

An Investigation of HIV and Aids Related Messages in Promoting the Ability to Protect Oneself against HIV/AIDS Infections in Secondary Education

Martin Banda

Department of Educational Psychology and Sociology
Kwame Nkrumah University
Kabwe, Zambia

Abstract: *The study sought to establish whether secondary education in Zambia promotes the ability to protect oneself against HIV infection.*

The study was necessitated by a general lack of knowledge on how the secondary education system in Zambia promotes the ability to protect oneself against HIV infection. Two theories guided the study, namely: socialisation theory and social learning theory. The elements of socialisation theory in this study are primary and secondary socialisation with a main focus on secondary socialisation as the study investigated the education system in Zambia. The elements of the social learning theory are awareness, self-control, self-efficacy and social support.

The study revealed that the means of educating the pupils in secondary schools to protect themselves from HIV infections were misleading to pupils

From the findings of the study, it was concluded that there was need for an intervention in the education system so as to make it address the social needs of the learners. Innovations in curriculum should build on what is in place looking at both the strengths and weaknesses of the current approaches. I propose rethinking or reorganizing the content of the education system in order to deliver the skills and make content learner participatory.

1. BACKGROUND

In Plato's haunting allegory of the cave, light is linked with knowledge and truth: those who emerge from the cave, leaving behind them an awareness of mere shadows, passions and prejudices grow accustomed to the light and may gaze at intelligible reality. For Plato, education enables the young to make progress from the darkness and to be saved from error and ignorance of true values (Nigel et al, 2003).

The researcher engaged pupils themselves, students from all Colleges of Education of the sampled provinces and reported from their perspective how they find secondary education system in Zambia in terms of promoting the ability to protect oneself against HIV infection.

According to Zambia Demographic and Health Survey (2013-14) 13 percent of adults age 15-49 are infected with HIV (15 percent of women and 11 percent of men). Nearly half of the population in Zambia is less than fifteen years old, and there are an estimated 710,000 AIDS orphans, evidence of the crippling effects AIDS can have on a poor nation (ZDHS). Parents and other adults rarely communicate with the children about sexual matters and the children greatly rely on information from the peers and media that at times if not often times may be misleading.

Most research in the past focus on what is known (knowledge) about HIV and AIDS especially in primary and secondary schools, and what teachers in these schools teach regarding the pandemic (Akoulouze, et al, 2001). These studies have emphasised that teachers lack the appropriate knowledge and skills needed to teach and deliver HIV and AIDS and Life Skills Education, thus, suggesting that learners need more knowledge, as well as to enable them effectively prevent HIV and AIDS infections and impart Life Skills Education. The assumption made is that knowledge acquisition by teachers makes it easier to mediate HIV and AIDS education and thus resulting in behavioural change in the learners, and hence to the mitigation of the pandemic. However, some

examples of research (Baxen, 2006; 2008), focusing on teachers and the teaching of HIV and AIDS in the classroom at primary and secondary school levels, have brought out evidence that suggests that despite adequate knowledge, teachers find it difficult to negotiate their way through HIV and AIDS education classrooms; pointing out that teaching about this topic involves talking about sex and sexuality. Baxen (2008) also pointed out that more knowledge does not necessarily lead to behaviour change because despite people's increased knowledge of the pandemic, infection rates keep rising.

In the past, adolescents accepted ideals and morals from parents and elders without question. Simpson (2005) noted that despite some cultures in Zambia that had no ritual initiation to adulthood, morals were learnt literally at the hands of the parents and their peers both before and during school days. This implies that traditionally, adolescents were not given any information on sexual matters as the discussions were considered as taboo. Discussions about sexuality were left to the parents of the child and generally put off until just before one's marriage. Currently, the young generation is affected by the rapid change in society with conflicting values. Sexuality plays a major role in the Zambian society in terms of identity. Sex is surrounded by fear, but also associated with pleasure (Richards 1939, 1956, Rasing 1995, 2001).

