

**AN EVALUATION OF THE IMPLEMENTATION AND MANAGEMENT OF AN  
HIV/AIDS PREVENTION PROGRAMME IN LESOTHO SCHOOLS**

**by**

**P. R. KOATSA (B.ED, B.ED HONS EDUCATION)**

**Submitted in fulfillment of the demands for the subject RDM702 being part of**

**the requirement for the degree**

**MAGISTER EDUCATIONIS**

**in the**

**DEPARTMENT OF COMPARATIVE EDUCATION AND EDUCATION**

**MANAGEMENT**

**FACULTY OF EDUCATION**

**at the**

**UNIVERSITY OF THE FREE STATE**

**BLOEMFOTEIN**

**Supervisor: Professor M. G. Masitsa**

**Co-Supervisor Dr. D. Hlalele**

**Year 2009**

## DECLARATION

I declare that the dissertation hereby handed in for the qualification Master degree (**AN EVALUATION OF THE IMPLEMENTATION AND MANAGEMENT OF AN HIV/AIDS PREVENTION PROGRAMME IN LESOTHO SCHOOLS**) in the Department of Comparative Education and Management at the University of the Free State is my own independent work and that I have not previously submitted the same work for a qualification at/in another University/ faculty.

---

Palesa Rose Koatsa

November 2009

## **DEDICATION**

This work is dedicated to late father Lira Koatsa, my sisters Malira and Kefuoe, and my brothers Makhaola, Motlatsi and Tebello.

## **ACKNOWLEDGEMENTS**

I would like to express my sincere gratitude and appreciation to the following people for their contribution to this study:

- God Almighty for his blessings and the strength He gave me to complete this study.
- My supervisor, Prof. M.G.Masitsa and co-supervisor Dr. Hlalele for their guidance, leadership and assistance.
- My late father Lira Koatsa
- My family Mapalesa, Malira, Kefuoe, Makhaola, Motlatsi and Tebello for their great support and encouragement.
- The principals who allowed research to be conducted in their schools.
- The teachers and principals for their assistance with study.
- Mrs. Keep for the language editing

## **ABSTRACT**

Since 2000 there has been increasing global concern over the rapid spread of HIV/AIDS leading to countries implementing strategies for tackling the pandemic. Lesotho has, among other strategies, implemented an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in order to reduce the spread of HIV/AIDS among young people. However, it is not clear whether all the teachers have received training in the programme or whether the programme has been implemented effectively. The study evaluated the implementation and management of an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho.

Stratified sampling was used by dividing schools into two groups namely: primary and secondary schools and a sample of 191 teachers and 10 principals were randomly selected from the sample schools. The study employed both qualitative and quantitative research methods. The literature study was conducted to acquire data on the extent of the HIV/AIDS epidemic and HIV/AIDS prevention programmes and their management in other parts of the world. The study continued with obtaining data on the impact of HIV/AIDS on teachers and pupils in Lesotho schools and evaluated HIV/AIDS prevention programmes employed, specifically the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum. Questionnaires were used to collect data from 191 teachers which were computer analysed by using the Statistical Package for Social Sciences viewer. Semi-structured interviews were used to collect data from ten principals, which the researcher transcribed, coded, sorted and displayed in a visual form and analysed the findings. A combination of questionnaires and interviews provided a built-in triangulation for the study.

The study established that HIV/AIDS information has been incorporated into school subjects. The majority of teachers and pupils have textbooks containing HIV/AIDS content and most of the teachers have received training in incorporating HIV/AIDS content into their subject, although it may be inadequate. Finally, it was established that

monitoring of the programme has been very poor. The study concluded with recommendations for improving the implementation and management of the programme.

**Key words**

Evaluation; Implementation; Management; HIV/AIDS; prevention;  
Programmes; Incorporation; School curriculum; Teacher training;  
Monitoring; HIV/AIDS content

# TABLE OF CONTENTS

## CHAPTER 1

### INTRODUCTORY ORIENTATION

1.1	INTRODUCTION	1
1.2	STATEMENT OF THE PROBLEM	3
1.3	AIM OF THE STUDY	5
1.4	HIV/AIDS PREVENTION STRATEGIES	6
1.5	PARADIGM	7
1.6	RESEARCH METHODOLOGY AND DESIGN	8
1.6.1	Literature study	8
1.6.2	Quantitative approach	8
1.6.3	Qualitative approach	9
1.6.4	Data collection instruments	9
1.6.4.1	QUESTIONNAIRE	9
1.6.4.2	SEMI-STRUCTURED INTERVIEW	10
1.6.5	Sampling	10
1.6.6	Reliability and validity	11
1.6.6.1	RELIABILITY	11
1.6.6.2	VALIDITY	11
1.6.7	Administration of questionnaire	12
1.6.8	Data analysis	12
1.7	DEMARCATION OF THE RESEARCH AREA	13
1.8	DEFINITION OF OPERATIONAL CONCEPTS	14
1.8.1	Epidemic/ pandemic	14
1.8.2	HIV/AIDS	14
1.9	LAY-OUT OF THE STUDY	16

## CHAPTER 2

### LITERATURE REVIEW

2.1	INTRODUCTION	18
2.2	THE MANAGEMENT OF HIV/AIDS PREVENTION PROGRAMMES IN SOUTH AFRICAN SCHOOLS	19
2.2.1	Prevalence of HIV/AIDS epidemic in South Africa	19
2.2.2	South Africa's response to HIV/AIDS	20
2.2.3	HIV/AIDS prevention programme in South African schools	23
2.2.3.1	LIFE SKILLS AND HIV/AIDS EDUCATION PROGRAMME	24

2.3	THE MANAGEMENT OF HIV/AIDS PREVENTION PROGRAMMES IN UGANDAN SCHOOLS	27
2.3.1	Prevalence of HIV/AIDS epidemic in Uganda	27
2.3.2	Uganda's response to HIV/AIDS	28
2.3.3	HIV/AIDS prevention programmes in Ugandan schools	31
	2.3.3.1 UNIVERSAL PRIMARY EDUCATION PROGRAMME	33
	2.3.3.2 SCHOOL HEALTH EDUCATION PROGRAMME	34
	2.3.3.3 LIFE SKILLS EDUCATION PROGRAMME	35
	2.3.3.4 PRESIDENTIAL INITIATIVE ON AN AIDS STRATEGY FOR COMMUNICATION TO YOUTH (PIASCY)	36
2.4	THE MANAGEMENT OF HIV/AIDS PREVENTION PROGRAMMES IN BRAZILIAN SCHOOLS	37
2.4.1	Prevalence of HIV/AIDS epidemic in Brazil	37
2.4.2	Brazil's response to HIV/AIDS	38
2.4.3	HIV/AIDS prevention programmes in Brazilian schools	39
	2.4.3.1 SEXUALITY EDUCATION PROGRAMME	39
	2.4.3.2 CONDOM VENDING MACHINES AS PREVENTION PROGRAMME	40
2.5.	THE MANAGEMENT OF HIV/AIDS PREVENTION PROGRAMMES IN THAI SCHOOLS	40
2.5.1	Prevalence of the HIV/AIDS epidemic in Thailand	40
2.5.2	Thailand's response to HIV/AIDS	41
2.5.3	HIV/AIDS prevention programme in Thai schools	43
	2.5.3.1 SEX EDUCATION PROGRAMME	43
2.6	CONCLUSION	44
 CHAPTER 3		
HIV/AIDS PREVENTION PROGRAMMES IN LESOTHO SCHOOLS		
3.1	INTRODUCTION	45
3.2	HIV PREVALENCE RATE IN LESOTHO	46
3.3	LESOTHO'S RESPONSE TO HIV/AIDS	46
3.4	HIV/AIDS INTERVENTION IN THE EDUCATION SECTOR IN LESOTHO	50
	3.4.1 HIV/AIDS impact among educators and learners	50
	3.4.2 HIV/AIDS Unit in the Ministry of Education and Training	51
	3.4.3 HIV/AIDS prevention programmes in Lesotho schools	55
	3.4.3.1 HIV/AIDS ROAD SHOW PROGRAMME	56
	3.4.3.2 SCHOOL HIV/AIDS EDUCATION PROGRAMMME	58
	3.4.3.3 INCORPORATION OF HIV/AIDS CONTENT INTO THE SCHOOL CURRICULUM	59
3.5	SUMMARY	66



CHAPTER 4	
EMPIRICAL RESEARCH	
4.1 INTRODUCTION	67
4.2 RESEARCH DESIGN AND METHODOLOGY	67
4.2.1 Programme Evaluation	67
4.2.2 Quantitative and qualitative methods	69
4.2.2.1 QUANTITATIVE METHOD	69
4.2.2.2 QUALITATIVE METHOD	70
4.2.3 Data collection instruments	70
4.2.3.1 QUESTIONNAIRE	70
4.2.3.2 SEMI-STRUCTURED INTERVIEW	71
4.2.4 Sampling	73
4.2.5 Reliability and validity	74
4.2.5.1 RELIABILITY	74
4.2.5.2 VALIDITY	74
4.2.6 Administration of questionnaires	75
4.2.7 Ethical considerations	75
4.3 DATA ANALYSIS AND INTERPRETATION OD QUESTIONNAIRES	76
4.3.1 Academic information	77
4.3.1.1 SUBJECTS TAUGHT BY THE RESPONDENTS AT THEIR SCHOOLS	77
4.3.1.2 GRADES TAUGHT BY RESPONDENTS AT THEIR SCHOOLS	78
4.3.2 HIV/AIDS content incorporated information into subjects	78
4.3.2.1 HIV/AIDS CONTENT INCORPORATED INTO DIFFERENT SUBJECTS	78
4.3.2.2 TEXTBOOKS AND ADDITIONAL MATERIALS CONTAINING HIV/AIDS CONTENT	82
4.3.3 Teacher training on HIV/AIDS	87
4.3.4 Monitoring the teaching of HIV/AIDS content in school subjects	94
4.4 DATA ANALYSIS AND INTERPRETATION OF THE INTERVIEWS	106
4.4.1 The interview process	108
4.5 TRIANGULATION OF DATA OBTAINED FROM THE INTERVIEWS AND QUESTIONNAIRES	133
4.5.1 Triangulation	133
4.6 CONCLUSION	138

CHAPTER 5	
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	
5.1 INTRODUCTION	139
5.1.1 Statement of the problem	139
5.1.2 Aim of the study	140
5.1.3 Research design and methodology	140
5.1.4 Demarcation of the study	141
5.2 SUMMARY OF THE FINDINGS	141
5.2.1 Findings from the literature study	141
5.2.2 SUMMARY OF FINDINGS FROM THE QUESTIONNAIRES	144
5.2.2.1 HIV/AIDS CONTENT INCORPORATED IN DIFFERENT SUBJECTS	144
5.2.2.2 TEXTBOOKS AND ADDITIONAL MATERIALS CONTAINING HIV/AIDS CONTENT	145
5.2.2.3 TEACHER TRAINING IN HIV/AIDS	146
5.2.2.4 MONITORING OF TEACHING OF HIV/AIDS	147
5.2.3 Findings from the interviews	149
5.2.4 Summary of triangulation of data obtained from the interview and questionnaires	153
5.3 CONCLUSIONS	156
5.4 RECOMMENDATIONS	157
5.5 CONCLUDING REMARKS	158

## REFERENCES

APPENDIX A: CONCENT FORM  
APPENDIX B: REQUEST TO CARRY OUT RESEARCH  
APPENDIX C: PERMISSION FROM EDUCATION OFFICE  
APPENDIX D: QUESTIONNAIRE FOR TEACHERS  
APPENDIX E: INTERVIEW SCHEDULE FOR PRINCIPAL

## **LIST OF TABLES:**

**Table A:** Prevalence of HIV/AIDS among teachers (2006)

**Table 1:** Subjects taught by respondents

**Table 2:** Grades taught by respondents

**Table 3:** Teachers' responses to statements concerning the incorporation of HIV/AIDS into their subjects

**Table 4:** Teachers' responses to the statements concerning the textbooks and additional materials containing HIV/AIDS content in their subjects

**Table 5:** Teachers' responses to the statements concerning teachers training on HIV/AIDS content in their subjects

**Table 6:** Teachers' responses to the statements concerning the monitoring of the implementation and management of the HIV/AIDS prevention programme of incorporation of HIV/AIDS content in their subjects

## ***LIST OF ABBREVIATIONS***

<b>ABC approach</b>	=	A-abstinence B-be faithful C-use condom
<b>AIDS</b>	=	Acquired Immuno-deficiency Syndrome
<b>ARV</b>	=	Antiretroviral
<b>HIV</b>	=	Human Immuno-deficiency Virus
<b>NACOSA</b>	=	National AIDS Convention of South Africa
<b>NAP</b>	=	National AIDS Programme
<b>NGO</b>	=	Non-governmental Organisation
<b>NIP</b>	=	National Integrated Plan
<b>PEPFAR</b>	=	President Bush's Emergency Plan for AIDS Relief
<b>PIASCY</b>	=	Presidential Initiative on AIDS Strategy for Communication to Youth
<b>STD</b>	=	Sexually Transmitted Disease
<b>UAC</b>	=	Uganda AIDS Commission
<b>UNDP</b>	=	United Nations Development Programme
<b>UNESCO</b>	=	United Nations Educational, Scientific and Cultural Organisation
<b>UNICEF</b>	=	United Nations Children's Fund
<b>USAIDS</b>	=	United States AIDS
<b>WHO</b>	=	World Health Organisation

# CHAPTER 1

## INTRODUCTORY ORIENTATION

### 1.1 INTRODUCTION

The world is faced with a serious challenge of the Human Immunodeficiency Virus and Acquired Immune Deficiency (HIV/AIDS) pandemic. Garnish and Mermin (2001:56) state that 'HIV' stands for human immunodeficiency virus; 'human' because the virus causes disease only in people; 'immunodeficiency' because the immune system which normally protects other people from the disease becomes weak; 'virus' because, like all viruses, HIV is a small organism that infects living things and uses them to replicate itself. AIDS is part of a group of diseases that occur when a person's immune system is damaged (Van Dyk 2005:4). HIV is spread mainly through unprotected sex, infected blood and mother-to-child transmission. Van Dyk further points out that the first AIDS case was diagnosed in the United States of America in the early 1980s among gay men when they began to develop a rare opportunistic infection and cancers stubbornly resistant to any treatment.

The HIV pandemic is a great threat to all nations and more especially sub-Saharan Africa since it has been hit hardest by the pandemic. According to the 2000 United Nations Programme on HIV/AIDS (UNAIDS) (2002:4-5), an estimated 40 million people in the world are living with HIV/AIDS and 28.1 million adults and children are living with HIV/AIDS in sub-Saharan Africa. The World Bank (2005:14) indicates that the HIV/AIDS prevalence rate among persons aged 15 to 49 in Lesotho continued to increase dramatically from 4% in 1993 to 29% in 2004, making Lesotho the country with the fourth highest prevalence rate, following Botswana (38.8%), Zimbabwe (33.7%) and Swaziland (33.4%).

The HIV/AIDS pandemic is not only a health problem but also a developmental problem that has social, economic and cultural implications. It affects the most productive segment of the population and it is debilitating, incurable and fatal, making it a threat to the economic growth of countries. The most devastating and far-reaching impact of the pandemic is on the education system. Kimaryo, Okpaku, Githuku-Shongwe, and Feeney (2004:31) indicate that the HIV/AIDS affects both the demand for and supply of education. Demand for education may decrease as the great number of affected and infected children and orphans can no longer afford to pay school fees or they forfeit productive school time to attend to sick family members. Orphans and vulnerable children require more attention and support from their teachers.

Regarding the supply of education, quite a number of teachers and educational officials are affected and infected therefore the quality and quantity of services provided by them will decrease. This is a problem because according to UNAIDS (2000:16), education is the most effective response to the HIV/AIDS pandemic; schools have the potential to raise awareness and to influence both short- and long-term behaviour. Therefore, education plays a crucial role in preventing the further spread of HIV/AIDS. UNAIDS 2003 (as cited in UNESCO 2004:106) stipulates that good quality HIV/AIDS prevention education programmes result in the adoption of positive behaviour, including a delay in the age of first sex, an increase in the use of condoms among young people who are sexually active, a reduction in the number of sexual partners, a reduction in alcohol and drug use and the risks associated with injecting drug use. Thus, governments are making concerted efforts to come up with effective HIV/AIDS strategies for preventing the further spread of the pandemic. However, UNAIDS (2000:8) reports that if Africa is to achieve these targets, major intensification of the disbursement of funds, the implementation of stronger programmes, and transparent monitoring and evaluation of these programmes are urgently required. The researcher will discuss the problems that led to this study.

## **1.2 STATEMENT OF THE PROBLEM**

In Lesotho, the first AIDS case was diagnosed in 1986 and since then, the government of Lesotho has designed and implemented several prevention and control measures against the epidemic. The epidemic has made rapid and devastating advances, to the extent that it has reached crisis-level proportions. UNAIDS (as cited in United Nation Children's Fund (UNICEF), 2003) estimates that 31% of Basotho people between 15-24 years of age are HIV/AIDS positive, and about 70 people are dying each day of AIDS-related illnesses. To this effect, the government has embarked on a multi-sectoral approach, with each ministry contributing two percent of its budget to HIV prevention activities. The approach acknowledges the efforts of key partners such as non-governmental organisations, churches and community groups and funding organisations. In addition, Kimaryo et al. (2004:78) point out that 61% of all recorded HIV/AIDS-related projects taking place in Lesotho are focused on prevention. However, so far their efforts to combat the spread of the disease have met with limited success (World Bank, 2005:15).

In keeping pace with the government's commitment to fighting HIV/AIDS, the Ministry of Education and Training and some non-governmental organisations (NGOs) have established HIV/AIDS prevention programmes in schools such as the HIV/AIDS road show programme, and the School HIV/AIDS Peer Education. The Ministry of Education and Training has also incorporated HIV/AIDS content into the school curriculum in primary and secondary level programmes. Firstly, the Ministry of Education and Training and UNICEF have established an interactive educational HIV/AIDS road show run by young people who are members of Girls and Boys Education Movement club in some of the primary and secondary schools in Lesotho. The HIV/AIDS road show was meant to address the devastating impact of HIV/AIDS on young people in Lesotho schools. However, Girls and Boys Education Movement club is found in only a few schools in Lesotho. The Lesotho Durham Link has established the School HIV/AIDS Peer

Education course to train children to educate others about HIV/AIDS and sexual awareness during school holidays so that they can educate their peers in their respective schools (Letsema, 2007). However, School HIV/AIDS Peer Education course was offered to 200 learners annually and this is a small number considering the rate at which HIV/AIDS is increasing.

The Ministry of Education and Training embarked on the HIV/AIDS prevention programme of the incorporation of HIV/AIDS content in the school curricula in both primary and secondary schools in the following subjects: Health and Physical Education, Science, Agriculture, Home Economics and Geography (Ruscombe-King, 2008). Although this programme is offered in all primary and secondary schools in Lesotho, it is not clear whether all the teachers have received training in the programme or whether the programme is implemented effectively. Kimaryo et al. (2004:229) contend that teachers are faced with a lack of concrete support and a limited understanding of the dynamics of the virus and how it is transmitted. For example, at the meeting held in the United Nations House, it was reported that one teacher had said that he would not assist a child with any injury because he might be infected. This clearly shows that there could still be teachers who need training to implement this programme. Moreover, there have been a large number of teenage pregnancies in schools, indicating that although pupils are taught about HIV/AIDS, they still practise unsafe sex. This shows that these teenagers are at risk of being infected by HIV/AIDS. Therefore, this study aims to evaluate the implementation and management of the HIV/AIDS prevention programme and the incorporation of its content into the school curriculum in Lesotho schools.

Given the statement of the problem discussed above, the following problem questions arise with regard to this research:

- How widespread is the HIV/AIDS infection in other parts of the world and how are the HIV/AIDS prevention programmes in their schools managed?



- What is impact of HIV/AIDS among teachers and pupils in Lesotho schools according to the research?
- How effective is the implementation and management of the incorporation of HIV/AIDS content in the school curriculum in Lesotho schools?
- What recommendations can be suggested to improve the implementation and management of the HIV/AIDS prevention programme and its incorporation into the school curriculum in Lesotho?

### **1.3 AIM OF THE STUDY**

The general aim of the research is to evaluate the implementation and management of an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho.

The objectives derived from the general aim are as follows:

- To investigate the spread of HIV/AIDS infection and the management of the HIV/AIDS prevention programmes used in schools in other parts of the world.
- To establish the HIV/AIDS impact on teachers and students in Lesotho schools and HIV/AIDS prevention programmes used.
- To evaluate the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho.
- To summarise the findings and make recommendations towards improving the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho.

## 1.4 HIV/AIDS PREVENTION STRATEGIES

According to UNAIDS (2000:09) the most common HIV/AIDS prevention strategies currently being implemented include the following: screening blood for HIV/AIDS infection, the use of the mass media, social marketing of condoms, treatment of sexually transmitted diseases, commercial sex workers' peer education, voluntary counselling and testing, prevention activities among infected drug users, prevention of mother to child/vertical transmission and AIDS education in schools. These strategies have been developed to be implemented by the government because, despite the nature of the way the disease is spread, the government has the option to influence decisions among those most likely to contract and spread the virus. This can be achieved by introducing national policies and strategies. In this study the researcher will employ AIDS education in a schools' prevention strategy

Education has been identified as the key element in reducing the spread of the HIV/AIDS epidemic among young people. Without education, people's knowledge about the disease will remain limited, attitudes towards current sexual practices will remain unchanged and the disease will continue to spread unchecked with increasingly serious consequences for present and future generations (UNESCO 2004:01). The AIDS education prevention strategy entails the development of information, education and a communication programme. The programme is mostly implemented in the government sector through its addition to the school curriculum. The programme is implemented by teachers and other school staff during school time. HIV/AIDS topics can occur in the classroom and in other areas than the classroom, such as through counselling sessions and health services (American Association of Health Education, 2005).

UNAIDS (2004:16) defines the objectives of the AIDS education prevention programmes as the following:

- To provide information, raise awareness and stimulate discussion.

- To encourage the development of safe behaviour to minimise the risk of infection through, for example, delayed first intercourse or increased condom use.
- To correct misinformation about casual transmission.
- To prevent discrimination against those infected with HIV/AIDS.

## **1.5 PARADIGM**

A paradigm is a worldview that is a way of thinking about and making sense of the complexities of the real world (Patton, 2002:69). The important features of paradigms are that they are incommensurable; that is, they are inconsistent with one another because of their divergent assumptions and methods. In this study the researcher will employ critical inquiry theory because it goes beyond the common sense constructs of everyday life, and aims to identify the operation of the systematic-distortions of people's understanding of what they are doing. According to Bourdieu and Wacquant (1992:01) critical inquiry states that the researcher practices neither detachment, nor participant observation, but participant objectivities.

The critical approach to educational policy research aims to generate critical actions in others and give rise to conditions to replace one distorted set of practices with another, hopefully less distorted set of practices (Carr & Kemmis, 1986:97). The use of critical inquiry in education policy research transcends the quantitative-qualitative dichotomy. According to Waghid (2003:50), critical inquiry in education policy research accepts the use of both causal theories based on quantitative observation and qualitative description. In this study the researcher will use critical inquiry because it is concerned with radical change, transforming social system and potentially providing a vision of what could be done. The researcher will evaluate the HIV/AIDS preventive programme to establish whether it is effectively implemented. The researcher will also employ both the

quantitative and qualitative approaches to determine the implementation and management of an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho schools.

## **1.6 RESEARCH METHODOLOGY AND DESIGN**

### **1.6.1 Literature study**

The researcher used books, journals, government documents, policy reports and presented papers to obtain data on the extent of the HIV/AIDS epidemic and the HIV/AIDS prevention programmes and their management in other parts of the world. The researcher also used the literature sources to obtain data on HIV/AIDS infection among teachers and pupils in Lesotho schools and the HIV/AIDS prevention programmes employed, with specific reference to the HIV/AIDS prevention programmes in Lesotho schools.

### **1.6.2 Quantitative approach**

Quantitative and qualitative methods of investigation were used in this study. The quantitative approach has its origin in positivism, which sees reality as an existing fact (Struwig & Stead, 2001:16). The approach relies on measurement to compare and analyse different variables. The process of measurement is central to quantitative research because it provides the fundamental connection between the empirical observation and mathematical expression of quantitative relationships. Statistics, tables and graphs are often used to present the results of this method. According to Neuman (1997:322), in quantitative research data are gathered after the researcher has theorised, developed hypotheses and created measures of variables. Data are collected by using instruments such as standardised tests, observation and structured questionnaires. Quantitative

research places more value on the outcomes and products than on the impact of the process (Sladner, 2007).

### **1.6.3 Qualitative approach**

In contrast to the quantitative approach, qualitative research is shaped by post-positivistic inquiry. It involves a non-numerical method of data analysis, involving a cyclical relation between data collection and data analysis (Sampling, 1992:174). It describes observations, phenomena or characteristics by means of language. Qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret phenomena in terms of meanings people bring to them (McMillan & Schumacher, 1993). Well-collected qualitative data come in the form of words which are based on observation, semi-structured interviews, reports or documents. Qualitative methods place great emphasis on the impact of the process. Quantitative and qualitative methods complement each other when data are analysed.

### **1.6.4 Data collection instruments**

Both self-administered questionnaires and semi-structured interviews as data instruments were used to collect data on the implementation and management of a prevention programme incorporating HIV/AIDS content into the school curriculum in Lesotho schools.

#### **1.6.4.1 QUESTIONNAIRE**

According to Bryman and Bell (2003:141) with the self-completion questionnaire there is no interviewer to ask the questions; instead, the respondents must read each question themselves and answer the question themselves. The questionnaire was used to obtain the views of primary and secondary school teachers on the implementation and management of an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho. The questionnaire was used to obtain quantified and comparable data.

The questionnaire was applied because a large number of respondents had to be covered within a short time and at minimal cost.

#### 1.6.4.2 SEMI-STRUCTURED INTERVIEW

According to Bryman and Bell (2003:574) the semi-structured interview refers to the context in which the interviewer has a series of questions that are in the general form of an interview guide but the interviewer is able to vary the sequence of questions. The researcher is also able to include questions which are not in the interview guide as the interviewer picks up things said by the respondent during the interview. The semi-structured interview was conducted to obtain the views of primary and secondary school principals regarding the implementation and management of an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho. The semi-structured interview was used because it allows new questions to be brought up during the interview as a result of what the interviewee says. With the permission of the respondents, the researcher recorded the interview by means of an audio-tape recorder and took notes to back up what was recorded.

#### 1.6.5 Sampling

According to Best and Kalm (2003:12), the process of sampling makes it possible to draw valid references on the basis of the careful observation of variables within a small proportion of a population. The ultimate purpose of sampling is to select a set of elements from a population in such a way that the descriptions of these elements accurately portray the parameters of the population from which the elements are selected. A sample is representative of the population from which it is selected if all members of the population have an equal chance of being selected in the sample (Babbie & Mouton, 2006:173). In this study, the researcher collected data from twenty schools in the Maseru district only. Stratified sampling was used in this study because it helps to obtain a greater degree of representation, thus decreasing the probable sampling. The function of stratification is to organise the population into homogeneous subsets and to

select the appropriate number of elements from each (Babbie & Mouton, 2006:191). Stratified sampling was used in that the respondents were divided into two groups; namely, teachers and principals in both primary and secondary schools. Twenty primary schools and secondary schools were selected randomly from the school list obtained from the Department of Education in Lesotho. A sample of two-hundred-and-ten respondents was selected randomly from the sample schools, consisting of ten principals from ten sample schools and two teachers from each sample school.

### **1.6.6 Reliability and validity**

According to Neuman (1997:138), reliability and validity are central issues in all scientific measurement. They are concerned with how concrete measures or indicators are developed for a construct. If the indicators have a low degree of reliability and validity, then the final results will be questionable. Reliability is necessary in order to obtain the valid measure of a concept, although this does not guarantee that a measure will be valid.

#### **1.6.6.1 RELIABILITY**

Mouton and Marais (1991:79) stipulate that reliability requires that the application of a valid measuring instrument for different groups under different circumstances should not vary but lead to the same observations. To ensure consistency of the data, gathering instruments were pre-tested in three primary and secondary schools which were not part of the sample schools and corrections were made thereafter.

#### **1.6.6.2 VALIDITY**

Struwig and Stead (2001:18-9) state that validity implies the truth or trustworthiness of the investigation. Validity is concerned with the integrity of the

conclusions that are generated from a piece of research. In this study, the content validity was used to find the accuracy of the questionnaires. Content validity involves determining whether the content of the measure covers a representative sample of behaviour domain or aspect to be measured (Foxcroft and Roodt, 2001:49). This might be established by asking people with experience or expertise in a field of study to act as judges to determine whether on the face of it, the measure seems to reflect the concept concerned. In this study the Lesotho National Curriculum Development Centre staff members were consulted about the items on the questionnaire so that corrections could be made where necessary. The respondents were required to fill in a numbered questionnaire without indicating their names, addresses and to seal them in unmarked envelopes, thus ensuring anonymity and confidentiality. This also helped the respondents to be honest with their answers.

#### **1.6.7 Administration of questionnaire**

The self-administered questionnaire was applied when collecting the data. The researcher distributed the questionnaires to the twenty primary schools and twenty secondary schools at different times. With each principal's permission the researcher required the respondents to assemble in one room. Then the researcher explained the importance and relevance of the study and distributed the questionnaires to the respondents. On completion of the questionnaire, the respondents were asked to seal their answers in the envelope provided which was collected by the researcher after an interval of five days.

#### **1.6.8 Data analysis**

Data analysis means the categorising, ordering, manipulating and summarising of data to obtain the answers to research questions (De Vos, Strydom, Fouché and Delpont 2005:218). In this study, the data collected were quantitatively acquired, recorded, captured on the computer, analysed as reflected in the tables



below and interpreted. The computer and the Statistical Package for Social Science (SPSS) were used to manipulate large amounts of the data collected through the questionnaires and to find patterns of data. Qualitative analysis involves reducing the volume of raw data, sifting significance from trivia, identifying significant patterns and constructing a frame work for communicating the essence of what the data reveal (De Vos et al., 2005:333). Qualitative data analysis is a search for general statements about relationships among categories of data, and it builds grounded theory. In grounded theory coding is the most central process in which the data are broken down into component parts which are given names (Bryman et al., 2003:567). The findings of the qualitative investigation discussed in this chapter are based on questions that were posed during the interviews. The interview tape recordings were transcribed, coded and sorted to identify similarities and differences, responses and messages conveyed by the respondents. The data were organised and displayed in visual form. Then generalisations were made on the basis of the findings. The first five respondents were primary school principals and respondents 6 to 10 were from secondary schools.

## **1.7 DEMARCATION OF THE RESEARCH AREA**

This research was undertaken in the district of Maseru, Lesotho. The Maseru district is one of ten districts in the country. It consists of both rural and urban areas and about 60% of all the schools in this country are located in the district. Although there are primary, secondary schools and other educational institutions in the district, because of limited time, the scope of the study was narrowed down to twenty primary schools and twenty secondary schools. In addition, these schools admit learners between the ages of six and nineteen who are at a high risk of being infected.

The study falls within the discipline of educational management which is a sub-discipline of education. Van der Westhuizen (1991:57) indicates that educational

management is concerned with a certain perspective on formative education, as well as with how management should take place in relation to organisation in the various management areas. The management areas include the following: staff affairs, pupil affairs, administrative management, physical facilities, financial affairs, school-community relations and classroom management. However, this study focuses on the implementation and management of HIV/AIDS prevention programmes incorporating HIV/AIDS content into the school curriculum in Lesotho.

## **1.8 DEFINITION OF OPERATIONAL CONCEPTS**

### **1.8.1 Epidemic/ pandemic**

Pratt (2003:4) points out that an epidemic is a sudden increase in the incidence of a disease present in the population or geographical area or the occurrence of a new disease with a high rate in a population or geographical area. A pandemic is an epidemic disease that has spread in a region, country, continent or globally (Hunter 2003:01). Therefore, HIV/AIDS around the world is called a global pandemic, while in a single country it is called an epidemic.

### **1.8.2 HIV/AIDS**

**HIV** stands for Human Immunodeficiency Virus. It is transmitted through blood, semen and vaginal fluids According to White (2001:15-6), when a person is infected with **HIV**, the immune system dispatches a large number of T-helper cells to destroy the virus. However, the virus uses the CD4 cells of the body's immune system to replicate itself, and in the process, destroys the CD4 cells. The CD4 cells are very important since they co-ordinate the body's immune system, protecting a person from illness. As the amount of **HIV** in the body

increases, the number of CD4 cells decreases and this weakens the immune system. HIV progresses gradually to AIDS through four stages. According to Charles, Corr, Clyde and Corr (1994:433) there are four classifications for HIV infection:

#### Stage 1: Early or Primary HIV infection phase

This occurs at a time when the HIV antibody test usually converts from being negative to positive; thus, the clinical condition is referred to as the sero-conversion illness. Because the signs and symptoms are non-specific and it is often mistaken for 'flu-like symptoms, viral illness or glandular fever, it often passes unnoticed by the patient (Evian, 2003:28).

#### Stage 2: The asymptomatic chronic infections phase

The virus multiplies in the body. Minor symptoms develop such as skin infections, thrush in the mouth or vagina herpes, night sweat, diarrhoea, spontaneous weight loss, swollen lymph glands, headaches and persistent coughing (Van Heerden, 2005:94).

#### Stage 3: The minor symptomatic phase

The amount of HIV in the body increases and in the process, it destroys more and more CD4 cells. Profound weight loss, chronic diarrhoea, fever, oral thrush vaginal thrush pneumonia and TB occur (Van Dyk, 2005:41-2).

#### Stage 4: The major symptomatic phase

This phase usually progresses into full-blown AIDS. The symptoms will depend on the type of opportunistic infection or cancer present and will include the following: lung symptoms such as a persistent cough and fever that are due to fungal and other types of pneumonia, ongoing diarrhoea that may be caused by a number of infections, fits, headaches and other neurological conditions such as psycho-emotional disturbances that result from infection of the brain by HIV or are caused by other organisms such as toxoplasmosis or certain tumours of the

brain. A common tumour found in AIDS patients is Kaposi's sarcoma, which usually manifests as purple lumps on the skin and may also be found in the mouth, the lymph glands, bowel, brain or other organs. There is progressively severe fatigue, weakness and weight loss (Visagie, 1999:13-4).

