

EXAMINING THE EXTENT TO WHICH HIV/AIDS IS
INTEGRATED IN TEACHING OF SUBJECTS IN BASIC
SCHOOLS: A CASE STUDY OF KABULONGA BASIC
SCHOOL IN LUSAKA URBAN DISTRICT

BY

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EXAMINING THE EXTENT TO WHICH HIV/AIDS IS
INTEGRATED IN TEACHING OF SUBJECTS IN BASIC
SCHOOLS: A CASE STUDY OF KABULONGA BASIC
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A research project in partial fulfillment of the requirement for the
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BY

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DEDICATION

I dedicate this work to my children; Ngosa, Mwaba and Mwenya who have tirelessly endured the neglect at the time this report was being compiled.

ABSTRACT

The purpose of the study was to examine the extent to which HIV/AIDS was integrated in teaching of subjects in Basic Schools. The study was targeted at pupils and teachers in Basic Schools using Kabulonga Basic School as a case study.

The sample used consisted of fifty (50) persons. This number included ten (10) teachers and forty (40) pupils. Data was collected using the interview guides, questionnaires and an observation checklist. Findings, discussions, conclusions and recommendations were based on the data collected. Analysis was done in percentages.

The study revealed that teachers had no recognized formal training from teachers training colleges which made them not equipped to teaching HIV/AIDS. Very few teachers had had training by NGO's but these had different targets. This was further compounded by lack of materials for class work. Curriculum Development Centre had just started producing some as pilot project. These were very few and not adequate for the work.

Curriculum Development Centre (CDC) has produced a new syllabus which integrates HIV/AIDS in all subjects taught in Basic Schools.

This new curriculum has not yet been exposed to teachers. There has been no follow-up training for teachers to handle such. While steps are being made to tackle the integration of HIV/AIDS in the School Curriculum, there is no enough background work done and implemented. Workshops, seminars and refresher courses should be done more often on the part of the teacher and materials should be available at all levels of the pupils.

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I further thank Mrs. E.S. Nyambe the Head of Kabulonga Basic School and her teaching staff for their excellent contributions. I thank Mr. S.K. Njapau, Mr. P.L. Katambala, Mr. L.K. Shampile and Mr. R. Banda of Curriculum Development Centre for their knowledge and skill imparted in me during research period.

I wish also to thank Mr. A. Tumeo whose insight was timely through the materials he provided. I would not forget my friend Mr. L. Mwanza who literally abandoned his work and all his friends to assist me.

Lastly, I would like to record my deep appreciation to Mrs. P. Sakungo for typing this report. My other special thanks go to Mr. B. Matantilo the Head and Mr. G. Mutambo the Deputy Head of Chibelo Middle Basic School for being kind and understanding to my demands.

Kelly (2002) states that many highly trained people have been lost due to death caused by HIV/AIDS and its related causes. This has been a great loss to the government because of no returns are fully gained and some resources are needed to train new personnel. Hubbs (1998) confirms that HIV/AIDS problem is beyond medical but it is a social one affecting every fabric of society. It must be tackled from various angles. The major solution is to bring about the behavior change, beliefs and practices. This can come about through education. The most important stage is at the ages 7-14. So far no systematic effort has been made to determine how far HIV/AIDS has been integrated in the subjects. The study intended to do this.

1.2 PURPOSE OF THE STUDY

It was to examine the extent to which HIV/AIDS was integrated in teaching of subjects.

1.3 OBJECTIVES OF THE STUDY

In order to come up with dependable data, the study had the following objectives:

- (i) To determine the extent to which HIV/AIDS was integrated in teaching of subjects.
- (ii) To find out how knowledgeable pupils were on HIV/AIDS.
- (iii) To identify constraints experienced in integrating HIV/AIDS in the school subjects.
- (iv) To come up with recommendations.

1.4 SIGNIFICANCE OF THE STUDY

- (a) The study was significant because it was going to inform the Ministry to formulate policy guidelines on the implementation of the HIV/AIDS integration in the syllabus.
- (b) The study was expected to contribute to the HIV/AIDS and education literature base.

1.5 LIMITATIONS OF THE STUDY

The researcher was limited to one school because of limited finance, time and transport.

1.6 DEFINATION OF TERMS CO-CURRICULA ACTIVITIES

Activities associated with school, which is part of academic work.

LOWER BASIC SCHOOL

The combination of formerly lower and upper primary school.