Education can be a most powerful force in combating the spread of HIV and AIDS (UNESCO 2000). Does the Zambian education system promote the ability to protect oneself against HIV infection?

There was no evidence of decrease in HIV infection levels among the young in Zambia by 2008 (UNESCO 2008). This shows that despite the many approaches that the government and NGOs had put up to combat HIV infection yielded nothing. According to Oliva (1997) the following are the aims of education; inculcate family issues, prepare youth to fit in a society, promote free enterprise, prepare and enlighten citizen and correct social ills. Thus, I argue for an education system that would attend to such statements as postulated by Oliva (1997). For this reason the study investigates the currents messages and approaches in the fight against HIV and AIDS in Zambia

2. THE SOCIOECONOMIC IMPACT OF HIV AND AIDS IN ZAMBIA

HIV and AIDS have led to the increase in morbidity and mortality across the Zambian populace, especially among children below five years of age and adults between 15 and 55 years of age (ZDHS). Increased mortality due to AIDS has affected almost all spheres of human existence in Zambia, leading to a higher rate of infant and child mortality, more AIDS orphans are withdrawn from school. At household level, the devastating effects of HIV and AIDS are enormous as shown in the burden of increased medical and health expenditures, expenses for holding funerals and decreased income, especially when the person afflicted with HIV and AIDS is the breadwinner.

HIV and AIDS have also impacted on industry, business, agriculture and farming by generating increased absenteeism, decreased productivity and shrinking workforce due to deaths from AIDS. HIV and AIDS have strongly weakened the economy in Zambia (Kelly, 1999). It should also be noted that the emergence of the epidemic has led to an increase in incidence of rape, especially of underage girls because of the erroneous belief by some Zambians that People Living with HIV and AIDS may be healed if they engage in sex with virgins.

Although education has been identified and recognised as a social vaccine in the fight against HIV and AIDS pandemic, the teaching and delivery of HIV and AIDS education has proved to be a challenge at both institutional and personal level (Bennel et. al, 2002, Kelly, 2006). Studies have shown that there is resistance from institutions, communities and individuals to the teaching of HIV and AIDS mainly because it is related to intimate and private aspects of human life (who and what we are) and that of the society, namely, sexuality and sex (Baxen, 2006).

There is therefore a lacuna of knowledge about what pupils understand, grasp, interpret and talk about HIV and AIDS and individual ability to protect oneself against HIV infection. This is a challenge to the ideal that education has a key role to play in preventing HIV and AIDS, and in mitigating its effects on society because it has the potential to equip individuals, families and communities with information, knowledge, and the skills to negotiate and cope with the HIV and AIDS pandemic.

From Masters Research in Zambia (such as Chita, 2009; Mulenga, 2010 and Mwanza, 2012) there is insufficient teaching of HIV and AIDS and there are gaps in how the education system one to

face the realities of HIV and AIDS. My musing was, what is the net effect of all this? I therefore set out to find out through a systematic scientific inquiry the positions on this matter of those who should have prepared.

3. THEORETICAL FRAMEWORK

The theories used were social learning theory and socialisation theory. The two theories resonated well with the data collected for the study. The research sought to organise and interpret the data from the wealth of information that was gathered through different data collection methods that will be discussed in detail.

Socialisation theory was important for this study because through socialisation the youth acquire values, skills and perceptions that have an effect in the daily endeavours. The socialisation one has at every stage has got lasting effects in one's life.

According to Kibera (2007), socialisation is the process whereby individuals become responsible members of the society. The general concern for the term is the way one adopts the values, customs and perspectives of the surrounding culture. In the same vein, Giddens (2006) states that through the process of socialisation, children internalise the social norms and values of a particular society thereby helping them achieve a distinct sense of oneself. During the process of socialisation, one learns to perform his or her social roles.

The social learning theory was another theory that guided the study. Learning is supposed to be stimulated by teachers and learners working together to solve problems in order to avoid too much memorisation of meaningless facts (Makulu; 1971 and Freire; 1972). Bandura (1977) asserts that learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do.