**AIDS** stands for Acquired Immune Deficiency Syndrome. It is a collection of diseases that a person with HIV develops as the virus becomes activated and progressively leads to serious infection, high viral load and a profoundly depressed level of CD4+ T-lymphocytes. As HIV weakens the immune system a person develops a number of diseases that the body is unable to fight off. These diseases are called opportunistic infections such as pneumonia, lung infection, and chronic diarrhoea. These diseases take advantage of the opportunity offered by the weakened immune system. When a person's immune system has deteriorated so much that he or she starts becoming ill with life-threatening and often unusual illness, he or she is said to have AIDS (Soul City, 2004:05).

## **1.9 LAY-OUT OF THE STUDY**

**Chapter 1** In this chapter the background / orientation, the aim of the study, research design and methodology, demarcation of the research area, the defining of terminology, a list of abbreviations and lay-out of the study will be presented.

**Chapter 2** Literature review. Deals with the extent of HIV/AIDS infection in South Africa, Uganda, Brazil, and Thailand and the management of the HIV/AIDS prevention programmes employed in schools in these countries.

**Chapter 3** Literature review. Presents the HIV/AIDS impact on teachers and pupils in Lesotho schools and the HIV/AIDS prevention programmes in the education system in Lesotho.

**Chapter 4** Research methodology and design. Deals with empirical research, evaluating the implementation and management of the HIV/AIDS prevention programme incorporating HIV/AIDS content into the school curriculum in Lesotho.

**Chapter 5** Consist of analysis and interpretation of data, a concluding summary of the findings and recommendations of the study.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

According to Hersey and Blanchard (1982:03) management implies working with and through individuals and groups to accomplish organisational goals. Management revolves around planning, organising, motivating or leading and controlling. In this study the researcher investigated the ways in which HIV/AIDS prevention programmes are planned, organised, guided and monitored in South Africa, Uganda, Brazil, and Thailand. The researcher particularly chose South Africa because the HIV/AIDS' prevalence rate is likely to have an impact on Lesotho due to migrant labour. The researcher has also selected Uganda, Brazil and Thailand because although they have experienced high HIV/AIDS prevalence rates, their response to reduce the spread of the epidemic has been seen as a success story. These countries have also emphasised HIV/AIDS prevention through AIDS education in schools as part of the fight against the epidemic. For example, Brazil broke ground by showing that a country with enormous inequality and great poverty could create a coherent humane response and gave the lie to 'we-cannot-afford-it' argument (Frasca, 2005:18). In this study, the researcher will discuss the HIV/AIDS prevalence in each country followed by the country's response to the virus and the management of HIV/AIDS prevention programmes in schools in the five countries.

## **2.2 THE MANAGEMENT OF HIV/AIDS PREVENTION PROGRAMMES IN SOUTH AFRICAN SCHOOLS**

### **2.2.1 Prevalence of HIV/AIDS epidemic in South Africa**

The first two cases of HIV/AIDS in South Africa were diagnosed in the early 1980s among white males (Zungu-Dirwayi, Shisana, Udjo, Mosala & Seager, 2004:09). According to Kauffman and Lindauer (2004:49), in the early 1980s the country's HIV/AIDS cases were primarily confined to white male homosexuals, a pattern which peaked in 1989; however, it declined steeply because of intensive self-education efforts among the gay community. Since then, HIV infection has spread rapidly among Blacks. Soul City (2004:11) posits that there are 40 million people living with HIV/AIDS globally, of whom it was estimated between 4,7 million and 6,6 million were South Africans. This implies that approximately 14-16% of South Africans are living with HIV/AIDS and more than 10% of the global population living with HIV/AIDS is in South Africa. Kwazulu-Natal Province has the highest percentage of HIV-positive people (16.5%) with Mpumalanga Province the second highest (15.2%) and the Western Cape Province the lowest (1.9%) (Page, Louw & Pakkiri, 2006:04).

Shisana and Simbayi 2002 (as cited in Guthrie & Hickey, 2004:103-4) state that in 2002 the Human Sciences Research Council estimated the overall HIV prevalence rate at 11.4% with an HIV prevalence rate among Blacks as 18%, Coloureds 6.6%, Whites 6.2% and Indians 1.8%. This indicates that the HIV prevalence rate is higher among Blacks in South Africa than any other race group. The death rate due to AIDS-related illnesses has been far higher than natural deaths. It was estimated that 71% of deaths among adults is caused by AIDS-related illness and the average life expectancy has dropped from an estimated 64 years in an AIDS-free society to 54 years (Pembrey, 2007:a). The International Marketing Council of South Africa (n.d) reports that an estimated six

million South Africans are expected to die from AIDS-related illnesses over the next ten years. HIV transmission in South Africa has been primarily through unprotected sex followed by mother-to-child-transmission (Department of Health, 2002).

### **2.2.2 South Africa's response to HIV/AIDS**

South Africa was very slow in responding to the HIV/AIDS epidemic in the early years (Kauffman & Lindauer, 2004:35). Van Rensburg, Friedman, Ngwena, Pelser, Steyn, Booynsen and Adendorff (2002:58-9) indicate that the country's weak response in the early years must have been largely ignored, as when the epidemic first manifested itself, it was fairly insignificant and possibly overshadowed by a focus on the violence that accompanied the struggle against apartheid. Early on, President Mbeki seemed to be more concerned with policy formulation and implementation in the fight against AIDS than with research to combat the disease. He appeared to flirt with controversial and minority views, disregarding the causal links between HIV/AIDS and allowing the Ministry of Health to prevaricate on the issue of the rollout of antiretroviral therapy (Fourie, 2006:3-4). Although the present government has been slow in responding to the need for treatment, it has emphasised prevention by promoting public awareness and shared responsibility in the development and implementation of HIV/AIDS programmes (Guthrie & Hickey, 2004:105).

The government's first response to AIDS was the formation of the National AIDS Convention of South Africa (NACOSA) in 1992 (Pembrey, 2007a). The purpose of NACOSA was to develop a national strategy to cope with AIDS (Kauffman & Lindauer, 2004:54). Zungu-Dirwazi, Shisana, Udjo, Mosala and Seager (2004:27) point out that in 1994, NACOSA launched the HIV/AIDS and STDs Programme 1995-6 which was based on the three main objectives: namely, preventing further spread of HIV, reducing the personal and social impact of HIV/AIDS and mobilising and unifying local, provincial, national and international resources. However, the HIV/AIDS and STDs Programme 1995-6 has not



generally been a success. It remained un-consulted, unimplemented and largely ignored (Crewe, 2000:28). Part of its failure could be attributed to the perception of civil society. The government did not adhere to the plan that had been developed by NACOSA because it and other commentators regarded it as poorly thought out and disorganised (Pembrey, 2007a).

The Department of Health outlined the HIV/AIDS and STI Strategic Plan 2000-2005 in 2000 (Pembrey, 2007a). According to the Department of Health (2002b), the aim of the plan was to provide a framework for a multisectoral response to HIV/AIDS at all levels of society. The HIV/AIDS and STI Strategic Plan was a five-year plan in line with international trends in fighting the virus. It was structured around four priority areas: prevention, treatment, care and support, human and legal rights and monitoring research and surveillance (International Marketing Council of South Africa, n.d). The government massively increased the budget for its HIV/AIDS and STI Strategic Plan for 2000-2005.

This plan has been strengthened by the formulation of a National Integrated Plan (NIP). The NIP for HIV/AIDS initiated by the Department of Health in 1999 was a joint venture by the departments of Health, Education and Social Development (Hickey & Whelan, 2001:4). The Department of Health was responsible for the prevention, treatment and care programmes. The Department of Education implemented life skills HIV/AIDS education in primary and secondary schools and the Department of Social Development oversaw home- and community-based care and support (Zungu-Dirwayi et al., 2004:29).

The HIV/AIDS and STI Strategic Plan 2000-2005 and the National Integrated Plan have had some great achievements. For instance, although the government started to provide antiretroviral (ARV) drugs in 2004 following pressure from the activists, by the end of December 2005, 111 827 people were estimated to be accessing free antiretroviral treatment, while 60 000 people in the private sector had access to antiretroviral therapy (Plus News, 2007a). Life skills education

which incorporated HIV/AIDS education was implemented as a compulsory part of the school curriculum up to grade nine. The Department of Health and Social Development collaborated closely to establish home-based care (Simelela, 2002).

Despite these achievements, there are some challenges and emerging issues that need to be addressed. The Department of Health needs to address major capacity and infrastructure constraints as they are crucial to the effective implementation of the HIV/AIDS and the STI Strategic Plan 2000-2005 (AIDS Foundation South Africa, 2005:02). Another relatively weak area has been the lack of a clear and coordinated process for monitoring and evaluation. Most efforts implemented lately have been vertical and ad hoc, and have not fitted into the national health information system that can provide critical information on the planning and monitoring of interventions at district, provincial and national levels (Department of Health, 2002:14). Furthermore, the NIP struggled to implement and coordinate broad policy objectives and decision making on the HIV/AIDS budget allocations. Cumbersome administrative structures and struggles to develop the capacity for effective implementation have been major problems (Fourie, 2006:144). Some of the goals and objectives have not been addressed within the Strategic Plan, such as the implementation of HIV/AIDS prevention for migrants.

There have also been a notable number of AIDS awareness campaigns run by government and non-governmental organisations such as Soul City, Beyond Awareness and Lovelife. Soul City promoted awareness around health and AIDS issues through the media; the Beyond Awareness campaign informed young people about AIDS and Lovelife attempted to promote healthy sexual behaviour among adolescents aiming to reduce the incidence of HIV/AIDS, sexually transmitted diseases and teenage pregnancies (Pembrey, 2007a).

### **2.2.3 HIV/AIDS prevention programme in South African schools**

Kelly (2002) (as cited in UNESCO, 2004:84) indicates that the United Nations has established a definitive time-bound target for the reduction of HIV transmission among young people with the following objectives:

- By 2005, reduce HIV prevalence among those aged 15-24 by 25% in the most affected countries.
- By 2005, ensure that at least 90% of young men and women aged 15-24 have access to information and education, including peer education and youth-specific HIV education and services necessary to develop life skills required to reduce their vulnerability to HIV infection and in full partnership with youths, parents, families, educators and health-care providers.

In the light of the United Nations' objectives, the Department of Education collaborated with the Ministry of Health to ensure that national education played its part in stemming the spread of HIV/AIDS. The Department of Education committed itself to minimising the social, economic and developmental consequences of HIV/AIDS on the education system, learners, students and educators, and to provide leadership to implement an HIV/AIDS policy (Department of Education, 1999b). The co-ordinated measures were introduced into the education system to combat the disease, with the focus on prevention and government policies and initiatives evolving to ensure legal care. Furthermore, the National AIDS Plan and other South African frameworks for prevention, care and support have included the National Education Policy Act, 1996 (Act No. 27 of 1996) and the Implementation Plan for Tirisano (The African Pulse, 2008).

The National Education Policy Act (Act No. 27 of 1996) seeks to contribute to promoting effective prevention and care within the context of the public education system (Department of Education, 1999b). It advocates that HIV/AIDS education be taught in the context of life skills education and be incorporated throughout

the curriculum. It protects the right of the learners affected and infected with HIV/AIDS. The National HIV/AIDS Policy for schools addresses issues such as disclosure, confidentiality, the constitutional rights of learners and educators, non-discrimination and equality and what constitutes a safe school environment (Griessel-Roux, Ebersohn, Smit & Eloff, 2005:253). Schools have been urged to have a planned HIV/AIDS strategy and establish health advisory committees responsible for developing and promoting a school plan of implementation on HIV/AIDS and generally advising the school governing body or council on all health matters, including HIV/AIDS (UNESCO, 2004b). The school policy should be formulated within the framework of the National Policy on HIV/AIDS in public schools.

In addition, the Department of Education's commitment to combat HIV/AIDS has been embodied in the Implementation Plan for Tirisano for 2001-2002 and 2002-2004 which was established in 1999 (The African Pulse, 2008). The Tirisano plan was the National Education Department's five-year strategy to implement education and training for the twenty-first century and was made up of five core programmes to address the educational, health and social needs of learners. The Implementation Plan for Tirisano included a section on programming for HIV/AIDS (UNESCO, 2004b). This section indicated that life skills and HIV/AIDS education would be implemented at all levels, that educators would be adequately trained and resourced and that awareness would be raised at all levels (Griessel-Roux et al., 2005:253).

#### 2.2.3.1 LIFE SKILLS AND HIV/AIDS EDUCATION PROGRAMME

The Life skills and Education programme: teacher's resource guide 1999 (as cited in Ngwena, Strauss, Maimane, Engelbrecht, Steyn and Meyer 2003:07) explains life skills in the following way:

*Life skills are essential for successful living and learning. Life skills are a large range of coping abilities people need in order to be able to function effectively in their everyday lives. As we develop skills, we should be able*

*to deal with challenges and problems better and even prevent some problems occurring. Life skills make life easier. The more we practise these skills, the greater our abilities become to live successfully and do the best we can. When life skills are achieved, capacity building (the growth and development of people) becomes a reality. Through life skills, people also become empowered.*

In keeping with the national policy, Life skills education was established in schools by the Department of Education in conjunction with the Department of Health through the NIP. Lee (2005:01) indicates that due to the escalating HIV/AIDS epidemic in 1998, the South African Ministry of Education mandated that a comprehensive Life Skills Education Programme be implemented as early as pre-primary, primary and secondary schools or grade zero to seven. Its primary objectives were to prevent the spread of the virus and reduce the stigma and discrimination (UNESCO, 2004b). The programme was also aimed at increasing knowledge of reproductive health and sexually transmitted disease, developing life skills, promoting positive and responsible attitudes and providing motivational support.

The National Education Policy Act, 1996 section 2.10.2 stipulates:

*In the primary grades, the regular educator should provide education about HIV/AIDS, while in secondary grades the counsellor would ideally be the appropriate educator. Because of the sensitive nature of the learning content, the educator selected to offer this education should be specifically trained and supported by the support staff responsible for life skills and HIV/AIDS education in the school and province. The educator should feel at ease with the content and should be a role model with whom learners and students can easily identify. Educators should also be informed by the principal and teacher unions of courses for educators to improve their knowledge of, and skills to deal with, HIV/AIDS (Source: Department of Education, 1999).*

According to Rutenberg et al. (2002 ) as cited in Kauffman & Lindauer, 2004:164) the goal of the three-year National Integrated Plan for life skills education was to establish life skills in all secondary schools by 2001 and in 65% of the primary schools by 2002. The programme was fully implemented by the end of 2003. In order to achieve fruitful results the Tirisano plan for 2001-2002 included the preparation of 320 tutor trainers and 12,600 teachers who were trained in 2001. Guidelines and other materials for the integration of HIV/AIDS content into the curriculum were produced including for the sight and hearing impaired (UNESCO, 2004). Educators were trained to teach the HIV/AIDS awareness programme in schools because they had not received any training in this new curriculum at college or university; thus, resources were provided so that awareness would be raised at all levels (Griessel-Roux, 2005:253).

The Department of Education designed the Life Skills and HIV/AIDS Illustrative Learning Programme for grade 8 and 9 as a sequel to the existing programme for grade 1 to 7. Furthermore, at the beginning of 2006, the South African Department of Education introduced a new compulsory Life Orientation course for grades 10,11,12 (Gadebe, 2005). All these programmes were based on the hypothesis that effective education for HIV/AIDS prevention was possible only when learners have the opportunity to acquire functional knowledge about HIV/AIDS, make considered choices that support healthy behaviour related to HIV/AIDS, and develop and practise skills that support those choices (UNESCO, 2004:01).

Rutenberg et al. (2002) (as cited in Kauffman & Lindauer, 2004:165) opine that the report on an evaluation study of schools' life skills programmes conducted in 1998 in KwaZulu-Natal, indicated that there were a number of set-backs in the rollout of the life skills programme, including delays in government funding, poor development of materials and unqualified trainers. More significantly, the programme remained uneven and ad hoc in quality and comprehensiveness, both across and within the school with many students still arriving at higher education institutions having received little or low quality life skills education.

While female respondents have a high knowledge level of sexual transmission and prevention due to life skills education, they showed relatively minor improvements in behaviour (Lee, 2005:03). This might be because teachers place more emphasis on the factual elements of HIV/AIDS than on the life skill elements. However, an effective life skills education should engage the whole person and include suggestions for real-life action and behaviour.

Another study conducted in the Free State in 2003 showed that the implementation of life skills has been impeded by lack of classrooms, poor monitoring, evaluation and support, financial constrains, transport problems and the explicit content of some of the materials. Senior learners of Xhareip and Motheo pointed out that they were not taught about HIV/AIDS by their teachers because the educators did not feel comfortable with the learning area (Ngwena, et al., 2003:106). In order to enhance the Life Skills Programme educators should be well trained and parents, as primary care givers, should provide moral guidance to their children. Unfortunately most parents fail to impart such information because in the majority of families, sexuality discussions are still taboo.

## **2.3 THE MANAGEMENT OF HIV/AIDS PREVENTION PROGRAMMES IN UGANDAN SCHOOLS**

### **2.3.1 Prevalence of HIV/AIDS epidemic in Uganda**

The first HIV/AIDS case in Uganda was reported in 1982 (Human Rights Watch, 2005). According to Hunter (2003:14) Uganda was the first country in sub-Saharan Africa to be hit hard by the HIV/AIDS epidemic and it was one of the first countries to control its spread. Since the onset of the HIV/AIDS epidemic in the early 1980s, a cumulative total of over 2 million people were estimated to have been infected with HIV/AIDS in Uganda (UNAIDS, 2004:94). In 1988, the

average national HIV prevalence rate in the population was 9% and in 1991 the HIV prevalence rate among pregnant women aged 15-24 peaked at 21%, while the national prevalence rate peaked at 15% (Berry & Noble, 2007:03). However, after 1992 the HIV/AIDS prevalence rate dropped steadily until 2000 when it stabilised and in 2004 it declined to 6.4% (Sidiropoulos, 2006:99). Although this was a unique and massive reversal of the epidemic in worldwide terms, the HIV/AIDS prevalence in Uganda was still high and this could have led to high new infection rates if left unchecked.

Presently, the overall HIV/AIDS prevalence rate in the country is 7% with prevalence estimates of roughly 10.7% for urban population and 6.4% for rural populations (PlusNew, 2007b). This means that HIV prevalence has increased by 0.6% since 2004. Munaabi (2006:01) indicates that the UNAIDS and WHO reports released in 2006 showed that the number of people living with HIV/AIDS in the world has increased over the past two years and Uganda is among the countries with a rising HIV/AIDS infected population. Aids-related illness has been the leading cause of deaths in Uganda (UNAIDS, 2004:94). Ugandan HIV/AIDS is transmitted mainly through heterosexual sex which accounts for 75%-80% of new infections, followed by mother-to-child-transmission which accounts for 15%-25% of new infections (Department of Health and Human Services, 2007a). This shows that many people still engage in unsafe and unprotected sex.

### **2.3.2 Uganda's response to HIV/AIDS**

Uganda was at the forefront of sub-Saharan African countries in terms of a declining incidence of the HIV/AIDS epidemic as a result of effective leadership, prevention, education and treatment over the past 15 years (PHRplus, 2006). Uganda has been very open about the epidemic and politically mobilised from the very beginning of the epidemic. The president set the tone, defying cultural



and religious taboos against public discussion of sex and sexuality and his openness sensitised the community, mobilised international support and enabled officials, politicians and civil society to address AIDS (Sidiropoulos, 2006:105).

According to PlusNews (2007b) in 1986, the first National AIDS Control Programme in sub-Saharan Africa was established in Uganda under the Ministry of Health. The National AIDS Control Programme focused on the extent of the spread HIV/AIDS and its mode of transmission; on strengthening the safety of the national blood bank; on a mass education campaign and on spreading the message by touring throughout the country (United Nations Research Institute for Social Development, 2006:07). Mobilising people and making them aware of the consequences has indeed been a productive move in the fight against HIV/AIDS in Uganda. However, very little work has been done in northern Uganda due to conflict in this region and here, about a third of the young people are not enrolled in schools. There has also been a critical lack of condoms and poor access to health services and abducted girls have been forced into marriage or given to senior commanders as rewards and incentives (Berry & Noble, 2007). This puts many young people at high risk of contracting the virus.

The Irish Family Planning Association (2004) reports that since the 1980s the world has considered Uganda as a model for successfully reversing the HIV/AIDS rate through the implementation of the ABC approach (A-abstinence, B-be faithful, C-use condom). The promotion of abstinence has been highlighted as the main reason for the success of the ABC approach. As a result, there has been a loss of momentum in the apparent change of strategy from the well established ABC approach to the AB (Abstinence and Be faithful) strategy which emphasises abstinence over condom use (Reuters Foundation, 2007). Lately, the Ugandan government together with the United States government, the primary donor of HIV/AIDS prevention programmes in Uganda, has shown more interest in promoting the abstinence-only policies and fidelity in marriage, with

condoms given out only to those who cannot manage either (Mail & Guardian, 2007).

Changes have been brought about by a desire to access significant funding from US President's Bush Emergency Plan for AIDS Relief (PEPFAR) which was channelled primarily through pro-abstinence and anti-condom organisations. This has led to young people being denied information about HIV/AIDS prevention methods other than abstinence until marriage. Some Ugandan teachers reported that they have been instructed by the United States Contractors not to discuss condoms in schools because the new policy is abstinence-only as a means of prevention (Berry & Noble, 2007). According to Lewis (2005) (as cited in Marco & Bernard, 2006) condom supply has dried up in Uganda; this began when the government implemented restrictions on condom imports in late 2004. The government issued a nationwide recall of condoms distributed free in government health clinics under the Engabu brand and it was alleged that they were of poor quality. The shortage of condoms was worsened by new taxes which made the remaining stock expensive; thus many people could not afford to buy them (Mail & Guardian, 2007). The shortage of condoms will put many people at risk of contracting HIV/AIDS, more especially women because of Ugandan practices such as polygamy and widow inheritance.

In 1992, the government adopted a multisectoral approach in an effort to address the epidemic. Tumushabe, 2006:07). The Uganda AIDS Commission was established to coordinate the policy implementation of the multisectoral approach (Berry & Noble, 2007). This approach called for active contribution to the collective efforts against the epidemic and served as the basis for the development of the periodic national HIV/AIDS programme and its implementation (Uganda AIDS Commission,n.d). This has resulted in a very effective partnership between the government, donors and civil society organisations. The ministries have developed strategic plans relating to the National Strategic Framework (Sidiropoulous, 2006:93). However, prioritising

HIV/AIDS across the ministries remained problematic due to lack of funds, technical and logistical support facilitation and coordination. As a result, the effective implementation of the multisectoral approach became impossible.

### **2.3.3 HIV/AIDS prevention programmes in Ugandan schools**

In 1992 the government of Uganda established the Uganda AIDS Commission (UAC) to co-ordinate the national fight against HIV/AIDS (Berry & Noble, 2007). The UAC developed a National Strategic Framework for the period 2000/1 to 2005/6 and the framework's goals were to reduce HIV prevalence by 25% by the year 2005/6; mitigate the health and socio-economic effects of HIV/AIDS at individual, household, and community levels, as well as strengthening the national capacity to respond to the HIV/AIDS epidemic in Uganda. For instance, under the Emergency Plan, Uganda has received more than \$90.7 million in the financial year 2004, and in the financial year 2005 it increased to \$143.7 million; this money was to support a comprehensive HIV/AIDS prevention, care and treatment campaign (Centre for Disease Control and Prevention, 2007).

The Emergency Plan was a five-year plan for AIDS relief initiated by the United States government to provide treatment to at least two million HIV infected individuals, prevent seven million new HIV infections, and provide care and support to ten million people living with and affected by HIV/AIDS, including orphans and vulnerable children in 15 focused countries (USAIDS, 2003). Despite the high level of donor support in Uganda, there was poor coordination of the AIDS-related programme both between donors and aid agencies, and between government services and those carrying out national programmes at district level (Sidiropoulos, 2006:107). As a result, the management of these programmes and project may not have been effective.

In the light of this framework, the Ministry of Education and Sports has been identified as the lead agency in promoting AIDS education and counselling in schools, colleges and institutions of higher learning, developing and distributing

materials and messages geared towards life skills and psychosocial development at all levels. Furthermore, it is responsible for developing standard training curricula on palliative care and integrating palliative care issues into the pre-service training curriculum for health workers and teachers (Bennel, Hyde & Swainson, 2002:41). Since the focus for the educational system has been almost entirely preventative, the Ministry of Education and Sports has not been asked to take direct responsibility for mitigation, either for the impacts on children or on teachers.

According to Munaabi (2007:35) the Ministry of Education and Sports formed a task force to design and implement an HIV/AIDS Strategic Plan with the following nine main objectives for combating HIV/AIDS over a five-year period:

- Develop and implement effective policies for the sectors;
- Intensify advocacy efforts for children's rights and needs in the context of AIDS;
- Incorporate HIV/AIDS into the curriculum, across all education institutions and non-formal venues;
- Promote skill-based teacher training in colleges;
- Promote AIDS education, counselling and health service support at educational institutions at all levels;
- Foster the welfare of AIDS orphans;
- Build partnership with the community and NGOs and undertake joint activities;
- Encourage research on various aspects of HIV/AIDS and its impact on education and related sectors; and
- Promote joint planning, coordination, monitoring and evaluation of HIV/AIDS activities in the education sector.

Schools have been required to derive quantifiable goals from these nine major objectives and in order to achieve these goals, a wide range of HIV/AIDS prevention programmes have been introduced as an intervention to HIV/AIDS in

Ugandan schools. These HIV/AIDS prevention strategies established in Uganda will be discussed below.

#### 2.3.3.1 UNIVERSAL PRIMARY EDUCATION PROGRAMME

In 1997, the Ugandan government implemented a seven-year programme of free or universal primary education for up to 4 children from each family, with preference given to girls and children with special needs (World Vision New Zealand, 2007). The programme was established so that targeted HIV/AIDS prevention messages can theoretically reach nearly every primary school child in the early grades around seven years and older (Human Rights Watch, 2006a). The universal primary education programme was aimed at intensifying the education information and communication initiatives to reach young people as indicated by the AIDS Education in Schools prevention strategy. Uganda has made great progress in achieving universal primary education (UNESCO, 2003:01). The enrolment of children in primary schools has gone from 5 million in 1996 to 7.6 million in 2003 and the programme has also managed to reduce the gender gap at national level by enrolling more girls.

However, the following problems have emerged: many children have never attended school although education is free there are overcrowded classrooms, a scarcity of teaching materials, textbooks, desks and chairs due to the massive enrolment (USAIDS, 2003:01). The high enrolment has led to a shortage of qualified teachers with much of the slack being taken up by newly employed untrained teachers and pupil-to-teacher ratios have doubled; what New Zealanders would consider inappropriate (World Vision New Zealand, 2007). Furthermore, more than two-thirds of children enrolled in primary schools may not complete their primary education within the stipulated time and approximately 2 million orphans may be forced to drop out of school as a result of family and financial responsibilities due to the deaths of their family members (UNICEF,n.d). Failure to complete studies in the expected time has led to more overcrowding and a shortage of resources. Most significantly, increased primary school

enrolment has not resulted in increased attendance at secondary schools. Therefore, many children are unlikely to receive prevention messages as intended.

To overcome some of the problems mentioned above, in 1998 the government of Uganda introduced a five-year Education Sector Investment Plan aimed at improving the quality of primary education, attaining 100% enrolment and increasing equality for special needs groups including girls and disabled children (Brussels, 2001:44). This strategy received great support from donors; for example, from World Vision who worked with the government to oversee to more classrooms, the training teachers on classroom management, curriculum development and the structuring of mock examinations to prepare students for the national Primary Leaving Examination, as well as to improve the general quality of education (World Vision New Zealand, 2007). The Basic Education and Policy Support Team carried out a three-tier response ensuring the development of a universal primary education policy, together with an advocacy plan to encourage reproductive health and improve teacher effectiveness (USAIDS, 2003). The World Bank (2007:04) reports that despite a decade of donor agency support to mitigate the negative effects of the explosive enrolment at schools, the basic conditions for learning are still not present in many villages; for example, there were still 94 students in class and 3 students were sharing a textbook (Human Rights Watch, 2006a). This indicates that effective learning and teaching can hardly take place in such adverse conditions.

#### 2.3.3.2 SCHOOL HEALTH EDUCATION PROGRAMME

In 1994, the government of Uganda together with UNICEF adopted a school health education programme (Human Rights Watch, 2006a). The programme introduced ten units of Science and Health education into the primary schools' curriculum emphasising HIV/AIDS information. The government and UNICEF worked hand-in-hand to provide HIV/AIDS prevention information to pupils. In the 1990s the pupils were tested on HIV/AIDS content in the national examinations.

The pupils did well indicating that they had acquired sufficient knowledge of HIV, but there was still high pregnancy rate indicating that they had displaced a corresponding attitude and a behavioural change. This indicates that the programme was not effective as the main purpose was to effect a change in the behaviour of the students and to prevent the spread of HIV/AIDS.

However, Shvey, Babishangire, Omiat and Barakukayo (1999:04) indicate that a primary school health programme which emphasised social interaction methods can be effective in increasing sexual abstinence among adolescents in Ugandan schools if well implemented, as was the case in the Soroti district of Uganda. The school health education programme aimed at AIDS prevention in Soroti primary schools emphasised improved access to information, improved peer interaction and an improved quality in the performance of the existing school health education system. A cross-sectional sample of students with an average age of 14 years in their final year of primary school surveyed the effectiveness of the School Health Education Programme in Soroti before and after two years of intervention. The results were that the percentage of sexually active students fell from 42% to 11%. This means that the percentage of sexually active students dropped by 74% and this was a very positive sign.

#### 2.3.3.3 LIFE SKILLS EDUCATION PROGRAMME

The Ministry of Education established a life skills education programme in 1996 after school health education yielded little progress in changing students' attitudes and behaviour (Human Rights Watch, 2005). The programme was meant to supplement the existing HIV/AIDS information for primary and secondary schools by focusing on empowering pupils to be self-sufficient decision makers with the ability to delay sexual activities, negotiate sex and become responsible citizens. The programme emphasised students' participation and incorporated HIV prevention messages of delaying sex, having one sexual partner, and the correct and consistent use of condoms. Limson (2002) states that the Uganda AIDS Commission indicated a decline of almost 50% in the rate

of new infections among those aged 15-19 years old. Thus, to some extent, the programme was successful.

#### 2.3.3.4 PRESIDENTIAL INITIATIVE ON AN AIDS STRATEGY FOR COMMUNICATION TO YOUTH (PIASCY)

In 2001, the Presidential Initiative on AIDS Strategy for Communication to Youth was launched as the first national AIDS curriculum for primary schools (Avert, 2007). According to Human Rights Watch (2005), PIASCY is an abstinence curriculum which was meant to reinforce the existing health messages in the science curriculum and supplemented this information with a national, standardised programme. In this programme, three teachers from each primary school were trained to implement the abstinence curriculum effectively and they were required to hold weekly assemblies about HIV/AIDS in their schools. Teachers were encouraged to incorporate biweekly HIV/AIDS messages periodically in their class lessons, regardless of the subject. In 2005, the Ugandan government expanded PIASCY to secondary schools with the publication of handbooks for both students and teachers (Human Rights Watch, 2006a). Unlike at primary level, in secondary schools the dissemination of the messages was to be done in the classrooms.

Avert (2007) indicates that a member of the Uganda National Teachers' Union argued that AIDS education was still not visible even in primary school. Some teachers believed that the content of the PIASCY messages and the form in which the messages were delivered, indicated that they were geared more toward encouraging good behaviour than in preventing HIV and unwanted pregnancies. Others complained about the lack of material for this additional project (Human Rights Watch, 2006a) as teaching material is a necessity to effective teaching and learning; without it, little can be achieved.



The International Education System (2007) suggests that most teachers found it difficult to discuss HIV/AIDS prevention and transmission information with their pupils for various reasons, such as the fear that parents would blame them for bringing up inappropriate subjects in classes; the fact that some teachers were infected or feared that they might be infected; others felt too ashamed to advise the pupils against the very behaviour that they themselves practised. Moreover, most teachers lacked detailed information about the virus and therefore, had no confidence about raising the subject without being able to answer learners' questions. The subject of sex, central to any information about HIV/AIDS prevention and transmission, was still too culturally taboo to discuss. This means that fear, stigma and discrimination, a lack of information about HIV/AIDS facts and cultural norms are some of the barriers to the effective management of the programme. However generally, the government of Uganda has put a lot of effort into AIDS education and this seems to have paid off in the form of a falling national HIV/AIDS prevalence rate (Avert, 2007).

## **2.4 THE MANAGEMENT OF HIV/AIDS PREVENTION PROGRAMMES IN BRAZILIAN SCHOOLS**

### **2.4.1 Prevalence of HIV/AIDS epidemic in Brazil**

At the end of 2006, there were close to 1.7 million people living with HIV/AIDS in Latin America (Noble, 2007b). Two-thirds of these people were living in the four largest countries namely Brazil, Mexico, Chile and Argentina (World Bank, 2007). In Brazil, the first AIDS case was identified in 1982 (Pembrey, 2007b). In 1990 the World Bank predicted that within ten years there would be 1.2 million HIV infected Brazilians; however, at the end of 2003 there were an estimated 600,000 Brazilians living with HIV (Sue, 2003). This is half the number of the projected 1.2 million thirteen years later. There has also been a 50% fall in the mortality rate of the people dying from AIDS-related illness, a 60%-80% decrease in morbidity rates, and HIV-related hospitalisations decreased by 70-80% in 2005 (Noble,

2007b). At the beginning of the Brazilian HIV/AIDS epidemic the majority of people infected with HIV were gay men; however, as the epidemic progressed, an increasing number of people became infected through heterosexual relationships and through injecting drugs (Pembrey, 2007c).

#### **2.4.2 Brazil's response to HIV/AIDS**

Brazil has been a regional and global leader in the struggle against HIV/AIDS. Frasca (2005:18) asserts that although Brazil occupies fully half the continent, it broke ground by showing that a country with enormous inequalities and great poverty could create a coherent, humane response and gave the lie to 'we-cannot-afford-it' argument. The effectiveness of Brazil's having managed the virus was underpinned by a strong political commitment at all levels of the government and by the non-judgemental attitude towards people who were living with HIV/AIDS (Sue, 2003). The government of Brazil responded by emphasising a comprehensive and balanced approach to treatment and prevention. This has helped to stabilise the HIV prevalence rate in Brazil. In 1985, the government set up the National AIDS Programme (NAP) in partnership with civil society groups which focused on disseminating information about HIV/AIDS, especially to high-risk groups such as gay men (Pembrey, 2007c).