COMMUNITY STUDIES

This is the learning area that provides an opportunity for learners to appreciate the immediate environment, economic, social and cultural activities in the local communities.

HIV/AIDS EDUCATION

The knowledge and skills about HIV/AIDS.

CHAPTER TWO

2. LITERATURE REVIEW

In the absence of the cure of HIV/AIDS, the epidemic can only be controlled through a massive program of public education. This should include raising awareness about the need to address social and economic factors that contribute to HIV/AIDS transmission (Habley 1995:79).

Public education includes schools where teachers, parents and school children can have a framework in which effective educational programs could be implemented. A lot of young people know about HIV/AIDS and STDs, but the facts are not enough. Children and youths also need to develop healthy attitudes such as self-respect and respect for the rights of other people. They need the chance to practice life's skills such as making decisions, recognizing danger, being assertive and negotiating for rights. (Hobbs, 1998).

The Ministry of Education (MOE) had directed school to teach life's skills that would enable the children in the lower basic school to cope up with everyday life. The guidelines for demands and challenges are laid down in the Education Policy "Educating our Future" and the curricular "Framework document". The basic education sub-sector investment program (Bessip) carried out curriculum reforms from 1999 to 2002. The basic school introduced localized curriculum in from of a

learning area called community studies. The localized curriculum is effective this year January 2004 (BSM 2003).

HIV/AIDS and life's skills are some of the cross cuttings issues integrated in localized curriculum. The life skills support the requirements of the new curriculum, which ensures holistic development of the learner and orients towards issues of local community concern (BSCM 2003).

Young people are a priority for HIV/AIDS prevention. The majority boys and girls will be free of HIV/AIDS at puberty; teachers can help them to stay that way. They will then form a reservoir of healthy parents and insurance for existing youth programs straight away. (Gordon and Klonda, 1989:150). Young people need a full program of family life and sex education to take information about HIV/AIDS and make sense of it for their own lives.

Family life and sex education deals with issues of sexuality. This is the communication and decision making which adolescents need to express their sexuality safely.

Gordon and Klonda(1989) say that HIV/AIDS and sex education should be located firmly in the context of general education. The children should be arranged in a circle facing each other. The session should also be held in a

separate room otherwise adolescents will not feel safe to talk about private things.

The curriculum should include:

•

(i) Current attitude and behavior: -

Teachers help to develop coherent and honest pictures of their own current sex attitudes, expectations, experiences and behavior.

(ii) The impact of AIDS: -

Teachers with potential consequences of the infection with HIV/AIDS.

(iii) Making decisions: -

Students explore all the options for expressing their sexual or uncertain about their sexual orientation.

Grout (1963) says, the nature of health education should be given full consideration to the psychological, sociological, cultural and economic factors. These have a bearing upon health behavior. When a teacher blends health education in proper balance with total program of education, children will be neither over taught nor under taught in this field.

Ohlsen (1970) says when adapting group techniques for children, the best results are obtained when both pupils and their parents understand what is expected in group counseling and accept these conditions. However, Ohlsen and Gazda

(1965) concluded that the results are obtained when there are regular consultation with clients, parents and teachers.

Williamson (2000) states that lessons linking to HIV/AIDS can take place in different ways. For example health organizations can inform livelihood groups on HIV/AIDS and its impacts on affected youths. This can serve as a referral point for HIV/AIDS affected livelihood. Clients learn from specialists how to help affected youth and educate youths involved in programs on HIV/AIDS prevention and mitigation. Peer education has been particularly effective means of transmitting such information. Evidence from United States suggests that combining HIV/AIDS education and information programs with livelihoods can produce a greater positive impact together than in isolation.

Williamson (2002) concluded that measuring the success of livelihood programs remains a challenge, because their impact is long term and measurement of livelihood skills is inherently difficult. Furthermore, interaction among the economic influences on health behavior is complex making it difficult to determine the impact of livelihoods programs on HIV/AIDS prevention, care and support. Cost effectiveness is one of the most important factors for program managers and policy makers to consider when evaluating whether to invest in the livelihood approach. Yet, cost analysis of livelihood programs alone or in combination with HIV/AIDS efforts are infrequent.

2.1. IMPACT OF HIV/AIDS IN EDUCATION

The role of education in development of human resources through teaching. The education system bears both a special burden in terms of being affected by HIV/AIDS and responsibilities for responding to its impact. The education systems are currently being affected or will likely to be affected by this impact. How they respond continue to be part of essential infrastructure of societies and communities under siege. Kelly (1999:336).

