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The Challenges of HIV and AIDS Counselling in Basic Schools: A case of Mazabuka Town Basic Schools in Zambia

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Abstract

The study investigated the challenges of HIV and AIDS counselling in basic schools as expressed by school counselors, school managers class teachers and pupils. It also examined the conditions of the counseling rooms as well as the record keeping of the sessions conducted by counselors. The respondents comprised 128 purposively selected individuals in Mazabuka Basic schools (72 class teachers, 8 school managers, 8 school counselors and 40 pupils). Relevant data were collected with the use of interviews and focus group discussions.

The collected data were analyzed using descriptive statistics. The study identified some challenges hindering the implementation of HIV and AIDS counselling in basic schools. Results of the study indicated that most individuals (90.9%) who called themselves counselors were not trained. Only 13.6% of the Basic schools had counselling rooms against 86.4% who did not have this facility. The study further revealed that no counselling session records were kept by all the guidance and counselling teachers. It was also found that only 4.5% of the counselors had a light teaching load that could allow them to work effectively as school counselors. Only 2.3% of teachers were said to be coordinating effectively with the school counselors concerning the HIV+ status related problems of pupils in their class. It was further found that only 2.3% of the teachers were coordinating with the parents of HIV+ pupils. Lastly results revealed that absolutely no pupil in all the Basic schools went for HIV counselling. Based on the findings of the study, it was recommended that the guidance and counselling teachers should create awareness on the usefulness of HIV and AIDS counselling in Basic school. And that the government, community and individuals should give adequate support to HIV and AIDS counselling in Basic schools in order to reduce high prevalence rate of HIV and AIDS among the learners.

Keywords: HIV/AIDS, counselling; challenges; Basic schools; Zambia.
INTRODUCTION

The term HIV stands for Human Immunodeficiency Virus. This is a kind of virus which is responsible for the destruction of parts of the white blood cell which are the body’s disease fighting immune system. The advanced stage of HIV infection on the other hand culminates into what is called AIDS, which implies Acquired Immunodeficiency Syndrome. HIV and AIDS has become one of the most destructive plagues in human history. It is killing people in the most alarming and terrifying circumstances. The first recognized cases of AIDS occurred in the United States of America in 1981 (Dyk, 2008). For over twenty-seven years the world has been on high alert against HIV and AIDS. Efforts to get ahead of the epidemic during these years have witnessed immense suffering and heartbreaking setbacks (Kelly, 2008). Every year UNAIDS releases new data on the extent of the epidemic across the world. Unfortunately, the trend is inexorably upwards (Niekerk and Kopelman, 2005). For instance, an estimated 39.5 million people worldwide were living with HIV in 2006 (2.6 million more than in 2004 and an estimated 4.3 million people became infected with HIV in 2006 (400,000 more than in 2004). Worse still, an estimated 2.9 million people lost their lives to AIDS in 2006 (Dyk, 2008).

While HIV and AIDS can be considered a global epidemic, it has an overwhelming negative impact on sub-Saharan Africa where during 2006 alone, an estimated 2.1 million adults and children died as a result of AIDS (Moerschbacher, Kato and Rutechura, 2008). HIV and AIDS has caused immense human suffering in the whole continent of Africa. The most obvious effect of this crisis has been illness and death. The impact of the epidemic has certainly not been confined to the health sector, households, workplaces and economies, but schools have also been significantly affected (Moerschbacher, eta al, 2008).

The first HIV and AIDS case in Zambia was reported in 1984 (Kelly, 1999). Since then, the infection rate has spread to all parts of the country with the highest rate being found in urban areas as compared to peri-urban rural areas. For instance, Lusaka Province has the highest rate of the infection with 20.7% of the infected people, followed by the Copperbelt Province with 18.5%, Southern Province with 16.2%, Central Province with 14%, Eastern Province with
13.2%, Western Province with 12.6%, Northwestern Province with 8.6% and Northern Province with 8.0% (MOE, 2007).

According to the survey carried out by the Ministry of Health in Zambia on HIV and AIDS cases by age, it was found that the infection rate was highest among those aged 15-19 years and most of whom are learners or pupils (Kelly, 2008). Since there is no cure for HIV and AIDS, the focus should be on caring for the physical and mental health of learners living with or affected by HIV and AIDS (Dyk, 2008).

**HIV and AIDS Counselling**

Vishala (2009) describes counselling as the service offered to an individual undergoing a problem which needs professional help to overcome it. Moloney (2005) looks at counselling as a process of establishing an understanding relationship in which a person is respected for who they are and listened to, with the aim of empowering them to make informed choices and to be able to take responsibility for their own development. Dyk (2008: 219) defines counselling as “a facilitative process in which the counselor, working within the framework of a special helping relationship, uses specific skills to assist clients to develop self knowledge, emotional acceptance, emotional growth, and personal resources”. And UNESCO (2002), reports that counselling provides a wide range of services which aim at HIV and AIDS prevention and support. Counselling, therefore is an educational service which can be used to promote positive sexual behaviours and prevent cases of HIV and AIDS among the learners. With this view that HIV and AIDS counselling is relevant to the management of AIDS and prevention of HIV, this study sought to explore the challenges of HIV and AIDS counselling in Basic schools.