4. METHODOLOGY

The survey design was preferred for this study because it is an efficient method of collecting original data from a wide range of respondents as it also provides an opportunity for the researcher to study and explore the contribution of the secondary schools in Zambia in the prevention of HIV infections. Gay (1981:142) describes survey as an attempt to collect data from members of a population in order to determine the current status of the population with respect to one or more variables. Kerlinger, (1973:421) asserts that, "survey design is a useful tool for educational fact-finding. An administrator, a board of education, or a staff of teachers can learn a great deal about a school system or a community without contacting every child, every teacher and every citizen.

5. PRESENTATION OF THE FINDINGS

In line with the objective ascertaining the measures that exist in secondary schools to promote the ability to protect oneself against HIV infection. The findings are presented according to the objective.

5.1. How Does Your School Help Pupils Protect Themselves from HIV/AIDS Infections?

Out of the 174 respondents who filled the questionnaire, 10 respondents representing (5.74%) indicated that posters were being used as a way to help pupils to protect themselves from the HIV/AIDS pandemic, 25 representing (14.36%) cited drama as one of the means for sensitisation about the pandemic, 58 representing (33.33%) of those who filled the questionnaire cited school assemblies as one of the ways for communicating about HIV/AIDS pandemic. During an interview, one head teacher reported that, "I talk to the pupils about HIV and AIDS at every opportunity in the assemblies warning them that the next person you look at could be HIV positive, therefore, they should take care as they interact." Another member of staff explained that, "whenever there are assemblies the administration makes it a point to speak to the pupils about HIV and AIDS. Assemblies are held fortnightly and pupils are told about the dangers of AIDS and that they should look after themselves." During a focus group discussion, pupils denied such information on every assembly and said, "No body sensitised us about HIV and AIDS not even people from the clinic. The only meeting I remember was organised by those who had come for blood donation."

In addition, 17 representing (9.77%) reported that it was done at the beginning of the lessons, 33 representing (18.96%) indicated that the sensitisation was through clubs. During the interviews one teacher said that "we encourage pupils to join some clubs for co-curricular activities where HIV and

AIDS issues are discussed such as catch them young, safe space, drama, boys networking, anti-corruption and debate among others. They organise themselves to have concerts that advocate for safe behaviours.” 30 representing (17.24%) pointed to the use of peer educators and 4 representing (2.29%) reported that Student Partnership Worldwide volunteers were the ones sensitising the pupils in schools. During interview one teacher said that: “there was no continuity in the programmes for the SPW volunteers and was much dependant on the commitment of the volunteers.”

A female lecturer in a university acknowledged that there was inadequacy in the information given to the pupils. “HIV and AIDS related issues have not been systematically integrated in the school curriculum”, she argued. She further argued that “even colleges had made more efforts to incorporate HIV and AIDS prevention but that this had not been organised in any serious manner. The Head of Section in the Education Department said that “HIV and AIDS are taught in some pedagogical courses and is only done towards the end of the course. For example in Sociology of Education it is under the last topic as Current Issues in Education”.

During focus group discussion students felt the coverage of HIV and AIDS in terms of content was very limited as some of them remarked:

“I remember a lecturer talking about AIDS together with other STDs that was all. I do not remember if the lecturer went into details.” “I only remember the part of prevention because I was wondering if the use of condoms is one way of preventing the spread of HIV and AIDS if so why the college was not distributing condoms.”

5.1.1. Attendance of the Pupils to Co-Curricular Activities of HIV

The study revealed that of the measures which were already in place, the co-curricular activities especially were not very much welcomed by the pupils as shown in the figure above. Out of the 174 respondents who filled the questionnaire, 33 representing (19%) responded that the attendance was very good, 28 representing (16%) responded that it was good, 58 representing (33.5%) responded that it was poor and 55 representing (31.5%) indicated the attendance was very poor.

