIDS health training programmes being offered for professional development and twelve (12) of these had actually participated in these short programmes. A few examples of the kind of training on offer were mentioned such as professional talks, workshops and seminars. Based on the above results, only twelve (60%) of the teachers from the district had special training offered under the HIV and AIDS professional training programmes. The results indicate that the training programmes given to teacher specialists are inadequate in the district and that there was need to increase HIV and AIDS continuing professional development programmes.

5.3. Teacher's Experiences and Perceptions on Teaching HIV and AIDS

The twenty (20) teachers were further invited to give their perception on the teaching of HIV and AIDS health content; that is, whether they felt comfortable teaching HIV and AIDS health education content or not and the responses were as follows: fifteen (15) teachers felt comfortable and five (5) felt uncomfortable. This result provides a positive scenario when rating their level of comfort. Twelve (12) teachers took the highest level (of very comfortable). The second highest level was taken by two (2) teachers and only one (1) teacher selected the third level of comfort. The five teachers categorically stated that they were not comfortable to handle HIV and AIDS topics as follows:

Table 4: Topics which make teachers uncomfortable to teach HIV and AIDS Content

Topic	**Responses**
Facts about causes of HIV and AIDS	1 (20%)
Methods and Measures for HIV and AIDS prevention	2(40%)
Behaviour that expose students to HIV and AIDS e.g. Pre- marital sex, sex with no condom, etc	4 (80%)
Techniques for refusing unsafe behaviour	1 (20%)

***Source*: Survey Data: 2012**

Some teachers (40%) indicated that they were not comfortable to teach content that dealt with methods and measures for HIV and AIDS prevention. Other teachers (80%) indicated that they were not comfortable to teach topics that relate to behaviour that exposes students to HIV and AIDS, for example, sex and the use of condoms. The feeling of discomfort portrayed by the Zambian teachers when handling some topics as revealed by this study is not unique. Parallels

from previous studies can be cited, for example, Xie Chuan Jiao (2006) writes this of the Chinese teachers:

> *Topics of sex are often embarrassing for Chinese students to bring up with teachers because it is taboo in traditional Chinese culture [sic]. Teachers often skip the few chapters dealing with sex in their HIV and AIDS health text book or tell students to study by themselves*

Whether or not it is a lack of specialised training or the individual weaknesses of the teachers that make them fail to handle these topics, is not clear. However, this result is worth noting and it will be compared with the students' scores on topics that deal with sex and HIV and AIDS risky behaviour in the next section.

5.4 Teaching Time and Resources for HIV and AIDS Health Education

On the amount of time allocated for teaching HIV and AIDS health education, the teachers indicted that there was no specific time allocated as the content was infused in other subjects. Basing on analysis from these findings, it can be argued that AIDS education in Zambia is mainly a supplement to other subjects. On the availability of teaching-learning resources for HIV and AIDS health education, eighteen teachers (90%) indicated that they did not have sufficient teaching-learning materials. This means that only 10 per cent of the teachers had enough teaching resources in their schools. The teachers listed the following as the kind of resources that they needed to help them enhance HIV and AIDS health education programmes in their schools: posters, books, audio-video aids and clinical tools.

5.5. Guidelines that Teachers Followed when Teaching AIDS Health Education

Regarding the practical written guidelines that were at hand for the teachers to use when teaching HIV and AIDS, nineteen (19) teachers indicated that they were following state guidelines and fourteen (14) of these combined state with school based guidelines. One (1) teacher just taught what was in the text book and had not seen the guidelines regarding how to teach HIV and AIDS education. This result has implications for the practical administration of HIV and AIDS health education; and hence the need to provide teachers with uniform guidelines for classroom implementation of HIV and AIDS health education policies at basic school level.