It also established the Brazilian Constitution of 1988 which stipulated that access to health was a basic right of every Brazilian citizen and must be guaranteed by the state (Smart, 2005). To achieve this, Brazil has decentralised the health services by providing HIV/AIDS care, support and prevention in a network of ambulatory clinics, hospitals and care services. An essential part of its overall prevention strategy has been the provision of universal access to the life-saving combination of drugs therapies invented in mid-1990s and ample programmes for prevention and care, well-funded by the government and non-governmental agencies (Hunter, 2003:31). Despite these efforts to control the epidemic presently, there has been lack of condoms and drugs at the public sector clinics

and hospitals, inadequate training of health staff members, a lack of management systems and poor logistical procedures (Family Health International, 2006). Moreover, in 2003 USAIDS cancelled an \$8 million grant to Brazil for condom promotion, marketing and HIV prevention materials (Human Rights Watch, 2006b). These problems are likely to lead to an increase in new infections.

This said, there *are* diverse sectors of the Brazilian society, including trade unions, philanthropic and religious entities, university researchers and non-government organisations which are cooperating closely in the struggle against HIV/AIDS. For example, the Brazilian Interdisciplinary AIDS Association in Rio de Janeiro in 1986 established by non-governmental organisations responded to the call for assistance by attending to the poor and marginalised as they are more vulnerable to the stigma and discrimination associated with HIV/AIDS (Sue, 2003). By 1997, there were 500 AIDS projects carried out by non-governmental organisations around Brazil, with the government funding direct interventions by non-governmental organisations (Frasca, 2005:20).

### **2.4.3 HIV/AIDS prevention programmes in Brazilian schools**

#### **2.4.3.1 SEXUALITY EDUCATION PROGRAMME**

Sex education has been mandatory in primary and secondary schools in Brazil and this has been in accordance with the national curriculum standards established by the Ministry of Education in the mid-1990s (Cevallos, 2007). However, parents have long held conservative attitudes about teenagers and sexuality and these issues have made it difficult to bring complementary AIDS education into schools (Siecus, 2006). In addition, teachers have found it hard to talk about sex to their pupils; therefore, the government ran the gauntlet by introducing programmes which have changed school curricula by addressing such difficult issues as sex, homosexuality, sexually transmitted infections, pregnancy and drug use. Thousands of teachers have had special training, but

so far, only 8% of students have been reached by these efforts (Population Reference Bureau, 2002). This means that 92% of students have not been exposed to HIV/AIDS education. Furthermore, although schools have provided a safe environment they have not addressed behaviour patterns which contribute to gender disparity.

#### 2.4.3.2 CONDOM VENDING MACHINES AS PREVENTION PROGRAMME

The Ministry of Health in Brazil launched a contest for technical schools to design an improved condom vending machine and the winning team was to be awarded \$25,000 (Medical News Today, 2007). The condom vending machine was to be installed in schools throughout the country, in bars, clubs and at 24-hour gas stations as part of the country's HIV prevention efforts. The trial condom vending machine might be installed in schools as early as 2008 (Kaisernet, 2007a).

## 2.5 THE MANAGEMENT OF HIV/AIDS PREVENTION PROGRAMMES IN THAI SCHOOLS

### 2.5.1 Prevalence of the HIV/AIDS epidemic in Thailand

Asia experienced a major AIDS epidemic by the late 1990s (Amfar AIDS research, 2002-7). In this region, the AIDS epidemic started in Thailand. The first AIDS case in Thailand was identified in 1984 (UNDP, 2007). It is estimated that there were 580,000 adults and children living with HIV/AIDS in Thailand in 2003; however, the number declined to 572,500 in 2004 (Global AIDS Programme, 2007:01). In 2003, the national HIV prevalence rate was 1.8% in Thailand and by the end of 2005 it had dropped to 1.4%. In 1995 the HIV prevalence among pregnant women was 2.35% and had fallen to 1.18% in 2003 (Kanabus & Frederickson, 2007). Thailand has experienced a decrease in new HIV infections from 140,000 to roughly 17,000 in the past ten years and an 80% drop in AIDS-

related mortality (UNDP, 2007). The above statistics indicate that Thailand has successfully managed to reduce the HIV/AIDS prevalence rate, the new HIV infections rate and the AIDS-related mortality rate. However, HIV/AIDS is still the leading cause of deaths in Thailand and the HIV prevalence rate is still high, making Thailand vulnerable to the resurgence of a generalised epidemic. The UNDP (2007:03) reports that in Thailand HIV transmission is mainly through heterosexual sex which accounts for 88%, followed by 6% of injecting drug users and a peri-natal transmission rate of 5%. Therefore, the country has to work hard to practise safe sexual behaviours.

### **2.5.2 Thailand's response to HIV/AIDS**

Thailand has shown that the developing countries can reduce the spread of the HIV/AIDS epidemic but there was initially a lukewarm response to the epidemic when the first case was diagnosed in 1984 (UNDP, 2007). It was not until 1991, when a new Prime Minister came to power that HIV prevention programmes became a national priority at the highest level. According to UNDP (2007), in 1991 the AIDS Control Programme moved from Public Health to the Office of the Prime Minister, increasing its political influence and ensuring the participation of all ministries supporting a comprehensive multi-ministerial plan. The government responded by engaging in the multi-sectoral approach and each ministry developed its own AIDS plan (UNAIDS, 2004:150). In 1993 the government massively increased its budget for the HIV/AIDS programmes by almost 20-fold to 120.7 million baht in 1993 and by 1996 it had increased by 217.7 million (Pembrey, 2007b). However, in 1997 Thailand experienced an economic crisis of currency devaluation and this resulted in the HIV/AIDS budget declining from 217.3 million baht in 1996 to 121.6 million in 2001 (UNAIDS, 2004:151). That meant that the HIV/AIDS programmes were placed under severe constraints.

The second National Plan for the prevention and alleviation of the AIDS problem maintained the previous programme which covered the period from 1997 to 2001

and adopted a more holistic approach, including mobilising the efforts of communities and people living with HIV/AIDS. The third National Plan for the prevention and alleviation of HIV/AIDS in Thailand was established to run between 2002 and end by 2006 (Pembrey, 2007d). It worked towards reducing the HIV prevalence rate to less than 1% and providing access to care and support for at least 80% of the people living with HIV and other affected individuals (UNDP, 2007). The HIV/AIDS prevention programme also included a mass media campaign, with an HIV/AIDS prevention programme including life skill training for teenagers, peer education and stigma and discrimination prevention (Health a key to Prosperity, n.d). The media campaign also urged respect for women and discouraged men from visiting brothels. Thailand's HIV prevention programmes have supported an effective disease surveillance system.

However, Thailand's HIV/AIDS prevention programmes have all but disappeared putting the country's population at an increased risk of contracting the virus (Kaiser Network, 2004). The AIDS Control Programme has moved out of the Prime Minister's office to the Public Health. As a result, participation of the other ministries has become weak. The implementation of effective prevention models has been hampered by a shortage of staff and high workloads in public health offices and clinic facilities (Centre for Disease Control and Prevention, 2007). Several HIV/AIDS prevention and treatment measures including HIV/AIDS education for injecting drug users, universal access to antiretroviral drugs and access to HIV/AIDS treatment for migrant workers have not been implemented (Kasernetwork 2006). Public concern about HIV/AIDS has also ebbed resulting in some worrying behaviour changes. Condom use among young people has decreased, while the rate of sexually transmitted infections has increased (Kaisernetwork, 2006).

Kimaryo et.al. (2004:22) states that Thailand introduced a 100% condom use programme aimed at enforcing their consistent use in all commercial sex

establishments in Thailand. This has been a very important programme since HIV/AIDS is mainly transmitted through sex. Although, prostitution has remained illegal in Thailand, the government took the initiative to work with the brothel owners to enforce 100% condom use in all commercial sex establishments (Health a key to Prosperity, n.d). The government distributed free condoms to brothels and massage parlours; sex workers were required to use them and brothels that failed to comply could be closed (Pembrey, 2007b). Thailand has been rewarded for its efforts with a significant fall in HIV prevalence among the clients of sex worker (Marais, 2004:25). This indicates that the 100% condom programme has been a massive success.

Civil society and non-governmental organisations have responded well to combating Thailand's HIV/AIDS epidemic. During the 1990s there were 373 organisations which consisted of society organisations and AIDS non-governmental groups formed by people living with HIV/AIDS. For example, the UNDP in Thailand focuses on HIV policy, dialogue and analysis, capacity building in vulnerable communities and fighting against discrimination (UNDP, 2007). The Canadian International Development Agency (CIDA) has supported more than 45 projects focusing on HIV/AIDS since 1989 through the Canada Fund in Thailand (CIDA, 2007).

### **2.5.3 HIV/AIDS prevention programme in Thai schools**

#### **2.5.3.1 Sex education programme**

The government of Thailand initiated sex education in schools in its efforts to combat the HIV/AIDS epidemic in the country. Sex education is meant to raise HIV awareness in students, provide them with information about safe sex practices and educate them in ways to avoid sexually transmitted diseases. According to the Ministry of Education (as cited in Kaisernetwork 2004), most schools were not properly implementing and teaching the curriculum and this

situation prompted the need for a new approach. The Ministry further maintained that an effective programme should be constructive, beneficial to the students and acceptable to their parents. Thus, the Ministry of Education in collaboration with the Ministry of Public Health adopted and distributed the new sex education curriculum to all the schools in the country (CIDA, 2007). The Department of Health promoted wider public acceptance of sex education, while the Department of Mental Health addressed issues such as human development, sexual health, sexual behaviour, personal skills and social, cultural and gender issues (UNESCO, 2003).

## **2.6 CONCLUSION**

South Africa, Uganda, Brazil and Thailand have established the best HIV/AIDS prevention programmes. However, in South Africa there has been very marginal HIV/AIDS prevalence rate change which clearly indicates that there has been lack of effective implementation, coordination and management of these programmes. Unlike South Africa, Uganda, Brazil and Thailand have experienced some significant decline in the HIV/AIDS prevalence rate in the past few years but presently it seems that the HIV/AIDS epidemic might again become a threat to these countries. This shows that at the beginning the HIV/AIDS prevention programmes were well implemented and managed but HIV/AIDS prevalence has not declined.



## **CHAPTER 3**

### **HIV/AIDS PREVENTION PROGRAMMES IN LESOTHO SCHOOLS**

#### **3.1 INTRODUCTION**

In an effort to reverse the HIV/AIDS epidemic, the government of Lesotho endorsed the HIV/AIDS policy and strategic plans as a meaningful and sustained response to the HIV/AIDS epidemic. The policy provides an operating framework for people whose work entails prevention, treatment, care and support and reduces the impact of HIV/AIDS. It directs the creation of strategic plans and the allocation of funds to activities aimed at achieving the stated objectives in the management of HIV/AIDS. To ensure effective implementation of the HIV/AIDS policies and strategic plans the government established a coordinating body.

Although, the government of Lesotho is committed to implementing prevention, care and treatment and to addressing the impact of HIV/AIDS in society as a whole, it focuses primarily on prevention. The HIV/AIDS prevention strategies implemented in Lesotho included educational campaigns, work-based HIV prevention initiatives, targeting high-risk groups and the prevention of mother-to-child transmission (Ruscombe-King, 2008). Therefore, in this study the researcher will discuss Lesotho's HIV prevalence rate and Lesotho's response to HIV/AIDS. Thereafter, HIV/AIDS prevention and intervention programmes designed particularly for the education sector with specific reference to HIV/AIDS prevention programmes in Lesotho schools will be addressed.

## **3.2 HIV PREVALENCE RATE IN LESOTHO**

In Lesotho, the first AIDS case was reported in 1986; since then, the adult HIV/AIDS prevalence rate has risen from around 4% in 1993 to 25% in 1999 and 31% in 2002 (Kimaryo et al., 2004:67-8). In 2002, the UNAIDS estimated that from a total population of about 2 million, 55% of the total number of adults infected with HIV were women, of which young women between 15-29 years old were mainly affected, as 75% of all reported HIV cases were within this age group (Government of Lesotho, 2005). In 2006 alone, 23,000 people died from AIDS-related illnesses leaving behind approximately 97,000 orphans (Ruscombe-King, 2008). Ruscombe-King further asserts that crippling poverty and the HIV/AIDS epidemic have caused the average life expectancy to drop to 44 years for women and 39 years for men. According to IRIN (2008) recent studies have indicated that the people mostly affected include young people especially teenage girls, people aged 20-29, former miners, migrant labourers, factory workers, the unemployed and female workers. The HIV/AIDS infection rate in Lesotho is likely to worsen as more people continue to have unprotected sex and multiple partners, regardless of the widespread information on HIV/AIDS awareness. This implies that the country is likely to experience a high rate of new infections.

## **3.3 LESOTHO'S RESPONSE TO HIV/AIDS**

Since, 1986 the government of Lesotho has developed and put in place several policies and plans to guide the response to the HIV/AIDS epidemic. In 1987, the government established the National AIDS Prevention and Control Programme within the Ministry of Health to coordinate and manage HIV/AIDS interventions (National AIDS Commission, 2006:04). In 2000 the government of Lesotho established the National Policy on HIV/AIDS Prevention, Control and Management (Zungu-Dirwayi et al., 2004:23). The policy provided a framework

for a plan to fight, in a coordinated and vigorous way, the HIV/AIDS epidemic by involving different stakeholders (Ministry of Education and Training, 2005:111). The policy framework reiterated the government's commitment to provide guidance and direction for dealing with national priorities in the country's response to HIV/AIDS. The overall goal of the policy was to address the prevention of HIV transmission, treatment, care and support and mitigate the impact, as well as engendering a multi-sectoral approach in the planning, management and implementation of HIV/AIDS interventions (Lesotho Government, 2000).

The effectiveness of this policy framework was affected by the absence of a robust coordination mechanism and effective collaboration between the various implementing bodies (National AIDS Commission, 2006:01). This shows that no matter how good the policy might be, effective implementation requires good coordination. This challenge led to the revision in 2005 of the National Policy adopted in 2000. The revised policy framework addressed and consolidated the previous efforts to guide the implementation of the multi-sectoral national response by providing appropriate coordinated protection of the vulnerable population and a meaningful involvement of the people living with HIV/AIDS (Babcock, 2007).

In 2000, the government endorsed the National AIDS Strategic Plan 2000/1-2003/4 as a three-year rolling plan, together with a guiding document that reiterated the government's will and commitment to preventing HIV and managing its impact (Ruscombe-King, 2008). The National AIDS Strategic Plan was intended to reduce the HIV prevalence rate by 5% from 31% in 2002 to 25% by 2007, increase annual condom use by 50%, provide care for half of Lesotho's orphans by 2003, and delay sexual activities among adolescents (Ministry of Education and Training, 2005:111). The key elements of the plan included the commitment of all stakeholders, accountability to the nation and transparency at all levels, effective communication among all sectors, empowerment and the

involvement of all stakeholders (Zungi-Dirwayi et al., 2004:24). According to the Ministry of Education and Training (2005:111), the National AIDS Strategic Plan identified the following nine objectives:

- To establish structures for the effective coordination of the multi-sectoral National AIDS programmes;
- To mobilise adequate resources for the National AIDS programmes;
- To significantly strengthen the information, education and communication programmes;
- To provide support to the infected and affected with the view to significantly mitigating the impact of the epidemic;
- To involve the youth in all AIDS programmes;
- To drastically reduce the high rate of sexually transmitted diseases;
- To intensify surveillance and testing of HIV/AIDS;
- To regularly monitor and periodically evaluate the National AIDS programmes; and
- To conduct a baseline study/update on the stated strategic aims.

Despite clear strategies proposed in the National Strategic Plan, inadequate skills and financial resources have compromised the translation of the strategy plans into specific implementation (IRIN, 2008). HIV/AIDS prevention, information, education and communication have been identified as the core components of a national response to the HIV/AIDS pandemic but peer education approaches in the prevention of HIV/AIDS have continued to be weak and not an integral part of the information. Likewise, condoms have not been sufficiently accessible and affordable to the public. The plans have suffered a set-back due to the poor organisation of agencies, a lack of support at decision-making levels of government for the multisectoral approach, institutional rivalry and a duplication of efforts among the various non-governmental organisations and other implementing bodies (Zungu-Dirwayi, 2004:40). Even though the HIV prevalence rate did not increase significantly between 2000 and 2003, the national goal to reduce the HIV prevalence rate by 5% has not been achieved

(Ruscome-King, 2008). This implies that in the absence of the effective implementation of prevention programmes, good organisation and support of the programmes and accessible and affordable condoms, the national goal to reduce HIV/AIDS prevalence will never be achieved.

The government has adopted the National Strategic Plan 2006-2011. According to the National AIDS Commission (2007:01), this five-year plan replaced the previous National Strategic Plan 2000/1-2003/4. The Strategic Plan 2006-2011 highlights the importance of strengthening the current policy framework to guide the national response by prioritising multisectoral coordination, protection, participation and the meaningful involvement of people living with HIV/AIDS.

The Lesotho AIDS Programme Coordinating Authority was established in 2001 to manage and coordinate HIV/AIDS activities and to oversee the implementation of the National AIDS Strategic Plan 2000/2001-2003/2004 (Ruscombe-King, 2008). It spearheaded a national goal the vision of which was to have an HIV/AIDS-free society, with high levels of awareness, behavioural change, safe sex practices and equal access to quality care. A 2% budget allocation from every governmental ministry was set aside to address pressing HIV/AIDS priorities in the respective sectors (Ministry of Education and Training, 2006). Its function and responsibility included: the consolidation of sectoral plans; the development and dissemination of the policy guidelines; the coordination of HIV/AIDS activities for a national multi-sectoral response; the provision of information and technical advice assistance to the various sectors; supervising the implementation of the priority strategies and activities and mobilising resources for the National AIDS Programme, amongst other things (Lesotho AIDS Programme Coordinating Authority, 2003:24). To emphasise its importance and to ensure the political commitment from the top, the Lesotho AIDS Programme Coordinating Authority was set up as a unit in the Prime Minister's Office.

Lesotho AIDS Programme Coordinating Authority had two conflicting mandates which were a strategic and an operational mandate. Lesotho AIDS Programme Coordinating Authority seemed to be more engaged in its operational mandate than in the strategic mandate, resulting in the establishment of district officers who implemented HIV/AIDS plans and activities that may best have been undertaken by the Ministry of Health (Kimaryo et al., 2004:110). This clearly shows that the Lesotho AIDS Programme Coordinating Authority has failed to consolidate sectoral plans, to develop and disseminate policy guidelines, coordinate HIV/AIDS activities and supervise the implementation of priority strategies.

Since Lesotho AIDS Programme Coordinating Authority was unable to successfully perform its coordinating function, it was replaced by the semi-autonomous National AIDS Commission in 2005 (Ruscombe-King, 2008). It was established to improve the effectiveness of the national coordination body and provide guidance in the development and management of the national response. It also assisted the authority to mobilise resources for the implementation of the strategies and programmes for combating HIV/AIDS, monitoring and evaluating the HIV/AIDS programmes and providing policy and guidance to structures and related matters (National AIDS Commission, 2007:25).

## **3.4 HIV/AIDS INTERVENTION IN THE EDUCATION SECTOR IN LESOTHO**

### **3.4.1 HIV/AIDS impact among educators and learners**

Since the first case reported in 1986, the number of HIV/AIDS cases has escalated without any sign of declining and thus impacting greatly on the education sector. The infection rates for young people are extremely high at 51% for females aged 15-24 and 23% for males in the same age group (UNICEF, 2005:01). Considering these high infection rates among young people, the

challenges for the education sector are considerable as it holds the largest constituency of young people. Most significantly, the HIV/AIDS impact among teachers has also been estimated to be high. According to the Ministry of Education and Training (2005:97), the projections from the impact assessment study showed that in 2003, teacher HIV/AIDS prevalence was 27% for high prevalence projections and 22% for low prevalence projections and this was to peak in 2007 at 30% and 25% respectively, before stabilising from 2008 to 2010 and thereafter slowly declining. The Ministry of Education and Training further indicates that for low prevalence projection, AIDS-related deaths among teachers amounted to approximately 2% of the teacher population in 2003. Consequently,, the high HIV/AIDS prevalence rate among teenagers and high death rate among teachers will in the long run affect the demand and supply of both teachers and students. The quality and quantity of services provided by teachers will be negatively affected.

#### **3.4.2 HIV/AIDS Unit in the Ministry of Education and Training**

In the fight against HIV/AIDS in Lesotho, the Ministry of Education and Training has been responsible for, among other things, the implementation of the prevention component of the National AIDS Strategic Plan and the National Policy on HIV/AIDS Prevention, Control and Management. In order to ensure effective implementation of the prevention programmes or efforts, the HIV/AIDS Unit was established to coordinate HIV/AIDS activities within the education sector in an effort to mainstream HIV/AIDS awareness in the education system. The education sector consists of teachers, learners, examiners, education district officers, education inspectors and curriculum planners. Thus far, the HIV/AIDS Unit has coordinated a number of activities in the education system discussed below.

In 2003, the HIV/AIDS Unit, in cooperation with the National Curriculum Development Centre developed and distributed syllabuses containing adequate and relevant HIV/AIDS content to all schools (Ministry of Education and Training,

2002:53). In order to ensure effective implementation of the curriculum, the HIV/AIDS Unit and the National Curriculum Development Centre trained teachers on the inclusion of HIV/AIDS issues in the curriculum.

In 2004, the HIV/AIDS Unit began HIV/AIDS intervention by launching voluntary counselling and testing for the education sector (Education Counsellors HIV/AIDS Unit Education Facilities Unit, 2008:01). On one hand voluntary counselling and testing was carried out in order to inform uninfected teachers, learners and other staff members of the risk of HIV/AIDS so that they could protect themselves. On the other hand, for those who tested HIV/AIDS positive, they were educated on ways of coping and preventing transmission to their partners. Members who tested HIV positive were referred to the clinics or private doctors of their choice to receive free HIV/AIDS care and treatment. In 2004, voluntary counselling and testing was carried out in seven out of ten districts in Lesotho: Berea, Leribe, Mafeteng, Maseru, Mohale's Hoek, Thaba-Tseka and Quthing. However, only 6% of teachers were tested, of which 27.7% were males and 20.1% females (World Bank, 2005:66). This indicates that approximately 94% of teachers were not tested for HIV. This was a disappointment because it was not possible to force anybody to be tested, since an employer cannot tell an employee to go for testing unless forced to do so by a court order.



**Table A: Prevalence of HIV/AIDS among teachers  
(2006)**

Location	Counselled	Male tested	Female tested	HIV positive males	%HIV positive males	HIV positive females	%HIV positive females
Thaba-Tseka	326	42	61	15	35.7	11	18
Leribe	467	105	154	46	43.8	39	25
Mafeteng	498	126	236	48	38	55	23.3
Mokhotlong	226	69	87	26	37.6	29	33.3
Qacha's Nek	309	44	68	23	52.3	30	44.1
<b>Total</b>	<b>1826</b>	<b>386</b>	<b>606</b>	<b>158</b>		<b>164</b>	

In 2006, another voluntary counselling and testing campaign was carried out in the following five districts in Lesotho: Thaba-Tseka, Leribe, Mafeteng, Mokhotlong and Qacha's Nek (see Table A).

Of all the people who attended the HIV pre-testing counselling, only 54% of people underwent the HIV/AIDS testing. In 2006, the infection rate was still higher among males; 40.9% to 27% females. The overall percentage of all tested members was 32%. Further voluntary counselling and testing have been carried out in Berea and Maseru in 2007. These statistics are better than those of 2004. Owing to a shortage of staff in the HIV/AIDS Unit at the end of 2007, voluntary counselling and testing was not carried out in the Butha-Buthe district. This indicates that since most teachers do not know their serostatus or their HIV/AIDS status, they are unable to make informed decisions, plan their lives better and receive HIV/AIDS treatment.

The HIV/AIDS Unit established counselling structures in the districts in 2006/7 in which the HIV/AIDS Unit personnel trained 22 Steering Committee Members composed of one officer from each Department of Education at Central level, 67 districts officers of different levels as counsellor trainers. As a follow up to the training, the Unit Counsellor, together with the trained officers, trained 3,176

teachers from Integrated Early Childhood Care and Development, Non-Formal Education and Post Primary schools as lay counsellors. Lay counsellors were to counsel learners and teachers affected and infected by HIV/AIDS in their schools. The teachers were from the seven districts in Lesotho: Thaba-Tseka, Leribe, Mafeteng, Mokhotlong, Qacha's Nek, Berea and Maseru. Each primary school in the seven districts was represented by two teachers, while each secondary school was represented by one teacher. According to Education Counsellors HIV/AIDS Unit Education Facilities Unit (2008:02) topics covered during the training were the following:

- Facts on HIV/AIDS, modes of transmission, progression, treatment, prevention and nutrition;
- The impact of HIV/AIDS on the individual, family, school, the education sector and the community;
- Stigma, discrimination, behaviour change and psychosocial support issues mainly on vulnerable children (impact mitigation);
- The principles of counselling, counselling skills, counselling techniques and life skills and counseling practicum (triads); and
- HIV/AIDS testing and counselling (HTC).

Until end of 2007 teachers in Quthing, Mohale's Hoek and the Botha-Buthe districts had not yet received lay counsellors' training because of limited time and the fact that it was done only during school holidays. Therefore, learners, teachers and other education sector staff members have had no access to HIV/AIDS counselling.

In the absence of a cure for HIV/AIDS to date, the HIV/AIDS Unit has found it important to create a safe environment for the teachers, learners and the education sector staff. Thus, the HIV/AIDS Unit procured and distributed First Aid Kits to Ministry's Central Department, Districts Offices and schools. The kits were procured for and distributed to 37 of the Ministry's Central Departments and 87 motorists' kits for the Ministry of Education and Training's vehicles at both central

and district level. In schools, the First Aid Kits were distributed in 912 primary and secondary schools, 10 Integrated and 5 Non-Formal Education Centres in the following six districts: Mafeteng, Thaba-tseka, Qacha's Nek, Botha-Bothe, Mokhotlong and Leribe. The four districts; Mohale's Hoek, Maseru, Berea and Quthing have still not received the First Aid Kits and this has put learners and teachers at risk of being infected with HIV/AIDS when helping injured learners or teachers.

In order to address the HIV/AIDS problem effectively, the education sector has formulated the Education Sector HIV/AIDS Policy. The policy is an inclusive framework for action, designed to involve everyone in the education sector. It applies to learners, employees, managers, employers and other providers of education and training in all formal and non-formal learning institutions, at all levels of the education system in the Kingdom of Lesotho (Ministry of Education, 2007:03). It also provides the basis for a broader understanding between sectors and should help to facilitate a coordinated multi-sector response, as well as strengthen partnerships between service providers inside and outside of government. The overarching goal of this policy was in accordance with the Lesotho National HIV/AIDS Policy of 2006 to prevent the further spread of the epidemic; to provide and facilitate treatment, care and support services; and to reduce the impact of HIV/AIDS on education through the development, implementation, monitoring, evaluation and reporting of this response, at all levels of the education system.

### **3.4.3 HIV/AIDS prevention programmes in Lesotho schools**

The resolve of the Ministry of Education and Training to tackle the HIV/AIDS epidemic is unshaken and it is reflected in a number of activities that have been identified in the Education Strategic Plan 2005-2015. Addressing the challenges posed by HIV/AIDS in education and training is among the nine Education Strategic goals for the education sector over the 2005 to 2015 period. As a result,

the Ministry of Education and Training's overall policy for secondary education during the period 2005-2015 focused on mainstreaming HIV/AIDS awareness in the education sector by:

- Establishing structures for the effective coordination of HIV/AIDS activities in the sector;
- Incorporating HIV/AIDS issues into the school curriculum; and
- Promoting workplace intervention to maximise continued labour force participation (Ministry of Education and Training, 2005:62).

Non-governmental Organisations and the Ministry of Education and Training have also made a joint effort to raise HIV/AIDS awareness among learners as a way to enable them to be knowledgeable about HIV/AIDS from an early stage. Consequently, the researcher will discuss the following HIV/AIDS prevention programmes in Lesotho schools: the HIV/AIDS road show, the school HIV/AIDS peer education and the incorporation of HIV/AIDS content into the school curriculum. Thereafter, the researcher will investigate the management and implementation of incorporating HIV/AIDS content into the school curriculum in Lesotho, since this is the only HIV/AIDS intervention which has been implemented in all schools.

#### 3.4.3.1 HIV/AIDS ROAD SHOW PROGRAMME

The Ministry of Education and Training and UNICEF embarked on an interactive educational HIV/AIDS road show as an HIV/AIDS intervention prevention programme for young people in both primary and secondary schools. According to Ruscombe-King (2008), in 2005, UNICEF and the government of Lesotho through the Ministry of Education and Training embarked on an interactive educational HIV/AIDS three-day road show. The HIV/AIDS road show was developed by young people in both primary and secondary schools who are members of the Girls and Boys Education Movement club to address the devastating impact of HIV/AIDS which they perceive as a threat to their existence (UNICEF, 2005). It was also intended to address the extent of information,

knowledge and understanding of human rights, to provide clear linkages between the Lesotho 2020 vision, the Poverty Reduction Strategy and the Millennium Development Goals, especially the goal to halting and reversing the spread of HIV/AIDS.

The road show provided entertainment such as talent shows, poetry, sports and dance, peer education, peer counselling, HIV/AIDS testing and educational tools explaining the spread of HIV/AIDS (Ruscombe-King, 2008). In preparation for the road show, an appointed peer counsellor trained young people on counselling techniques so that they could offer counselling to their peers, as well as advise on the overall protective and legislative framework established for young people in Lesotho. Peer counselling involves identifying well-adjusted young people, equipping them with the basic skills in counselling and encouraging them to provide information to their peers (Ministry of Education and Training, 2005:44). UNICEF has been able to train 60 Girls and Boys Education Movement members from different districts on peer counselling and thus far, the Movement has managed to organise three road shows which have attracted more than 5,000 youth countrywide (UNICEF, 2007: 52).

Peer education has been another important aspect provided during the road show and is the process in which well-trained and motivated young people undertake informal or organised educational activities with others, similar to themselves in age, background or interests (Davtyana, 2007). Peer education is a crucial component of prevention programmes for addressing HIV/AIDS and other threats to health, because for many young people, adults are not credible messengers of sensitive sexual issues since adults do not feel comfortable discussing sexual issues with their children (UNESCO, 2004b:132). Peer educators were trained so that they could dispel any misconceptions, shatter myths and present information on preventing HIV in a way that other young people will find pertinent (UNAIDS, 2002:32). Peer educators were also provided with basic information on HIV/AIDS such as the phases of HIV/AIDS infection,

opportunistic diseases such as tuberculosis, sexually transmitted disease and infection control. The Government of Lesotho and UNICEF have been able to train 7,000 young girls and boys as peer educators to spread the word about HIV/AIDS prevention and to campaign for equality education for all (UNICEF, 2005).

In addition, Girls and Boys Education Movement members have successfully published newsletters, organised radio shows, helped orphans with items such as stationary and undertaken environmental improvements such as planting trees.

#### 3.4.3.2 SCHOOL HIV/AIDS EDUCATION PROGRAMMME

The Lesotho Durham Link has established a School HIV/AIDS Peer Education for learners as an HIV/AIDS intervention and prevention programme. It was established in 1986 and is an NGO working towards improving Basotho lives in Lesotho under extremely difficult conditions (Lesotho Council of NGOs, 2006). It is the link between churches in Lesotho and in the United Kingdom. It is engaged in programmes which provide young people with life skills. It brings together organisations that work with children such as the Girl Guide Association, Save the Children Fund, Support groups for HIV/AIDS orphans and Kananelo Centre for the Deaf. The groups have formed the Youth Active Project. From the members of this project a new project called School HIV/AIDS Peer Education was formed. School HIV/AIDS Peer Education is an interactive programme for 15-16-year-old adolescents (Letsema, 2007).

The School HIV/AIDS Peer Education course trained children to educate others about HIV/AIDS and sexual awareness during school holidays, so that they can educate their peers about what they have learnt during the term. The programme has proved that young people equipped with knowledge often make wise decisions and engage in low-risk activities. The School HIV/AIDS Peer Education course disseminated information through role plays, drama, outdoor activities,

and development in order to reiterate and reinforce important values such as communication, trust and leadership. Unfortunately, the School HIV/AIDS Peer Education programme has only 10 courses of 20 people every year at the Maseru Link Headquarters (Letsema, 2007). This means that just 200 people are trained annually which is a small number in relation to the rate at which HIV/AIDS is spreading in Lesotho. Trained members of the School HIV/AIDS Peer Education programme have begun to help support home-based carers and orphans in their villages. The Lesotho Durham Link would like to expand its influence in order to reach grassroot schools; however, the Link has found it difficult to garner financial support for their important activities. As a long-term aim, the Link hopes to eventually be able to educate peers in every school in Lesotho (Lesotho Council of NGOs, 2006).

#### 3.4.3.3 INCORPORATION OF HIV/AIDS CONTENT INTO THE SCHOOL CURRICULUM

The Government of Lesotho through the Ministry of Education and Training has integrated/incorporated HIV/AIDS content into primary and secondary school curricula as an HIV/AIDS prevention programme. According to UNESCO (2004a:120), the integration or incorporation of HIV/AIDS into the curriculum is one strategy for providing learning experiences on the prevention and control of HIV/AIDS in the school setting. Integrating HIV/AIDS content into the curriculum is the process of placing facts, concepts and messages in the context of other subjects. HIV/AIDS content can be incorporated into academic disciplines such as Science and Sociology. In Lesotho, HIV/AIDS content has been incorporated into the school curricula in both primary and secondary schools (Ministry of Education and Training, 2005:66). The aim of Integrating HIV/AIDS content into the curriculum was to provide pupils at an early stage with HIV/AIDS information so as to raise awareness and encourage the development of safe behaviour, thus minimising the risk of infection, as well as strengthening HIV/AIDS mitigation in the education system (Ministry of Education and Training, 2005).