During focus group discussion the teachers, pupils and students held the same opinion as pupils preferred clubs that involved drama and some lively way of learning about HIV and AIDS to lecturers or lessons or talks that they were too familiar with. A pupil pointed out that: “pupils prefer entertaining clubs, whenever the matron or the patron is very strict we abscond during clubs day, you cannot rely on the organisation of the pupils leadership generally the pupils requires the presence of the teacher, the discussions or meetings are never regular, it is a matter of having friends and fun”.

The following challenges were outlined by the respondents in the prevention of HIV/AIDS pandemic.

5.1.2. Challenges Faced By the Pupils

The study revealed a number of challenges of the current approaches of prevention of HIV infection. The notable and outstanding ones were that there was no continuity of the School Partnership Worldwide volunteers as indicated by 25 respondents which represented (14.36%) who reported that there was no continuity in the present approaches citing the volunteers of which during some years the volunteers never went to the same schools. The study showed that some schools have no opportunity of the volunteers. 24 of the respondents who filled the questionnaire representing (13.79%) responded that some administrators did not show interest when discussing issues of HIV/AIDS. The respondents (44 (25.28%) indicated that some teachers did not do much with regard to sensitisation.

Furthermore, the study revealed that some pupils took the sensitisation as rhetorical. Represented by 14 respondents which was (8.04%) of the respondents who filled the questionnaires. 17 respondents representing 9.77% reported that a number of pupils saw it an opportunity to learn and experiment their sexuality while at school. One pupil said that, “here at school, we are much freer to do whatever we want. In our homes there are a lot of restrictions.” 18 respondents representing 10.34% indicated that some pupils felt out of the place at times as they were affected because of the loss of the loved ones who had died because of HIV/AIDS. Thirty two (32) respondents representing 18.39% reported that some pupils did not want to hear about abstinence. One teacher said that:

generally pupils do not want to hear about abstinence but the issue of condom seem to be preferred which can be seen through the number of condoms found around the school premises especially when there are games or any other activities that brought a number of schools in one place.

6. DISCUSSION OF THE FINDINGS

The study revealed that there were a number of ways schools were trying to use in order to mitigate the HIV pandemic. The data showed that school assemblies had a bigger number of 58 representing (33.33%) as it was the time the learners met in a bigger group. The study indicated that the approach of the issues of HIV infections prevention sensitised during lesson had very little percentage pointing to the fact that it might be unpreparedness of some teachers to talk about the pandemic as it touched sensitive areas of sexuality. During focus group discussion pupils denied that information about HIV prevention was not consistent and inadequate. The study revealed that the different clubs in the schools did not provide the pupils enough information about the prevention measures as the attendance was generally poor and was dependent upon the commitment of the pupil's leadership

The study revealed that there were other approaches such as drama that appeared to be entertaining and therefore more effective channel of the HIV and AIDS education to the pupils and helped very little to reduce further infections of HIV/AIDS. The peer educators also had very little information and thereby promoting the use of condoms as promoted by the media. This finding is similar to what Kelly (2010) noted that the public targeted by certain billboards and media programmes may perceive information campaigns as conveying messages that it is all right to have sex as long as you have it safely. Some of these campaigns push the message of "condomize", be tested and abstain. However, while education is vital, no education campaign is useful unless it obtains the desired effect of altering the behaviour of the target audience so that the knowledge gained in schools should be applied to the real world. Parsons saw schools as an important agency of socialisation and described school as focal socialising agency as the school bridge between the home and society at large.

It is in the school where members learn to treat others according to universalistic values as opposed to particularistic value

The study revealed that the respondents had enough knowledge about HIV/AIDS in general and about prevention measures although the HIV infection was not declining. This information was important as it provided the basis for the argument for sex education implementation to prevent further infections. It also necessitated questions about how HIV and AIDS knowledge was acquired and whether it was sufficient or not. The knowledge about the pandemic did not deter the youths from having relationships which generally led to having sex without proper information for the sake of pleasure as way of manifesting their maturity and ability to handle their sexuality.

