

Mitigating the impact of HIV and AIDS: The Role of Schools

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Abstract

This mixed method study explores the role of Zimbabwe schools in mitigating the spread and impact of HIV and AIDS among adolescents learners. 5 urban secondary schools were randomly selected. 147 secondary school learners (72 females and 75 males, age range 13 -20 years) held Focus Group Discussions (FGDs) and responded to Questionnaires based on a 5 point Likert scale written on a continuum of SA-SD. A questionnaire and follow up interview was administered on 10 teachers. The adolescents in this study identified the school as giving the most reliable source of information on HIV/AIDS. Paradoxically the school was found to be lacking in terms of educating and guiding the adolescents in the face of the AIDS pandemic. A recommendation was given that schools should integrate HIV/AIDS education into all learning areas right across the curriculum.

Key words: HIV and AIDs, Mitigating, adolescent, learners, schools

1.0 Introduction

HIV and AIDS education is essential in schools and its significance for future generations cannot be understated. World Bank (2002) explicitly states that a general basic education and not merely instruction on prevention is among the strongest weapons against the HIV/AIDS epidemic. In countries with the highest prevalence, the impact of HIV on the education sector is apparent in the areas of supply and demand as well as the overall quality, management and capacity to respond to new and complex demands (Inter-Agency Working Group 2001). Coombe and Kelly (2001) postulate that education has the potential to stem the further spread of HIV and to assist individuals in coping with its impacts. A strategic response from the education sector is therefore of utmost importance. The effective delivery of preventative messages in schools could be instrumental in mitigating the impact of HIV and AIDS.

1.1 Context and rationale

Schools are a critical sector to reach with HIV and AIDS education. Jackson (2002) views young people as the “window of hope” that can change the course of epidemic if given the right environment to do so. The relationship between the HIV pandemic and education provision can only properly be understood within the context of the lives of people; children and adolescents and their families, teachers and principals, education officials and college lecturers-who are coping in the first instance with the impossible demands the pandemic makes on them as individuals (Coombe, 2002). The impact of HIV and AIDS directly influences the choices that learners and educators make (LoveLife 2000; Desmond in University of Natal, Health Economics and AIDS Research Division 2001). According to World Bank (2002) a general basic education has an important preventive impact; it can equip children and youth to make healthy decisions concerning their own lives and bring about long-term healthy behaviors. Hence schools can be powerful tools in slowing and curbing the spread of HIV. The teaching response to HIV (known as HIV education, reproductive health and sex education, life skills or life orientation) is generally supposed to communicate relevant knowledge, engender appropriate values and attitudes and build personal capacity to maintain or adopt behaviour that will minimize or eliminate the risk of becoming infected by HIV (Coombe 2002). An indirect benefit of such programmes is that teachers too, lacking educator-focused prevention programmes of their own, learn about HIV. Curricula generally aim at equipping learners with skills such as decision-making, problem-solving, effective communication, assertiveness, and conflict resolution (Kelly, 2000). An HIV and AIDS education will equip both the teachers and the learners.

International policies point to schools as key actors in securing the inclusion, protection and well-being of HIV-affected children (UNESCO, 2008; UNESCO, 2012; UNICEF, 2013). An appropriate response to the pandemic from education sector is critical. According to World Bank (2002) education is a proven means to prevent HIV/AIDS that offers a ready-made infrastructure for delivering HIV/AIDS prevention efforts to large numbers of the uninfected population-schoolchildren-as well as youth. The school system brings together students, teachers, parents, and the community, and preventing AIDS through education avoids the major AIDS-related costs of health care and additional education supply (World Bank, 2002).