According to the Ministry of Education and Training (2007:07) information about HIV/AIDS and character training has been integrated into all appropriate curriculum areas and subjects at all levels of schooling, in line with the learners' level of development. In the light of this policy, HIV/AIDS content was incorporated into Health and Physical Education, a subject in the primary school curriculum and into the following secondary subjects: Agriculture, Home Economics, Geography and Science (Ruscombe-King, 2008). Health and Physical Education is a compulsory subject in primary schools in Lesotho. Although Science is a compulsory subject at secondary level, Home Economics, Agriculture and Geography are not compulsory but are offered in the majority of the secondary schools in Lesotho (Ministry of Education and Training, 2005). Since Health and Physical Education and Science are compulsory subjects, every learner in both primary and secondary schools in Lesotho has an opportunity to learn about HIV/AIDS content. Health and Physical Education, Science, Home Economics, Agriculture and Geography subjects are examination subjects. This means that learners do not only have to learn the HIV/AIDS content included in these subjects, but they also have to study it for the examinations. Consequently, their results can reflect whether they have understood the content or not.

According to the American Association of Health Education (2005), the implementation of an AIDS education prevention programme can only be achieved after the development of the AIDS school curricula. In preparation for the incorporation of HIV/AIDS content into the curricula, the Lesotho National Curriculum Development Centre and the Ministry of Education and Training HIV/AIDS Unit formulated curricula containing adequate HIV/AIDS content for Health and Physical Education, Science, Home Economics, Agriculture and Geography. This necessitated a review of the curricula for both primary and secondary schools in order to address the emerging issues pertaining to new demands, practices and challenges; in particular, mitigating the impact of HIV/AIDS (Ministry of Education and Training, 2005). Thus, in 2003 the National



Curriculum Development Centre and HIV/AIDS Unit reviewed and revised the curricula to ensure the presence of HIV/AIDS content.

According to UNAIDS (2000:16), in order to promote the incorporation process into the school curriculum, preparation and distribution of scientifically accurate, high quality teaching and learning materials on HIV/AIDS is significant. As part of the implementation process, the education sector in Lesotho developed HIV/AIDS education materials for incorporation into primary and secondary curricula (UNESCO, 2003). In 2004 the Lesotho National Curriculum Development Centre and the Ministry of Education and Training AIDS Unit distributed the teaching and learning materials containing adequate and relevant HIV/AIDS content to all schools (Ministry of Education and Training, 2005:53).

At primary school level textbooks with HIV/AIDS content have been made available to every learner and teacher free of charge as part of the Free Primary Education Programme (Ministry of Education and Training, 2005:12). In contrast, at secondary school level, although teachers were provided with free textbooks, individual learners were supposed to buy them; thus indicating that textbooks could only be available to learners who could afford to buy them. However, to ensure that majority of learners have access to good quality learning materials at a reasonable cost, the Ministry of Education and Training has introduced the Secondary School Textbook Rental Scheme. The scheme was introduced in 2004 on an incremental basis starting with Form A to C (Grade 8 to 10) (Ministry of Education and Training, 2005:12). The aim of the scheme is to rent textbooks at a reasonable price throughout the academic year and return them at the end of the year. This means that a large number of learners are able to rent the textbooks. With majority of learners having textbooks, implementation of the HIV/AIDS programme might be enhanced.

In order to ensure effective and efficient implementation of the HIV/AIDS prevention programme in schools, educators should receive adequate

professional preparation and on-going training about the disease including prevention, treatment, disclosure laws, referrals and community resources (UNAIDS, 1999:54). The two educators teaching the incorporated subject per school received initial training in 2003/4 and were subsequently trained through in-service courses to effectively integrate HIV/AIDS prevention information into lessons (Ministry of Education and Training, 2007). Teachers had to undergo this training because they had not received any training on HIV/AIDS content in their higher teacher education studies. In 2004, 854 primary and secondary teachers were trained in the HIV prevention programme in 304 schools in Lesotho (WHO, 2005:10). The trained teachers were expected to train other teachers in their respective schools for three days a week before the reopening of schools after the holidays.

In addition, in 2005, the Ministry of Education and Training, Lesotho Association of Teachers and UNICEF in collaboration developed the teachers' manual called 'HIV/AIDS, gender, and life skills manual for training of teachers'. The manual was compiled with the following general objective: to provide teachers at every level with the opportunity of learning about and understanding the impact of the HIV/AIDS pandemic so as to be in a better position to teach and support learners in their schools and communities (UNICEF, 2005:01). The manual included topics such as prevention and control, HIV/AIDS voluntary counselling and testing, facts about HIV/AIDS, HIV/AIDS and gender, managing HIV/AIDS at the workplace and HIV/AIDS counselling and life skills. This means that even teachers who had not been able to participate in any training on HIV/AIDS content were able to learn from the manual so that they would be in a better position to teach the HIV/AIDS content.

In the school curricula the sequential instructions concerning HIV/AIDS infection fall within the following health education content areas: chronic and communicable diseases; control and prevention of alcohol, tobacco and other drug use and human sexuality (American Association of Health Education, 2005).

Furthermore, the Ministry of Education and Training (2007:07) stipulates that since the Ministry's first choice for prevention is abstinence, learners will be given information about sex, the risks associated with sexual activities and how they can protect themselves. Thus, in the subject of Health and Physical Education, HIV/AIDS content has been included under sexually transmitted diseases. In standard six (Grade 4) there are twenty-three topics to be covered and sexually transmitted diseases is the fourteenth topic. According to Elphick and Archer (2002:89), HIV/AIDS content incorporated into Health and Physical Education in Standard Six should include the following:

- The difference between HIV/AIDS;
- Symptoms of HIV/AIDS;
- How HIV/AIDS is spread;
- How to prevent HIV/AIDS from spreading; and
- How to care for people with HIV/AIDS.

In Science the HIV/AIDS content falls within the sexually transmitted diseases topic and should be taught in Form A (Grade 8) class. In this class, the HIV/AIDS content includes: the definition of HIV/AIDS; how HIV/AIDS is spread; new AIDS cases in Lesotho; the prevention of HIV/AIDS and other sexually transmitted diseases and family planning (Mpetla, Khoarai, Ntoi, Mabejane & Makamane, 2004:139-142).

HIV/AIDS content has been included under the population topic in Geography. In the Form B (Grade 9) class, the topic of population has to be discussed as the seventh topic of the nine topics to be covered. Matheolane, Motahanye, Nketekete, Ntlatlapa, Khotso, Mamalekoa, Raselimo and Tsehlo (2005:79) indicate that at this level, learners are expected to know that the impact of HIV/AIDS will be:

- A change in the population structure;
- A decline in the population growth;

- A decrease in life expectancy;
- A decrease in birth rates due to increasing death rates among HIV/AIDS infected child-bearing women;
- High infant mortality rates due to infants born with HIV/AIDS;
- An increase in the dependency ratio of orphans, old people and children; and
- A decline in the economy due to a loss of productive and skilled people.

In Home Economics, HIV/AIDS content has been integrated under sexually transmitted infections and Health Care topics. These topics are to be discussed as the last topics in Form B (Grade 9) class. Under the sexually transmitted infections topic in Form B (Grade 9) class, the following HIV/AIDS topics have to be covered: nature and cause of HIV/AIDS; signs and symptoms of HIV/AIDS infected people and HIV/AIDS treatment. Under Health Care, HIV/AIDS content includes: how HIV/AIDS is commonly spread; HIV testing; community and home-based care and basic hygiene (Holtzhauzen & Mahanetsa, 2005:197).

Lastly, in Agriculture, HIV/AIDS content falls within the school and community topic. This is the last topic to be covered in Form A class. HIV/AIDS content has been listed only as a socio-economic issue leading to land degradation (Mapeshoane, Rwanqa, Leisanyane, Mothabeng, Jobo and Lebina, 2004:200).

As a follow up, the Ministry of Education and Training appointed the Central Inspectorate officers within the ministry to inspect the implementation and management of the HIV/AIDS prevention programme of the incorporation of HIV/AIDS content into the school curricula within a year and two years respectively, of the implementation of the programme in schools. At school level, principals have to ensure that the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curricula is implemented and managed efficiently and effectively in their respective schools. According to the Education Act No. 86 of 1988, principals must organise and control the teaching

staff, check teaching standards by reference to schemes of work, lesson plans and notes, exercise books, as well as by visits to classrooms to observe the work of individual teachers. This shows that if principals carry out regular checkups they are able to detect whether teachers are implementing the programme effectively or not. This might help in making amendments. Furthermore, principals have to be assisted by heads of department in schools. Heads of department have to coordinate and supervise the planning of the activities within the department, and assist teachers within the department to maintain proper standards of instruction (Education Act No. 86 of 1988).

According to the Ministry of Education and Training (2007:07), education will be provided on HIV and AIDS to all learners and staff guided by the following principles:

- a) Learners, employees and key stakeholders will participate in the development of all educational materials and programme plans for HIV and AIDS intervention activities;
- b) Views of parents and the community will be considered, along with the needs of the learners when developing HIV and AIDS activities for the school-age population;
- c) Teacher education curriculum (pre-service and in-service) will prepare educators and teachers to respond to HIV and AIDS in their own lives and as professionals, to build positive attitudes and skills for HIV and AIDS prevention and control amongst all their learners;
- d) Through in-service and pre-service programmes, educators and curriculum developers will be trained to effectively integrate HIV prevention information into lessons and the curriculum;
- e) HIV and AIDS and Life Skills Education will remain a compulsory subject in all schools in line with the learners' level of development;

- f) Information about HIV and AIDS, character development and life skills will be integrated into all appropriate curriculum areas and subjects at all levels of schooling;
- g) Appropriate teaching and learning resources for HIV prevention, which are gender sensitive, will be developed to support HIV and AIDS curriculum programmes; and
- h) While the Ministry's first choice for prevention is abstinence, learners will be given proper information about sex, the risks associated with sexual activity and how they can protect themselves.

### **3.5 SUMMARY**

In an effort to raise HIV/AIDS awareness, the Ministry of Education and Training has engaged in a number of activities. The Ministry of Education and Training has established the HIV/AIDS Unit to coordinate HIV/AIDS activities within the education sector. The Ministry of Education and Training through the HIV/AIDS Unit has, among other things, launched voluntary counselling and testing for the sector, trained teachers and other education sector members as lay counsellors and distributed First AID Kits to the ministry's central departments, district offices and schools. Furthermore, the voluntary counselling and testing introduced into the sector has been carried out in nine out of the ten districts in Lesotho. The Ministry of Education and Training and UNICEF have embarked on an HIV/AIDS road show to educate young people on the HIV/AIDS epidemic and spread the word about HIV/AIDS prevention. Finally, the Ministry of Education and Training has integrated/ incorporated HIV/AIDS into the school curriculum

## **CHAPTER 4**

### **EMPIRICAL RESEARCH**

#### **4.1 INTRODUCTION**

In the previous chapter the researcher discussed the HIV/AIDS prevention programmes introduced in Lesotho schools. Attention was paid to the HIV/AIDS prevention programme of the incorporation of HIV/AIDS content into the school curriculum. The HIV/AIDS prevention programme of incorporation HIV/AIDS content into the school curriculum in Lesotho is the only HIV/AIDS prevention programme offered in all the primary and secondary schools in Lesotho. In this chapter the researcher discusses the research methodology used in this study. The results of the empirical investigation are presented, analysed and interpreted to determine whether or not school textbooks containing HIV/AIDS prevention materials are of use and if teachers and principals implement and manage the HIV/AIDS prevention programme effectively.

#### **4.2 RESEARCH DESIGN AND METHODOLOGY**

##### **4.2.1 Programme Evaluation**

In this study the researcher used the programme evaluation method to evaluate the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the curriculum in Lesotho schools. The evaluation was conducted in twenty primary and secondary schools in Lesotho. Programme evaluation is the systematic collection of information about the activities, characteristics and outcomes of a programme, to assess the effectiveness of a programme, improve a programme and make informed decisions about future programmes (Patton, 2002:10). Evaluation can provide data that reduce uncertainties and clarify the gains and losses that different

decisions incur. According to De Vos, Strydom, Fouche and Delport (2005:370) the main types of concerns addressed by evaluations are:

- need assessment
- evaluability assessment
- programme monitoring
- impact evaluation
- efficiency assessment
- utilisation/ implementation evaluation
- empowerment evaluation

In this study the researcher carried out the utilisation or implementation evaluation research to determine the implementation and management of an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho schools. Patton (2002:161) indicates that implementation evaluations tell the decision makers what is going on in the programme, how the programme has developed, and how and why programmes deviate from the initial plans and expectations. Implementation evaluation researchers gather detailed and descriptive information about what the programme is doing. Implementation evaluations are usually formative; that is, they are intended to help improve the existing programmes. Thus, they answer the following kinds of questions: What do clients in the programme experience? What services are provided to clients? What does staff do? What is it like to be in the programme? How is the programme organised? (De Vos et al., 2005:385).

However, evaluation should be carried out after the programme has been fully implemented so as to gauge the extent to which it is effective, and to learn the extent to which the programme was actually implemented. The HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho which was introduced in 2003/4 has been fully



implemented. Consequently the researcher was able to investigate the extent to which it was actually implemented and managed in the schools.

In order to evaluate the HIV/AIDS prevention programme under investigation, the researcher used a literature study to collect detailed information about the programme. Questionnaires and interview questions were constructed based on the literature study of the programme. Both primary and secondary teachers were used as the sample for this study because they had implemented the programme.

#### **4.2.2 Quantitative and qualitative methods**

Qualitative and quantitative methods were used to undertake empirical research into the evaluation of incorporating HIV/AIDS content into the school curriculum in Lesotho. Creswell et al. (2003) (as cited in Maree, 2007:261) state that combining quantitative and qualitative research helps to explain or elaborate on quantitative results with subsequent qualitative data; to use qualitative data to develop a new measurement instrument or theory that is subsequently tested. Quantitative and qualitative data are also combined to produce well-validated conclusions and to enhance a study with a supplemental data set, either quantitative or qualitative. A discussion of qualitative and quantitative methods follows.

##### **4.2.2.1 QUANTITATIVE METHOD**

Quantitative research has roots in the positivist framework. It is a systematic scientific investigation of information dealing with numbers and anything that is measurable in phenomena and their relationships. Its purpose is to determine relationships, effects and causes. The process of measurement is central to quantitative research because it provides the fundamental connection between empirical observation and mathematical expression of quantitative relationships. Thus, data are collected by using instruments such as observations and

structured questionnaires. In this study, data were collected by questionnaires. The questionnaire was used to investigate the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum. Data used were quantitatively acquired, recorded and analysed as reflected in the tables.

#### 4.2.2.2 QUALITATIVE METHOD

McRoy (1995) (as cited in De Vos et al., 2005:74) states that qualitative research stems from an anti-positivistic, interpretive approach. It is idiographic and holistic in nature and aims mainly to understand social life and the meaning that people attach to everyday life. The qualitative method involves a non-numerical method of data analysis, involving a cyclical relation between data collection and data analysis (Sampling 1992:174). Therefore, well-collected qualitative data comes in the form of words which are based on observation, semi-structured interviews, report and documents. In this study, data were collected from the selected principals of primary and secondary schools in Lesotho through the use of semi-structured interviews.

### **4.2.3 Data collection instruments**

Both semi-structured interviews and questionnaires data instruments were used to collect data on the implementation and management of incorporating HIV/AIDS content into the school curriculum in Lesotho schools.

#### 4.2.3.1 QUESTIONNAIRE

A questionnaire is the mode of collecting data in qualitative research. Though a questionnaire is essential to and mostly directly associated with survey research, it can be used in evaluation research. The New Dictionary of Social Work (1995) (as cited in De Vos et al., 2005:206) defines a questionnaire as a set of questions on a form which is completed by the respondent in a research project. The self-

administered questionnaires were employed to obtain facts and opinions regarding the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum from twenty primary and twenty secondary teachers in the Maseru district. The researcher distributed 200 questionnaires (forty questionnaires per subject) and 191 of the questionnaires were returned.

The questionnaire was constructed on the basis of a literature review. The questionnaire consisted of closed form type questions with the statements to be responded to on the Likert scale. The researcher used this type because it is easy to administer, keeps the respondent's mind on the subject and facilitates the process of tabulation and analysis. The questionnaire consisted of four sections. **Section A** dealt with the academic information details of the respondents. **Section B** aimed at gathering information on HIV/AIDS content incorporated into the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science. This section also dealt with textbooks containing HIV/AIDS content. **Section C** dealt with teacher training on HIV/AIDS content in the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science. In **Section D** the researcher gathered information on the inspection and monitoring of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum.

#### 4.2.3.2 SEMI-STRUCTURED INTERVIEW

Interviewing is the predominant mode of data collection in qualitative research. In qualitative research, an interview is usually conducted involving some form of conversation to achieve a purpose through active engagement by the interviewer with the respondent around relevant issues, topics and experiences during the interview itself (May, 2002:225). The semi-structured interview is flexible and fluid. Sewell 2001 (as cited in De Vos et al., 2005:287) defines the qualitative interview as an attempt to understand the world from the participant's point of

view, to unfold the meaning of people's experiences, and to uncover the lived world. Patton (2002:341) supports this view contending that the purpose of carrying out an interview is to allow the researcher to enter into the other person's perspective, assuming that the perspective of the other is meaningful, knowable and able to be made explicit. He further states that the programme evaluation interview attempts to capture the perspectives of programme participants, staff and others associated with the programme.

Well collected qualitative research data comes in the form of words based on observation, interviews, reports and documents. In this study, the researcher used semi-structured interviews to collect data from five principals in primary schools and five principals in secondary schools. The small sample allowed the researcher to investigate the matter in depth and to find out the problems encountered in implementing and managing the programme. The interview was made up of a list of questions on topics to be covered; the list of questions was based on the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho schools. The list of questions helped the researcher to use the limited time available profitably and made interviewing a number of different people more systematic and comprehensive.

At the beginning of the interview session the researcher explained the aim of the interview to the respondent and how it was to be carried out. Anonymity and confidentiality was assured. The consent form was given to each respondent before the interview commenced to read and sign. With the respondent's permission, the researcher tape recorded the interview and made notes as a backup of the tape recorder. In order to put the respondent at ease, the researcher began the interview with easy questions and moved to more complex open-ended and controversial questions. After the interview the researcher thanked the respondent.

#### **4.2.4 Sampling**

Sampling is the process of selecting units from a population of interest so that by studying the sample the researcher may fairly generalise the results back to the population from which they were chosen (Trochim, 2006). The ultimate purpose of sampling is to select a set of elements from a population in such a way that descriptions of these elements accurately portray the parameters of the population from which the elements are selected. In order to draw a sample from a wide area of search, this study was conducted in the Maseru district which consists of 65% of the schools from ten districts in Lesotho. A sample of two-hundred-and-one respondents was used for this study. Stratified sampling was used by dividing schools into two groups namely: primary and secondary schools. Babbie and Mouton (2001:191) opine that the function of stratification is to organise the population into homogeneous subsets and to select the appropriate number of elements from each.

In primary schools, Health and Physical Education is a compulsory subject. Twenty primary schools were selected randomly from the list of primary schools obtained from the Maseru Education Office. A sample of forty primary teachers, two from each sample school was randomly selected from selected primary schools to complete the questionnaires for this study. From five sample primary schools, five principals were randomly selected to be interviewed.

In the secondary schools, stratified sampling was used to divide schools into two groups namely: schools offering both Science and Home Economics, and schools offering both Geography and Agriculture. A list of schools was obtained from the Maseru Education Office. From the list, the researcher selected randomly twenty secondary schools offering both Science and Home Economics, and twenty secondary schools offering both Geography and Agriculture. The principals of the selected schools were required to randomly select four teachers, two teachers from each subject, to complete the questionnaires. From twenty

sample secondary schools, ten principals were selected randomly to be interviewed.

#### **4.2.5 Reliability and validity**

##### **4.2.5.1 RELIABILITY**

Reliability of a measurement procedure is the stability or consistency of the measurement (De Vos et al., 2005:162). Reliability is concerned with the question of whether the results of a study are repeatable. To obtain reliability, the data gathering instruments were pre-tested in six schools: three primary schools and three secondary schools which were not part of the sample schools. Then amendments were made on some of the questions so as to ensure clarity and a better understanding by the respondents.

##### **4.2.5.2 VALIDITY**

Validity in quantitative research depends on careful instrument construction to ensure that the instrument measures what it is supposed to measure (Patton, 2002:14). Validity reveals whether an indicator actually captures the meaning of a construct. According to Babbie and Mouton (2001:122) validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration. Thus, validity is concerned with whether an instrument really measures the concept in question and whether the concept in question is measured accurately.

In this study, content validity was used. It is concerned with whether a measuring instrument covers the full range of meaning that would be included in a variable being measured. Rubin and Babbie (2001) (as cited in De Vos et al., 2005:161) maintain that content validity is established on the basis of judgements; that is the researcher or others make judgements about whether the measure covers the universe of facets that make up the concept. This might be established by

asking people possibly with experience or expertise in a field of study to act as judges to determine whether, on the face of it, the measure seems to reflect the concept concerned. The researcher used the National Curriculum Development Centre staff as the panel to evaluate the items during the construction phase of the questionnaire. Finally, the researcher made corrections.

#### **4.2.6 Administration of questionnaires**

Permission was obtained from the Maseru Department of Education to undertake the study in the schools as well as from the principals to use their schools and teachers for this study. The researcher distributed the questionnaires to the sample primary schools and secondary schools. Thereafter, the teachers were assembled in one room where the researcher discussed the instructions on how to complete the questionnaires. The respondents were given a week to complete the questionnaires. This was done to give them a chance to answer the questions in their own time, allowing them time to think about the most appropriate answers. In order to ensure anonymity, each respondent was required to fill in a questionnaire without indicating his or her name. On completion of the questionnaire the respondent sealed his/her answers in the envelope provided which was collected by the principal. The researcher then fetched the completed questionnaires from the principals. Although the researcher has distributed 200 questionnaires consisting of 40 questionnaires per subject only 191 questionnaires were returned: (38 Agriculture; 39 Geography; 34 Home Economics; 40 Health and Physical Education and 40 science).

#### **4.2.7 Ethical considerations**

According to the American Sociological Association (2005) (as cited in Wysocki, 2008:04) ethics are a set of common values on which the researcher ground his/her professional and scientific work. Basically, the researcher's responsibility is to protect the welfare of the respondents, as well as to search for the truth.

Henning (2004:74) asserts that firstly the respondents need to give informed consent to participate and to sign the consent form or letter. Furthermore, the consent form needs to be accompanied by a letter in which the organisation also consents to use their sites and name.

In this study, the researcher handed in the letter to the principals of the sampled schools from the Education Office in Maseru granting the researcher permission to conduct research in their schools. The researcher then explained the purpose of the research without revealing any detailed information that could influence the views of the respondents. The respondents were assured that their privacy and sensitivity would be protected; their names and the names of their schools would not be disclosed. Consent to carry out the interview was then required from the respondents and with their permission, a consent form was signed (Appendix A) which granted the researcher permission to conduct and record interviews and to use the collected data for the research report. It also acknowledged the rights of the respondents such as confidentiality and anonymity.

### 4.3 Data analysis and interpretation of questionnaires

## **4.3 DATA ANALYSIS AND INTERPRETATION OF QUESTIONNAIRES**

Data analysis means the categorising, ordering, manipulating and summarising of data to obtain answers to research questions (De Vos et al., 2005:218). According to Neuman (1997:427), quantitative analysis involves examining, sorting, categorising, evaluating, comparing, synthesising and contemplating the coded data, as well as reviewing the raw and recorded data. The purpose of quantitative analysis is to reduce data to an intelligible and interpretable form so that the relation of research problem can be studied tested and conclusions drawn. In this study, data collected from both primary and secondary schools respondents were quantitatively acquired, recorded, captured on the computer,

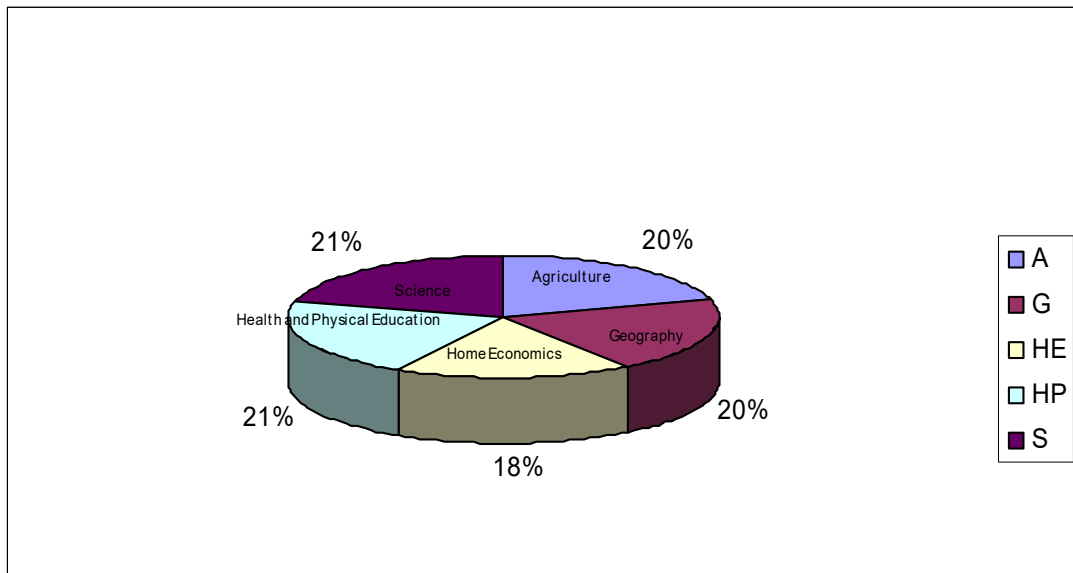


analysed as reflected in the tables below and interpreted. The Statistical Package for the Social Science (SPSS) was used to analyse the data collected through questionnaires.4.3.1 Academic information (Section A1-2 of the questionnaire)

### 4.3.1 Academic information (Section A1-2 of the questionnaire)

#### 4.3.1.1 SUBJECTS TAUGHT BY THE RESPONDENTS AT THEIR SCHOOLS

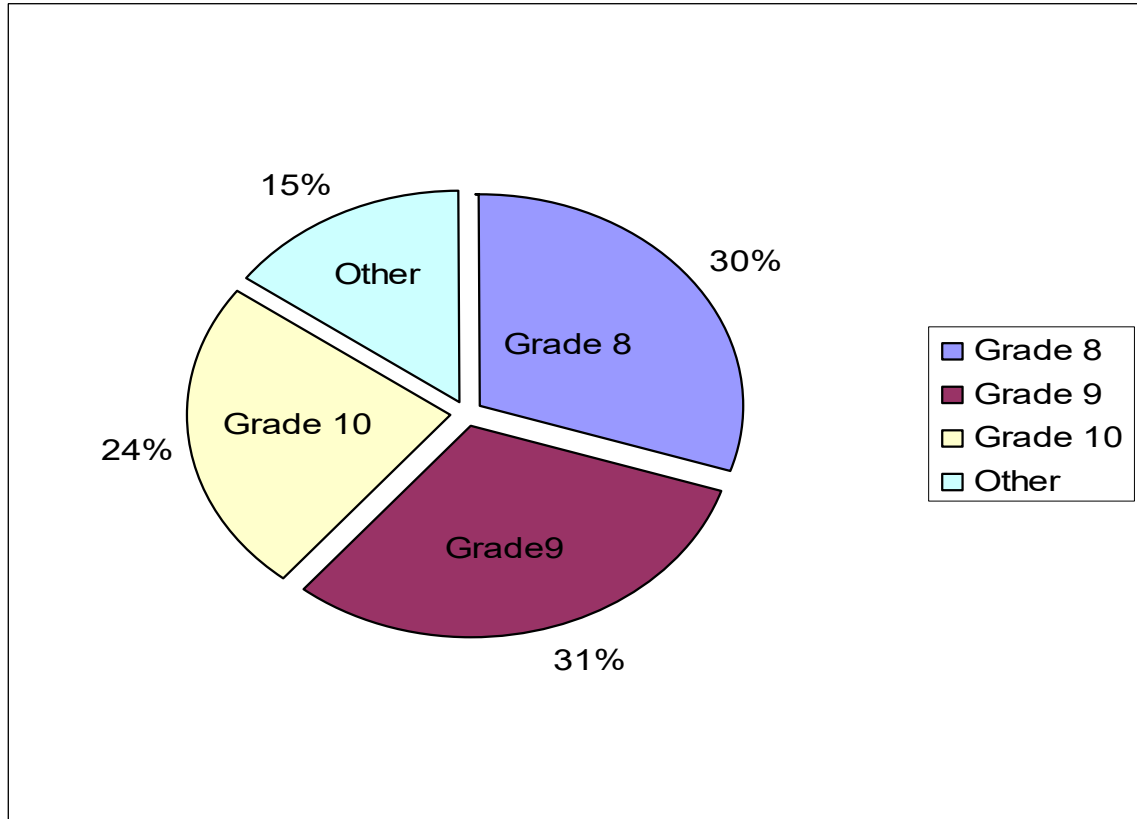
**Table 1:** *Subjects taught by the respondents*



Of the 191 respondents who completed the questionnaires, 38 (20%) teach Agriculture; 39 (20%) teach Geography; 34 (18%) teach Home Economics; 40 (21%) teach Health and Physical Education and 40 (21%) teach Science.

4.3.1.2 GRADES TAUGHT BY RESPONDENTS AT THEIR SCHOOLS  
(SECTION A2 OF THE QUESTIONNAIRE)

**Table 2:** *Grades taught by the respondents*



Ninety-four (30%) of the respondents teach Grade 8; 31% teach Grade 9; 24% teach Grade 10 and 15% teach others.

**4.3.2 HIV/AIDS content incorporated information into subjects**

4.3.2.1 HIV/AIDS CONTENT INCORPORATED INTO DIFFERENT SUBJECTS  
(SECTION B 1-9 OF THE QUESTIONNAIRE)

**Table 3: Teachers' responses to statements concerning the incorporation of HIV/AIDS into their sub**

ITEMS	STATEMENTS	SUBJECTS	Responses of participants				
			Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
<b>B1</b>	HIV/AIDS content is incorporated into the following subjects.	Agriculture	31	3	-	1	1
		Geography	26	12	1	-	-
		Health and Physical Education	37	3	-	-	-
		Home Economics	21	13	-	-	-
		Science	32	8	-	-	-
<b>B2</b>	HIV/AIDS content incorporated into the following subjects stimulates discussion about HIV/AIDS	Agriculture	7	26	1	2	1
		Geography	5	31	2	1	-
		Health and Physical Education	12	26	2	-	-
		Home Economics	8	25	1	-	-
		Science	13	27	-	-	-
<b>B3</b>	HIV/AIDS content incorporated into the following subjects raises HIV/AIDS awareness among the pupils	Agriculture	5	30	1	1	1
		Geography	10	27	2	-	-
		Health and Physical Education	21	18	2	-	-
		Home Economics	12	22	-	-	-
		Science	11	26	2	-	-
<b>B4</b>	HIV/AIDS content incorporated into the following subjects corrects misinformation about the causes of HIV/AIDS	Agriculture	4	27	5	1	1
		Geography	2	29	5	1	-
		Health and Physical Education	12	23	4	2	-
		Home Economics	9	23	2	-	-
		Science	7	29	4	-	-
<b>B5</b>	HIV/AIDS content incorporated into the following subjects encourages the development of safe behaviour among the pupils	Agriculture	4	28	3	1	1
		Geography	4	29	5	-	-
		Health and Physical Education	16	18	7	-	-
		Home Economics	9	25	1	-	-
		Science	6	27	5	-	-

ITEMS	STATEMENTS	SUBJECTS	Responses of the participants				
			Strongly agree	Agree	Undecided	Disagree	Strongly disagree
<b>B6</b>	HIV/AIDS content incorporated into the following subjects help to reduce the spread of HIV/AIDS	Agriculture	3	25	7	1	1
		Geography	4	21	11	1	-
		Health and Physical Education	19	21	2	-	-
		Home Economics	5	26	2	1	-
		Science	10	22	7	-	-
<b>B7</b>	HIV/AIDS content incorporated into the following subjects discourages discrimination against infected persons	Agriculture	1	30	4	3	-
		Geography	2	21	13	1	1
		Health and Physical Education	10	23	8	-	-
		Home Economics	2	28	4	-	-
		Science	9	21	8	1	-
<b>B8</b>	HIV/AIDS content incorporated into the following subjects encourages proper nutrition	Agriculture	10	21	6	-	1
		Geography	1	4	8	20	5
		Health and Physical Education	24	15	-	-	-
		Home Economics	33	3	-	-	-
		Science	9	18	9	3	-
<b>B9</b>	HIV/AIDS content incorporated into the following subjects encourages proper hygiene	Agriculture	7	27	3	-	1
		Geography	1	2	13	17	5
		Health and Physical Education	22	17	-	-	-
		Home Economics	31	5	-	-	-
		Science	12	27	-	-	-

**Note:** Agriculture, Geography, Home Economics and Science subjects are offered in secondary schools, while Health and Physical Education is offered in primary schools.

### **B1**

Thirty-four (94.4%) respondents agreed that HIV/AIDS content has been incorporated into Agriculture; thirty-eight (97.4%) of the respondents agreed that HIV/AIDS content has been incorporated into Geography; forty (100%) of the respondents agreed that HIV/AIDS content has been incorporated into Health and Physical Education; thirty-four (100%) of the respondents agreed that HIV/AIDS content has been incorporated into Home Economics and forty (100%) of the respondents agreed that HIV/AIDS content has been incorporated into

Science. This shows that HIV/AIDS content has been incorporated as indicated by majority of the respondents.

## **B2**

The respondents who agreed that HIV/AIDS content incorporated into their subjects stimulates discussion about HIV/AIDS are as follows: 87.2% who teach Agriculture; 92.3% who teach Geography; 95% who teach Health and Physical Education; 97.1% who teach Home Economics and 100% who teach Science.

## **B3**

The respondents who agreed that HIV/AIDS content incorporated into their subjects raises HIV/AIDS awareness among the pupils are as follows: 92.1% who teach Agriculture; 94.9% who teach Geography; 95.1% who teach Health and Physical Education; 100% who teach Home Economics and 94.9% who teach Science.

## **B4**

The respondents who agreed that HIV/AIDS content incorporated into their subjects corrects misinformation about the causes of HIV/AIDS are as follows: 81.6% who teach Agriculture; 83.8% who teach Geography; 88.4% who teach Health and Physical Education; 94.1% who teach Home Economics and 90% who teach Science.