This finding is line with Simpson (2011) that despite some cultures in Zambia that had no ritual initiation it is a taboo for parent to talk to their children about HIV and AIDS and their peers both before and during school days. This implies that traditionally, adolescents were not given any information on sexual matters as the discussions were considered a taboo. The respondents informed the researcher that the problem that a number of pupils were very good children whilst at home but when they went to schools things changed due to exposure and pressure from the peer group. The same opinion was highlighted by students in the colleges who informed the researcher that there was so much sexual relations amongst the students and that even with those the students interacted with outside the college owing to lack of sex education.

For most of the respondents if a relationship was to be sustainable, then there was need for sexual intercourse. The socialisation theory shades more light on this finding especially secondary socialisation which entails a situation where a person's social relations move beyond the family to the larger community such as the school, peer groups and religious organisations. This implies that a person who is already socialised learns more norms, beliefs and values of the group or institution in which they find themselves.

The posters that were displayed in different places such as the notice boards, at times at the entrance such as *"have you thought of HIV/AIDS today, remember to use a condom"* were misleading as they seemed to suggest that once there was nothing wrong with having sex as long as one had thought of securing a condom earlier. This encouraged sex among the youths who were at risk of HIV infection. The knowledge about HIV/AIDS pandemic did not help the youth to face the reality of their sexuality and prevention of HIV infections. There was no moral obligation on any of the approaches that the researcher encountered in the study.

The study revealed that there was very little attention towards sensitisation of HIV and AIDS as the exercise had no support from the education system. In some cases were some volunteers visited some schools but there was no continuity. The volunteers from Students Partnership Worldwide did not cater for all the schools and had no permanent schools to which they were sent. The data also revealed that some teachers only paid attention to the sensitisation if they learnt that the programme had benefits such as incentives in form of lunch allowance but not as a way to have the knowledge and practice.

During focus group discussion the study revealed that for the pupils abstinence became a song to talk about HIV/AIDS and they did not want to hear about abstinence. This revelation is in line with what Cohen's (2005) postulation that abstinence is a message for the elite, it has no place for some youths as these schools have children from different backgrounds such as the slums where abstinence does not make sense. The orphans live five in a room and there is no food. The man outside says he will provide food and shelter. What is she going to abstain? These orphans need their needs to be met. They need protection and non-judgemental messages. Abstinence messages around here are a waste of time and money.

7. CONCLUSIONS

The study reported that the respondents were aware of the prevention measures that were already in place. Furthermore, the study revealed that of the measures which were already in place some were not effective for instance condoms were not widely used. Another method to prevent the HIV infection was through abstinence which was not widely practiced as well.

A large proportion of the respondents acknowledged that there was need for adult generation to exert values, skills and attitudes to the young generation of which in the case of this study it involves the teacher and that a teacher should entice the mind of the child in a holistic manner in order to prepare one for a social life and milieu for which in the case of the current milieu would the society that is HIV/AIDS infected. The education system should prepare the child to fit in this particular society. The study revealed the need for an education that would attend to the needs of the society at each particular time. Education process should make the young to be made into social beings under varying particular circumstances. There should be a link between social knowledge and social practice.

Young people should be provided with information about sexuality as well as about the range of sources of advice and support that is available in the community and nationally. The first component of the social learning theory is to raise awareness and the knowledge of health risk. It is at this level the young secondary school pupils are to be convinced that they can change their behaviour. In the case of HIV and AIDS, this component is where you educate people about the virus and shows them that they can change their behaviour through an organised programme. The school is one institution that can change the individual view more than the family. In this case, we have through the school the means of training the child in a collective life different from that of a home. It is generally the school that would stimulates pattern of behaviour.

The curriculum developers are to adopt a comprehensive curricula that would provide skills and change of attitudes and perceptions when it comes to sexual relationship. This would be used to increase an individual's self-efficiency in accumulating useful skills which are necessary or safe behaviours or habits. This may include specific efforts to show people how to use the education system to prevent HIV and AIDS infections. It requires an innovation that would involve the teacher and the learner from the start. The involvement of the learners must be genuine not only to be told what to do but proper participation in planning.