International policies advocate that teachers go beyond their traditional academic role and assist in mitigating HIV impact on children through pastoral care and support (Andersen et al 2014). UNESCO (2012) calls for more comprehensive education sector responses to HIV and AIDS stating that the school community (including management, staff, learners and parents) should be sensitized to issues relating to prevention, care and treatment, and identify schools as potential to play a key part of this support with flexible systems adopted alongside linkages with health services. Ansell (2008) argues that initiatives looking at ways in which schools can substitute for the diminishing capacities of families remain small in scale. Government institutions, NGOs and the academic field are pointing to the need for schools to go beyond their educational function and play a much wider role in the mitigation and prevention of HIV and AIDS (Andersen et al 2014). Campbell et al (2016) however caution against ambitious policy expansions of teachers' roles without recognition of the personal and social costs of emotional labour, and the need for significant increases in resources and institutional recognition to enable teachers to adopt support roles.

The Zimbabwean education sector has not been spared by the HIV and AIDS epidemic. According to (Mupawaenda, 2002) as quoted in ZHDR (2003 :97) “an estimated 30% of learners is likely to be infected during or soon after completing their school career and most of them are likely to die of AIDS- related illness before they turn 40 years of age”. Policies and programs have been put in place in response to this challenge in Zimbabwe. The Ministry of Education and Culture in 1992 with support from UNICEF started a national programme to introduce AIDS education into the school system in Zimbabwe. The programme was named AIDS Action Programme for schools. HIV/AIDS textbooks for grade 4 up to ‘A’ level for pupils and teachers were developed through the Curriculum Development Unit of the Ministry of Education and Culture. AIDS education was made a compulsory subject in all schools throughout Zimbabwe in all schools in 1993 (ZHDR), 2003. In the secondary school AIDS education was timetabled under “Education for Living”. This subject was later revised and changed to Guidance and Counselling. It was to be taught each class for 40 minutes a week.

The Ministry of Education, Sport, Art and Culture (MoESAC) of Zimbabwe also launched the ‘Life Skills, Sexuality, HIV and AIDS Education Strategic Plan 2012- 2015 to implement programmes on HIV prevention, care, support and treatment within the school environment (MoESAC, 2012). One of its major objectives was to ensure that the education sector supports all learners with access to correct information and skills related to SRH, HIV prevention, care, treatment and support. In the HIV/AIDS policy for teachers colleges, the Ministry of Higher and Tertiary Education, Zimbabwe states that HIV and AIDS prevention, care, and support programs should be fully integrated into the teacher college curricula (Andersen et al 2014). The strategy aims to produce teachers trained to provide effective responses to the new challenges that HIV and AIDS poses on the education sector (Ministry of higher and tertiary education, 2005). While inroads have been made in terms of policy it remains important to explore the readiness of schools in mitigating the impact of the AIDS pandemic.

1.2 Methodology

A mixed method paradigm was employed in this study. The territory of mixed-method designs remains largely uncharted; of particular need is a clear differentiation of alternative purposes for mixing qualitative and quantitative methods. In this study we carefully and thoughtfully applied triangulation, hence specifying convergence type of mixed-methods. In triangulation we sought convergence, corroboration and correspondence of results from different methods. The use of both focus group discussions as a qualitative tool and questionnaire as a quantitative tool illustrates this triangulation, to “complement” (not as in embedded approach), the mixed methods approach, both in methodological underpinnings and data analysis. The sample participants comprised of 147 (72 males, 75 females, age range 13-20 years) school pupils randomly selected from 5 secondary schools out of 14 in Gweru urban in Zimbabwe. Participants spanned throughout all strata of secondary level i.e. Forms 1 to 4. School authorities assisted in stratified and systematic randomization. Factor analysis, using Principal components with Varimax Rotation, Kaiser Normalisation and Scree testing, were used to determine validity and reliability coefficients of questionnaire and categorization of factors.

Focus group discussions (FGDs) comprised 40 adolescents from two schools as a result of challenges which arose to gather all 147 participants from 5 schools. The focus group discussion (FGD) started with a conversation between researchers and participants. Participants seemed motivated to engage in the discussion. The first few minutes of the (FGD) were on introductions and research objectives. The discussion was then centred on sexuality and HIV/AIDS matters and necessary guidance from the researcher was given. The Focus Group discussion was audio recorded and it was later played several times, transcribed, categorized into main issues which were given alphanumeric codes, and produced themes and subthemes.