The effectiveness of education in the delivery of message about HIV/AIDS has been inhibited due to a number of factors. The immediate causes can be grouped under these headings. First these are school-related factors. The education system, which remains the primary inculcators of modern knowledge and attitudes, are very often unwilling and unable to address the issues. To package and target the message and adopt the approaches needed to deliver effectively what needs to be known about HIV/AIDS. The impact of HIV/AIDS on the education system will be pressures. And attempts to make these systems more open in the topics they talk about more able to discuss such topics in a more target group through more flexible methods. (Ibid.).

Kelly (1999) also observes that, that there is a second change required of the system. This system is how to deliver the message in a world, which has very high rate of AIDS and risk HIV infection. The education system should not teach HIV/AIDS in traditional ways. The message must be taught in broader way

integrated with health for the children and schools and life skills in the context of HIV/AIDS.

The message must be taught to wider range groups, for example, all age group in the school cycle. It must also be delivered in the right language understood by the various audiences and places both within and out of school. The information must be correct and the teacher must be frank and creative. it must be taught by a greater variety of teachers, for example peer educators and religious leaders. It requires advocacy and not mere dissemination of information.

CHAPTER THREE

3. METHODOLOGY

To provide an accurate account of examining, to which extent HIV/AIDS is integrated in teaching of subjects in basic school, the researcher used the educative research design. This approach was concerned with making the judgement of how worthy and unworthy the examination was. This was because the researcher felt that the evaluation procedures, method, techniques and responses from the Head-teacher, teachers and selected pupils were going to provide important clues which helped in judging the extent to which HIV/AIDS was integrated at Kabulonga Basic School.

3.1. POPULATION

The population of the research was drawn from the Head-teacher, teachers, guidance teacher and pupils. The total population was forty-four (44) teachers and pupils from thirty (30) classes.

3.2. SAMPLE AND SAMPLING TECHNIQUE

The sample used consisted of fifty (50) persons. This number included ten (10) teacher and forty (40) pupils. The sample was obtained by sample random sampling.

3.3. INSTRUMENTS

In order to collect dependable data the following were used: - interview guide, questionnaires and an observation checklist.

3.4. DATA COLLECTION PROCEDURES

The researcher personally delivered and administered the questionnaires. She conducted interviews and made all necessary observations on the spot. She demanded to scrutinize the files, schemes and record of work in the subjects where HIV/AIDS teaching had been integrated. This was part of the documentary analysis technique.

3.5. DATA ANALYSIS

The data collected were manually analyzed separately to create diagram out of the table of frequency and percentages.

CHAPTER FOUR

4. FINDINGS

4.1. Introduction

This chapter presents and interprets the results of the study.

4.2. Responses from pupils

4.2.1. Age of Respondents

The data revealed that 50% of pupils were aged between 10 – 13, 30% were aged between 6 – 9 and 20% were aged between 13 – 17. This shows that majority of the respondents were under 14 years old.

4.2.2. Grade of Respondents

There were different grades from 1 – 9 each grade had the same number of respondents. This showed that there were 100% respondents.

4.2.3. Respondents opinion of feeling free to talk to the teacher

Data collected revealed that 90% of the respondents were free to talk to their teacher, 7.5% were not free and 2.5% expressed ignorance because they did not complete the questionnaire.

4.2.4. Respondents opinion to talk about HIV/AIDS in class

From data collected 75% were free to talk to their teacher in class, 30% were not free and 50% were not sure about the whole thing.

4.2.5. Respondents Opinion on Teachers Talking about HIV/AIDS in class

According to data collected 72.5% of respondents indicated that the teacher talked about HIV/AIDS while 27.5% expressed their views that the teacher did not talk about HIV/AIDS in class. This means that majority of the teachers talked about HIV/AIDS in class.

4.2.6. Respondents Opinions on how many times the teacher talked about HIV/AIDS in class

Data collected revealed that 75% of the respondents agreed that the teacher talked many times and 22.5% indicated that teacher talked about five (5) times while 2.5% did not complete the questionnaires.

4.2.7. Response on testing pupils on HIV/AIDS

Table 1. Knowledge about HIV/AIDS

Response	Frequency	Percentage
Yes	8	20
No	29	72.5
Not sure	3	7.5
Total	40	100

From the data shown above, 72.5% of the pupils had not been their knowledge tested on HIV/AIDS, 20% had been tested and 7.5% expressed ignorance because they did not indicate anything on the questionnaire. These means that most pupils their knowledge had not been tested on HIV/AIDS.