Further research to be undertaken to establish the role of different cultural inclinations deterring the prevention of HIV infections. Change is a phenomenon that is experienced continuously as the features of our society are changing daily. Some of these changes are so rapid that it becomes difficult to keep abreast with these changes such as HIV and AIDS pandemic.

There is need for an education that leads to positive behaviour and social change in order for the young generation to protect themselves from the pandemic of HIV and AIDS.

REFERENCES

- [1] R. Akoulouze, G. Rugalema, V.Khanye, Taking stock of promising approaches in HIV/AIDS and Education in Sub-Saharan Africa: What works, why and how. Paris: ADEA. Available <http://www.adeanet.org> (accessed 03 March 2012). (2001).
- [2] J. Baxen, An analysis of the factors shaping teachers' understanding of HIV/AIDS. Cape Town: University of Cape Town 2006.
- [3] J. Baxen, HIV/AIDS in Sub-Sahara Africa: Understanding the Implications of Culture and Context. Cape Town: UCT Press. 2008.
- [4] A.Simpson, Boys to Men in the Shadow of AIDS: Masculinities and HIV Risk in Zambia. New York: Palgrave Macmillan 2009.
- [5] A. Simpson, 'Sons and Fathers/Boys to Men in the Time of AIDS Learning Masculinity in Zambia' in Journal of Southern African Studies 31(3) 2005 P 569-586 (2005).
- [6] UNESCO, World Education Forum, Dakar. Final Report. Paris: 2007.
- [7] UNESCO, Report on the global AIDS pandemic. Geneva: UNAIDS 2008.
- [8] UNESCO, Booklet 3: Educator Development and Support. Good Policy and Practice in HIV & AIDS and Education (booklet series). Paris, UNESCO. (2000).
- [9] P.F. Oliva, Developing the Curriculum. Boston: Foresman & Company (1997).
- [10] M.J. Kelly, Education: For Africa without AIDS. Nairobi. Paulines Publications Africa 1999
- [11] P. Bennel et. al, The Impact of the HIV/AIDS epidemic on the Education Sector in Sub-Saharan Africa. Sussex: Centre for International Education, University of Sussex.2002.
- [12] C. Mulenga, TEACHER TRAINING AND HIV/AIDS. Investigating Teacher Educators' Positioning in the Teaching of HIV/AIDS and Life Skills Education. A Case Study of one Primary Teacher Training College in the Copperbelt Province of Zambia Unpublished Med Dissertation. Oslo University College. 2010.
- [13] C. Mwanza, Exploring Pupils' Perspectives of HIV and AIDS Related Co-curricular Activities in Selected High Schools in Lusaka Urban. Unpublished Med Dissertation. Oslo University College.
- [14] W.L. Kibera, Fundamentals of Sociology of Education. With Reference to Africa. Nairobi: University of Nairobi Press. 2007.
- [15] A. Giddens., Sociology. 5th ed.
- [16] P. Freire, Pedagogy of the Oppressed. London: Penguin Books. 1972).
- [17] A.Bandura, Self-Efficacy: Towards a Unifying Theory of Behaviour Change. Englewood Cliffs, NJ: Prentice Hall (1977).
- [18] L.R Gay, Educational research: competencies for analysis and application. New Jersey: Prentice Hall. (1981:142)
- [19] F.N Kerlinger, Foundations of behavioural research. New York: Holt, Rinehart and Winston, Inc. (1973:421).

AUTHOR'S BIOGRAPHY



Martin Banda is a Lecturer for Sociology and is currently the Head of Department of Educational Psychology and Sociology in the School of Education at Kwame Nkrumah University-Zambia. He is finalising his PhD Thesis in Sociology of Education at the University of Zambia. He holds Master of Education in Sociology of Education from University of Zambia and a Bachelor of Arts with Education (History and Religious Studies) from Catholic University of Eastern Africa, His main research interests are in Sociology of Education, Education and society, sexuality, HIV/AIDS and curriculum studies.