## **B5**

The respondents who agreed that HIV/AIDS content incorporated into their subjects encourages the development of safe behaviour among the pupils are as follows: 86.5% who teach Agriculture; 86.8% who teach Geography; 95.2% who teach Health and Physical Education; 91.2% who teach Home Economics and 82.1% who teach Science.

**B6**

The respondents who agreed that HIV/AIDS content incorporated into their subjects help to reduce the spread of HIV/AIDS are as follows: 75.7% who teach Agriculture; 67.6% who teach Geography; 95.2% who teach Health and Physical Education; 91.2% who teach Home Economics and 82.1% who teach Science.

**B7**

The respondents who agreed that HIV/AIDS content incorporated into their subjects discourages discrimination against infected persons are as follows: 81.6% who teach Agriculture; 60.5% who teach Geography; 80.5% who teach Health and Physical Education; 88.2% who teach Home Economics and 97.4% who teach Science.

**B8**

The respondents who agreed that HIV/AIDS content incorporated into their subjects encourages proper nutrition are as follows: 81.6% who teach Agriculture; 65.8% who teach Geography; 100% who teach Health and Physical Education; 100% who teach Home Economics and 69.2% who teach Science.

**B9**

The respondents who agreed that HIV/AIDS content incorporated into their subjects encourages proper hygiene are as follows: 89.5% who teach Agriculture; 7.9% who teach Geography; 100% who teach Health and Physical Education, Home Economics and Science.

#### 4.3.2.2 TEXTBOOKS AND ADDITIONAL MATERIALS CONTAINING HIV/AIDS CONTENT (SECTION B 10-19 OF THE QUESTIONNAIRE)

**TABLE 4: Teachers' responses to statements concerning the textbooks and additional materials containing HIV/AIDS content in their subjects**

ITEM S	STATEMENTS	SUBJECTS	Responses of participants				
			Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
<b>B 10</b>	The textbooks of the following subjects contain HIV/AIDS content	Agriculture	29	4	2	-	3
		Geography	25	11	1	-	1
		Health and Physical Education	36	4	1	-	-
		Home Economics	17	17	-	-	-
		Science	30	9	1	-	-
<b>B11</b>	The textbooks of the following subjects contain HIV/AIDS content that is appropriate to pupils' developmental level	Agriculture	4	27	3	1	3
		Geography	3	26	7	2	-
		Health and Physical Education	12	24	5	1	-
		Home Economics	5	25	5	-	-
		Science	8	24	7	-	1
<b>B12</b>	The textbooks of the following subjects contain HIV/AIDS content that is clear for the pupils to understand	Agriculture	7	22	3	4	2
		Geography	1	32	2	3	-
		Health and Physical Education	13	24	3	1	-
		Home Economics	6	23	5	-	-
		Science	-	-	-	-	-
<b>B13</b>	The textbooks of the following subjects containing HIV/AIDS content are freely available to pupils	Agriculture	2	-	-	7	29
		Geography	-	1	1	13	23
		Health and Physical Education	31	8	1	1	-
		Home Economics	-	-	1	17	16
		Science	4	2	-	16	17
<b>B14</b>	The textbooks of the following subjects containing HIV/AIDS content are being rented to pupils	Agriculture	30	2	-	4	3
		Geography	28	6	1	3	1
		Health and Physical Education	1	-	-	11	29
		Home Economics	24	10	-	1	-
		Science	27	4	3	4	2

ITEM S	STATEMENTS	SUBJECTS	Responses of participants				
			Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
<b>B15</b>	All the pupils who do the following subjects have textbooks containing HIV/AIDS content	Agriculture	7	26	2	2	1
		Geography	20	6	7	4	2
		Health and Physical Education	27	9	2	1	1
		Home Economics	11	11	10	4	-
		Science	15	13	10	2	-
<b>B16</b>	The textbooks of the following subjects containing HIV/AIDS content are freely available to the teachers	Agriculture	27	6	1	2	3
		Geography	26	10	1	1	1
		Health and Physical Education	32	6	-	4	-
		Science	-	-	-	-	-
<b>B17</b>	All the teachers who teach the following subjects have textbooks containing HIV/AIDS content	Agriculture	28	5	1	3	3
		Geography	24	11	2	2	-
		Health and Physical Education	24	10	3	2	2
		Home Economics	19	14	2	-	-
		Science	30	3	4	3	-
<b>B18</b>	Your school has additional audio-visual materials containing HIV/AIDS content to assist teachers in effectively teaching HIV/AIDS content in the following subjects	Agriculture	-	-	11	21	8
		Geography	4	3	6	14	11
		Health and Physical Education	2	1	5	22	11
		Home Economics	-	18	5	11	1
		Science	4	4	17	6	9
<b>B19</b>	Your school has audio-visual materials containing HIV/AIDS content to help the pupils to learn about HIV/AIDS in the following subjects	Agriculture	-	-	9	24	7
		Geography	4	3	5	14	12
		Health and Physical Education	2	1	2	24	11
		Home Economics	1	17	6	10	2
		Science	4	-	12	14	10



**Note:** Agriculture, Geography, Home Economics and Science subjects are offered in secondary schools, while Health and Physical Education is offered in primary schools.

**B10**

The respondents who agreed that textbooks contain HIV/AIDS content are as follows: 86.8% who teach Agriculture; 94.7% who teach Geography; 97.4% who teach Health and Physical Education; 100% who teach Home Economics and 97.5% who teach Science.

**B11**

The respondents who agreed that textbooks contain HIV/AIDS content that is appropriate to the pupils' developmental level are as follows: 81.6% who teach Agriculture; 76.3% who teach Geography; 85.7% who teach Health and Physical Education and Home Economics; and 80% who teach Science.

**B12**

The respondents who agreed that textbooks contain HIV/AIDS content that is clear for the pupils to understand are as follows: 76.3% who teach Agriculture; 86.8% who teach Geography; 90.2% who teach Health and Physical Education and 85.2% who teach Home Economics.

**B13**

The respondents who agreed that textbooks containing HIV/AIDS content are freely available to the pupils are as follows: 5.3% who teach Agriculture; 2.6% who teach Geography; 95.1% who teach Health and Physical; 0% who teach Home Economics and 15.4% who teach Science.

**B14**

The respondents who agreed that textbooks containing HIV/AIDS content are being rented to the pupils are as follows: 82% who teach Agriculture; 87.2% who

teach Geography; 2.4% who teach Health and Physical Education; 97.1% who teach Home Economics and 77.5% who teach Science.

#### **B15**

The respondents who agreed that all the pupils have textbooks containing HIV/AIDS content are as follows: 86.8% who teach Agriculture; 66.7% who teach Geography; 90% who teach Health and Physical Education; 61.1% who teach Home Economics and 70% who teach Science.

#### **B16**

The respondents who agreed that textbooks containing HIV/AIDS content are freely available to the teachers are as follows: 84.6% who teach Agriculture; 92.3% who teach Geography; 90.5% who teach Health and Physical Education and 97.1% who teach Home Economics

#### **B17**

The respondents who agreed that all the teachers have textbooks containing HIV/AIDS content are as follows: 82.5% who teach Agriculture; 89.7% who teach Geography; 82.9% who teach Health and Physical Education; 94.3% who teach Home Economics and 82.5% who teach Science.

#### **B18**

The respondents who agreed that their schools have additional audio-visual materials containing HIV/AIDS content to assist teachers in effectively teaching HIV/AIDS content are as follows: 18.4% who teach Geography; 7.3% who teach Health and Physical Education; 51.4% who teach Home Economics and 20% who teach Science.

#### **B19**

The respondents who agreed that their schools have additional audio-visual materials containing HIV/AIDS content to help the pupils to learn about HIV/AIDS

are as follows: 18.4% who teach Geography; 7.5% who teach Health and Physical Education; 50% who teach Home Economics and 10% who teach Science.

#### 4.3.3 Teacher training on HIV/AIDS (Section C1-10 of questionnaire)

**TABLE 5:** *Teachers' responses to statements concerning teacher training on HIV/AIDS content of their subjects*

ITEMS	STATEMENTS	SUBJECTS	Responses of participants			
			Never	Seldom	Many times	Always
<b>C1</b>	You received training on HIV/AIDS content in the following subjects	Agriculture	11	28	1	-
		Geography	8	29	-	-
		Health and Physical Education	7	29	3	1
		Home Economics	4	19	10	1
		Science	11	26	2	-
<b>C2</b>	You received initial in-service training on HIV/AIDS content organised by the Ministry of Education and Training in the following subjects	Agriculture	31	7	-	1
		Geography	26	12	-	-
		Health and Physical Education	24	15	-	-
		Home Economics	12	15	7	-
		Science	23	13	1	1
<b>C3</b>	You received in-service training on HIV/AIDS content organised by your school in the following subjects	Agriculture	33	5	-	-
		Geography	31	6	-	-
		Health and Physical Education	25	15	-	-
		Home Economics	17	15	2	-
		Science	30	6	1	1

ITEMS	STATEMENTS	SUBJECTS	Responses of participants			
			Never	Seldom	Many times	Always
<b>C4</b>	You received training on HIV/AIDS content at the college in the following subjects	Agriculture	15	19	2	1
		Geography	19	15	2	1
		Health and Physical Education	16	13	7	3
		Home Economics	18	11	3	2
		Science	22	15	2	1
<b>C5</b>	You received training on how to incorporate HIV/AIDS content into the following subjects	Agriculture	13	20	1	3
		Geography	14	23	-	1
		Health and Physical Education	14	19	7	-
		Home Economics	4	28	-	2
		Science	15	22	1	1
<b>C6</b>	The training you received on HIV/AIDS content was appropriate for the teaching of HIV/AIDS content in the following subjects	Agriculture	10	21	4	2
		Geography	8	22	5	3
		Health and Physical Education	9	13	15	2
		Home Economics	6	16	11	2
		Science	9	22	6	2
<b>C7</b>	You received adequate training in how to incorporate HIV/AIDS content in these subjects	Agriculture	10	21	4	2
		Geography	10	19	6	3
		Health and Physical Education	13	17	5	5
		Home Economics	6	14	12	2
		Science	8	17	13	1
<b>C8</b>	The training you received on incorporating HIV/AIDS content into the following subjects has been helpful	Agriculture	12	20	5	-
		Geography	8	20	6	5
		Health and Physical Education	5	17	13	5
		Home Economics	6	14	13	1
		Science	9	16	12	3

ITEMS	STATEMENTS	SUBJECTS	Responses of participants			
			Never	Seldom	Many times	Always
C9	You received training on incorporating HIV/AIDS content into the following subjects from knowledgeable people	Agriculture	11	21	5	-
		Geography	11	17	9	3
		Health and Physical Education	5	19	11	4
		Home Economics	9	13	10	2
		Science	8	17	10	5
C10	The training on incorporating HIV/AIDS content into the school curriculum was comprehensive enough to help you to effectively teach HIV/AIDS content in the following subjects	Agriculture	12	21	4	-
		Geography	10	21	4	4
		Health and Physical Education	7	18	10	4
		Home Economics	6	16	11	1
		Science	9	15	13	3

**Note:** Agriculture, Geography, Home Economics and Science subjects are offered in secondary schools, while Health and Physical Education is offered in primary schools.

### C1

Of the respondents who teach Agriculture 27.5% have never received training on HIV/AIDS, 70% received it seldom, and 2.5% received it many times. Of the respondents who teach Geography 21.6% have never received training on HIV/AIDS, and 78.4% received it seldom. Of the respondents who teach Health and Physical Education 17.5% have never received training on HIV/AIDS and 72.5% received it seldom; 7.5% received it many times and 2.5% received it always. Of the respondents who teach Home Economics 11.8% have never received training on HIV/AIDS, 55.9% received it seldom, 29.4% received it many times and 2.9% received it always. Of the respondents who teach Science 28.2% have never received training on HIV/AIDS, 66.7% received it seldom and 5.1% received it many times.

## **C2**

Of the respondents who teach Agriculture 79.5% have never received initial in-service training on HIV/AIDS content organised by the Ministry of Education and Training, 17.9% received it seldom and 2.6% received it always. Of the respondents who teach Geography 68.4% have never received initial in-service training on HIV/AIDS content organised by the Ministry of Education and Training and 31.6% received it seldom. Of the respondents who teach Health and Physical Education 61.5% have never received initial in-service training on HIV/AIDS content organised by the Ministry of Education and Training, 44.1% received it seldom and 20.6% received it many times. Of the respondents who teach Home Economics 60.5% have never received initial in-service training on HIV/AIDS content organised by the Ministry of Education and Training, 34.2% received it seldom and 20.6% received it many times. Of the respondents who teach Science 60.5% have never received initial in-service training on HIV/AIDS content organised by the Ministry of Education and Training, 34.2% received it seldom, 2.6% received it many times and 2.6% received it always.

## **C3**

Of the respondents who teach Agriculture 86.8% have never received in-service training on HIV/AIDS content organised by their schools and 13.2% received it seldom. Of the respondents who teach Geography 83.8% have never received in-service training on HIV/AIDS content organised by their schools and 16.2% received it seldom. Of the respondents who teach Health and Physical Education 62.5% have never received in-service training on HIV/AIDS content organised by their schools and 37.5% received it seldom. Of the respondents who teach Home Economics 50% have never received in-service training on HIV/AIDS content organised by their schools, 44.1% received it seldom and 5.9% received it many times. Of the respondents who teach Science 78.9% have never received in-service training on HIV/AIDS content organised by their schools, 15.8% received it seldom, 2.6% received it many times and 2.6% received it always.

#### **C4**

Of the respondents who teach Agriculture 40.5% have never received training on HIV/AIDS content at the teacher training college, 51.4% received it seldom, 5.4% received it many times and 2.7% received it always. Of the respondents who teach Geography 51.4% have never received training on HIV/AIDS content at the teacher training college, 40.5% received it seldom, 5.4% received it many times and 2.7% received it always. Of the respondents who teach Health and Physical Education 41% have never received training on HIV/AIDS content at the teacher training college, 74.4% received it seldom, 17.9% received it many times and 7.7% received it always. Of the respondents who teach Home Economics 52.9% have never received training on HIV/AIDS content at the teacher training college, 32.4% received it seldom, 8.8% received it many times and 5.9% received it always. Of the respondents who teach Science 55% have never received training on HIV/AIDS content at the teacher training college on HIV/AIDS content, 37.5% received it seldom, 5% received it many times and 2.5% received it always.

#### **C5**

Of the respondents who teach Agriculture 35.1% have never received training on how to incorporate HIV/AIDS content into the school subjects, 54.1% received it seldom, 2.7% received it many times and 8.1% received it always. Of the respondents who teach Geography 36.8% have never received training on how to incorporate HIV/AIDS content into the school subjects, 60.5% received it seldom and 2.6% received it always. Of the respondents who teach Health and Physical Education 35% have never received training on how to incorporate HIV/AIDS content into the school subjects, 47.5% seldom and 17.5% received it many times. Of the respondents who teach Home Economics 11.8% have never received training on how to incorporate HIV/AIDS content into the school subjects, 82.4% received it seldom and 5.9% received it always. Of the respondents who teach Science 38.5% have never received training on how to incorporate HIV/AIDS content into the school subjects, 56.4% received it seldom, 2.6% received it many times and 2.6% received it always.

## **C6**

Of the respondents who teach Agriculture 27% have never received appropriate training on the teaching of HIV/AIDS content, 56.8% received it seldom, 10.8% received it many times and 5.4% received it always. Of the respondents who teach Geography 21.1% have never received appropriate training on the teaching of HIV/AIDS content, 57.9% received it seldom, 13.2% received it many times and 7.9% received it always. Of the respondents who teach Health and Physical Education 23.1% never received appropriate training on the teaching of HIV/AIDS content, 33.3% received it seldom, 38.5% received it many times and 5.1% received it always. Of the respondents who teach Home Economics 17.1% have never received appropriate training on the teaching of HIV/AIDS content, 45.7% received it seldom, 31.4% received it many times and 5.7% received it always. Of the respondents who teach Science 23.1% have never received appropriate training on the teaching of HIV/AIDS content, 56.4% received it seldom, 15.4% received it many times and 5.1% received it always.

## **C7**

Of the respondents who teach Agriculture 27% have never received adequate training on how to incorporate HIV/AIDS content into their subject, 56.8% received it seldom, 10.8% received it many times and 5.4% received it always. Of the respondents who teach Geography 26.3% have never received adequate training on how to incorporate HIV/AIDS content into their subject, 50% received it seldom, 15.8% received it many times and 7.9% received it always. Of the respondents who teach Health and Physical Education 32.5% have never received adequate training on how to incorporate HIV/AIDS content into their subject, 42.5% received it seldom, 12.5% received it many times and 2.8% received it always. Of the respondents who teach Home Economics 17.6% have never received adequate on how to incorporate HIV/AIDS content into their subject, 41.2% received it seldom, 35.3% received it many times and 5.9% received it always, and of the respondents who teach Science 20.5% have never received adequate training on how to incorporate HIV/AIDS content into their



subject, 43.6% received it seldom, 33.3% received it many times and 2.6% received it always.

### **C8**

Of the respondents who teach Agriculture 32.4% have never received helpful training on incorporating HIV/AIDS content, 54.1% received it seldom and 13.5% received it many times. Of the respondents who teach Geography 20.5% have never received helpful training on incorporating HIV/AIDS content, 51.3% received it seldom, 15.4% received it many times and 12.8% received it always. Of the respondents who teach Health and Physical Education 12.5% have never received helpful training on incorporating HIV/AIDS content, 42.5% received it seldom, 32.5% received it many times and 12.5% received it always. Of the respondents who teach Home Economics 17.6% have never received helpful training on incorporating HIV/AIDS content, 41.2% received it seldom, 38.2% received it many times and 2.9% received it always, and of the respondents who teach Science 22.5%, 40% received it seldom, 30% received it many times and 7.5% received it always.

### **C9**

Of the respondents who teach Agriculture 29.7% have never received training on incorporating HIV/AIDS content from knowledgeable people, 56.8% received it seldom and 13.5% received it always. Of the respondents who teach Geography 27.5% have never received training on incorporating HIV/AIDS content from knowledgeable people, 42.5% received it seldom, 22.5% received it many times and 7.5% received it always. Of the respondents who teach Health and Physical Education 12.8% have never received training on incorporating HIV/AIDS content from knowledgeable people, 48.7% received it seldom, 28.2% received it many times and 10.3% received it always. Of the respondents who teach Home Economics 26.5% have never received training on incorporating HIV/AIDS content from knowledgeable people, 38.2% received it seldom, 29.4% received it many times and 5.9% received it always, and of the respondents who teach

Science 20% have never received training on incorporating HIV/AIDS content from knowledgeable people, 42.5% received it seldom, 25% received it many times and 12.5% received it always.

#### **C10**

Of the respondents who teach Agriculture 32.4% have never received comprehensive training on incorporating HIV/AIDS content into the curriculum so that the subject is effectively taught, 56.8% received it seldom and 10.8% received it many times. Of the respondents who teach Geography 25.6% have never received comprehensive training on incorporating HIV/AIDS content into the curriculum so that the subject is effectively taught, 53.8% received it seldom, 10.3% received it many times and 10.3% received it always. Of the respondents who teach Health and Physical Education 17.9% have never received comprehensive training on incorporating HIV/AIDS content into the curriculum so that the subject is effectively taught, 46.2% received it seldom, 25.6 % received it many times and 10.3% received it always. Of the respondents who teach Home Economics 17.6% have never received comprehensive training on incorporating HIV/AIDS content into the curriculum so that the subject is effectively taught, 47.1% received it seldom, 32.4% received it many times and 2.9% received it always, and of the respondents who teach Science 22.5% have never received comprehensive training on incorporating HIV/AIDS content into the curriculum so that the subject is effectively taught, 37.5% received it seldom, 32.5% received it many times and 7.5% received it always.

#### **4.3.4 Monitoring the teaching of HIV/AIDS content in school subjects (Section D1- 15)**

**Table 6: Teachers' responses to statements concerning the monitoring of the implementation and management of the HIV/AIDS prevention programme**

ITEMS	STATEMENTS	SUBJECTS	Responses of participants			
			Never	Seldom	Many times	Always
<b>D1</b>	You were inspected at your school by the Central Inspectorate of the Ministry of Education and Training on how you integrate HIV/AIDS content when teaching the following subjects	Agriculture	37	-	-	-
		Geography	38	1	-	-
		Health and Physical Education	38	1	1	-
		Home Economics	28	5	1	-
		Science	37	2	-	-
<b>D2</b>	The Central Inspectorate of the Ministry of Education and Training has evaluated your teaching preparations on the teaching of HIV/AIDS content in the following subjects	Agriculture	36	-	-	-
		Geography	39	-	-	-
		Health and Physical Education	36	2	1	-
		Home Economics	33	2	-	-
		Science	37	2	1	-
<b>D3</b>	Your principal monitors your competence to integrate HIV/AIDS content into the lessons of the following subjects	Agriculture	30	6	-	-
		Geography	33	6	-	-
		Health and Physical Education	18	21	1	-
		Home Economics	21	12	-	1
		Science	30	8	2	-
<b>D4</b>	Your principal pays class visits to monitor how you teach HIV/AIDS content in the following subjects	Agriculture	33	3	-	-
		Geography	36	3	-	-
		Health and Physical Education	21	14	4	-
		Home Economics	28	7	-	-
		Science	31	7	2	-
<b>D5</b>	Your principal monitors your lesson preparations on HIV/AIDS content in the following subjects	Agriculture	34	2	-	-
		Geography	36	3	-	-
		Health and Physical Education	19	14	5	2
		Home Economics	21	12	1	-
		Science	30	7	1	1

ITEMS	STATEMENTS	SUBJECTS	Responses of the participants			
			never	seldom	Many times	Always
<b>D6</b>	Your principal inspects time allocated for the teaching of HIV/AIDS content in the following subjects	Agriculture	34	2	-	-
		Geography	37	2	-	-
		Health and Physical Education	27	7	4	2
		Home Economics	32	2	-	-
		Science	31	5	3	1
<b>D7</b>	Your principal monitors whether HIV/AIDS content of the following s is included in your Scheme Book	Agriculture	26	9	-	-
		Geography	23	15	1	-
		Health and Physical Education	14	18	5	3
		Home Economics	17	17	-	-
		Science	17	18	4	1
<b>D8</b>	Your principal monitors whether HIV/AIDS content in the following subjects is included in your Record of Work Done	Agriculture	27	8	-	-
		Geography	24	14	1	-
		Health and Physical Education	13	16	7	3
		Home Economics	19	15	-	1
		Science	18	18	3	1
<b>D9</b>	Your principal evaluates the appropriateness of the teaching materials you use in teaching HIV/AIDS content in the following subjects	Agriculture	33	2	-	-
		Geography	38	1	-	-
		Health and Physical Education	24	9	6	1
		Home Economics	22	12	-	-
		Science	31	7	1	1
<b>D10</b>	Your principal discusses with you the problems you encounter in teaching HIV/AIDS content in the following subjects	Agriculture	32	2	1	-
		Geography	31	8	-	-
		Health and Physical Education	20	14	5	-
		Home Economics	17	9	9	-
		Science	29	7	2	2
<b>D11</b>	Your Head of Department inspects how you integrate HIV/AIDS content into the following subjects	Agriculture	28	7	-	-
		Geography	35	4	-	-
		Health and Physical Education	11	2	1	-
		Home Economics	17	12	4	1
		Science	27	8	5	-
<b>D12</b>	You discuss with your Head of Department how to effectively teach HIV/AIDS content in the following subjects	Agriculture	28	6	2	-
		Geography	30	7	2	-
		Health and Physical Education	9	4	-	-
		Home Economics	13	7	13	1
		Science	26	10	3	-

ITEMS	STATEMENTS	SUBJECTS	Responses of the participants			
			never	seldom	Many times	Always
<b>D13</b>	Teachers discuss problems they encounter within their department on HIV/AIDS content in the following subjects	Agriculture	27	6	3	-
		Geography	24	7	6	2
		Health and Physical Education	11	4	4	4
		Home Economics	11	10	12	1
		Science	14	19	5	2
<b>D14</b>	You discuss HIV/AIDS content lessons with your colleagues who teach the following subjects	Agriculture	20	12	4	-
		Geography	17	12	9	2
		Health and Physical Education	10	12	13	4
		Home Economics	7	15	11	1
		Science	7	21	9	3
<b>D15</b>	You test the pupils on HIV/AIDS content in tests and examinations in the following subjects	Agriculture	4	21	10	1
		Geography	2	19	13	5
		Health and Physical Education	2	4	24	10
		Home Economics	3	13	11	7
		Science	1	14	21	4

**Note:** Agriculture, Geography, Home Economics and Science subjects are offered in secondary schools, while Health and Physical Education is offered in primary schools.

## D1

Of the respondents who teach Agriculture all (100%) were never inspected by the Central Inspectorate of the Ministry of Education and Training on how to integrate HIV/AIDS content when teaching. Of the respondents who teach Geography 97.4% were never inspected by the Central Inspectorate of the Ministry of Education and Training on how to integrate HIV/AIDS content when teaching and 2.6% were inspected seldom. Of the respondents who teach Health and Physical Education 95% were never inspected by the Central Inspectorate of the Ministry of Education and Training on how to integrate HIV/AIDS content when teaching, 2.5% were inspected seldom and 2.5% were inspected many times. Of the respondents who teach Home Economics 82.4% were never inspected by the Central Inspectorate of the Ministry of Education and Training on how to integrate HIV/AIDS content when teaching, 14.7% were inspected seldom and 2.9% were

inspected many times, and of the respondents who teach Science 94.9% were never inspected by the Central Inspectorate of the Ministry of Education and Training on how to integrate HIV/AIDS content when teaching and 5.1% were inspected seldom.

## **D2**

All the respondents who teach Agriculture and Geography (100%) were never evaluated by the Central Inspectorate of the Ministry of Education and Training on their teaching preparation of HIV/AIDS content. Of the respondents who teach Health and Physical Education 92.3% were never evaluated by the Central Inspectorate of the Ministry of Education and Training on their teaching preparation of HIV/AIDS content, 5.1% were evaluated seldom and 2.6% were evaluated many times. Of the respondents who teach Home Economics 94.3% were never evaluated by the Central Inspectorate of the Ministry of Education and Training on their teaching preparation of HIV/AIDS content and 5.7% were evaluated seldom, and of the respondents who teach Science 92.5% were never evaluated by the Central Inspectorate of the Ministry of Education and Training on their teaching preparation of HIV/AIDS content, 5% were evaluated seldom and 2.5% were evaluated many times.

## **D3**

Of the respondents who teach Agriculture the competence of 83.3% to integrate HIV/AIDS content into the lessons was never monitored and 16.7% were monitored seldom. Of the respondents who teach Geography the competence of 84.6% to integrate HIV/AIDS content into the lessons was never monitored and 15.4% were monitored seldom. Of the respondents who teach Health and Physical Education the competence of 45% to integrate HIV/AIDS content into the lessons was never monitored, 52.5% were monitored seldom and 2.5% were monitored many times. Of the respondents who teach Home Economics the competence of 61.8% to integrate HIV/AIDS content into the lessons was never monitored, 35.3% were monitored seldom and 2.9% were monitored always, and

of the respondents who teach Science the competence of 75% to integrate HIV/AIDS content into the lessons was never monitored, 20% were monitored seldom and 5% were monitored many times.

#### **D4**

Of the respondents who teach Agriculture 91.7% were never paid class visits by their principals to monitor how they teach HIV/AIDS content and 8.3% were visited seldom. Of the respondents who teach Geography 92.3% were never paid class visits by their principals to monitor how they teach HIV/AIDS content and 7.7% were visited seldom. Of the respondents who teach Health and Physical Education 53.8% were never paid class visits by their principals to monitor how they teach HIV/AIDS content, 35.9% were visited seldom and 10.3% were visited many times. Of the respondents who teach Home Economics 80% were never paid class visits by their principals to monitor how they teach HIV/AIDS content and 20% were visited seldom, and of the respondents who teach Science 77.5% were never paid class visits by their principals to monitor how they teach HIV/AIDS content, 17.5% were visited seldom and 5% were visited many times.

#### **D5**

Of the respondents who teach Agriculture the lesson preparation of HIV/AIDS content, 94.4% were never monitored by their principals and 5.6% were monitored seldom. Of the respondents who teach Geography the lesson preparation of HIV/AIDS content, 92.3% were never monitored by their principals and 7.7% were monitored seldom. Of the respondents who teach Health and Physical Education the lesson preparation of HIV/AIDS content, 47.5% were never monitored by their principals, 35% were monitored seldom, 12.5% were monitored many times and 5% were monitored always. Of the respondents who teach Home Economics the lesson preparation of HIV/AIDS content, 61.8% were never monitored by their principals, 35.3% were monitored seldom, 2.9% were monitored many times, and of the respondents who teach Science the lesson preparation of HIV/AIDS content, 76.9% were never monitored by their principals,

17.9% were monitored seldom, 2.6% were monitored many times and 2.6% were monitored always.

#### **D6**

Of the respondents who teach Agriculture the principal never inspected time allocated for the teaching of HIV/AIDS content of 94.6% teachers and 5.6% teachers were inspected seldom. Of the respondents who teach Geography the principal never inspected time allocated for the teaching of HIV/AIDS content of 94.9% teachers and 5.1% teachers were inspected seldom. Of the respondents who teach Health and Physical Education the principal never inspected time allocated for the teaching of HIV/AIDS content of 67.5% teachers, 17.5% of teachers were inspected seldom, 10% of teachers were inspected many times and 5% of teachers were inspected always. Of the respondents who teach Home Economics the principal never inspected time allocated for the teaching of HIV/AIDS content of 94.1% teachers and 5.9% of teachers seldom, and of the respondents who teach Science the principal never inspected time allocated for the teaching of HIV/AIDS content of 77.5% teachers, 12.5% of teachers were inspected seldom, 7.5% of teachers were inspected many times and 2.5% of teachers were inspected always.

#### **D7**

Of the respondents who teach Agriculture the principal never monitors whether HIV/AIDS content is included in the scheme books of 74.3% teachers and 25.7% of teachers were monitored seldom. Of the respondents who teach Geography the principal never monitors whether HIV/AIDS content is included in the scheme books of 59% teachers, 38.5% of teachers were monitored seldom and 2.6% of teachers were monitored many times. Of the respondents who teach Health and Physical Education the principal never monitors whether HIV/AIDS content is included in the scheme books of 35% teachers, 45% of teachers were monitored seldom, 12.5% of teachers were monitored many times and 7.5% of teachers were monitored always. Of the respondents who teach Home Economics the



principal never monitors whether HIV/AIDS content is included in the scheme books of 50% teachers and 50% of teachers were monitored seldom, and of the respondents who teach Science the principal never monitors whether HIV/AIDS content is included in the scheme books of 42.5% teachers, 45% of teachers were monitored seldom, 10% of teachers were monitored many times and 2.5% of teachers were monitored always.

#### **D8**

Of the respondents who teach Agriculture the principals never monitored whether HIV/AIDS content is included in the record of 77.1% teachers and 22.9% of teachers were monitored seldom. Of the respondents who teach Geography the principals never monitored whether HIV/AIDS content is included in the record of 61.5% teachers, 35.9% of teachers were monitored seldom and 2.6% of teachers were monitored many times. Of the respondents who teach Health and Physical Education the principals never monitored whether HIV/AIDS content is included in the record of 33.3% teachers, 41% of teachers were monitored seldom, 17.9% of teachers were monitored many times and 7.7% of teachers were monitored always. Of the respondents who teach Home Economics the principals never monitored whether HIV/AIDS content is included in the record of 54.3% teachers, 42.9% of teachers were monitored seldom and 2.9% of teachers were monitored always, and of the respondents who teach Science the principals never monitored whether HIV/AIDS content is included in the record of 45% teachers and 45% of teachers were monitored seldom, 7.5% of teachers were monitored many times and 2.5% of teachers were monitored always.

#### **D9**

Of the respondents who teach Agriculture the principals have never evaluated the appropriateness of the teaching materials used in teaching HIV/AIDS content of 94.3% teachers and 5.7% of teachers were evaluated seldom. Of the respondents who teach Geography the principals have never evaluated the appropriateness of the teaching materials used in teaching HIV/AIDS content of

97.4% teachers and 2.6% of teachers were evaluated seldom. Of the respondents who teach Health and Physical Education the principals have never evaluated the appropriateness of the teaching materials used in teaching HIV/AIDS content of 60% teachers, 22.5% of teachers were evaluated seldom, 15% of teachers were evaluated many times and 2.5% of teachers were evaluated always. Of the respondents who teach Home Economics the principals have never evaluated the appropriateness of the teaching materials used in teaching HIV/AIDS content of 64.7% teachers, 35.3% of teachers were evaluated seldom, and of the respondents who teach Science the principals have never evaluated the appropriateness of the teaching materials used in teaching HIV/AIDS content of 77.5% teachers, 17.5% of teachers were evaluated seldom, 2.5% of teachers were evaluated many times and 2.5% of teachers were evaluated always.

#### **D10**

Of the respondents who teach Agriculture the principals have never discussed the problems encountered in the teaching of HIV/AIDS content with 91.4% teachers, 5.7% had seldom discussions and 2.9% of teachers had discussions many times. Of the respondents who teach Geography the principals have never discussed the problems encountered in teaching HIV/AIDS content with 79.5% teachers and 20.5% teachers seldom had discussions. Of the respondents who teach Health and Physical Education the principals have never discussed the problems encountered in teaching HIV/AIDS content with 51.3% teachers, 35.9% of teachers seldom had discussions and 12.8% of teachers had many discussions with their principals. Of the respondents who teach Home Economics the principals have never discussed the problems encountered in teaching HIV/AIDS content with 48.6% teachers, 25.7% of teachers had seldom discussions and 25.7% of teachers had many discussions with their principals. Of the respondents who teach Science the principals have never discussed the problems encountered in teaching HIV/AIDS content with 72.5% teachers, 17.5%

of teachers seldom had discussions, 5% of teachers had discussions many times and 5% of teachers always had discussions with their principals.