4.2.8. Response on reading a book on HIV/AIDS in class

From the data collected 75% of the respondents had read a book on HIV/AIDS, 22.5% had not read and 2.5% were not sure of having read the book. This indicated that most of the respondents had read the book on HIV/AIDS.

4.2.9. Distribution of respondents according to opinion of having shown a picture on HIV/AIDS

From the data collected 50% expressed their opinion that the teacher had shown them a picture, 40% agreed that the teacher had shown them the picture while 10% were doubting about the whole thing.

4.2.12. Respondents drama participants on HIV/AIDS

The study revealed that 67.5% of the respondents participated or watched drama on HIV/AIDS and only 32.5% did not participate or watched drama. This meant that a lot of respondents participated or watched drama at the school.

4.2.13. Participation in a sporting event in HIV/AIDS

From the data collected revealed that 67.5% of the respondents had participated or watched sporting event on HIV/AIDS, 30% had not participated while 2.5% neither participated nor watched a sporting event on HIV/AIDS. This showed that a number of them participated.

4.2.14. Respondents knowledge on the meaning of HIV/AIDS letters

Table 3. Knowledge about HIV/AIDS Letters

Response	Frequency	Percentage
Yes	24	60
No	13	32.5
Not sure	3	7.5
Total	40	100

From the data collected shown above revealed that 60% of the respondents knew the meaning of HIV/AIDS letters, 32.5% did not know, while 7.5% were not sure about meaning of the letters.

4.2.15. Response on the transmission of HIV/AIDS through skin piercing activities

Data collected revealed that 45% of the respondents did not agree that HIV/AIDS can be passed through skin piercing activities, and 42.5% agreed that HIV/AIDS can be passed through skin piercing activities while 12.5% were not sure about the ways of transmissions.

4.2.16. Respondents opinion on contracting HIV/AIDS

The study revealed that 62.5% of the respondents would not like to contract HIV/AIDS and 37.5% of the respondents indicated that they would like to contract HIV/AIDS. This showed that the majority of the pupils would not like to contract HIV/AIDS and those few ones did not know the disease.

4.2.17. Response on talking to someone about HIV/AIDS outside school

Table 4. Sharing with someone about HIV/AIDS

Response	Frequency	Percentage
Yes	22	55
No	18	45
Not sure	0	0
Total	40	100

4.3.2. Distribution of Respondents by marital status

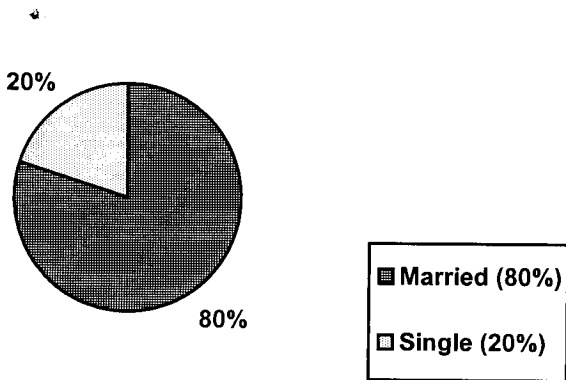


Figure (iv) Marital Status

Out of the respondents at the school 80% were married and only 20% were single.

4.3.3. Age of respondents

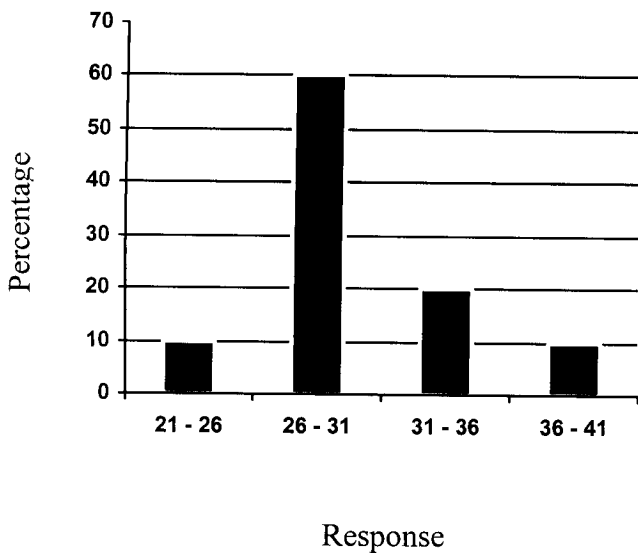


Figure (vii) Age

According to data in the bar graph 60% of the respondents were between the ages of 26 – 31, 20% were between; 31 – 36, 10% were between; 36 – 41 and 10% were between; 21 – 26 of age respectively.