Permission was granted by the Ministry of Education in writing to authorize us to visit schools. For ethical considerations, all participants were informed the objectives of the study. They were told that they were free to withdraw from the research at any time if they so wished. Participants' consent was sought in writing. Questionnaires were anonymously coded alpha-numerically. Confidentiality, anonymity and freedom to participate were granted.

1.3 Theoretical framework

Urie Bronfenbrenner founded the Ecological Systems Theory to understand the complex relationship between the infant, the family, and society and how they impact child development. This study is premised on this theory. Bronfenbrenner's ecological systems theory places emphasis on the quality and context of the child's environment. Urie Bronfenbrenner's Ecological Systems Theory of Human Development (1979) examines the complex interactions and relationships between an individual and his/her multiple social and physical surroundings during adolescent development. Bronfenbrenner (1979) identifies four ecological systems: the microsystem, the mesosystem, the exosystem, and the macrosystem. More recently, Bronfenbrenner (1986) proposed an additional system, the chronosystem, which examines over time the influence of environmental changes on an individual's development.

The first layer encompassing the child and the setting in which he or she lives is the Microsystem (Noffsinger et al, 2012). Within Microsystems are the individuals and groups with whom the child interacts directly and on a regular basis including, for example, parents, close friends, role models, and teachers (Bronfenbrenner and Morris, 2006). Children are dependent upon these important others to meet their basic everyday needs and to prepare for and respond to disasters (Noffsinger et al 2012).

The next layer is the Mesosystem, a functional component that involves connections between two or more Microsystems (Bronfenbrenner & Morris, 2006). While the developing child is the primary link between the settings, social networks extending from the child outward across and among parents, close friends, teachers, and mentors represent the active and dynamic Mesosystem (Noffsinger et al, 2012). The Exosystem is the third layer of the child's social ecology that includes various institutions, structures, networks, and processes including state and federal agencies, transportation systems, and communication channels (Riley & Masten, 2005). It is characterized by the family's degree of social integration with the neighborhood and community through ties with other families or participation in the workplace, government, and informal social networks (Bronfenbrenner & Morris, 2006).

The Macrosystem includes cultural and subcultural sources of ideology and information (e.g., economic, political, educational, legal) that underlie the other systems in the model (Bronfenbrenner, 1977). Macrosystems may be identified by "social address labels" that describe culture and subculture contexts including socioeconomic status, ethnicity, and region (e.g., rural, urban, suburban; Bronfenbrenner, 2005). The chronosystem focuses on transitions that occur across the lifespan such as puberty, entering the school system, death and divorce. The Bronfenbrenner ecological systems theory lays stress on the quality and context of the child's surroundings (Harkonen, 2007). The school being a significant component in this ecological system should thus be explored as a promising space for educating learners on HIV and AIDS prevention.

1.4 Results and Discussion

When the pupils in this study were asked to state who gave them the most reliable information on sex, STIs and HIV the following responses were given; 38.7% of the pupils regarded the school as giving them the most reliable information on sex, STIs and HIV/AIDS. 31.3% stated parents, 16.4% the government and 13.6% responded that no one gave them reliable information.

Paradoxically in this same study the school was found to be lacking in terms of educating and guiding the adolescents in the face of the AIDS pandemic. In response to the questionnaire, the teachers in four schools revealed that one Guidance and Counselling lesson is located to each class per week on the timetable. The fifth school stated that while one lesson exists on the timetable no Guidance and Counselling lessons were actually taught. It would appear that Guidance and Counselling, not being an examinable subject is not given the attention it deserves. The Zimbabwean School curriculum being highly examination driven makes the teachers to concentrate on subjects in which the pupils shall sit for examinations.