#### **D11**

Of the respondents who teach Agriculture, Heads of Department have never inspected how 80% of teachers integrated HIV/AIDS content into their subject and 20% of the teachers were seldom inspected. Of the respondents who teach Geography, Heads of Department have never inspected how 89.7% of teachers integrated HIV/AIDS content into their subject and 10.3% of the teachers were seldom inspected. Of the respondents who teach Health and Physical Education, Heads of Department have never inspected how 78.6% of teachers integrated HIV/AIDS content into their subject, 14.3% of the teachers were seldom inspected and 7.1% teachers were inspected many times. Of the respondents who teach Home Economics Heads of Department have never inspected how 50% of teachers integrated HIV/AIDS content into their subject, 35.3% of the teachers were seldom inspected, 11.8% of teachers were inspected many times and 2.9% were always inspected. Of the respondents who teach Science, Heads of Department have never inspected how 67.5% of teachers integrated HIV/AIDS content into their subject, 20% of the teachers were seldom inspected and 12.5% of the teachers were always inspected.

#### **D12**

Of the respondents who teach Agriculture, Heads of Department have never discussed how 77.8 % of teachers effectively teach HIV/AIDS content, 16.7% of the teachers seldom had discussions and 5.6% of the teachers had discussions many times. Of the respondents who teach Geography, Heads of Department have never discussed how 76.9% of teachers effectively teach HIV/AIDS content, 17.9% of teachers seldom had discussions and 5.1% of the teachers had discussions many times. Of the respondents who teach Health and Physical Education, Heads of Department have never discussed how 69.2% of teachers effectively teach HIV/AIDS content and 30.8% have seldom had discussions. Of

the respondents who teach Home Economics, Heads of Department have never discussed how 38.2% of teachers effectively teach HIV/AIDS content, 20.6% of the teachers have seldom had discussions, 38.2% of the teachers have had many discussions and 2.9% % of the teachers always had discussions. Of the respondents who teach Science, Heads of Department have never discussed how 66.7% of teachers effectively teach HIV/AIDS content, 25.6% % of the teachers seldom had discussions and 7.7% % of the teachers have had many discussions.

### **D13**

Of the respondents who teach Agriculture, 75% have never discussed the problems they encountered in their department on HIV/AIDS content, 16.7% have discussed them seldom, and 8.3% have discussed them many times. Of the respondents who teach Geography, 61.5% have never discussed the problems they encountered in their department on HIV/AIDS content, 17.9% have discussed them seldom, 15.4% have discussed them many times and 5.1% have discussed them always. Of the respondents who teach Health and Physical Education, 47.8% have never discussed the problems they encountered in their department on HIV/AIDS content, 17.4% have discussed them seldom, 17.4% have discussed them many times and 17.4% have discussed them always. Of respondents who teach Home Economics, 32.4% have never discussed the problems they encountered in their department on HIV/AIDS content, 29.4% have discussed them seldom, 35.3% have discussed them many times and 2.9% have discussed them always. Of the respondents who teach Science, 35% have never discussed the problems they encountered in their department on HIV/AIDS content, 47.5% have discussed them seldom, 12.5% have discussed them many times and 5% have discussed them always.

### **D14**

Of the respondents who teach Agriculture, 55.6% have never discussed HIV/AIDS content lessons with their colleagues, 33.3% have discussed them

seldom and 11.1% have discussed them many times. Of the respondents who teach Geography, 42.5% have never discussed HIV/AIDS content lessons with their colleagues, 30% have discussed them seldom, 22.5% have discussed them many times and 5% have discussed them always. Of the respondents who teach Health and Physical Education, 25.6% have never discussed HIV/AIDS content lessons with their colleagues, 30.8% have discussed them seldom, 33.3% have discussed them many times and 10.3% have discussed them always. Of the respondents who teach Home Economics, 20.6% have never discussed HIV/AIDS content lessons with their colleagues, 44.1% have discussed them seldom, 32.4% have discussed them many times, and 2.9% have discussed them always. Of the respondents who teach Science, 17.5% have never discussed HIV/AIDS content lessons with their colleagues, 52.5% have discussed them seldom, 22.5% have discussed them many times and 7.5% have discussed them always.

#### **D15**

Of the respondents who teach Agriculture, 11.1% have never tested the pupils on HIV/AIDS content in tests and examinations, 58.3% have tested them seldom, 27.8% have tested them many times and 2.8% have tested them always. Of the respondents who teach Geography, 5.1% have never tested the pupils on HIV/AIDS content in tests and examinations, 48.7% have tested them seldom, 33.3% have tested them many times and 12.8% have tested them always. Of the respondents who teach Health and Physical Education, 5% have never tested the pupils on HIV/AIDS content in tests and examinations, 10% have tested them seldom, 60% have tested them many times and 25% have tested them always. Of the respondents who teach Home Economics, 8.8% have never tested the pupils on HIV/AIDS content in tests and examinations, 38.2% have tested them seldom, 32.4% have tested them many times and 20.6% have tested them always. Of the respondents who teach Science, 2.5% have never tested the pupils on HIV/AIDS content in tests and examinations, 35% have tested them seldom, 52.5% have tested them many times and 10% have tested them always.

## 4.4 DATA ANALYSIS AND INTERPRETATION OF THE INTERVIEWS

Qualitative analysis involves reducing the volume of raw data, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data reveal (De Vos et al., 2005:333). Qualitative data analysis is a search for general statements about relationships among categories of data, thereby building grounded theory. In grounded theory, coding is the most central process whereby the data are broken down into component parts which are given names (Bryman et al., 2003:567). The findings of the qualitative investigation discussed in this chapter are based on questions that were posed during the interviews. Questions posed during the interviews elicited data pertaining to the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho. The interview tape recordings were transcribed, coded and sorted to identify similarities and differences in responses and messages conveyed by the respondents. The data were organised and displayed in visual form, then generalisations were made on the basis of the findings. The first five respondents were primary school principals and respondent six to ten were secondary school principals.

The interview questions were as follows:

- **Question 1:** Is HIV/AIDS content incorporated into the textbooks of the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science and into which standards is it incorporated?
- **Question 2:** What kind of training did the teachers at your school receive regarding the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school

curriculum? (Initial in-service training organised by the Ministry of Education and Training, training organised by the school or training at the teacher's training institution). Were all the teachers at your school trained? If NOT, how many were trained and what happened to those who did not receive training?

- **Question 3:** Did you receive the same training as the teachers at your school or did you receive any other training pertaining to the HIV/AIDS prevention programme? For how long did the training last?
- **Question 4:** What role do you play as the principal regarding the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?
- **Question 5:** How do the Heads of Department in your school assist you with the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?
- **Question 6:** Do all the teachers and pupils in your school have textbooks containing HIV/AIDS content? If not, what happens to those who do not have them? If yes, did they receive the textbooks free from the school or did they rent them?
- **Question 7:** Apart from the textbooks containing HIV/AIDS content, do the teachers and pupils have additional support materials on HIV/AIDS content?
- **Question 8:** What is the role of the Central Inspectorate of the Ministry of Education and Training regarding the monitoring of the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?

- **Question 9:** What are the problems that teachers encountered during the implementation and management of the HIV/AIDS prevention programme?
- **Question 10:** How do the school or the Ministry of Education and Training assist the teachers to effectively implement and manage the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?
- **Question 11:** How successful is the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?
- **Question 12:** What are the shortcomings of the HIV/AIDS prevention programme and how can they be rectified?

#### **4.4.1 THE INTERVIEW PROCESS**

Here follows the responses of the respondents to the interview questions.

##### **4.4.1.1 Is HIV/AIDS content incorporated into the textbooks of the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science and into which standards is it incorporated?**

##### **Primary school respondents**

##### **Respondent 1**

“Yes, HIV/AIDS is incorporated into standards 4-7 textbooks of Health and Physical Education.”



**Respondent 2**

“Yes, HIV/AIDS is incorporated into standards 4-7 textbooks of Health and Physical Education.”

**Respondent 3**

“Yes, HIV/AIDS is incorporated into standards 4-7 textbooks of Health and Physical Education.”

**Respondent 4**

“Yes, HIV/AIDS is incorporated into standards 4-7 textbooks of Health and Physical Education.”

**Respondent 5**

“Yes, HIV/AIDS is included in the textbooks of Health and Physical Education from standard 4-7 and this is reflected in the syllabus.”

**Secondary school respondents****Respondent 6**

“Yes, HIV/AIDS is incorporated into the textbooks of Agriculture, Geography, Home Economics and Science from Form A-C.”

**Respondent 7**

“Yes, HIV/AIDS content is incorporated into the textbooks of Home Economics and Science from Form A-C.”

**Respondent 8**

“Yes, HIV/AIDS content is incorporated into the textbooks of Geography, Home Economics and Science from Form A-C.’

**Respondent 9**

“Yes, HIV/AIDS content is incorporated into the textbooks and syllabuses of Home Economics, Geography and Science, from Form A-C.”

**Respondent 10**

“HIV/AIDS content is incorporated into the textbooks of Science and Home Economics from Form A-C.”

All five primary school respondents indicated that HIV/AIDS content has been incorporated into standards 4-7 textbooks of Health and Physical Education. All five secondary school respondents indicated that HIV/AIDS content has been incorporated into textbooks of Form A-C. All secondary respondents indicated that HIV/AIDS content has been incorporated into Home Economics and Science. Of the five secondary school respondents, two also showed that HIV/AIDS content has been incorporated into textbooks of Agriculture, while three respondents said it has been incorporated into textbooks of Geography.

**4.1.2 What kind of training did the teachers at your school receive regarding the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum? How many teachers were trained and what happened to those who did not receive the training?**

**Primary school respondents****Respondent 1**

“This is a new school which was established three years ago. Since then, teachers have never received any training organised by the Ministry of Education and Training or by the school. However, I am not sure whether teachers have

received any training in their previous schools or at the teacher's training institution."

**Respondent 2**

"Two teachers have received initial training once, organised by the Ministry of Education and Training. These teachers trained all the teachers in the school and the training lasted for two days."

**Respondent 3**

"Two teachers have received initial training organised by the Ministry of Education and Training. They received training once and they trained all the teachers at our school."

**Respondent 4**

"Two teachers received training organised by the Ministry of Education and Training, while I (principal) and other teachers were trained by the two trained teachers. All the teachers at our school have been trained once."

**Respondent 5**

"I have been in this post for only two years and up to the present, teachers have not been trained in this programme."

**Secondary school respondents**

**Respondent 6**

"Two teachers have received initial in-service training organised by the Ministry of Education and Training and they in turn, have trained other teachers and me."

**Respondent 7**

“All the teachers at my school, including me, have been trained once. Two teachers were trained by the Ministry of Education and Training and they in turn, trained the rest of the teachers.”

**Respondent 8**

“Two teachers received training organised by the Ministry of Education and Training. These teachers then trained other teachers at our school. However, there are two teachers who have never received any training even at tertiary level because they did a Bachelor of Science in Agriculture.”

**Respondent 9**

“All the teachers have been trained, although some received the initial in-service training by the Ministry of Education and Training and then they trained other teachers. The training organised at school lasted for two days.”

**Respondent 10**

“I don’t know about the other teachers because the school was established only a few years ago, but I have received training at the teacher’s training institution.”

Three of the primary school respondents indicated that only two teachers at their schools received the initial in-service training organised by the Ministry of Education and Training, and they in turn, trained the rest of the teachers in their schools. Two teachers indicated that they were not sure whether the teachers had received any training on the programme. Four of the secondary school respondents indicated that only two teachers at their schools had received the initial in-service training organised by the Ministry of Education and Training and they in turn, trained the rest of the teachers at their schools. Respondent 8 indicated that two teachers at his school have never received any training. One of the five secondary school respondents stated that he is not sure whether the teachers at the school have received any training.

**4.1.3 Did you receive the same training as your colleagues at your school or any other training pertaining to the HIV/AIDS prevention programme? For how long did the training last?**

**Primary school respondents**

**Respondent 1**

“I have not received any training in this programme.”

**Respondent 2**

“I only received training organised at school which lasted for two days.”

**Respondent 3**

“I received the same training organised at school as my colleagues. The training lasted for 2 days.”

**Respondent 4**

“I only received training organised at school on the programme for a day.”

**Respondent 5**

“I received training on HIV/AIDS at the teacher’s training college on this programme.”

**Secondary school respondents**

**Respondent 6**

“I have never received any training pertaining to the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum.”

**Respondent 7**

“I have received the same training on the programme as my colleagues organised at school and which lasted for a day.”

**Respondent 8**

“I received training organised by the school on HIV/AIDS for two days.”

**Respondent 9**

“I received training organised at school for a day.”

**Respondent 10**

“I only received training organised at school for two days.’

Three of the primary school respondents indicated that they have only received training pertaining to the HIV/AIDS prevention programme at their schools by teachers who received initial training organised the Ministry. One respondent indicated that she received training on the programme at the teacher training college. Another respondent indicated that she has never received any training. In the secondary schools, four respondents indicated that they have only received training pertaining to the HIV/AIDS prevention programme organised at their schools by the teachers who received initial training organised by the Ministry. Another respondent indicated that she has never received any training on the programme. Some respondents indicated that the training lasted for a day while others indicated that it lasted for two days. This shows that most of the teachers received training organised at their schools by other teachers.

**4.3.4 What role do you play as the principal regarding the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?****Primary school respondents**

**Respondent 1**

“My role is to monitor the teachers. I have to pay class visits, check the teachers’ schemes and records of work. However, due to my work load, I find it difficult to monitor the teachers on daily basis on this programme.”

**Respondent 2**

“I check scheme books, teachers’ lesson preparation and monitor how teachers integrate HIV/AIDS content by paying class visits frequently.”

**Respondent 3**

“I have to monitor the lesson preparations on HIV/AIDS content, but due to my workload, I sometimes fail to do so.”

**Respondent 4**

“I monitor how teachers implement the programme by visiting their classes when they teach HIV/AIDS content; but it is not easy to monitor individual teachers all the time as I have a lot of work to do.”

**Respondent 5**

“I have had to ensure the proper implementation of the programme, but I have never monitored its actual implementation.”.

**Secondary school respondents****Respondent 6**

“I have to monitor the lesson plans and check scheme books but it isn’t easy to monitor individual teachers on day-to-day basis as I also have my own classes.”

**Respondent 7**

“I encourage teachers to include HIV/AIDS content in their lessons.”.

**Respondent 8**

“I always monitor the teachers on how they integrate the lessons on HIV/AIDS content by paying class visits and looking at the lesson preparation, the teaching materials and teaching methods. After the lesson we then discuss areas of weakness and ways of rectifying them. Finally, I check that everything is reflected in the scheme book. I do that most of the time. To achieve this, I am assisted my heads of department.”

**Respondent 9**

“I seldom monitor how teachers integrate the HIV/AIDS content as I seldom get the chance visit them in class. However, I encourage and motivate teachers to implement the programme effectively.”

**Respondent 10**

“My role is to encourage teachers to teach pupils about HIV/AIDS in order to raise HIV/AIDS awareness. I am required to pay class visits and check schemes and records of work done, but I seldom do so because I have many other responsibilities.”

Four primary school respondents said that they monitor the implementation of the programme while one stated that she has never inspected or monitored the implementation of the programme. Four secondary school respondents replied that they monitor the teachers on implementing the programme.

**4.4.3.5 How do the Heads of Department in your school assist you with the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?**

Since primary schools do not have Heads of Department, only the responses of secondary school principals will be provided.



## **Secondary school respondents**

### **Respondent 6**

“They have to check that teachers have syllabuses which include HIV/AIDS content; they have to discuss ways of teaching the content and the problems teachers encounter in teaching the content.”

### **Respondent 7**

“They help to inspect other teachers in their department to ensure that the programme is implemented effectively. However, because of their workload they do not do it all the time.”

### **Respondent 8**

“They seldom discuss with the teachers on how to integrate HIV/AIDS content effectively and how to choose of the appropriate teaching methods and materials.”

### **Respondent 9**

“They rarely monitor the teachers’ lesson plans, schemes and records of work done.”

### **Respondent 10**

“They are supposed to inspect how teachers integrate the HIV/AIDS content; however, they are unable to inspect frequently because they also have teaching to do.”

Five of the primary school respondents indicated that in primary schools there are no Heads of Department. In secondary schools, respondents seemed not to know exactly the role of the Heads of Department in schools. Respondent 6 indicated that they have to check that the syllabus contains HIV/AIDS content, discuss ways of teaching HIV/AIDS content and problems encountered in the

teaching of the content. Another Respondent indicated that they inspect lesson plans, schemes and records of work done. It seems that the majority of the respondents do not monitor the implementation of the programme.

**4.4.1.6 Do all the teachers and pupils in your school have textbooks containing HIV/AIDS content? If NOT, what happens to those who do not have them? If YES, were the textbooks generally free or rented to the teachers and the pupils?**

#### **Primary school respondents**

##### **Respondent 1**

“Yes, in primary schools through the Free Primary Education programme, both teachers and pupils are given textbooks; therefore, all the teachers and pupils have Health and Physical Education textbooks containing HIV/AIDS content.”

##### **Respondent 2**

“Yes, all the teachers and pupils have textbooks containing HIV/AIDS content and got them for free.”

##### **Respondent 3**

“Yes, the Ministry has given us textbooks containing HIV/AIDS content. These textbooks are given to the pupils and teachers at no cost.”

##### **Respondent 4**

Textbooks containing HIV/AIDS content are freely available to both teachers and pupils. The Ministry of Education and Training provides textbooks and stationery for free.”

**Respondent 5**

“The Ministry of Education and Training provides textbooks for free for both teachers and pupils. Yes, all teachers and pupils have textbooks containing HIV/AIDS content.”

**Secondary school respondents****Respondent 6**

“Textbooks are freely available for teachers but they are rented to the pupils. All teachers have textbooks containing HIV/AIDS content but few pupils are able to rent textbooks due to a lack of money. Teachers provide all the pupils with notes; therefore, even those who do not have textbooks have access to the HIV/AIDS content materials.”

**Respondent 7**

“All the teachers and pupils have textbooks containing HIV/AIDS content. They are rented by the pupils and teachers get them for free.”

**Respondent 8**

“All the teachers have textbooks containing HIV/AIDS content for free and all the pupils rent the textbooks.”

**Respondent 9**

“All the teachers have free textbooks containing HIV/AIDS content and all the pupils rent the textbooks containing HIV/AIDS content.”

**Respondent 10**

“All the teachers have textbooks freely provided by the school while pupils rent the textbooks. Many pupils have the textbooks containing HIV/AIDS content; those who do not have them are provided with notes by their teachers on the content.”

Five primary school respondents indicated that in their schools both teachers and pupils have textbooks for free, while five secondary schools respondents indicated that textbooks are available freely to all the teachers and pupils have to rent them. Three secondary school respondents indicated that all the pupils have rented the textbooks while two respondents indicated that they have been rented by a majority of the pupils.

**4.4.1.7 Apart from the textbooks containing HIV/AIDS content, do the teachers and pupils have additional support materials such as audio-visual materials on HIV/AIDS content?**

**Primary school respondents**

**Respondent 1**

“We do not have any additional or support materials because pupils do not pay school fees and we do not have any money to buy them.”

**Respondent 2**

“No, we do not have any support materials apart from the textbooks.”

**Respondent 3**

“No, the government has not provided any additional materials on HIV/AIDS content.”

**Respondent 4**

“We do not have any due to lack of funds.”

**Respondent 5**

“Some teachers have created their own additional materials such as diagrams.”

## **Secondary school respondents**

### **Respondent 6**

“We only have additional materials such as pamphlets in the school library.”

### **Respondent 7**

“The school library has pamphlets and newspapers on HIV/AIDS but we do not have any audio-visual additional materials.”

### **Respondent 8**

“We don’t have any additional materials.”

### **Respondent 9**

“Yes, there are books on HIV/AIDS available for pupils to read in the library, but we don’t have any audio-visual materials.”

### **Respondent 10**

“The school doesn’t have any additional materials.”

All the schools do not have any audio-visual materials to assist both teachers and pupils in the teaching of and learning about HIV/AIDS. In primary schools four respondents indicated that they do not have any additional materials while one respondent indicated that some teachers have created their own materials on HIV/AIDS content. In secondary schools three respondents indicated that schools have additional materials such as pamphlets, newspapers and books with HIV/AIDS content, while two respondents indicated that they do not have any additional materials.

**4.4.3.8 What is the role of the Central Inspectorate of the Ministry of Education and Training regarding the monitoring of the implementation and management of the HIV/AIDS prevention programme?**

**Primary school respondents**

**Respondent 1**

“The inspectors are supposed to monitor effective implementation of the programme, but ever since the school was established they have paid the school a general visit once which had nothing to do with the programme. For example, they inspected the school surroundings, checked the logs and clock books.”

**Respondent 2**

“They have to inspect the teachers in the process of the implementation of the programme to ensure that they implement this programme effectively, but this has not happened.”

**Respondent 3**

“They are supposed to inspect the schools and teachers on the implementation and management of this programme, but they have never done it.”

**Respondent 4**

“They are supposed to visit the school to ensure that teachers implement the programme effectively. Since I have been at this school, which is three years, the Central Inspectorate Officers have never been.”

**Respondent 5**

“They are supposed to visit schools to inspect the implementation and management of this programme, but they have not yet visited the school.”

## **Secondary school respondents**

### **Respondent 6**

“They have to monitor the teachers to ensure that they incorporate HIV/AIDS content into the curriculum; this has not happened.”

### **Respondent 7**

“They are supposed to visit schools and individual teachers to inspect how they integrate the HIV/AIDS content in their respective classes. Unfortunately, this has never happened.”

### **Respondent 8**

“Since the programme was introduced the inspectors have visited the school once. During their visit they went through the teachers’ scheme books and paid them class visits but they did not monitor the programme.”

### **Respondent 9**

“They are to visit schools to see to it that teachers implement what they have been trained on. However, they have never been here.”

### **Respondent 10**

“They have to inspect the teachers to ensure that they include HIV/AIDS content in their teaching. Unfortunately, they had never done any monitoring at this school.”

All the primary school respondents indicated that the Central Inspectorate office has not done any inspection in their schools. Four of the respondents indicated that the inspectors have never visited their schools to inspect the programme and one respondent indicated that ever since the programme was introduced the inspectors have visited the school only once. During their visit they went through

the teachers' scheme books and paid teachers class visits. This shows that monitoring by the inspectors is very poor as the majority of the respondents indicated that inspectors have never visited their schools to monitor the programme.

#### **4.4.3.9 What are the problems that teachers have encountered during the implementation and management of the HIV/AIDS prevention programme?**

##### **Primary school respondents**

###### **Respondent 1**

"A lack of audio-visual or additional materials hinders effective implementation of the programme."

###### **Respondent 2**

"Some teachers are infected therefore they sometimes find it difficult to teach about HIV/AIDS."

###### **Respondent 3**

"Teachers are not fully competent to handle HIV/AIDS content and this is probably because the training they received was not enough."

###### **Respondent 4**

"Pupils with relatives who have died of HIV/AIDS do not participate in class most of the time, because of the stigma and discrimination attached to HIV/AIDS."

###### **Respondent 5**

"Some pupils are infected with HIV/AIDS; thus, it becomes a sensitive topic to discuss in class as some pupils start crying."



## **Secondary school respondents**

### **Respondent 6**

“In this school most of the teachers did not receive adequate training; thus, they find it difficult to implement the programme.”

### **Respondent 7**

“A lack of adequate training of the teachers makes them not fully competent to teach HIV/AIDS content. Teachers cannot disseminate information effectively.”

### **Respondent 8**

“Very few pupils do not believe that HIV/AIDS exists and it is difficult for teachers to provide evidence to such pupils.”

### **Respondent 9**

“HIV/AIDS has affected many pupils and some teachers as a result, are reluctant to discuss this topic in detail.”

### **Respondent 10**

“Some teachers are not fully competent to teach the HIV/AIDS content and this is worsened by the fact that some teachers are already ill due to HIV/AIDS.”

Four of the respondents indicated that teachers are incompetent in teaching HIV/AIDS content which might be due to insufficient or lack of adequate training by professionals. Three respondents indicated that since some pupils are infected, they find it hard to participate and teachers also find it difficult to dwell long on this topic. Three respondents indicated that a few teachers are infected and it becomes very difficult for them to discuss explicitly HIV/AIDS content in class. One respondent indicated that lack of additional materials hinders effective implementation of the programme. Another respondent indicated it is not easy to

provide pupils with clear evidence of HIV/AIDS and to help those who do not believe that HIV/AIDS is fact.

#### **4.4.3.10 How does the school or the Ministry of Education and Training assist the teachers to effectively implement and manage the HIV/AIDS prevention programme?**

##### **Primary school respondents**

###### **Respondent 1**

“The school organises extra-mural activities such as drama clubs for the pupils to understand HIV/AIDS content better. The Ministry of Education and Training has trained teachers to effectively implement the programme effectively.”

###### **Respondent 2**

“The Ministry of Education and Training has developed and distributed a syllabus and textbooks to schools and principals have to make them available to the teachers.”

###### **Respondent 3**

“The Ministry of Education and Training distributed the textbooks to the teachers and pupils on HIV/AIDS. It has also provided training for teachers to ensure effective implementation of the programme, although the training was less than effective.”

###### **Respondent 4**

“The Ministry of Education and Training through the Central Inspectorate Officers inspect the implementation and management of the programme while schools manage and monitor the programme through the principals and Heads of Department, although this is poorly done.”

**Respondent 5**

“The schools support the teachers in implementing the programme and make additional materials and textbooks available to both teachers and pupils. The Ministry of Education and Training has developed and distributed textbooks and a syllabus on HIV/AIDS content to schools and organises training for teachers.”

**Secondary school respondents****Respondent 6**

“The Ministry of Education and Training has trained teachers once to ensure proper implementation of the programme, although there has never been any follow-up.”

**Respondent 7**

“The Ministry of Education and Training has trained two teachers on HIV/AIDS content while schools have organised training for the rest of the teachers at school. The Ministry of Education and Training has also developed and distributed textbooks and a syllabus to schools and the schools have made them available to the teachers.”

**Respondent 8**

“The schools provided additional materials such as books and pamphlets available, while the Ministry of Education and Training has trained teachers on the implementation and management of the programme.”

**Respondent 9**

“The Ministry of Education and Training monitors the programme, while schools manage and monitor the teachers to ensure that the programme is implemented well, but monitoring has been very poor. The Ministry of Education and Training has effectively developed and distributed the textbooks to schools but there were all manner of problems, such as the late delivery of textbooks at the beginning.”

### **Respondent 10**

“The Ministry of Education and Training organises training for the teachers on the implementation and management of HIV/AIDS content, while schools ensure that teachers receive the training. Monitoring of the programme is done by the Ministry of Education and Training through the Central Inspectorate Officers and in schools the supervision is done by the principals and Heads of Department.”

Five respondents indicated that the Ministry of Education and Training developed and distributed the teaching and learning materials to schools such as a syllabus and textbooks containing HIV/AIDS content and schools made teaching and learning materials available to teachers and pupils. Other respondents indicated that the Ministry of Education and Training organised teacher training on the programme, while schools had to see to it that teachers attended workshops organised by the Ministry of Education and Training. Two respondents indicated that the Ministry of Education and Training appointed the Central Inspectorate Officers to inspect the implementation and management of the programme and principals and Heads of Department have to manage and monitor teachers in the implementation of the programme.

#### **4.4.3.11 How successful is the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?**

##### **Primary school respondents**

##### **Respondent 1**

“I am not sure, but I think the programme has not been very successful in encouraging the development of safe behaviour, as we have had three cases of young girls who dropped out of school due to pregnancy. This clearly shows that they practised unsafe sex and this can lead to the spread of HIV/AIDS.”

**Respondent 2**

“Pupils can now talk freely about HIV/AIDS which was not the case in the past.”

**Respondent 3**

“Pupils can now understand many things about HIV/AIDS; for example, they now know how one can be infected and how AIDS can be prevented.”

**Respondent 4**

“It has been a success, although there are some exceptional cases which prove otherwise; for example, some pupils are still not able to talk openly about HIV/AIDS because they are either infected or affected.”

**Respondent 5**

“Pupils can now sit together in class and play with pupils who are HIV positive and can help them without fear of being infected as they now know how to protect themselves against HIV/AIDS.”

**Secondary school respondents****Respondent 6**

“Pupils now understand the causes of HIV/AIDS and the methods of prevention and this is reflected in their tests.”

**Respondent 7**

“There are pupils who still do not believe that HIV/AIDS exists.”

**Respondent 8**

“At least now, pupils know that they cannot help injured friends at school without first putting on gloves when assisting them.”

**Respondent 9**

“It is to a certain extent a success because many pupils now know that HIV/AIDS is real and incurable.”

**Respondent 10**

“It is not successful because HIV/AIDS statistics keep on rising every day.”

Eight of the respondents seem to agree that the programme has raised HIV/AIDS awareness among the pupils. Nevertheless, it is not evident from the responses that the programme has led to the development of safe behaviour, as one of the respondents mentioned three cases of pregnant girls. Three other respondents indicated that the programme has not been able to adequately address the issue of HIV/AIDS as Respondent 5 stated that HIV/AIDS statistics keep increasing every day.

**4.4.3.12 What are the weaknesses of the HIV/AIDS prevention programme and how can they be rectified?****Primary school respondents****Respondent 1**

“Some teachers have never received any training on the programme and those who have, have indicated that the training wasn’t enough. Therefore, more training is essential. Most importantly, teachers spend too short a time on this crucial issue. I think this topic requires more attention in and out of class.”

**Respondent 2**

“The training of teachers and principals was not competent enough, in my opinion, because it was undertaken by people who are not qualified counsellors and nurses. Training by professionals is needed.”

**Respondent 3**

“A lack of training for teachers makes them incompetent to teach HIV/AIDS content and they cannot disseminate the content effectively as they need more training. Monitoring of the programme is also required.”

**Respondent 4**

“Teachers do not have any additional materials to help them to effectively implement the programme. Both teachers and principals need more intense training on the programme so that principals are able to help teachers when the need arises.”

**Respondent 5**

“Teachers do not have additional materials, more especially audio-visual materials to enhance their teaching of HIV/AIDS content. I think the government has to see to it that appropriate additional materials are designed for pupils and available to schools. Moreover, teachers need more training, as I think the training was not enough. Finally, there is lack of monitoring by all the parties concerned which include principals and the Central Inspectors.”

**Secondary school respondents****Respondent 6**

“Most of the teachers are not adequately trained therefore proper training by professionals is needed.”

**Respondent 7**

“The Ministry of Education and Training has to train teachers again, for the teachers were trained only once for two days and there has never been any follow-up training. Teachers seriously need more training.”

**Respondent 8**

“In my school teachers are not fully competent to handle HIV/AIDS content. Some teachers find it difficult to approach this topic effectively, most of the time, since they themselves are infected or affected. More training is needed so that they are able to overcome their fears. Again, the Central Inspectorate Office must monitor the programme so that they can identify problems the teachers come across when integrating HIV/AIDS content.”

**Respondent 9**

“The HIV/AIDS content incorporated is too brief. This could be rectified by making it an independent subject.”

**Respondent 10**

“A lack of proper training has a negative impact on this programme as some of the teachers are not fully competent in this issue and the Central Inspectors do not effectively monitor this programme.”

Nine respondents indicated that the training received by teachers on HIV/AIDS content was not enough. Teachers need constant training on this programme and it should be done by counsellors and nurses who know the content. Principals also need training on the management and implementation of the programme so that they are able to monitor the programme effectively and help teachers when the need arises. Four respondents showed that there is poor monitoring of the programme and all the parties concerned should work together to monitor the programme. Two respondents mentioned that HIV/AIDS content should not be incorporated into other subjects but should be an independent subject (a subject on its own). Others indicated that there is a need for additional materials on HIV/AIDS content.



## **4.5 TRIANGULATION OF DATA OBTAINED FROM THE INTERVIEWS AND QUESTIONNAIRES**

### **4.5.1 Triangulation**

According to Babbie and Mouton (2001:275) triangulation is generally considered to be one of the best ways to enhance validity and reliability. By using triangulation, the strength of one procedure can compensate for the weakness of another approach (de Vos, 2005:314). There are several types of triangulation. Neuman (2000:124-5) indicates that the common types of triangulation are triangulation of measures, observation, theory and methods.

In this study, both qualitative and quantitative methods of research were used. The semi-structured interview was used to collect data from the principals, while a questionnaire was used to collect data from the teachers on the implementation and management of an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho. By combining these two methods, the researcher was able to overcome the weakness emanating from one method and to be more confident in the results leading to syntheses of teachers' and principals' data. Below, is the triangulation of principals' and teachers' responses acquired through the interviews and the questionnaires.

- **Responses to the question about whether HIV/AIDS content has been incorporated into the textbooks of the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science.**

All the five primary principals who were interviewed stated that HIV/AIDS content has been incorporated into the textbook of Health and Physical Education. In secondary schools all the principals indicated that HIV/AIDS content has been incorporated into Home Economics and Science; two also showed that HIV/AIDS

content has been incorporated into Agriculture, while three stated that it has been incorporated into Geography (see 4.3.1.1). Thus, the principals interviewed hold almost the same view as 86.8% of the teachers who indicated in the questionnaires that textbooks on Agriculture contain HIV/AIDS content; 94.7% of the teachers indicated that textbooks on Geography contain HIV/AIDS content; 97.4% of the teachers indicated that textbooks on Health and Physical Education contain HIV/AIDS content; all the teachers (100%) indicated that textbooks on Home Economics contain HIV/AIDS content and 97.5% of the teachers indicated that textbooks of Science contain HIV/AIDS content (see Table 3).

- **Responses to the question about whether all pupils have textbooks.**

Three principals of secondary schools indicated in the interview that all the pupils have rented the textbooks, while two principals of the five secondary schools indicated that textbooks have been rented by the majority of the pupils (see 4.3.1.6). Thus, five principals hold almost the same view as the 86.8% of the teachers who indicated in the questionnaires that all the pupils who do Agriculture have textbooks containing HIV/AIDS content; 66.7% of the teachers stated that all the pupils who do Geography have textbooks containing HIV/AIDS content and 61.1% of the teachers agreed that all the pupils who do Home Economics have textbooks containing HIV/AIDS content (see Table 4).

- **Responses to the question about whether, apart from textbooks containing HIV/AIDS content, teachers and pupils have additional support materials such as audio-visual materials on HIV/AIDS content.**

All the principals who were interviewed stated that they do not have any audio-visual materials to assist both teachers and pupils on HIV/AIDS content (4.3.3.7). Thus, all the principals interviewed hold almost the same views as all the teachers teaching Agriculture who indicated in the questionnaires that in their schools they do not have additional audio-visual materials containing HIV/AIDS content to assist both teachers and pupils (see Table 4).