4.3.4. Duration of service

The study revealed that 100% of the respondents had worked from five years and above in the school.

4.3.5. Respondents opinion on talking about HIV/AIDS in Class

Data revealed that 80% of the respondents had talked about HIV/AIDS and only 20% had not talked about HIV/AIDS in class. This meant that a number of the respondents had talked about HIV/AIDS in class.

4.3.6. Response in teaching HIV/AIDS in class

Data revealed that 80% of the respondents were teaching HIV/AIDS in class while 20% were not teaching HIV/AIDS.

4.3.7. Response of availability of teaching materials

Data revealed that 70% of the respondents indicated that the learning teaching materials are not available in the school while 30% indicated that the materials were available.

4.3.8. Response on usage of the materials provided by the school

The study revealed that 50% of the respondents used the materials provided by the school as a source of their information while 50% indicated that they did not use the materials provided by the school.

4.3.9. Response on usage of learning aids in teaching HIV/AIDS

Data collected revealed that 80% of the respondents did not use learning aids when teaching HIV/AIDS while 20% accepted using teaching learning aids.

4.3.10. Response on pupils confidence in the teaching

From the data collected 70% of the respondents expressed their views that pupils have confidence in their teaching and 30% indicated that they have no confidence.

4.3.11. Response on showing the pupils condoms

According to data collected revealed that 90% of the respondents had not shown pupils condoms and only 10% had shown pupils.

4.3.12. Response on testing pupils knowledge on HIV/AIDS

From the data collected revealed that 90% of the respondents did not test pupils the knowledge about HIV/AIDS while 10% did the test.

4.3.13. Response on counselling pupils on problems related to HIV/AIDS

Table 8. Counselling Response

Response	Frequency	Percentage
Yes	2	20
No	8	80
Total	10	100

Data collected revealed that 80% of respondents did not counsel pupils on problems related to HIV/AIDS while 20% counselled pupils. This indicates that majority of the respondents counselled pupils.

4.3.14. Response on participants in organizing a class activity

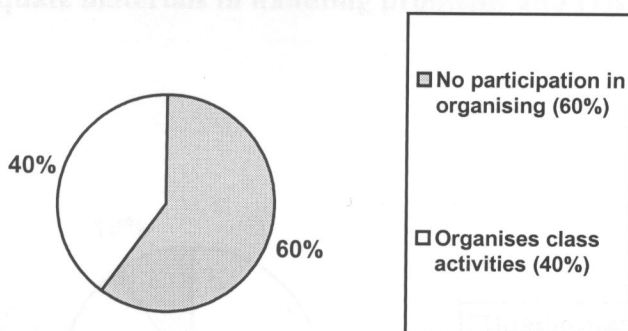


Figure (ix) Organizers

Data collected revealed that 60% of the respondents did not participate in organizing for their class activity in HIV/AIDS awareness. Only 40% organized their classes in their HIV/AIDS awareness.

4.3.15. Response on receiving encouragement from the administrators

The study revealed that 100% of the respondents received encouragement from the school administrators on teaching HIV/AIDS.

4.3.16. Participation in a workshop or being a member teacher organizer to HIV/AIDS issues

The study revealed that 50% of the respondents had a chance of participating in a workshop or being a member teacher organizer to HIV/AIDS related issues while 50% had never had a chance of participating in a workshop or being a member teacher.

4.3.17. Inadequate materials in handling problems and crisis from pupils

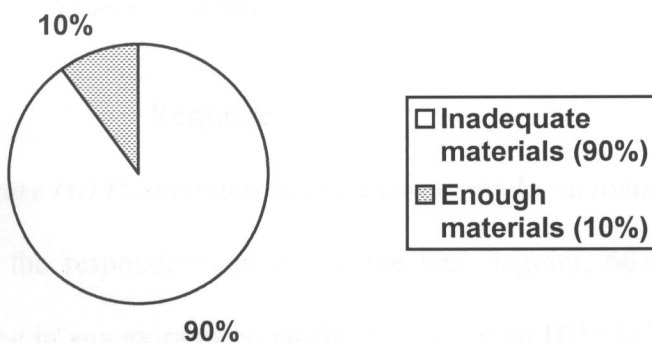


Figure (x) Inadequate materials

Data collected in the pie above indicated that 90% of the respondents expressed their views that materials in handling problems crisis from pupils were inadequate. Only 10% indicated that materials were enough at the school. This meant that there were inadequate materials.