5.6. Suitability of HIV and AIDS Teaching Content to the Level of Students

Regarding the suitability of HIV and AIDS teaching content to the level of basic students, fifteen (15) teacher respondents felt that the content given to students on HIV and AIDS was excellent. Two (2) teachers, however, stated that it was very good and two (2) others felt that it was good while one (1) teacher felt that it was fair. The survey result indicates that generally, most of the teachers rated the content to be 'very good'. This implies that teachers found the content to be suitable for the grade level of students. One wonders whether this is true or not, because when the same teachers were asked to state the topics that made them feel uncomfortable to teach HIV and AIDS health education, different views came out showing that some of them were not comfortable.

5.7. Summary Based on Teacher Survey

This section explored teachers' insights on how HIV and AIDS policies have been implemented in junior secondary schools. It probed into how schools were adhering to the policies of HIV and AIDS education. The main findings from this section are that nineteen (95%) of the contacted teachers were not trained to teach HIV and AIDS health education. Secondly, the district had no distinct teacher training institutions to provide HIV and AIDS health education training programmes to teachers. Furthermore, some HIV and AIDS topics made teachers uncomfortable to teach. The teachers also indicated that time and other teaching resources allocated to teaching AIDS education were insufficient. Finally, among the challenges highlighted by the teachers were inadequate teaching-learning materials and lack of specialised training for teachers. The impression one gets out of this scenario is that although HIV and AIDS health education has taken root in Mazabuka district, there are still some challenges to overcome.

6.0. Presentation and Analysis of the Student Responses on HIV and AIDS Health Education

This section addresses the aspect on how the basic schools have absorbed the HIV and AIDS school health policies. The section further tries to respond to the research question number four 'to ascertain whether or not HIV and AIDS health education policy has had an impact on junior high school students'. To help analyse data, questionnaires were administered to one hundred junior high school students. The findings obtained are presented and analysed below.

6.1. Student Knowledge of Basic Concepts of HIV and AIDS

This part sought to evaluate the level of understanding of HIV and AIDS concepts by student respondents. The students were provided with ten statements on which they were to give their views. Ninety-nine (99) out of a total sample of one hundred (100) students provided their views. Their responses are highlighted in the table below:

Table 5: Student Knowledge of Basic HIV and AIDS Concepts

Items on HIV and AIDS basic Knowledge	**Responses**			
Section A: Items	**Right Responses**		**Wrong Responses**	
(a) HIV/AIDS affects people of every race	No	%	N0	%
	96	(96.0%)	4	(4.0%)
(b) HIV/AIDS is not an infectious disease	96	(96.0%)	4	(4.0 %)
(c) Infected blood through needles can spread HIV	97	(97.0%)	3	(3.0%)
(d) Drug users using shared injections can infect each other	97	(97.0%)	3	(3.0%)
(e) Hugging an HIV person make one HIV positive	96	(96.0%)	4	(4.0%)
(f) People who use Condoms may not spread the HIV infection	96	(96.0%)	4	(4.0%)
(g) HIV does not only affect poor people.	93	(93.0%)	7	(7.0%)
(h) Drug abuse risks you into being HIV+	89	(89.0%)	11	(11.0 %)
(i) Too much beer drinking and smoking can cause HIV and AIDS	95	(95.0%)	5	(5.0%)
(j) Mosquito bite causes HIV and AIDS	87	(87.0%)	13	(12.1%)
Average Score	**94**	**(94 .10%)**	**6**	**(6.0%)**

***Source*: Survey Data, 2012**

6.1.1. Perceptions that 'HIV and AIDS Affects People of every Race'

On the students' perception of whether HIV and AIDS affects people of every race, ninety-six (96.0%) students felt that HIV and AIDS affects every race while the other four (4.0%) held a different view. This implies that most of the students have a clear understanding of the view that HIV and AIDS affects people of every race.

6.1.2. Student Perceptions that 'HIV and AIDS was Infectious'

On the notion that 'HIV and AIDS was infectious, ninety-six (96.0%) of the student respondents gave a positive response while only four (4.0 %) gave a negative response to this item. This, therefore, means that the students understand the notion that the HIV and AIDS was infectious.