The study also revealed that most of the Guidance and Counselling teachers (60%) had not received any form of training to teach the subject. Of the ten teachers that participated in the study, four (40%) had received some form of training to teach Guidance and Counselling. None of these teachers (0%) were able to identify the least HIV infected age group in Zimbabwe. Therefore while the pupils view the school as having reliable information on HI V/AIDS, the educators in the schools are not even aware that the adolescents found in the least infected age group in Zimbabwe are actually the ‘window of hope’, who present an opportunity to curb and stop the AIDS epidemic from touching the young people and future generations. The Child-Friendly Schools model developed by UNICEF advocates that educational environments need to be safe, healthy and protective, with trained teachers, adequate resources and appropriate physical, emotional and social conditions for children to learn (UNICEF, 2013). School should be adequately equipped in terms of material and human resources to effectively combat HIV and AIDS. Coombe (2002) views it as crucial to develop appropriate HIV and AIDS educational materials and make them easily accessible to all concerned in the school system.

The pupils were also asked the subjects where HIV / AIDS issues are addressed. The findings revealed that most pupils (53.3 %) indicated Biology as the subject in which HI V/AIDS issues are addressed, 21.7% pointed out Guidance and Counselling while 25% stated that none of the subjects addressed aspects on HIV/AIDS. Biology being a science subject might not address the glaring realities of HIV and AIDS in the lives of the learners.

The study required the pupils to point out activities done in school that inform them on HIV/AIDS. The Youth Alive group was identified by 57.1% of the learners as the activity that informs them on HIV / AIDS. 36.9% pupils cited that they were no activities in the school that gave them information on HIV / AIDS while 6% stated drama groups. All the teachers (100%) identified the Youth Alive programme as the major activity done in schools to inform young people on HIV / AIDS. The Youth Alive is programme rolled out by a Non Governmental Organisation. This points to the fact that schools are partnering with the community in giving HIV education to young people. Such linkages are strategic in the fight of HIV and AIDS in schools. Bronfenbrenner and Morris (2006) illustrated the impact of social attachments that extend across the child’s social ecology, providing distinct types of support and guidance throughout the developmental process and creating a foundation for coping with a variety of life challenges. The school and the community can form strong networks that provide distinct but fundamental education on HIV prevention.

Family and friends were identified by the adolescents as the people they felt free to discuss sex related issues with. McGlone et al (1996) as cited in Gross (2005:542) stipulates that young people “perceive family members as the most important significant others in their lives”. However the findings revealed that the activities and programmes on HI V/AIDS carried out in the schools do not involve parents. Lyons (2003) argues that “circumstances of an individual’s life and their social context in family during childhood can increase the probability they will one day be exposed to, and infected by HIV”. Involvement of parents in the schools programmes on HIV/AIDS would probably decrease the young people’s vulnerability to the virus. When threatened by a disaster or other trauma, the child depends on these attachments, beginning with the parent-child relationship and extending outward in the Bioecological Model toward social bonds with others at the community and societal level (Charuvastra & Cloitre, 2008).

The school’s response to HIV and AIDS is fundamentally significant. Noffsinger et al (2012) aver that the Bronfenbrenner’s Ecological Model represents the multitude of factors impacting the ability of a child to recover or grow in response to disaster. They further asset that the nested environments surrounding children are able to mitigate the effects of disasters and to foster recovery and rebuilding efforts that limit disruption to the child and his or her social ecology. While our understanding of the mechanisms by which each social ecological component influences the other is developing, it is clear that children will benefit from efforts to bolster the ecology’s ability to provide support and protection in preparation for and response to disasters.(Noffsinger et al 2012). The school being an essential layer in the ecological system can be instrumental in mitigating the impacts of HIV and AIDS.

1.5 Conclusion

The learners who participated in this study identified the school as giving the most reliable information On HIV and AIDS. On the other hand it was also established that the schools are not doing much in educating and informing pupils on the deadly AIDS virus. The examination driven curriculum in Zimbabwe is producing academically apt young people while the AIDS pandemic is mercilessly encroaching into their lives. It is therefore recommended that schools should integrate HIV/AIDS education into all learning areas across the curriculum. Schools remain a significant component in mitigating the impact of HIV and AIDS thus an orientation of the entire curriculum towards HIV and AIDS prevention becomes pertinent.

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