4.3.18. Response on receiving any formal training on HIV/AIDS

Data collected revealed that 80% of the respondents had not received any formal training on HIV/AIDS. Only 20% had received the training.

4.3.19. Participation in any extra or curricula activity on HIV/AIDS

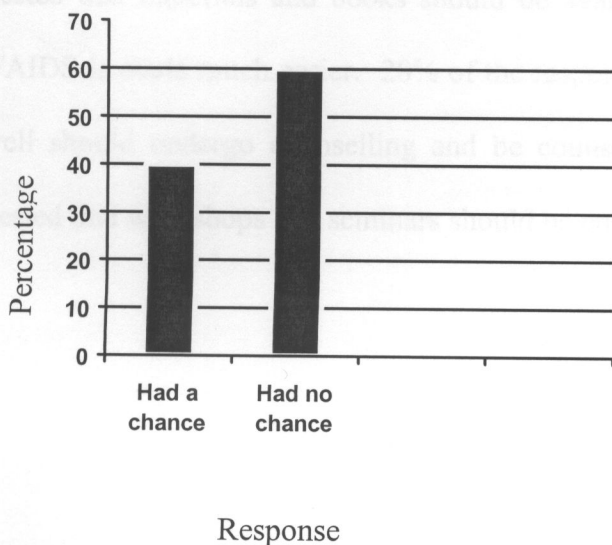


Figure (xi) Participants in extra co-curricular activities

Following the respondents in the above bar diagram, 60% had no chance of participating in any extra or co-curricula activity on HIV/AIDS. Only 40% had a chance of participating.

4.3.20. Respondents relevant comments

Table 12. Comments

Response	Frequency	Percentage
Teaching materials	6	60
Counselling	2	20
Seminars and Workshops	2	20
Total	10	100

Data collected from the Table above revealed that 60% of the respondents suggested that materials and books should be available so that the teaching of HIV/AIDS is made much easier. 20% of the respondents suggested that teachers as well should undergo counselling and be counselled by officers while 20% suggested that workshops and seminars should be encouraged in schools.

CHAPTER FIVE

5. DISCUSSIONS

The first objective of the study was to determine the extent to which HIV/AIDS was integrated in teaching of subjects.

The findings showed that 72.5% of the respondents indicated that the teacher talked about HIV/AIDS. This data is supported by the responses from the teachers whose responses were 80%. According to the findings the respondents further said that the subject of HIV/AIDS was being discussed in class and during assembly. This was supported by an interview the researcher had with the Head teacher and the Guidance teacher.

Although HIV/AIDS was made through awareness stressing prevention behaviour, the implication of these findings showed that HIV/AIDS was indeed being integrated in teaching of subjects (ZBES 2003).

The second objective was to find out the knowledge pupils had on HIV/AIDS. The findings indicated that about 72.5% of the pupils had their knowledge not tested on HIV/AIDS.

The findings from teachers also revealed that 90% of the respondents did not test pupils about the knowledge on HIV/AIDS. (Z.B.E.S. 2003) supported the findings that the curricula had integrated cross-cutting issues and themes such as HIV/AIDS in order to give the pupils some knowledge such as skills. From an observation of the findings, there was no examination and testing, as such pupils were not so serious about acquiring knowledge and skills about HIV/AIDS.

The third objective of the study was to identify the constraints that were experienced in integrating HIV/AIDS in the school subjects. 70% of the respondents from the teachers indicated that there was not availability of learning teaching materials in school. The data further showed that about 80% of the respondents did not use any learning aid on HIV/AIDS in class. This data was supported by an interview a researcher conducted with the Head teacher and facts from an observation checklist.

The implication of the data was that there were very few learning-teaching materials which had a negative impact on the effectiveness of delivery of the subject on HIV/AIDS.

5.2. CONCLUSIONS

As reflected from the findings above the study revealed that the extent was not so deep, the teaching was on the surface according to the learning of Grade one (1). The extent is a long way off the required level.

The findings had indicated that curriculum was a pilot project which had been started only at Grade one (1) level from January 2004. It was expected to progress until Grade seven (7) in 2007. After that the syllabus would have to be reviewed.

Further findings indicated that the subject was done through awareness, stressing prevention behaviour. Sensitization was also done through extra-curricula activities. However, it was worthy noting that the teacher had some training using their own initiatives from Non-governmental organizations (NGOs) which was not government recommended.