In this study, the HIV and AIDS counselling service providers are school managers, guidance and counselling teachers and class teachers while the beneficiaries are the learners or pupils.

**Statement of the problem**

The overall research problem addressed in this study is that despite the inclusion of HIV and AIDS Counselling in the guidance and counselling unit as a prevention measure against HIV and AIDS among learners, and to give psychosocial support to learners who are infected with or
affected by HIV and AIDS, researches generally agree that schools in sub-Saharan Africa are not doing a good job of helping learners avoid the virus. Furthermore, a lot of resources have been wasted in sub-Saharan Africa, Zambia inclusive, such as money, materials and training programmes that have not worked (Keller, 2005). Therefore, the study sought to explore the challenges of HIV and AIDS counselling in basic schools as expressed by the school managers, school counselors, class teachers and the pupils.

**Aim of the study**

The aim of the study is to explore the challenges of HIV and AIDS counselling in Mazabuka Town Basic schools, Zambia.

**Specific objectives**

1. To explore the challenges in the provision of HIV and AIDS counselling services in Basic schools.
2. To find out the challenges in the accessibility of HIV and AIDS counselling services in Basic schools.

**Research questions**

1. What are the challenges in the provision of HIV and AIDS counselling services in Basic schools?
2. What are the challenges in the accessibility of HIV and AIDS counselling services in Basic school?

**Significance of the study**

The findings of the study would provide relevant information to the learners, class teachers, school counselors, school managers, policy makers in various ministries and the community at large on the challenges of HIV and AIDS Counselling in Basic schools with a view of reducing the high prevalence rate of HIV and AIDS among learners in Zambia. It would also assist in the improvement of the present level of HIV and AIDS counselling practice in Zambia.
METHODS

Research Design
The study compromised qualitative and quantitative methods. The cross-sectional comparative study design was used to investigate the HIV and AIDS counselling in Basic schools.

Research Participants and Sampling
The research participants of the present study included school managers, school counselors, class teachers and pupils. The respondents comprised 128 purposively selected individuals in Mazabuka Town Basic Schools. (72 class teachers, 8 schools managers, 8 school counselors and 40 pupils).

Instruments
Relevant data were collected with the use of one-to-one interviews and Focus Group Discussions.

Procedure
Study sites included the Mazabuka Town Basic schools. The participants were recruited into the study upon obtaining informed consent. This was followed by an interview and then Focus Group Discussions.

Ethical Considerations
Before the beginning of data collection, approval from the University of Zambia Ethical Committee was obtained. Participants were recruited from the town Basic Schools in Mazabuka. Permission to conduct the study was sought from the District Board Secretary’s Office in Mazabuka.

Participants filled in and signed an informed consent form before they were recruited into the study. They participated only on voluntary basis and were allowed to leave the study at any time. Confidentiality of participants is strictly being maintained.

When some participants felt tired or needed a break for any reason, they were free to take breaks during the discussion. Contribution to knowledge in the field of HIV and AIDS counselling was one of the benefits of the study.
RESULTS

The main purpose of the study was to identify the challenges of the HIV and AIDS counselling in Basic Schools in Zambia. This section therefore presents the findings of the study. Table 1 illustrates the ranking of the service providers’ views of the challenges in the provision of the HIV and AIDS counselling services in Basic schools, while Table 2 shows the ranking of the beneficiaries’ views of the challenges in the accessibility of the HIV and AIDS counselling services in Basic schools.

Table 1: Rank-order of the service providers’ views of the challenges in the provision of the HIV and AIDS counselling services in Zambia Basic Schools.

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Items</th>
<th>Percentages</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pupils do not disclose their HIV positive status.</td>
<td>20%</td>
<td>1\textsuperscript{st}</td>
</tr>
<tr>
<td>2</td>
<td>No Record Keeping of HIV and AIDS Counselling sessions.</td>
<td>15%</td>
<td>2\textsuperscript{nd}</td>
</tr>
<tr>
<td>3</td>
<td>Lack of materials and resources</td>
<td>13%</td>
<td>3\textsuperscript{rd}</td>
</tr>
<tr>
<td>4</td>
<td>HIV and AIDS programmes are not time-tabled</td>
<td>12%</td>
<td>4\textsuperscript{th}</td>
</tr>
<tr>
<td>5</td>
<td>Lack of coordination between class teachers and guidance and counselling teachers concerning HIV and AIDS related programs among learners in their classes.</td>
<td>11%</td>
<td>5\textsuperscript{th}</td>
</tr>
<tr>
<td>6</td>
<td>No coordination between class teachers and parents/guardians concerning their HIV and AIDS positive children/wards.</td>
<td>10%</td>
<td>6\textsuperscript{th}</td>
</tr>
<tr>
<td>7</td>
<td>Guidance and counselling teachers have a heavy workload.</td>
<td>8%</td>
<td>7\textsuperscript{th}</td>
</tr>
<tr>
<td>8</td>
<td>Lack of counselling rooms.</td>
<td>6%</td>
<td>8\textsuperscript{th}</td>
</tr>
<tr>
<td>9</td>
<td>Inadequate monitoring of HIV and AIDS counselling services.</td>
<td>5%</td>
<td>9\textsuperscript{th}</td>
</tr>
</tbody>
</table>
Table 2: Rank-order of the beneficiaries’ views of the challenges in the accessibility of the HIV and AIDS counselling services in Zambia Basic Schools.