6.1.3. Student Perceptions on Infected Blood through Needles or Shared Razors can Spread HIV/AIDS

On whether infected blood through needles or shared razors can spread HIV and AIDS, ninety-seven (97.0%) students felt this disease can spread the disease while 3 (3.0%) felt that it cannot. It can, therefore, be argued that the student respondents have a clear understanding that infected blood through needles or shared razors can spread HIV and AIDS.

6.1.4. Student Perception that Drug Users using Needles can Infect each other with HIV and AIDS

Ninety-seven (97.0%) students agreed that drug users using needles can infect each other with HIV and AIDS while only three (3.0%) disagreed. This study result clearly demonstrates that Zambian students have a clear understanding of the concept of sharing needles among drug users and its danger in spreading HIV and AIDS.

6.1.5. Hugging someone who has HIV and AIDS can make you HIV Positive

From the study, it was observed that 96 (96.0%) of the students hold the view that hugging someone who has HIV and AIDS cannot make one contract the HIV virus while four (4.0%) held an opposing view. Students show understanding of this concept.

6.1.6. People who Use Condoms in Sex may not Spread the HIV Infection

Under this subject area, 96 (96.0%) student respondents felt that there is a form of protection one gets if condoms are used correctly while four (4.0%) students were of the negative view. This view, however, is contrary to behaviour pattern exhibited among young people as results from previous research findings show. For example, the UNAIDS Global Report (2004: 94), documents that during a study that was carried out in Kisumu, Kenya, 25 per cent of the active young boys and 33 per cent of the young girls had not used a condom during their first and subsequent sexual encounters (Glynn, *et al*., (2001) in (UNAIDS Global Report 2004: 93)). Erratic condom use with regular and non-regular sexual partners was also reported in studies in Argentina, Korea and Peru (WHO in UNAIDS Global Report 2004: 94). With this kind of

understanding, it is important, therefore, to put more emphasis on behavioral change rather than giving students mere HIV and AIDS concepts.

6.1.7. Students Perceptions on 'HIV only Affects Poor People'

Student knowledge was sought with regards to the misconception that HIV and AIDS is a disease that affects poor people only. Ninety-three (93.0%) of the students felt that HIV and AIDS does not affect poor people only, while seven (7.0%) attributed HIV and AIDS to poor people only. The notion that HIV and AIDS affects only the poor, therefore, needs to be corrected among these students.

6.1.8. Student Perceptions on 'Drug Abuse Risks Young People into being HIV+'

Students were invited to give their views on the subject that drugs can risk young people in becoming HIV positive. The results in the table above revealed that eighty-nine (89.0%) students felt that drug abuse could risk young people in becoming HIV and AIDS positive while eleven (11.0 %) felt that it could not. Hence, students understand this concept.

6.1.9. Student Views on; 'Drinking too much Alcohol, acting Carelessly and being in Unhealthy Localities can Risk Young People into getting HIV and AIDS'

The students' views were expressed as follows; eighty-nine (89.0%) students felt that this aspect had potential to make students get HIV and AIDS while ten (10%) felt that it did not. This result indicates that 10 per cent of the students may not have understood the possible relationship of the unsafe behaviour and its potential to cause HIV and AIDS. More input, therefore, is required among teachers in exposing students to the knowledge about multiple causes of HIV and AIDS.

6.1.10. Mosquito Bite or any other Insect Bite can give a Person HIV and AIDS

This looks at the common misconception people have on mosquito or other insect bites causing HIV and AIDS. Eighty-seven (87.0%) students felt that mosquito or any other insect bites cannot lead to HIV and AIDS while twelve (12.0%) felt that this aspect could lead to HIV. This result implies that most students understand this concept.