Nevertheless, the research findings showed that there was no budget from government to procure the required materials. Consequently, if there was an initiative to procure materials; these were from the NGOs, which were not suitable for class work. The HIV/AIDS subject need to improve in terms of delivery of material and quality of content requires revisiting.

5.3. RECOMMENDATIONS

Having had a closer scrutiny of the findings, the researcher recommends the following: *

- The directorate of standards and curriculum of teacher education should provide a specific course on HIV/AIDS at teachers training colleges.
- The curriculum Development Centre should provide supporting materials such as text books, charts and other learning aids.
- The Examination Council of Zambia should prepare examinations on cross-cutting issues subjects mainly on HIV/AIDS at all levels of Basic Schools.
- The Ministry of Education from Headquarters, Provincial, District and School offices should put a system in place for monitoring, measuring and evaluating HIV/AIDS in education.
- The Headmaster, School Managers, Parents must interact and sensitize through seminars, workshops and public campaigning on the impact of HIV/AIDS.
- The Headmasters and teachers should encourage pupils to actively participate in extra-curricula activities in HIV/AIDS in schools. This will enforce the implementation of HIV/AIDS integration in teaching of subjects in Schools.

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Appendix (ii)

INTERVIEW GUIDE FOR THE GUIDANCE TEACHER

1. Have you ever counselled pupils with HIV/AIDS related problems?
2. Has your office initiated any programmes or activities on HIV/AIDS that are unique to this school?
3. Have you made a deliberate move to make teachers have more Knowledge or have more training on HIV/AIDS?
4. How much co-operation have you received from the school management and other terms on HIV/AIDS issues?
5. Suggest and recommend on how HIV/AIDS can improve in the school.

Appendix (iii)

OBSERVATION CHECKLIST

1. Resource Materials

- (a) Community studies document
- (b) The basic school Curricula document
- (c) Teachers Curriculum manual
- (d) Basic school curriculum Framework Document
- (e) National implementation Framework
- (f) Educating our future

2. Participatory Learning Approaches

- (a) Asking and answering questions
- (b) Problem solving
- (c) Dialoguing with others
- (d) Games
- (e) Discussion of learning topics
- (f) Debate on important topics
- (g) Field trips
- (h) Role play
- (i) Songs
- (j) Story telling
- (k) Peer teaching
- (l) Enter educate or edutainment

Appendix (iv)

QUESTIONNAIRE FOR PUPILS

INSTRUCTIONS

- (i) Do not write your name on this questionnaire.
- (ii) Kindly answer all the questions and write where spaces are provided.
- (iii) Put a tick [] on the letter of your choice.

Example: Lusaka is the capital city of Zambia

(a) Yes []

(b) No []

(c) Not sure []

1. In which age group are you?

(a) 6 to 9 []

(b) 10 – 13 []

(c) 13 – 17 []

2. What grade are you doing?.....

3. Are you free to talk to your teacher?

(a) Yes

(b) No

(c) Not sure

4. Are you free to talk to your teacher about HIV/AIDS in class?

(a) Yes

(b) No

(c) Not sure

5. Does your teacher talk about HIV/AIDS in class?

(a) Yes

(b) No

(c) Not sure

6. If question five is yes, how many times has your teacher talked about HIV/AIDS in class this term?

(a) 5 []

(b) 10 []

(c) Many []