- **Responses to the question about the training the teachers received regarding the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum.**

Seven principals, who were interviewed, indicated that most teachers in their schools received training on HIV/AIDS content (4.3.1.2). Thus, seven principals hold almost the same views as the 72.5% of the teachers who indicated in questionnaires that they received training on the HIV/AIDS content of Agriculture; 78.4% who teach Geography who indicated that they received training on HIV/AIDS content; 82.5% who teach Health and Physical Education who indicated that they received training on HIV/AIDS content; 88.2% who teach Home Economics who indicated that they received training on HIV/AIDS content and 71.8% who teach Science who indicated that they received training on HIV/AIDS content (see Table 5).

- **Responses to the question about whether teachers received initial in-service training organised by the Ministry of Education and Training on HIV/AIDS content.**

Seven principals, who were interviewed, stated that in their schools two teachers received the initial in-service training organised by the Ministry of Education and Training (4.3.1.2). Thus, seven principals hold the same views as 20.5% of teachers who stated in the questionnaires that they received initial training organised by the Ministry of Education and Training on HIV/AIDS content; 31.6% of teachers who teach Geography who indicated that they received initial training organised by the Ministry of Education and Training on HIV/AIDS content; 38.5% of teachers who teach Health and Physical Education who indicated that they received initial training organised by the Ministry of Education and Training on HIV/AIDS content; 64.7% of teachers who teach Home Economics who indicated that they received initial training organised by the Ministry of Education and Training on HIV/AIDS content and 39.4% of teachers who teach Science who indicated that they received initial training organised by the Ministry of Education and Training on HIV/AIDS content (see Table 5).

- **Responses to the question about whether teachers have received training organised at their schools on HIV/AIDS content in the following subjects.**

Seven principals who were interviewed indicated that teachers received training which was organised at their schools on HIV/AIDS content (4.3.1.2). Thus, seven principals hold the same views as 13.2% of teachers who teach Agriculture who indicated in the questionnaires that they received training organised at their schools on HIV/AIDS content; 16.2% of teachers who teach Geography who indicated that they received training organised at their schools on HIV/AIDS content; 37.5% of teachers who teach Health and Physical Education who received training organised at their schools on HIV/AIDS content; 50% of teachers who teach Home Economics who received training organised at their schools on HIV/AIDS content and 21% of teachers who teach Science who received training organised at their schools on HIV/AIDS content (see Table 5).

- **Responses to the question about whether teachers have received training at the teacher training college on HIV/AIDS content.**

One of the ten principals who were interviewed indicated that she had received training at the teacher training college on HIV/AIDS content (4.3.1.2). Thus, one principal held the same views as 59.5% of teachers who teach Agriculture who indicated in the questionnaires that they had received training at the teacher's training college on HIV/AIDS content; 48.6% who teach Geography who indicated that they had received training at the teacher's training college on HIV/AIDS content; 58.9% who teach Health and Physical Education who indicated that they had received training at the teacher's training college on HIV/AIDS content; 47.1% who teach Home Economics who indicated that they had received training at the teacher's training college on HIV/AIDS content and 45% who teach Science who indicated that they had received training at the teacher's training college on HIV/AIDS content (see Table 5).

- **Responses to the question about the inspection of the programme by the Central Inspectorate on how teachers integrate HIV/AIDS content.**

Nine of the ten principals who were interviewed stated that the Central Inspectorate of the Ministry of Education and Training has never visited their schools to monitor the programme ever since it was introduced (4.3.3.8). Thus, nine principals hold almost the same views as all the teachers who indicated in the questionnaires that they were not inspected at their schools by the Central Inspectorate of the Ministry of Education and Training on how to integrate HIV/AIDS content when teaching Agriculture; 97.4% of teachers who teach Geography; 95% of teachers who teach Health and Physical Education and 94.5% of teachers who teach Science (see Table 6).

- **Responses to the question about whether principals pay class visits to monitor how teachers teach HIV/AIDS content.**

Four primary and three secondary schools principals who were interviewed stated that they pay class visits to monitor how teachers integrate HIV/AIDS content into their subjects (4.3.3.4). Thus, seven principals hold the same views as 8.3% of the teachers who teach Agriculture who indicated in the questionnaires that principals pay class visits to monitor how teachers integrate HIV/AIDS content; 7.7% of teachers who teach Geography who indicated that principals pay class visits to monitor how teachers integrate HIV/AIDS content; 46.2% of teachers who teach Health and Physical Education who indicated that principals pay class visits to monitor how teachers integrate HIV/AIDS content; 20% of teachers who teach Home Economics who indicated that principals pay class visits to monitor how teachers integrate HIV/AIDS content and 18% of teachers who teach Science who indicated that principals pay class visits to monitor how teachers integrate HIV/AIDS content (see Table 6).

- **Responses to the question if principals monitor whether HIV/AIDS content is included in the scheme books.**

Three principals who were interviewed indicated that they monitor whether HIV/AIDS content is included in the scheme books of the teachers (4.3.3.4). Thus, three principals hold the same views as 25.7% of the teachers who teach Agriculture who indicated in the questionnaires that principals monitor whether HIV/AIDS content is included in their scheme books; 41% of teachers who teach Geography who indicated that principals monitor whether HIV/AIDS content is included in their scheme books; 65% of teachers who teach Health and Physical Education who indicated that principals monitor whether HIV/AIDS content is included in their scheme books; 50% of teachers who teach Home Economics who indicated that principals monitor whether HIV/AIDS content is included in their scheme books and 57.5% of teachers who teach Science who indicated that principals monitor whether HIV/AIDS content is included in their scheme books (see Table 6).

## **4.6 CONCLUSION**

An analysis of the questionnaires and interviews was done. Triangulation of the responses to the questionnaires and interviews was completed. The following chapter will comprise a summary of the findings, provide recommendations and draw conclusions from the study.

## **CHAPTER 5**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 INTRODUCTION**

The previous chapter dealt with the research methodology and design, the data analysis and the interpretation of the study. In this chapter the researcher provides a summary of the statement problem, the aim of the study, the research methodology and design, the demarcation of the field of study and a summary of the findings of the research and its conclusions. Finally, the researcher provides recommendations for further research and action .

##### **5.1.1 Statement of the problem**

The Ministry of Education and Training in Lesotho embarked on an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curricula in both primary and secondary schools in the following subjects: Health and Physical Education, Science, Agriculture, Home Economics and Geography. The aim was to curb the escalation of HIV/AIDS in the country. Although this programme is offered in all the primary and secondary schools in Lesotho, it is not clear whether all the teachers have received training in the programme or whether the programme has been implemented effectively in schools. For example, at the meeting held in the United Nations House, it was reported that one teacher had said that he would not assist a child with any injury because he might be infected. This shows that there could still be teachers who need training to implement this programme. Moreover, there have been a large number of

teenage pregnancies in schools, indicating that although pupils are taught about HIV/AIDS they still practise unsafe sex. This shows that these teenagers are at risk of being infected with HIV/AIDS. This study attempted to evaluate the implementation and management of an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho schools. (cf. 1.2)

### **5.1.2 Aim of the study**

The general aim of the study as indicated in Chapter 1 (cf. 1.3) was to evaluate the implementation and management of an HIV/AIDS prevention programme of incorporation of HIV/AIDS content into the school curriculum in Lesotho.

The objectives derived from the general aim are as follows:

- To investigate the spread of HIV/AIDS infection and the management of the HIV/AIDS prevention programmes used in schools and in other parts of the world.
- To establish the impact of HIV/AIDS among teachers and pupils in Lesotho schools and of the HIV/AIDS prevention programmes used.
- To evaluate the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho.
- To summarise the findings and make recommendations towards improving the implementation and management of the HIV/AIDS prevention programme.

### **5.1.3 Research design and methodology**

The researcher used the literature study to obtain data on the extent of HIV/AIDS and HIV/AIDS prevention programmes and their management in South Africa (cf.



2.2), Uganda (cf. 2.3), Brazil (cf. 2.4) and Thailand (cf. 2.5). The researcher also used the literature study as indicated in chapter 3 (cf.3.4) to obtain data on the impact of HIV/AIDS among teachers and pupils in Lesotho schools and the HIV/AIDS prevention programme employed. Questionnaires were distributed to two hundred teachers but only one hundred and ninety-seven were returned (cf. 4.2.6). Semi-structured interviews were conducted with a sample of ten respondents consisting of five principals in primary schools and five in secondary schools (cf. 4.2.7). In Chapter 5 the questionnaires (cf. 5.3) and interviews were analysed and reported (cf. 5.4).

#### **5.1.4 Demarcation of the study**

This research was conducted in the district of Maseru in Lesotho (cf. 4.2.3). The Maseru district is one of ten districts in the country. It consists of both rural and urban areas and about 60% of all the schools in this country are located in the district. Because of limited time, the scope of the study was narrowed down to twenty primary schools and secondary schools.

The study falls within Educational Management which is a sub-discipline of education. Educational management is concerned with a certain perspective on formative education, as well as how management should take place in relation to organisation in the various management areas. This study focused on the implementation and management of an HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho.

## **5.2 SUMMARY OF THE FINDINGS**

### **5.2.1 Findings from the literature study**

A summary of the findings as indicated in Chapter 3 is as follows:

- In Lesotho, the first AIDS case was reported in 1986; since then, the adult HIV/AIDS prevalence rate has risen from around 4% in 1993 to 25% in 1999 and 31% in 2002. In 2006 alone, 23,000 people died from AIDS-related illnesses leaving behind approximately 97,000 orphans. Most affected are young people, especially teenage girls and people aged 20-29, former miners, migrant labourers, factory workers, the unemployed and female workers.
- Since 1986 the Government of Lesotho has developed and put in place several policies and plans to guide the response to the HIV/AIDS epidemic. In 1987 the government established the National AIDS Prevention and Control Programme within the Ministry of Health to coordinate and manage HIV/AIDS interventions. In 2000 the Government of Lesotho established a National Policy on HIV/AIDS Prevention, Control and Management. The effectiveness of this policy framework was affected by the absence of a robust coordination mechanism and coordination between the various implementing bodies (this challenge led to the revision of the National Policy adopted in 2000 in 2005).
- The Government of Lesotho also endorsed the National AIDS Strategic Plan 2000/1-2003/4 as a three-year rolling plan with a guiding document that reiterated the government's will and commitment to preventing HIV and managing its impact. Despite clear strategies proposed in the National Strategic Plan, inadequate skills and financial resources have compromised the translation of the strategic plans into specific implementation. In 2006, the government adopted the National Strategic Plan 2006-2011, replacing the previous National Strategic Plan 2000/1-2003/4. In 2001 the Lesotho AIDS Programme Coordinating Authority was established to manage and coordinate HIV/AIDS activities and to oversee the implementation of the National AIDS Strategic Plan 2000/2001-2003/2004. However, it was unable to perform its coordinating function successfully, and was replaced by the semi-autonomous National AIDS Commission in 2005.

- The increasing number of HIV/AIDS cases has impacted greatly on the education sector. The infection rates for young people are extremely high, standing at 51% for females aged 15-24 and 23% for males in the same age group. The HIV/AIDS impact among teachers has also been estimated; the projections from the impact assessment study showed that in 2003 teacher HIV/AIDS prevalence was 27% for a high prevalence projection and 22% for a low prevalence projection. These rates are projected to peak in 2007 at 30% and 25% respectively. (Vide, prg. 3.3)
- In the fight against HIV/AIDS in Lesotho, the Ministry of Education and Training has been responsible for, among other things, the implementation of the prevention component of the National AIDS Strategic Plan and the National Policy on HIV/AIDS Prevention, Control and Management. In order to ensure effective implementation of prevention programmes or efforts, an HIV/AIDS Unit was established to coordinate HIV/AIDS activities within the education sector in an effort to mainstream HIV/AIDS awareness. (Vide, prg. 3.4.2)
- Non-governmental Organisations and the Ministry of Education and Training have also made a joint effort to raise HIV/AIDS awareness among learners as a way to enabling them to be knowledgeable about HIV/AIDS from an early stage. The Ministry of Education and Training and UNICEF embarked on an interactive educational HIV/AIDS road show as an HIV/AIDS intervention prevention programme for young people in both primary and secondary schools (Vide, prg. 3.4.3.1). The Lesotho Durham Link has established School HIV/AIDS Peer Education programme for learners as an HIV/AIDS intervention and prevention programme (Vide, prg. 3.4.3.2). The Government of Lesotho through the Ministry of Education and Training has integrated/incorporated HIV/AIDS content into primary and secondary school curricula as an HIV/AIDS prevention programme (Vide, prg. 3.4.3.3).

## **5.2.2 Summary of findings from the questionnaires**

### 5.2.2.1 HIV/AIDS CONTENT INCORPORATED IN DIFFERENT

#### SUBJECTS (SEE TABLE3)

- More than 94.4% of the respondents indicated that HIV/AIDS content has been incorporated into Agriculture, Geography, Health and Physical Education, Home Economics and Science.
- More than 87.2% of the respondents indicated that HIV/AIDS content incorporated into their subjects could stimulate discussion about HIV/AIDS.
- More than 92.1% of the respondents indicated that HIV/AIDS content incorporated into their subjects could raise HIV/AIDS awareness among the pupils.
- More than 81.6% of the respondents indicated that HIV/AIDS content incorporated into their subjects could correct misinformation about the causes of HIV/AIDS.
- More than 82.1% of the respondents indicated that HIV/AIDS content incorporated into their subjects could encourage the development of safe behaviour among pupils.
- More than 67.6% of the respondents indicated that HIV/AIDS content incorporated into their subjects could help to reduce the spread of HIV/AIDS.
- More than 60.5% of the respondents indicated HIV/AIDS content incorporated into their subjects could discourage discrimination against infected persons.
- More than 65.8% of the respondents indicated that HIV/AIDS content incorporated into their subjects could encourage proper nutrition.
- More than 89.5% of the respondents indicated that HIV/AIDS content incorporated into their subjects could encourage proper hygiene while only less than 7.9% of respondents who teach Geography indicated that

HIV/AIDS content encourages proper hygiene.

The Ministry of Education and Training has successfully incorporated HIV/AIDS into the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics, and Science (Vide, prg. 3.4.3.3) as indicated by majority of the responds. Most importantly the content incorporated raises awareness and encourages the development of safe behavior (Vide, prg. 3.4.3.3)

#### 5.2.2.2 TEXTBOOKS AND ADDITIONAL MATERIALS CONTAINING HIV/AIDS CONTENT (SEE TABLE 4)

- More than 86.8% of the respondents indicated that Agriculture, Geography, Health and Physical Education, Home Economics and Science textbooks contain HIV/AIDS content;
- More than 76.3% of the respondents indicated that Agriculture, Geography, Health and Physical Education, Home Economics and Science textbooks contain HIV/AIDS content that is appropriate to the pupils' developmental level.
- More than 76.3% of the respondents indicated that Agriculture, Geography, Health and Physical Education, Home Economics and Science textbooks contain HIV/AIDS content that is clear enough for the pupils to understand.
- More than 95% of the respondents teaching only Health and Physical Education indicated that textbooks containing HIV/AIDS content are freely available to the pupils, while less than 15.4% of the respondents at the sample secondary schools indicated that textbooks containing HIV/AIDS content are freely available to pupils.
- More than 77.5% of the respondents indicated that in secondary schools Agriculture, Geography, Home Economics and Science textbooks containing HIV/AIDS content are being rented to the pupils while less than 2.4% of the respondents who teach Health and Physical Education in

primary schools indicated that textbooks containing HIV/AIDS content are being rented to pupils.

- More than 61.1% of the respondents indicated that all pupils who do Agriculture, Geography, Health and Physical Education, Home Economics and Science have textbooks containing HIV/AIDS content.
- More than 84.6% of the respondents indicated that Agriculture, Geography, Health and Physical Education, Home Economics and Science textbooks containing HIV/AIDS content are freely available to the teachers.
- More than 82.5% of the respondents indicated that all teachers who teach Agriculture, Geography, Health and Physical Education, Home Economics and Science have textbooks containing HIV/AIDS content.
- Less than 51.4% of the respondents indicated that teachers who teach Agriculture, Geography, Health and Physical Education, Home Economics and Science have additional audio-visual materials containing HIV/AIDS content.
- Less than 50% of the respondents indicated that teachers who teach Agriculture, Geography, Health and Physical Education, Home Economics and Science have additional audio-visual materials containing HIV/AIDS content to help the pupils to learn about HIV/AIDS.

From the responses above it is clear that the Ministry of Education and Training has been able to develop and distribute education materials to schools (Vide, prg. 3.4.3.3) as majority of the respondents indicated that teachers and pupils have textbooks containing HIV/AIDS content.

#### 5.2.2.3 TEACHER TRAINING IN HIV/AIDS (SEE TABLE5)

More than 55.9% of the respondents indicated that they seldom received training on HIV/AIDS.

- More than 60.5% of the respondents indicated that they never received initial in-service training on HIV/AIDS content organised by the Ministry of

#### Education and Training.

- More than 50% of the respondents indicated that they never received in-service training on HIV/AIDS content organised by their schools.
- More than 40.5% of the respondents indicated that they never received training on HIV/AIDS content at the teacher training college.
- More than 47.5% of the respondents indicated that they seldom received training on how to incorporate HIV/AIDS content into the school subjects.
- More than 33.3% of the respondents indicated that they seldom received appropriate training on how to teach HIV/AIDS content.
- More than 41.2% of the respondents indicated that they seldom received adequate training on how to incorporate HIV/AIDS content into their subjects.
- More than 41.2% of the respondents indicated that they seldom received helpful training on incorporating HIV/AIDS content.
- More than 38.2% of the respondents indicated that they seldom received training from knowledgeable people on how to incorporate HIV/AIDS content.
- More than 37.5% of the respondents indicated that they seldom received comprehensive training on incorporating HIV/AIDS content into the curriculum.

In order to ensure effective and efficient implementation of the programme educators had to undergo in-service and pre-service training on the programme (Vide, prg. 3.4.3.3). From the responses above it shows that although most teacher have been trained some teachers need training on the programme.

#### 5.2.2.4 MONITORING OF TEACHING OF HIV/AIDS (SEE TABLE 6)

- More than 82.4% of the respondents indicated that they have never been inspected by the Central Inspectorate of the Ministry of Education and

Training on how to integrate HIV/AIDS content when teaching.

- More than 92.3% of the respondents indicated that they have never been evaluated by the Central Inspectorate of the Ministry of Education and Training on their teaching preparation of HIV/AIDS content.
- More than 45% of the respondents indicated that they have never been monitored on their competence of how to integrate HIV/AIDS content into lessons.
- More than 53.8% of the respondents indicated that they have never been visited in class by their principals to monitor how they teach HIV/AIDS content.
- More than 47.5% of the respondents indicated that their lesson preparation of HIV/AIDS content has never been monitored by their principals.
- More than 67.5% of the respondents indicated that their principal has never inspected time allocated for the teaching of HIV/AIDS content.
- More than 35% of the respondents indicated that their principals have never monitored whether HIV/AIDS content is included in their scheme books.
- More than 33% of the respondents at the sample schools indicated that their principals never monitor whether HIV/AIDS content is included in the record books.
- More than 60% of the respondents indicated that their principals have never evaluated the appropriateness of the teaching materials used in teaching HIV/AIDS.
- More than 48.6% of the respondents indicated that their principals have never discussed the problems they encounter in the teaching of HIV/AIDS.
- More than 50% of the respondents indicated that their Heads of Department have never inspected how they integrated HIV/AIDS content into their subjects.
- More than 66.7% of the respondents indicated that their Heads of Department have never discussed how they teach HIV/AIDS content



effectively.

- More than 32% of the respondents indicated that they have never discussed the problems they encounter in their department on HIV/AIDS content.
- Less than 17.6% of the respondents at the sample schools indicated that they have never discussed HIV/AIDS content lessons with their colleagues.
- Less than 11.1% of the respondents at the sample schools indicated that their pupils have never written a test or examinations on HIV/AIDS content.

It is clear that there has been poor monitoring of the programme especially by the Ministry of Education and Training. Hence, it might not be easy to indicate whether the implementation and management of the programme by the teachers is a success (Vide, prg. 3.4.3.3)

### **5.2.3 Findings from the interviews**

Interviews with principals revealed the following:

- All five primary school respondents indicated that HIV/AIDS content has been incorporated into the standard 4-7 textbooks of Health and Physical Education. All five secondary school respondents indicated that HIV/AIDS content has been incorporated into textbooks of Form A-C. All secondary respondents indicated that HIV/AIDS content has been incorporated into Home Economics and Science. Of the five secondary school respondents, two also indicated that HIV/AIDS content has been incorporated into textbooks on Agriculture, while three respondents indicated that HIV/AIDS content has been incorporated into textbooks on Geography.
- Three of the primary school respondents indicated that only two teachers at the schools had received the initial in-service training organised by the

Ministry of Education and Training once, and they in turn, trained the rest of the teachers in their schools. Two of the primary school respondents indicated that they are not sure whether teachers have received any training on the programme. Four of the secondary school respondents indicated that only two teachers at their schools received the initial in-service training organised by the Ministry of Education and Training once and they, in turn, trained the rest of the teachers in their schools. One secondary school respondent indicated that two teachers in his school have never received any training. One secondary school respondent stated that he is not sure whether the teachers in the school have received any training.

- Three of the primary school respondents indicated that they have received training once pertaining to the HIV/AIDS prevention programme which was organised at schools by teachers who had received initial training. One respondent indicated that she had received training on the programme at the teacher training college. Another respondent indicated that she has never received any training.
- Four secondary school respondents indicated that they have received training once pertaining to the HIV/AIDS prevention programme which was organised at schools by the teachers who received initial training organised by the Ministry, while one respondent indicated that she has never received any training on the programme. Some respondents indicated that the training lasted for a day, while others indicated that it lasted for two days.
- Four primary school respondents stated that they monitor the implementation of the programme, while one confessed that she has never inspected or monitored the implementation of the programme. Four secondary school respondents asserted that they monitor the teachers when implementing the programme.
- Five of the primary school respondents indicated that in their schools there are no Heads of Department. In the secondary schools one respondent

indicated that she has to check that the syllabus contains HIV/AIDS content, discuss ways of teaching the HIV/AIDS content and help to solve problems encountered in the teaching of the content. Another respondent indicated that he inspects lesson plans, Schemes and Records of Work Done.

- Five primary school respondents indicated that in their schools teachers and learners received textbooks for free, while five secondary school respondents indicated that textbooks are freely available to all the teachers but pupils have to rent them. Three secondary school respondents indicated that all the pupils have rented the textbooks, while two respondents indicated that they have been rented by a majority of the pupils.
- All the schools do not have any audio-visual materials to assist both teachers and pupils in the teaching of HIV/AIDS content, as all ten respondents indicated that they do not have any audio-visual materials in their schools. In the primary schools, four respondents indicated that they do not have any additional materials, while one respondent indicated that some teachers have created their own materials on HIV/AIDS content. In secondary schools three respondents indicated that schools have additional materials such as pamphlets, newspapers and books with HIV/AIDS content, while two respondents indicated that they do not have any additional materials.
- All the primary school respondents indicated that the Central Inspectorate Office has not done any inspections on the implementation and management of the HIV/AIDS prevention programme. Four of the respondents indicated that the inspectors have never visited their schools to inspect the programme and one respondent indicated that since the programme was introduced, the inspectors have visited the school once. During their visit they went through the teachers' scheme books and paid teachers class visits. This shows that monitoring by the inspectors is very

- poor as the majority of the respondents indicated that inspectors have never visited their schools to monitor the programme.
- Four of the respondents indicated that some teachers are not competent to teach HIV/AIDS. Three respondents indicated that since some pupils are infected with HIV/AIDS, they find it hard to participate in class when HIV/AIDS is discussed. Moreover, teachers find it difficult to go into detail on the topic. Three respondents indicated that a few teachers are infected and it becomes very difficult for them to discuss explicitly HIV/AIDS content in class. One respondent indicated that a lack of additional materials hinders the effective implementation of the programme. Another respondent indicated that it is not easy to provide pupils with clear evidence of the efficacy of the programme and help those who do not believe that HIV/AIDS is a reality.
  - Five respondents indicated that the Ministry of Education and Training distributed the teaching and learning materials to schools, such as syllabuses and textbooks containing HIV/AIDS content and schools made teaching and learning materials available to teachers and pupils. Other respondents indicated that the Ministry of Education and Training organised teacher training in the programme, while schools had to see to it that teachers attended workshops organised by the Ministry of Education and Training. Two respondents indicated that the Ministry of Education and Training appointed the Central Inspectorate Officers to inspect the implementation and management of the programme and principals and Heads of Department have to manage and monitor the teachers' implementation of the programme.
  - Eight of the respondents seem to agree that the programme has raised HIV/AIDS awareness among the pupils. Despite this, it is not evident from the responses that the programme has led to the development of safe behaviour, as one of the respondents reported three cases of pregnant girls. Three other respondents indicated that the programme has not been

able to address the issue of HIV/AIDS and another respondent stated that HIV/AIDS statistics keep increasing everyday.

- Nine respondents indicated that the training received by teachers on HIV/AIDS content was not enough. Teachers need constant training on this programme and it should be done by counsellors and nurses who are qualified to speak on the subject. Principals also need training on the management and implementation of the programme so that they are able to monitor the programme effectively and help teachers when the need arises. Four respondents showed that there is poor monitoring of the programme and Heads of Department, principals and the Central Inspectorate Officers should work together to monitor the programme. Two respondents mentioned that HIV/AIDS content should not be incorporated into other subjects but should be an independent subject (a subject on its own). Others indicated that there is a need for additional materials on HIV/AIDS content.

#### **5.2.4 Summary of triangulation of data obtained from the interview and questionnaires**

- **Responses to the question about whether HIV/AIDS content has been incorporated into the textbooks of the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science.**

All five primary principals, who were interviewed, stated that HIV/AIDS content has been incorporated into the textbooks of Health and Physical Education. In secondary schools, all the principals indicated that HIV/AIDS content has been incorporated into Home Economics and Science; two also indicated that HIV/AIDS content has been incorporated into Agriculture. Three respondents stated that it has been incorporated into Geography (see 4.3.1.1). Thus, the principals interviewed hold almost the same views as the teachers (86.8%) who

indicated in the questionnaires that textbooks in their subjects contain HIV/AIDS content (see Table 3).

- **Responses to a question about whether all pupils have textbooks.**

Three principals of secondary schools indicated in the interview that all the pupils have rented the textbooks, while two principals of the five secondary schools indicated that textbooks have been rented by a majority of the pupils (see 4.3.1.6). Thus, five principals hold almost the same view as more than 61.1% of the teachers who indicated in the questionnaires that all the pupils have textbooks containing HIV/AIDS content in their subjects (see Table 4).

- **Responses to a question about whether, apart from textbooks containing HIV/AIDS content, teachers and pupils have additional support materials such as audio-visual materials on HIV/AIDS content.**

All the principals who were interviewed stated that in their schools they do not have any audio-visual materials to assist both teachers and pupils on HIV/AIDS content (4.3.3.7). Thus, all the principals interviewed hold almost the same views as all the teachers who teach Agriculture who indicated in the questionnaires that in their schools they do not have additional audio-visual materials containing HIV/AIDS content to assist both teachers and pupils (see Table 4).

- **Responses to a question about the training teachers received regarding the HIV/AIDS prevention programme..**

Seven principals who were interviewed indicated that most teachers in their schools received training on HIV/AIDS content (4.3.1.2). Thus, seven principals hold almost the same views as more than 71.8% of the teachers who indicated in questionnaires that they received training on HIV/AIDS content in their subjects (see Table 5).

- **Responses to a question about whether teachers received initial in-service training organised by the Ministry of Education and Training on HIV/AIDS content.**

Seven principals who were interviewed stated that two teachers received the initial in-service training organised by the Ministry of Education and Training (4.3.1.2). Thus, seven principals hold the same views as more than 20.5% of teachers who stated in the questionnaires that they received initial training organised by the Ministry of Education and Training on HIV/AIDS content (see Table 5).

- **Responses to a question about the inspection of the programme by the Central Inspectorate on how teachers integrate HIV/AIDS content.**

Nine of the ten principals who were interviewed stated that the Central Inspectorate of the Ministry of Education and Training has never visited their schools to monitor the programme since it was introduced (4.3.3.8). Thus, nine principals hold almost the same views as more than 94.5% of teachers who indicated in the questionnaires that they have never been inspected at their schools by Central Inspectorate of the Ministry of Education and Training on how to integrate HIV/AIDS content when teaching (see Table 6).

- **Responses to a question about whether principals monitor if HIV/AIDS content is included in the scheme books.**

Three principals who were interviewed indicated that they do monitor whether HIV/AIDS content is included in the scheme books of the teachers (4.3.3.4). Thus, three principals hold the same views as more than 25.7% of the teachers who indicated in the questionnaires that principals monitor whether HIV/AIDS content is included in their scheme books (see Table 6).

### **5.3 CONCLUSIONS**

There is abundant evidence from the empirical investigations and the interviews that HIV/AIDS content is incorporated into the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science. The textbooks of these subjects also contain HIV/AIDS content. A majority of primary pupils have textbooks as in primary schools the textbooks are freely available to the pupils. In secondary schools a majority of the pupils have textbooks although they are rented to them. This implies that teachers and pupils can learn about HIV/AIDS. However, most of the schools do not have additional materials, more especially audio-visual materials to assist both teachers and pupils in effective learning and teaching.

The research suggests that a majority of the teachers have received training pertaining to the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum. Some teachers received initial training organised by the Ministry of Education and Training who, in turn, trained others while some received training at the teacher training college.

The investigation undertaken in this research has also proved beyond doubt that principals have never been trained in the management of this programme or experienced any other training pertaining to HIV/AIDS prevention.

It can also be concluded that the inspection of the programme has not been done effectively in most schools. The principals have seldom monitored the programme, as they indicated that they have a lot of other work to do. Similarly, Heads of Department have seldom monitored the programme because they also have many responsibilities. The Central Inspectorate Officers have monitored only a few schools.



## **5.4 RECOMMENDATIONS**

According to the findings, most of the schools do not have any additional materials especially audio-visual materials to assist in the effective teaching and learning of HIV/AIDS content. In order for the programme to be effectively implemented by the teachers, there is a need for scientifically accurate and age-appropriate additional materials so that pupils can understand and retain HIV/AIDS content well. Therefore, schools should ensure that teachers and pupils have additional materials to assist them in the effective teaching and learning of HIV/AIDS content.

According to the findings, not all the teachers have received training on how to implement the programme. In order for the teachers to implement the programme effectively, they have to undergo training. Therefore, the Ministry of Education and Training should ensure that all teachers receive this training. All principals should receive the same training as the teachers so that they are able to assist the teachers when the need arises.

The findings also revealed that principals have also not received any training regarding the management or monitoring of the programme so that they are able to monitor the programme effectively and assist teachers with its implementation. Therefore, the Ministry of Education and Training should ensure that they receive such training so that the programme can be implemented and managed effectively.

The empirical investigation indicated that the Central Inspectorate Officers have not done any monitoring of the programme in most schools. In primary schools, the majority of principals have seldom monitored the teachers on the implementation of the programme. In secondary schools, the majority of both Heads of Department and principals have seldom monitored the implementation of the programme. There is a need for stronger monitoring of the programme in

order to improve its implementation, as well as to provide relevant information about the programme. The Central Inspectorate Officers of the Ministry of Education and Training should monitor the programme's progress, needs, and challenges so as to develop appropriate strategies to address those challenges and improve the programme. It should deliver feedback to schools and teachers on their overall performance. The effective monitoring and delivery of feedback will consequently effect stronger monitoring by principals and Heads of Department. These recommendations might help in the effective implementation and management of the programme and hopefully prevent the further spread of HIV/AIDS.

The investigations also indicated that most schools are not engaged in other HIV/AIDS preventions programme. HIV/AIDS prevention programmes out of class can help pupils and teachers to understand HIV/AIDS better and schools should ensure that the teaching of HIV/AIDS extends beyond the classroom. They should work closely with associations involved in addressing HIV/AIDS, as well as establishing HIV/AIDS clubs at their schools and encourage pupils to join. This might help in curbing the escalation of HIV/AIDS in Lesotho.

## **5.5 CONCLUDING REMARKS**

It was stated at the beginning of this study that the effective implementation of an HIV/AIDS prevention programme in schools can help to reduce the spread of HIV/AIDS among learners. However, this research has proved that the HIV/AIDS prevention programme on incorporating HIV/AIDS content into the school curriculum is not implemented and managed effectively as not all teachers have received training in the programme, nor have principals received any training on how to monitor the programme. There is poor monitoring of the programme by Heads of Department, principals and the Central Inspectorate Officers, together with a lack of additional materials on HIV/AIDS.

The researcher believes that the guidelines based on the research evidence embodied in this dissertation could provide assistance in effectively implementing and managing the programme. The fundamental point of departure for solving this problem is to make certain that teachers and principals receive training; that Heads of Department, principals and the Central Inspectorate Officers monitor the programme;, and that schools work hand-in- hand with HIV/AIDS associations. The primary goal should be to enhance the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho.

## REFERENCES

- AIDS Foundation South Africa. 2005. *HIV/AIDS in South Africa*. Retrieved 3 October 2007, from <http://www.aids.org.za/hiv.htm>
- American Association of Health Education. 2005. *HIV/AIDS Prevention Education in Schools*.
- Amfar AIDS Research. 2002-7. *TREATASIA: HIV/AIDS in Asia*. Retrieved 9 October 2007 from <http://www.amfar.org/cgi-bin/iowa/asia/aids/?record=4>
- Avert, 2007.. *AIDS around the world*. Retrieved 20 September 2007 from <file://E:\AIDS around the World.htm>
- Babbie, E. and Mouton, J. 2001. *The practice of social research*. Cape Town: Oxford University.
- Babcock, A. 2007.. *Lesotho National HIV/AIDS Policy 2006*. Retrieved 14 July 2008 from [http://www.aidsportal.org/Article\\_Details.aspx?id=4598&nex=67](http://www.aidsportal.org/Article_Details.aspx?id=4598&nex=67).
- Bennell, P. Hyde, K. and , Swainson, N. 2002, February. The Impact of the HIV/AIDS Epidemic on the Education Sector in Sub-Saharan Africa: A synthesis of the fundings and recommendation of three country studies. Brighton: Centre for International Education, University of Sussex Institution of Education.
- Berry, S and Noble, R.. *HIV/AIDS in Uganda: Why is Uganda interesting*. Retrieved 18 August from [file://E:\ HIV & AIDS in Uganda.htm](file://E:\HIV & AIDS in Uganda.htm).
- Best, J. W. and Kalm, J. V. 2003. *Research in Education*. Boston: Allyn and Bacon.
- Bourdieu, P. and Wacquant, L.J.D. 1992. *An invitation to reflexive sociology*. Chicago: University of Chicago Press.