In summary, the survey results from the table above indicate that the student respondents have basic understanding of HIV and AIDS concepts, with an average score of 94 per cent students getting positive responses. The understanding of HIV and AIDS related concepts is indicative

of the fact that school based HIV and AIDS health education policy has begun to make positive effects in Mazabuka district.

7.0 Responses on Issues of HIV and AIDS Stigma and Discrimination

This part of the survey probed into students' perceptions on issues of attitudes, stigma and discrimination against HIV and AIDS patients. The main aim of this section was to evaluate the implementation of the HIV and AIDS health education policy in basic schools using student levels of stigma and discrimination. The results obtained from the survey were computed and summarised as in Table 6 below.

Table 6: Student Responses to Issues of Attitudes, Stigma and Discrimination

Stigma & Discrimination Related Issues	**Student Responses**			
Section B. Items	**Correct Responses**		**Wrong Responses**	
a) It is cruel to discriminate against people with HIV and AIDS	No	%	No	%
	97	(97.9%)	3	(3.0%)
b) Students can catch HIV from classmates during normal school classes.	76	(76.7%)	24	(24.2%)
c) Visiting an HIV and AIDS infected person can make you get an HIV infection	95	(95.9%)	5	(5.0%)
d) Lack of AIDS Education leads students to unsafe behaviour which can cause HIV and AIDS	94	(94.9%)	6	(6.0%)
e) We can tell by looking that one has HIV or AIDS	80	(80.8%)	20	(20.2%)
f) I would be ashamed if I have HIV or AIDS	75	(75.7%)	25	(25.2%)
g) Sharing a desk will make me get HIV or AIDS	80	(80.8%)	20	(20.2%)
h) I feel comfortable studying HIV and AIDS	95	(95.9%)	5	(5.0%)
i) HIV and AIDS health Education protects me from dangers of HIV and AIDS infection.	96	(96.9%)	4	(4.0%)
j) HIV and AIDS Education are of value to me now and in future.	96	(96.9%)	4	(4.0%)
Average Score	**88.8**	**(76.8%)**	**11.2.**	**(12.0%)**

***Source*: Survey Data: 2012**

The survey results above indicate that the mean percentage is not so significant on issues relating to discrimination of people with HIV and AIDS. For example ninety-seven students (97.0%) stated that they would not discriminate against people living with HIV and AIDS. On the aspect of lack of AIDS education can lead to unsafe behavior, ninety-four students (94.0%)

felt that they needed HIV and AIDS health education. On whether HIV and AIDS education could help protect one from contracting HIV and AIDS, ninety-six students (96.0%) gave a positive response and similarly on the value of AIDS education to students now and later in life, ninety-six students (96.0%) took this option, a sign that they attach a lot of importance to the subject. These results show minimal levels of stigma and discrimination among the student respondents.

However, the students responses on 'whether Students can catch HIV during normal class', had seventy-five students (75.0%), and on the aspect of 'knowing that someone is HIV and AIDS positive by simply looking at that person', had eighty students (80.0%), that 'one would be ashamed if one contracted HIV or AIDS' had seventy-five students (75.0%) and finally on 'sharing a desk with an HIV or AIDS infected person can make one get HIV and Aids' with eighty students (80.0%). These results show some significant differences in the mean percentage scores that are worth noting. The findings from this category imply that students still have a misconception that they can tell by looking at someone who is HIV positive, and hence they are likely to discriminate those that they suspect to be HIV positive even when they are not. Secondly, student responses portrayed some feelings of self-stigma by accepting the statement that 'they would be ashamed if they contracted HIV and AIDS'. The last aspect worth noting is on the notion that 'students can contract HIV by sharing a desk with someone who is HIV positive'. The application that this study makes from the findings above is that the students have demonstrated some levels of stigma and discrimination. The policy implication of this kind of scenario is that it is important that health education teachers focus on issues of stigma and discrimination when dealing with HIV and AIDS health education.