7. Have you ever been tested on HIV/AIDS?

(a) Yes

(b) No

(c) Not sure

8. Have you read a book on HIV/AIDS?

(a) Yes

(b) No

(c) Not sure

9. Has the teacher shown you a picture on HIV/AIDS?

(a) No

(b) Yes

(c) Not sure

10. Do you belong to any club at school?

(a) Yes

(b) No

(c) Not sure

11. If question ten is yes, do you discuss HIV/AIDS in your club?

(a) Yes

(b) No

(c) Not sure

12. Have you participated or watched drama on HIV/AIDS?

(a) Yes

(b) No

(c) Not sure

13. Have you participated or watched a sporting event on HIV/AIDS?

(a) Yes

(b) No

(d) Not sure

14. Do you know the meaning of HIV/AIDS letters?

(a) Yes

(b) No

(c) Not sure

15. HIV/AIDS can be passed through skin piercing activities?

(a) Yes

(b) No

(d) Not sure

16. Would you like to contract HIV/AIDS?

- (a) Yes
- (b) No
- (c) Not sure

17. Have you talked to someone about HIV/AIDS outside school?

- (d) Yes
- (e) No
- (f) Not sure

18. Have you talked to someone who is not a teacher about HIV/AIDS in School?

- (a) Yes
- (b) No
- (c) Not sure

19. Would you shake hands with someone who says he has HIV/AIDS?

- (a) Yes
- (b) No
- (c) Not sure

20. Are you willing to take part in the fight against HIV/AIDS?

- (a) Yes
- (b) No
- (c) Not sure

5. Have you ever talked about HIV/AIDS in class?
 - (a) Yes
 - (b) No
 - (c) Not sure
6. If the answer is yes, were you teaching the pupils?
 - (a) Yes
 - (b) No
 - (c) Not sure
7. Are teaching learning materials available at your school?
 - (a) Yes
 - (b) No
 - (c) Not sure
8. In class do you use the materials provided by the school as your source of information?
 - (a) Yes
 - (b) No
 - (c) Not sure
9. Do you use teaching learning aids when teaching HIV/AIDS?
 - (a) Yes
 - (b) No
 - (d) Not sure
10. Do the pupils have confidence in your teaching?
 - (a) Yes
 - (b) No
 - (d) Not sure

11. Have you ever tested your pupils on HIV/AIDS?

- (a) Yes
- (b) No
- (c) Not sure

12. Have you ever shown your pupils condoms?

- (a) Yes
- (b) No
- (c) Not sure

13. Have you ever counseled on problems related to HIV/AIDS?

- (a) Yes
- (b) No
- (c) Not sure

14. Have you participated in organizing for your class activity in your HIV/AIDS awareness?

- (a) Yes
- (b) No
- (c) Not sure

15. Are you receiving encouragement from the School Administration on teaching HIV/AIDS?

- (a) Yes
- (b) No
- (c) Not sure

11. Have you ever tested your pupils on HIV/AIDS?
- (a) Yes
 - (b) No
 - (c) Not sure
12. Have you ever shown your pupils condoms?
- (a) Yes
 - (b) No
 - (c) Not sure
13. Have you ever counseled on problems related to HIV/AIDS?
- (a) Yes
 - (b) No
 - (c) Not sure
14. Have you participated in organizing for your class activity in your HIV/AIDS awareness?
- (a) Yes
 - (b) No
 - (c) Not sure
15. Are you receiving encouragement from the School Administration on teaching HIV/AIDS?
- (a) Yes
 - (b) No
 - (c) Not sure

16. Have you participated in a workshop or are you a member teacher

Organization that relates to HIV/AIDS?

(a) Yes

(b) No

(c) Not sure

17. Do you have enough materials to enable you to handle problems and crisis from pupils?

(a) Yes

(b) No

(e) Not sure

18. Have you received any formal training on HIV/AIDS?

(a) Yes

(b) No

(c) Not sure

19. Have you participated in any extra or curricula activity on HIV/AIDS?

(a) Yes

(b) No

(c) Not sure

20. Any comments that you think relevant and helpful

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END OF QUESTIONNAIRE

THANK YOU

Please return the questionnaire to:

Rose Mwenya

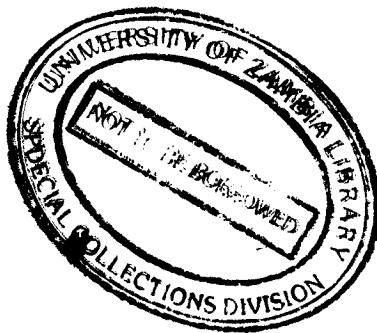
UNZA, School of Education

Department of Adult education

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LUSAKA

Wang Rosemary



THE UNIVERSITY OF ZAMBIA

SCHOOL OF EDUCATION

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P O BOX 32379
Lusaka, Zambia

Your Ref:

7th July, 2004

TO WHOM IT MAY CONCERN

RE: RESEARCH UNDERTAKING

The bearer(s) of this letter is a student in the Diploma/Degree in Adult Education. He/she has been requested to undertake research in your organization as part of his/her learning experience. Your help and cooperation in this regard will be highly appreciated by the department, as this will enable the student to link theory work, which is offered in the class, and practical work, which can only be obtained from organizations like yours.

I look forward very much to a favourable response in this regard.

Yours faithfully

Dr. S
D.M. Sibalwa (Dr.)
ACTING HEAD OF DEPARTMENT
ADULT EDUCATION AND EXTENSION STUDIES.

Embe
Head