Brussels. 2001. Third United National Conference on the Least Developed Countries.

*Country presentation for Uganda*. 2001. Geneva: United Nations.

Bryman, A. and Bell, E. 2003. *Business research methods*. New York: Oxford University Press.

Carr, W. and Kemmis, S. 1986. *The natural scientific view of educational theory and practice in becoming critical: education, knowledge and action research*. London: Falmer Press.

Center for Disease Control and Prevention. 2007.. *The HHS/CDC global AIDS program in Thailand*. Department of Health and Human Services. Retrieved 10 October 2007, from <http://www.cdc.gov/nchstp/od/gap/countries/thailand.htm>

Cevallos, D. 2007. *Education-Latin America: Let's (not) talk about sex*. Inter Press Service. Retrieved 14 October 2007 from <http://www.Ipsnews.Net/news.asp?idnews=32929.htm>.

Charles, A. Corr, N. Clyde,N and D,M, Corr. 1994. *Death and dying: life and living*. California: Brooks/Cole.

CIDA. 2007. *HIV/AIDS: What is CIDA doing to fight HIV/AIDS in Thailand?* Retrieved 7 October 2007 from <http://www.acdi-cida.gc.ca/CIDA> WEB/acdicida.nsf/En/JUD-329374-K68.

Crewe, M. 2000. South Africa: *Touched by the vengeance of AIDS*, *South African Journal of International Affairs*, 7(2):23-37.

Dantiana. 2007. HIV/AIDS road show programme in Lesotho. UNICEF: Maseru.

De Vos, A.S. Strydom, H. Fouche' and C, S, L, Delpont. 2005. (Third Ed).*Research at grass roots: for the Social Sciences and Human Service Professions*. Pretoria: Van Schaik.

Department of Education. 1999a. *Curriculum 2005-outcome-based Education..* Free State: Free State Department of Education.

Department of Education. 1999b. National Policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institutions. Pretoria: Department of education 7(410): 20372.

Department of Health and Human Services. 2007a. *Global HIV/AIDS: The Emergency Plan in Uganda.* Centers for Disease Control and Prevention. Retrieved 23 August 2007 from <file:///E:/Uganda-Country> and Regional Programs-Global HIV-AIDS.htm.

Department of Health and Human Services. 2007b. *The HHS/CDC Global AIDS Programme in Brazil: Brazil country profile.* Centers for Disease Control and Prevention. Retrieved 3 October 2007 from <file:///E:/-Global> HIV-AIDS.htm.

Department of Health. 1998. *Youth in South Africa bear a terrible burden-HIV/AIDS.* Retrieved 12 November 2007 from <http://www.doh.gov.za/doc/pr/1998/pr0612.html>.

Department of Health. 2002. *Summary report: National HIV and syphilis antenatal seropositive survey in South Africa, 2002.* Pretoria: Directorate: Health System Research, Research Co-ordination and Epidemiology, Department of Health.

Education Act . 8 December 1988. NO. 86. Maseru: Government Printers.

Education Counselor HIV/AIDS Unit Education Facilities Unit. 2008. *Report on the trainings.* Maseru: Government Printers.

Elphick. R. and Archer. M. 2002 *Way Ahead with Health and Physical Education.* Longman: Maseru.

Evian, C. 2003. *Primary HIV/AIDS care: A practical guide for primary health care personnel in the clinical and supportive care of people with HIV/AIDS.* JACANA: Durban.

Family Health International. 2006. *FHI's HIV/AIDS Control and Prevention Activities in Brazil Conducted under the AIDSCAP and AIDSTECH Projects (1988-1998)*. Family Health International. Retrieved 5 October 2007 from [http://www.fhi.org/en/HIVAIDS/country/Brazil/res\\_Brazil1998and1999.htm](http://www.fhi.org/en/HIVAIDS/country/Brazil/res_Brazil1998and1999.htm).

Fourie, P. 2006. *The political management of HIV/AIDS in South Africa: one burden too many?* New York: Palgrave Macmillan.

Foxcroft, C. and Roodt, G. 2001. *An introduction to psychological assessment: in the South African context*. Cape Town: Oxford University Press.

Frasca, T. 2005. *AIDS in Latin America*. New York: Palgrave Macmillan

Gadebe, T. 2005.. *New Curriculum focuses on Africa*. Retrieved 9 March from [http://www.southafrica.info/ess\\_info/sa\\_glance/education/curriculum-190705.htm](http://www.southafrica.info/ess_info/sa_glance/education/curriculum-190705.htm). 2 August.

Garnish, R. and Mermin, J. 2001. *HIV health and community: A guide for action*. California: Hersperian Foundation.

Global AIDS programme: 2007 Thailand

Griessel-Roux, E. Ebersohn, L. Smit, B and Eloff, I. 2005. *HIV/AIDS programmes: what do learners Want?* *South African Journal of Education*, 25(4): 253-257.

Guthrie, T. and Hickey, A. 2004. *Funding the fight: budgeting for HIV/AIDS in developing countries*. Cape Town: IDASA.

Health a key to prosperity. (n.d) *Success stories in Developing countries: Thailand achieves sustained reduction in HIV/AIDS infection rates*. Retrieved 7 October 2007 from <http://www.who.int/inf-new/aids1.htm>.

Henning, E. 2004. *Finding your way in qualitative research*. Pretoria: Van Schaik

Hersey and Blanchard, 1982. *Management of organizational behavior: Utilising Human Resources*. London: Prentice-Hall

Hickey, A. and Whelan, P. 2001. *Sources and methods of funding the fight against HIV/AIDS series*. Cape Town: IDASA.

Holtzhausen and Mahanetsa. 2005. *Home Economics for Life BK 2*. Maseru: Heinemann.

Human Rights Watch. 2005. *The less they know, the better*. Retrieved 5 October 2007 from <http://www/hrw.org/en/node/11803/section/7>.

Human Rights Watch. 2006a. *The less they know the better abstinence only HIV/AIDS programmes in Uganda: Findings on abstinence education in Uganda*.

Human Rights Watch. 2006b. *Example of Country Restrictions on Condoms and HIV/AIDS Information: Brazil*. Retrieved 5 October 2007 from <http://hrw.org/background/hivaids/condoms1204/4.htm>.

Hunter, S. 2003. *Reshaping societies HIV/AIDS and social change: A resource book for planning, programmes and policy making*. Hudson Run Press: New York.

International Education System. 2007. *Bringing Us Closer: Primary School Teachers Receive Training in Teaching about HIV/AIDS Prevention An AIDS Strategy for Youth*. Education Development Centre. Retrieved 15 October 2007.

International Marketing Council of South Africa. (n.d) *HIV/AIDS in South Africa*. Retrieved 3 October 2007 from <file:///E:/HIV-Aids> in South Africa-SouthAfrica\_info.htm.

IRIN. 2008. *Country Profile: Lesotho*. 14 July 2008 from <http://www.plusnews.org/profiletreatment.aspx?Country=LS&Region=SAF>.



- Irish Family Planning Association. 2004,. *Understanding the Uganda Approach to HIV/AIDS Prevention*. Retrieved 23 August 2007 from <file:///E:/Understanding> the Uganda Approach to HIV-AIDS.
- Kaisernetwork. 2004. *International news Thailand to revamp sex education curriculum; seeks school's input on guidelines*. Kaiser daily women's health policy. Retrieved
- Kaisernetwork. 2006. *KaiserGlobalHealthReporting.org: HIV/AIDS Thailand's HIV/AIDS prevention program absence endangering country, advocates say*. Retrieved 7 October 2007 from [http://www.kaisernetwork.org/daily-reports/rep\\_index.cfm?DR\\_ID=37523](http://www.kaisernetwork.org/daily-reports/rep_index.cfm?DR_ID=37523)
- Kaisernetwork. 2007a. *Kaiser Daily HIV/AIDS Reports: Global challenges/ Uganda's HIV/AIDS epidemic concentrated among adults, Health Ministry says*. Kaiser Family Foundation. Retrieved 23 August 2007 from <file:///E:/Global> Challenge Uganda's HIV-AIDS Epidemic Concentrated Among Adu...
- Kaisernetwork. 2007b,. *KaiserGlobalHealthReport: HIV/AIDS Brazil to install condom vending machines in schools as part of HIV prevention campaign*. Kaiser Family Foundation. Retrieved 5 October 2007 from [http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?hint=4&DR\\_ID=42834](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=4&DR_ID=42834)
- Kanabus, A and Fredriksson. 2007. *HIV/AIDS in Thailand*. Retrieved 12 November 2007 <http://www.avert.org/aidsthailand.htm>
- Kauffman, D and Lindauer, D. 2004. *AIDS and South Africa: The social expression of a pandemic*. New York: Palgrave Macmillan.
- Kimaryo, S. Okpaku, J. Githuku-Shongwe, A. and Feeney, J. (Eds). 2004. *Turning into an opportunity: strategy for scaling up the National response to the HIV/AIDS pandemic in Lesotho*. New York: Third Press Publishers.

Lee, A. 2005. *Transitions to adulthood in the context of AIDS in South Africa: The impact of exposure to Life Skills Education on adolescent knowledge, skills, and behavior*. Health e Communication-Research and Evaluation. Retrieved 12 November 2007 from <http://www.comminit.com/healthcomm/research.php?showdetails=275>.

Lesotho AIDS Programme Coordinating Authority. 2003. *HIV/AIDS prevention and management*. Maseru: Government Printers

Lesotho Council of NGOs. 2006. *NGO Focus- Lesotho Durham Link*. . Retrieved 5 October 2007 from the World Wide Web: <http://www.Lecongo.org.ls/newsletters/NGO-Focus.php>

Lesotho Government. 2000. *Lesotho Policy Framework on HIV/AIDS Prevention, Control and Management*. September 2000. Maseru: Government Printers.

Lesotho Government. 2000. *National AIDS Strategic Plan 2000/2001-2003/2004*. Maseru: Government Printers.

Lesotho Government. 2005. *Review of HIV and AIDS related initiatives and activities in Lesotho*. Maseru: Government Printers.

Letsema. 2007. *Lesotho Durham Link*. Retrieved 5 October 2007 from the World Wide Web: <http://www.letsema.org/html/durham.php>

Limson, J. 2002. Science in Africa: Africa HIV/AIDS vicious cycle. MERCK, May 2002:2.

Mail and Guardian 2007. *AFRICA: Uganda's Aids programme faces crisis*. Retrieved 18 August 2007 from World Wide Web: [http://www.mg.co.za/articlePage.aspx?articleid=249282&area=/breaking\\_news/breaking](http://www.mg.co.za/articlePage.aspx?articleid=249282&area=/breaking_news/breaking) ki...

Mapeshoane, B. Rwanqa, M. Leisanyane, M. Mothabeng, K and Lebina, M. 2004. *Excel in Agriculture Form B*. Maseru: Longman.

Marais, H. 2004. *AIDS in Asia: face the facts*. Boston: Monitoring the AIDS pandemic Net work.

Marco, M. and Bernard, J.E. 2006, 22 August. *Is Uganda's HIV prevention success story "unraveling"?* Aidsmap. Retrieved 23 August 2007 from <file:///E:/Aidsmap> Is Uganda's HIV prevention success story "unraveling".htm.

Maree, K. 2007. *First steps in RESEARCH*. Pretoria: Van Schaik.

Matheolane, R. Morahanye, M. Nketekete, M. Ntlatlapa, M. Khotso, P. Mamalekoa, L. Raselimo, M. and Tsehlo. 2005. *Trend in Geography Form B*. Maseru: Heinemann..

May, T. 2002. *Qualitative Research in action*. London: SAGE

McMillan, J. and Schumacher, G.D. 1993. *Designing Qualitative Research*. Newburg Park: SAGE

Medical News Today. 2007. *Brazil to install vending machines in schools as part of HIV prevention campaign*. Retrieved 5 October 2007 from the World Wide Web: <http://www.medicalnewstoday.com/articles/62767.php>.

Ministry of Education and Training. 2002. *Education Sector Strategic Plan*. Final draft. Maseru: Government Printers.

Ministry of Education and Training. 2005. *Education Sector Strategic Plan 2005-2015*. Maseru: Government Printers.

Ministry of Education and Training. 2006, 05 October. *Curriculum*. Retrieved 16 February 2008 from [http://www.Education.gov.ls/index.php?option=com\\_content&task=View&id=16&Itemid=28](http://www.Education.gov.ls/index.php?option=com_content&task=View&id=16&Itemid=28).

Mouton, J. and Marais, H. C. 1991. *Basic concepts in the methodology of the social sciences*. Pretoria: Human Sciences Research Council.

- Mpeta, M. Khoarai, M. Khalieli, T. Ntoi, L. Mabejane, M and Makamane, B. 2004  
*Lesotho Junior Secondary Science BK1*. Maseru: Heinemann.
- Munaabi, G. 2006,. HIV/AIDS: Uganda slides back. Retrieved 15 November from  
<http://www.ugpulse.com/articles/daily/homepage.asp?ID=540>.
- National AIDS Commission. 2006. *National HIV and AIDS Policy*. Maseru: Government Printers.
- National AIDS Commission. 2007. *Lesotho National HIV and AIDS Strategic Plan 2006-2011*. Maseru: Government Printers.
- Neuman, L. W. 1997. *Social Research Methods: Qualitative and Quantitative Approach*. Boston: Allyn and Bacon.
- Ngwena, C. Strauss, J. Maimane, J. R. Engelbecht, M, Steyn, F and Meyer, K. 2003. *A report on the interim monitoring and evaluation of the implementation level of life skills and HIV/AIDS education programme in primary and secondary public schools in the Free State*. Bloemfontein: Centre for Health System Research and Development
- Noble, R. 2007a. *South East Asia HIV/AIDS statistics summary*. Avert. Retrieved 03 October 2007 from <file://E:\South East Asia aids .htm>.
- Noble, R. 2007b. *Latin America HIV & AIDS statistics summary*. Avert. Retrieved 20 September 2007 from <file://E:\Latin America HIV-AIDS statistics.htm>.
- Page, J. Louw, M and Pakkiri, D. 2006. *Working with HIV./AIDS*. Cape Town: Juta Academic.
- Patton, C. 1990. *Inventing AIDS*. New York: Routledge.
- Patton, Q. M. 2002. *Qualitative research and evaluation methods*. London: Sage Publication.

Pembrey, G. 2007b. *HIV & AIDS in Thailand*. Avert. Retrieved 07 October 2007 from <http://www.avert.org/aidsthai.htm>

Pembrey, G. 2007a. *HIV/AIDS in South Africa*. Avert. Retrieved 03 October 2007 from [file:///E:/HIV & AIDS in South Africa.htm](file:///E:/HIV%20&AIDS%20in%20South%20Africa.htm).

Pembrey, G. 2007c. *HIV and AIDS in Latin America*. Avert. Retrieved 20 September 2007 from [file:///E:/HIV & AIDS in Latin America.htm](file:///E:/HIV%20&AIDS%20in%20Latin%20America.htm).

Pembrey, G. 2007d. *HIV & AIDS in Brazil*. Avert. Retrieved 03 October 2007 from [file:///E:/ HIV and AIDS in Brazil.htm](file:///E:/HIV%20and%20AIDS%20in%20Brazil.htm).

Perloff

PHRplus. 2006. *Feasibility of an insurance programme for HIV/AIDS financing in Uganda*. 10 October 2007 from <http://pdf.usaid.gov/pdf-docs/PNADF570.pdf>.

PlusNews. 2007a. *Country profile: South Africa*. Retrieved 12 November 2007 from <http://www.plusnews.org/profiletreatment.aspx?country=ZA&Region=SAF>.

PlusNews. 2007b. *Country profile: Uganda*. IRIN. Retrieved 21 August from <http://www.Plusnews.org/profiletreatment.aspx?Country=UG&Region=EAF>.

Population Reference Bureau. 2002. *Brazil confronts adolescent sexual health issues*. Retrieved 14 October 2007 from World Wide Web: [http://www.Prb.org/articles/2002/Brazil confronts adolescent sexual health issues.aspx?p=1.htm](http://www.Prb.org/articles/2002/Brazil%20confronts%20adolescent%20sexual%20health%20issues.aspx?p=1.htm).

Pratt, J. R. 2003. *HIV/AIDS: A Foundation for nursing and healthcare practice*. London: Arnold.

Reuters Foundation. 2007. *Uganda: An HIV/AIDS Campaign in Crisis*. Retrieved 14 October 2007 from the World Wide Web: <http://www.alertnet.org/the-news/newsdesk/IRIN/3a26c4f2a5519adcocfle34a8ba10f17.htm>.

Ruscombe-King, R. 2008,. *HIV/AIDS in Lesotho*. Retrieved 13 February 2008 from <http://www.avert.org/aids-lesotho.htm>.

Sampling, A. 1992. *Varieties of methodology intersubjectivity*. Amsterdam: Kluwer Academic Publishers.

Shvey, D. Babishangire, B. Omiat, S. and H, Barakukayo. 1999. *Health Education Research*. Oxford University Press, 14 (3): 411-9).

Sidiropoulos, E. 2006. *Africa's Tsunami: Turning the tide on AIDS*. The South African Institute of International Affairs: Braamfontein.

Siecus. 2006. *Brazil: An inspiration and model for HIV/AIDS prevention*. Policy and Advocacy. Retrieved 5 October 2007 from the World Wide Web: <http://www.siecus.org/policy/PUdates/pdate0251.html>.

Simelela, N. 2002. *The South African Government on HIV/AIDS*. Department of Health. Retrieved 12 November 2007 from <http://www.scienceafrica.co.za/2002/april/govt.htm>.

Sladner. 2007. *Qualitative versus quantitative research*. Retrieved 21 May 2008 from [http://designresearch-wordpress.com/2007/08/16qualitative-versus-quantitative\\_research/htm](http://designresearch-wordpress.com/2007/08/16qualitative-versus-quantitative_research/htm).

Smart, T. 2005,. *Brazil's HIV/AIDS programme is a model for the rest of the world, but the cost of second-line therapies and the spread of HIV-1C could spell danger for the future*. *HIV& AIDS Treatment in Practice* #53. Retrieved from [file:///E:/Brazil's HIV-AIDS programme is a model for the rest of the world, but the co...](file:///E:/Brazil's%20HIV-AIDS%20programme%20is%20a%20model%20for%20the%20rest%20of%20the%20world,%20but%20the%20co...)

Soul City. 2004. *HIV and AIDS: prevention, care and treatment*. Jacana Media

Struwig, F. W. and Stead, G. B. 2001. *Planning, designing and reporting research*. Cape Town: Pearson Education South Africa.

- Sue, V. 2003. *Lessons from Brazil*. Centre for the study of aids. Retrieved 3 October 2007 from [file:///E:/Centre for the study of AIDS-HIV-AIDS-Lessons from Brazil.htm](file:///E:/Centre%20for%20the%20study%20of%20AIDS-HIV-AIDS-Lessons%20from%20Brazil.htm).
- The African Pulse. 2008. *HIV/AIDS education in Southern Africa*. Retrieved 10 October 2007 from <http://www.theafricanpulse.net>.
- Trochim, M. K. W. 2006. *Sampling*. Retrieved 3 June 2008 from <http://www.socialresearchmethods.net/kb/sampling.php>.
- Tumushabe, J. 2006. *The politics of HIV/AIDS in Uganda*. United Nations Research Institute for Social Development. Social and Development paper 28. Geneva: UNRISD
- Uganda AIDS Commission. (n.d). *Uganda AIDS Commission, Uganda*. Retrieved 3 August 2007 FROM <http://www.iisd.org/50comm/commdb/desc/d26.htm>.
- UNAIDS. 1999. *Communication framework for HIV/AIDS: A new direction*. Geneva: UNAIDS.
- UNAIDS. 2000. *Costing guidelines for HIV prevention strategy*, October 2000. Geneva: UNAIDS.
- UNAIDS. 2002. *Employers' handbook on HIV/AIDS: A guide for action*, May 2002. Geneva: UNAIDS.
- UNAIDS. 2004. *At country level: progress report*, September 2004. Geneva: UNAIDS.
- UNDP. 2007. *YOUANDAIDS: The HIV/AIDS portal for Asia Pacific: Thailand at glance*. YOUANDAIDS. Retrieved 7 October 2007 from <http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Thailandindex.asp>.
- UNESCO. 2003. *Thailand*. EFA Global monitoring report. Retrieved 7 October 2007 from [http://potral.unesco.org/education/en/ev.php-URL\\_ID=15657&URL\\_DO=DO\\_TOPI...](http://potral.unesco.org/education/en/ev.php-URL_ID=15657&URL_DO=DO_TOPI...)

UNESCO. 2004a. Education: South Africa. Retrieved 5 March from

[http://portal.unesco.org/education/en/ev.php-URL\\_ID=3583&URL\\_DO=DO](http://portal.unesco.org/education/en/ev.php-URL_ID=3583&URL_DO=DO)

UNESCO. 2004b. HIV and AIDS Preventive Education: A Training Programme for Teacher Educators in Sub-Saharan Africa. Windhoek: Gamsberg Macmillan.

UNESCO. 2004c. Life orientation. Life Skills and HIV-AIDS illustrative. Learning Programme. Grade 8 and 9, South Africa Institute for Health, Training and Development. Retrieved 12 November 2003 from

[http://portal.unesco.org/education/en/ev.php-URL\\_ID=2567&URL\\_DO=DO\\_PRIN...](http://portal.unesco.org/education/en/ev.php-URL_ID=2567&URL_DO=DO_PRIN...)

UNICEF. (n.d) *Angelique Kidjo raises HIV/AIDS awareness and hope, in northern Uganda*. Retrieved 14 October 2008 from the World Wide Web: [http://www.Unicef.org/infobycountry/uganda\\_36668.html](http://www.Unicef.org/infobycountry/uganda_36668.html).

UNICEF. 2003. *HIV/AIDS prevention, care and support: A call for action now*, September 2003. Maseru: UNICEF.

UNICEF. 2005. *Young people in Lesotho voice their right to be heard through the road shows*. Retrieved 25 February 2008 from <http://www.reliefweb.int/rw/RWB.NSF/db900SID/EVIU-6F4J87?OpenDocument>.

UNICEF. 2007. *United Nations Girls Education Initiative making UNGEI work: lessons from four African countries*. UNICEF: Nairobi.

United Nations Research Institute for Social Development. 2006. *Uganda*. Retrieved 18 March 2008 from [hivinsite.ucsf.edu/global?page=cro9-ug-00](http://hivinsite.ucsf.edu/global?page=cro9-ug-00).

USAIDS. 2003. *Advancing Universal Primary Education, Reproductive Health and Teacher Effectiveness Uganda*. Basic Education and Policy Support Activity. Retrieved from <file:///E:/Basic> Education and Policy Support Activity (BEPS).HTM.



- Van der Westhuizen, P. C. 1991. *Effective Educational Management*. Pretoria: Kagiso Tertiary.
- Van Dyk, A. 2005. *HIV/AIDS care and counselling: A multidisciplinary approach*. Cape Town: Maskew, Muller and Longman.
- Van Heerden, E. 2005. *Life skills: my journey, my destiny*. Pretoria: Van Schaik.
- Van Rensburg, D. Friedman, I. Ngwena, C. Pelsler, A. Steyn, F. Booynsen, F. and Adendorff, E. 2002. *Strengthening local government and civic responses to the HIV/AIDS epidemic in South Africa*. Bloemfontein: Centre for Health System Research and Development.
- Visagie, C.J. 1999. *The complete story of HIV and AIDS: A practical guide for sexually active persons*. Pretoria: Van Schaick.
- Waghid, Y. 2003. *Democratic Education: Policy and Praxis*. Stellenbosch: Stellenbosch University Printers.
- White, K. 2001. *Everything you need to know about HIV/AIDS*. New York: The Rosen Publishing Group, Inc.
- WHO AIDS. 1992. *Schools' health education to prevent AIDS and STD*. Geneva: WHO.
- WHO. 2005. *Education International and Education Department*. Retrieved 10 July 2008 from <http://www.hhd.org/documents/EIProject-Evalu-pdf>
- Wikipedia. 2008, Retrieved 28 October 2008.
- World Bank. 1999. *Confronting AIDS: public priorities in a global epidemic*. New York: Oxford University Press.

World Bank. 2005. *Building on Free Primary Education, Primary and Secondary Education in Lesotho: A country status report*. African Region Human Development Working Paper Series, no. 101. Washington: World Bank.

World Bank. 2007. *HIV/AIDS Brief: HIV/AIDS in Latin America & the Caribbean*. Retrieved 20 September 2007 from [file:///E:/HIV-AIDS-HIV-AIDS Brief.htm](file:///E:/HIV-AIDS-HIV-AIDS%20Brief.htm).

World Vision New Zealand. 2007. *Country profile:Uganda*. World Vision. Retrieved 15 September 2007 from [file:///E:/Country profile Uganda.htm](file:///E:/Country%20profile%20Uganda.htm).

Wysocki, D. 2008. *Readings in Social research methods*. London: Thomson Wadsworth

Zungu-Dirwayi, N. Shisana, O. Udjo, E. Mosala, T. and Seager, T. 2004. *An audit of HIV/AIDS policies in Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe*. Cape Town: HSRC.

# APPENDIX A

Consent form

Principal's particulars

Surname:

Initials:

Title:

Number of years in the post:

Address:

I..... consent to take part in the interview. I am aware that the interview will be recorded and data collected will be used for the research report only. I am also aware that the data will be treated in a highly confidential manner and there will be no reference to any names.

Signed:

Date:

## **APPENDIX B**

P.O. Box 334

Roma 180

21 May 2009

The Director  
Education Office Maseru  
P.O Box 47

Dear Sir/Madam

### **REQUEST TO CARRY OUT RESEARCH IN PRIMARY AND SECONDARY SCHOOLS IN MASERU DISTRICT**

I hereby request to be granted permission to conduct interviews with the principals and distribute questionnaires to teachers in the primary and secondary schools in the Maseru district.

I am undertaking research on the HIV/AIDS prevention programme of incorporation of HIV/AIDS content into the school curriculum in Lesotho. This research study is a partial fulfillment for the degree of Masters of Education in the Department of Comparative Education and Education Management at the University of the Free State.

The aim of this study is to determine the implementation and management of the above mentioned programme. Hopefully, the findings will help in modifying the programme as this might lead to a decline in the spread of HIV/AIDS in Lesotho.

I hope my request will be taken into consideration.

Yours faithfully  
Palesa Koatsa

**APPENDIX C**

**LETTER OF PERMISSION FROM THE EDUCATION OFFICE**

## APPENDIX D

### QUESTIONNAIRE

Dear Teacher

Kindly complete this questionnaire as honestly as you possibly can. Do not write your name on the questionnaire. Answer each question by making a cross (x) in the block you have chosen. The questionnaire is based on the implementation and management of HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum in Lesotho.

#### SECTION A: Academic information

Answer the following questions by making a cross (x) in the appropriate block.

##### 1. Subjects taught by the respondents at their schools

- 1.1 Agriculture [ ]
- 1.2 Geography [ ]
- 1.3 Home Economics [ ]
- 1.4 Health and Physical Education [ ]
- 1.5 Science [ ]

##### 2. Grades taught by respondents teach at their schools

- 2.1 Form A (Grade 8) [ ]
- 2.2 Form B (Grade 9) [ ]
- 2.3 Form C (Grade 10) [ ]
- 2.4 Other (specify) [ ]

:

#### SECTION B: HIV/AIDS content incorporated information into subjects and textbooks and additional materials containing HIV/AIDS content

Read the following statements carefully and answer them by making a cross (x) in the appropriate block opposite the subjects you are teaching at your school. Choose from the following answers: 1. Strongly agree, 2. Agree, 3. Undecided, 4. Disagree, 5. Strongly disagree.

##### 1. HIV/AIDS content is incorporated into the following subjects.

Agriculture  
Geography  
Health and Physical Education  
Home Economics  
Science

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

2. HIV/AIDS content incorporated into the following subjects stimulates discussion about HIV/AIDS.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

3. HIV/AIDS content incorporated into the following subjects raises HIV/AIDS awareness among the pupils.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

4. HIV/AIDS content incorporated into the following subjects corrects misinformation about the causes of HIV/AIDS.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

5. HIV/AIDS content incorporated into the following subjects encourages the development of safe behaviour among the pupils.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

6. HIV/AIDS content incorporated into the following subjects helps to reduce the spread of HIV/AIDS.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

7. HIV/AIDS content incorporated into the following subjects discourages discrimination against infected persons.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

8. HIV/AIDS content incorporated into the following subjects encourages proper nutrition.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

9. HIV/AIDS content incorporated into the following subjects encourages proper hygiene.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

10. The textbooks of the following subjects contain HIV/AIDS content.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

11. The textbooks of the following subjects contain HIV/AIDS content that is appropriate to the pupils' developmental level.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5



12. The textbooks of the following subjects contain HIV/AIDS content that is clear for the pupils' to understand.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

13. The textbooks of the following subjects containing HIV/AIDS content are freely available to the pupils.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

14. The textbooks of the following subjects containing HIV/AIDS content are being rented to the pupils.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

15. All the pupils who do the following subjects have textbooks containing HIV/AIDS content.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

16. The textbooks of the following subjects containing HIV/AIDS content are freely available to the teachers.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

17. All the teachers who teach the following subjects have textbooks containing HIV/AIDS content.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

18. Your school has additional audio-visual materials containing HIV/AIDS content to assist teachers in effectively teaching HIV/AIDS content in the following subjects.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

19. Your school has additional audio-visual materials containing HIV/AIDS content to help the pupils to learn HIV/AIDS content in the following subjects.

Agriculture	1	2	3	4	5
Geography	1	2	3	4	5
Health and Physical Education	1	2	3	4	5
Home Economics	1	2	3	4	5
Science	1	2	3	4	5

### SECTION C: Teacher training on HIV/AIDS

Read the following statements carefully and answer them by making a cross (x) in the appropriate block opposite the subjects you are teaching at your school only. Choose from the following answers: 1. Never, 2. Seldom, 3. Many times, 4. Always.

1. You received training on the HIV/AIDS content of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

2. You received initial in-service training on HIV/AIDS content organized by the Ministry of Education and Training on HIV/AIDS content of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

3. You received in-service training on HIV/AIDS content organised by your school of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

4. You received training on HIV/AIDS content at the teacher training college of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

5. You received the training on how to incorporate HIV/AIDS content into the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

6. The training you received on HIV/AIDS content was appropriate to the teaching of HIV/AIDS content in the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

7. You received adequate training in how to incorporate HIV/AIDS content in these following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

8. The training you received on incorporating HIV/AIDS content into of the following subjects has been helpful.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

9. You received training on incorporating HIV/AIDS content into the following subjects from knowledgeable people.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

10. The training on incorporating HIV/AIDS content into school curriculum was comprehensive enough to help you to effectively teach HIV/AIDS content in the following subjects

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

## SECTION D: Monitoring the teaching of HIV/AIDS content in school subjects

Read the following statements and answer them by making a cross (x) in the appropriate block opposite the subjects you are teaching at your school only. Choose from the following answers: 1. Never, 2. Seldom, 3. Many times, 4. Always.

1. You were inspected at your school by the Central Inspectorate of the Ministry of Education and Training on how to integrate HIV/AIDS content when teaching the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

2. The Central Inspectorate of the Ministry of Education and Training have evaluated your teaching preparation on the teaching of HIV/AIDS content of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

3. Your principal monitors your competence to integrate HIV/AIDS content into the lessons of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

4. Your principal pays class visits to monitor how you teach HIV/AIDS content in the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

5. Your principal monitors your lesson preparations on HIV/AIDS content of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

6. Your principal inspects time allocated for the teaching of HIV/AIDS content of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

7. Your principal monitors whether the HIV/AIDS content of the following subjects is included in your Scheme book.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

8. Your principal monitors whether the HIV/AIDS content of the following subjects is included in your Record of Work Done book.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

9. Your principal evaluates the appropriateness of the teaching materials you use in teaching HIV/AIDS content in the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

10. Your principal discusses with you the problems you encounter in the teaching of HIV/AIDS content of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

11. Your Head of Department inspects how you integrate HIV/AIDS content in the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

12. You discuss with your Head of Department in your school on how to effectively teach HIV/AIDS content of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

13. Teachers discuss problems they encounter within their department on HIV/AIDS content of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

14. You discuss HIV/AIDS content lessons with your colleagues who teach the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

15. You test the pupils on HIV/AIDS content in the tests and examinations of the following subjects.

Agriculture	1	2	3	4
Geography	1	2	3	4
Health and Physical Education	1	2	3	4
Home Economics	1	2	3	4
Science	1	2	3	4

THANKS FOR YOUR COOPERATION

## **APPENDIX E**

### **INTERVIEW SCHEDULE FOR THE PRINCIPAL**

1. Is HIV/AIDS content incorporated into the textbooks of the following subjects: Agriculture, Geography, Health and Physical Education, Home Economics and Science and into which standards is it incorporated?
2. What kind of training did the teachers at your school receive regarding the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum? (Initial in-service training organised by the Ministry of Education and Training, training organised by the school or training at the teacher's training institution). Were all the teachers at your school trained? If NOT, how many were trained and what happened to those who did not receive training?
3. Did you receive the same training as the teachers at your school or did you receive any other training pertaining to the HIV/AIDS prevention programme? For how long did the training last?
4. What role do you play as the principal regarding the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?
5. How do the Heads of Department in your school assist you with the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?
6. Do all the teachers and pupils in your school have textbooks containing HIV/AIDS content? If not, what happens to those who do not have them? If yes, did they receive the textbooks free from the school or did they rent them?
7. Apart from the textbooks containing HIV/AIDS content, do the teachers and pupils have additional support materials on HIV/AIDS content?
8. What is the role of the Central Inspectorate of the Ministry of Education and Training regarding the monitoring of the implementation and management of the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?



9. What are the problems that teachers encountered during the implementation and management of the HIV/AIDS prevention programme?
10. How do the school or the Ministry of Education and Training assist the teachers to effectively implement and manage the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?
11. How successful is the HIV/AIDS prevention programme of incorporating HIV/AIDS content into the school curriculum?
12. What are the shortcomings of the HIV/AIDS prevention programme and how can they be rectified?