7.1. Summary and Lessons Learned From the Results from Student Survey

This section aimed at exploring whether or not the HIV and AIDS health education programmes have had an impact on the junior basic students in Mazabuka District. The overall result on basic HIV and AIDS knowledge, attitudes and discrimination from field data has been summarised thus: the findings from Section A reveal that students have a great deal of understanding of the HIV and AIDS basic concepts given to them with an average score of 94.1 per cent with regards to knowledge levels. This implies that HIV and AIDS health education policy has started making an impact at the basic school level. Findings from Section B equally show significant statistical findings among students respondents. The average knowledge levels among students was at 89 per cent with some few students (11%) showing

some low levels of stigma and discrimination. These were based on misconceptions that one can catch AIDS from a classmate in a normal classroom setting, by sharing a desk, by visiting an HIV infected person, and so on. This calls for more efforts in the teaching of HIV and AIDS health education content that deal with issues of stigma and discrimination.

8.0. School Health Education and Other Stakeholders in Zambia

Zambia has an open policy of involving the civil society in waging a war against HIV and AIDS as such, the study sought views of other stakeholders other than those found in the basic school set up. The findings from oral interviews in this project revealed that the civil society plays a significant role in HIV and AIDS education response. One such achievement is through the development of community schools. These community schools provide an opportunity for HIV and AIDS related orphans and other vulnerable children to attend schools. The Ministry of Education owes much of its success to school-based HIV and AIDS response to the pandemic due to significant external support it receives. For example, the global fund, WHO, and the World Bank have played significant roles in supporting HIV and AIDS school-based programmes. The informants in this survey also stated that the UN agencies under the coordination of UNAIDS worked 'hand in glove' with the government to confront the pandemic. One such area where Mazabuka district has benefited was through professional development of teachers through workshops. Some of the teacher respondents confirmed attending such workshops. When asked a question relating to the value of HIV and AIDS health education, all sampled stakeholder respondents supported implementation of the HIV and AIDS health education policy.

9.0. Summary, Conclusions and Recommendations

The main purpose of this study was to evaluate the implementation of the HIV and AIDS school health policies prevailing in some sampled schools of Mazabuka district in order to determine the effectiveness of the school based policies in transmitting HIV and AIDS health messages. In carrying out the study, basic questions related to what policies prevailed, how the policies were implemented and the impact that these policies have had on basic school pupils were raised. The main conclusions drawn from this study are that government initiatives through development of directives on what to teach, who to teach and how to teach HIV and AIDS health content have been spotted in all the targeted schools. Secondly, AIDS messages have begun to make significant impact on the interviewed basic school students in that 94 per cent

of the respondents had clear understanding of basic concepts of HIV and AIDS. The central argument of this paper is that much of this success is owed to good government policies towards addressing HIV and AIDS. Finally, it is worth noting that although the study identified the positive elements above, the findings also revealed that HIV and AIDS health education is not without challenges; among the areas of special concern which serve as impediments to efficient HIV and AIDS health education are:

- Lack of fulltime qualified HIV and AIDS health education teachers.
- Limited HIV and AIDS health education teaching-learning materials in schools.
- Time allocated to teaching HIV and AIDS health education was not enough.
- Infusing HIV and AIDS education in all subjects makes it difficult to monitor whether or not teaching takes place, and how it takes place. It appears the teaching of HIV and AIDS is at the discretion of the teacher.
- Finally, the parents supported an HIV and AIDS school health education programme for their children which should be delivered by trained professionals.

9.1. Recommendations and Policy Implications for Education Administrators

- There is need for Pre- and in-service HIV and AIDS health education training for teachers.
- There is need for provision of suitable teaching-learning materials for HIV and AIDS health education in schools.
- There is need for learning institutions to prioritise school based HIV and AIDS planning and policy implementation.
- There is need to put emphasis on a time-tabled school based HIV and AIDS health education whose focus should be on students' behavioural change rather than awareness.
- There is need to pay special attention to potential dropouts on appropriate HIV and AIDS education programmes especially for rural students.

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