<table>
<thead>
<tr>
<th>Serial Number</th>
<th>Items</th>
<th>Percentages</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Beneficiaries are not aware of the existence of HIV and AIDS counselling services in Basic Schools.</td>
<td>50%</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
</tr>
<tr>
<td>2</td>
<td>Stigmatization and discrimination against HIV and AIDS victims.</td>
<td>30%</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
</tr>
<tr>
<td>3</td>
<td>No Privacy.</td>
<td>9%</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
</tr>
<tr>
<td>4</td>
<td>Beneficiaries do not trust their teachers.</td>
<td>7%</td>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>5</td>
<td>Male teachers having sexual relationships with female learners.</td>
<td>4%</td>
<td>5&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**DISCUSSION**

The study investigated the challenges of HIV and AIDS counselling in Zambian Basic Schools in order to identify intervention strategies that could promote HIV and AIDS counselling in schools, consequently, reduce the prevalence of HIV and AIDS among Basic School Learners in Zambia. The study revealed the following challenges in the provision of the HIV and AIDS counselling services in Zambian schools: Learners who are HIV positive do not disclose their status, no record keeping of HIV and AIDS counselling sessions, so it is difficult to make follow-ups, lack of materials and resources, HIV and AIDS programmes are not time-tabled, lack of coordination between class teachers and guidance and counselling teachers, lack of coordination between class teachers and parents/guardians, guidance and counselling teachers have a heavy workload, lack of counselling rooms and inadequate monitoring of HIV and AIDS counselling services. The findings support the assertion made by Dyk (2008) that schools in sub-Saharan Africa are not doing a good job in helping learners avoid the virus through the implementation of HIV and AIDS programmes due to insufficient staff training and support, materials and resources are lacking, teachers have a heavy workload and no extra time allocated for HIV and AIDS programmes. Furthermore, Dyk (2008: 242) states, “all registered psychologists and counselors are required by law to keep records of their counselling sessions.” This confirms that
for HIV and AIDS counselling to be effective, record keeping by counselors is not only vital, but mandatory.

The findings of the study also identified the following challenges in the accessibility of the HIV and AIDS counselling services in Zambian Basic Schools: Learners are not aware of the existence of HIV and AIDS counselling services in Basic schools, stigmatization and discrimination against HIV and AIDS victims, no privacy, learners do not trust their teachers, and male teachers having sexual relationships with female learners. The findings are supported the assertion by Dyk (2008) that one of the challenges of the implementation of HIV and AIDS programmes in sub-Saharan African schools is that learners do not trust their teachers and see them as authoritarian. He also claims that privacy and confidentiality are serious in the effectiveness of HIV and AIDS programmes. And Kelly (2008) supports the finding that some male teachers are involved in sexual relationships with female learners.

CONCLUSION
Based on the findings of the study, it could be concluded that HIV and AIDS counselling is not effective in Mazabuka Town Basic schools due to the following challenges:- pupils do not disclose their HIV positive status, no Record Keeping of HIV and AIDS counselling sessions, lack of materials and resources, HIV and AIDS programmes are not time-tabled, lack of coordination between class teachers and guidance and counselling teachers concerning HIV and AIDS related programmes among learners in their classes, no coordination between class teachers and parents/guardians concerning their HIV and AIDS positive children/wards, guidance and counselling teachers have a heavy workload, lack of counselling rooms, inadequate monitoring of HIV and AIDS counselling services, learners are not aware of the existence of HIV and AIDS counselling services in Basic schools, stigmatization and discrimination against HIV and AIDS victims. No privacy, learners do not trust their teachers and male teachers having sexual relationships with female learners.

RECOMMENDATIONS
• The psychologists and professional counselors should sensitize the public on the usefulness of counselling in the control, management and prevention of HIV and AIDS.
• Guidance and counselling teachers should sensitize the learners on the existence and importance of HIV and AIDS counselling services and advocate for the implementation of HIV and AIDS education programmes as part of the comprehensive school counselling programme. In addition to counselling, school counselors should encourage healthy sexual behavior, provide referral and follow-up services. They should collaborate with class teachers, parents and school managers in order to bring HIV and AIDS counselling to the door-step of the learners.

• Governments, non-governmental organizations and individuals should be mobilized through seminars, workshops, conferences and personal interactions to support HIV and AIDS counselling in Basic schools.

If HIV and AIDS counselling is given the required political, financial and administrative support by all stakeholders in Zambia, the prevalence of HIV and AIDS, particularly, among the learners will be reduced.

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REFERENCES


