

# **PRACTICE TEACHERS' PERSPECTIVES ON HIV AND AIDS IN SWAZILAND: IMPLICATIONS FOR EDUCATION OF TEACHERS AND ALL STUDENTS, UNIVERSITY PROGRAMMES, AND GRADUATE ROLES IN THE COMMUNITY**

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## **Executive Summary**

This project examines the impact and relationship of HIV and AIDS on education and communities as perceived by University of Swaziland upper level (fifth year) and matriculating education students. The findings and student observations have implications for all students, their programs of study, and organizations and sectors they join following matriculation.

The study examines pre-placement expectations, placement and post-placement observations of University of Swaziland practice teachers regarding HIV AIDS and related professional preparation, general access to information, the education sector, and teachers and schools in community context.

Study findings may inform policy, planning and programs University and sector wide. Broadly, conclusions include the following.

### ***Regarding Practice Teachers and the Faculty of Education***

Practice teachers are currently largely unprepared for the impact of HIV AIDS on their work and need knowledge and skills to assist in addressing related issues. A generalized reflection on the potential impact of the epidemic prior to taking up practice posts does not sufficiently prepare students for circumstances and the wide-ranging effects of HIV and AIDS they often encounter on arriving at their placements.

Knowledge and skill building with these students enhances not only their capacity to effectively teach and contribute in their practice teaching schools and upcoming permanent posts, but they may also formally or informally serve as sources of current knowledge for their students, school colleagues and the larger school community.

Practice teachers request assistance acquiring current information about HIV AIDS, about how best to promote learning and provide support for all students, and about sources of assistance they may suggest beyond the classroom. They request training in counseling skills to better interact with students on issues students present and bring to

them. Guidance on developing and facilitating school-based organizations such as anti-AIDS clubs is also requested.

Practice teachers need to be prepared for reactions they may personally experience when encountering, for example, students, and often large numbers of students, who are orphaned and vulnerable, teachers who are ill. Awareness of support and service organizations locally and/or nationally can help practice and other teachers avoid the misperception that they may be a sole source of assistance relative to HIV AIDS issues presented to them.

### ***Regarding the University of Swaziland Generally***

Students note differing sources of information and assistance regarding HIV AIDS. Advantages for students and all members of the University community plus University programs can be realized by centralizing direction and coordination of HIV and AIDS programs and activities in a single University office or centre. This focal point for the range of issues regarding H/A would facilitate ready and appropriate access to information and assistance.

Introduction of free-standing courses addressing HIV and AIDS, such as the one which will be required of all incoming first year students from 2009, and integration of HIV AIDS relevant course materials in classes across all Faculties will greatly facilitate knowledge and understanding of all students.

In order for Faculty to best be informed and comfortable with discussion of HIV AIDS related materials, regular access to updated information and current best resources is important. This could be provided via workshops, a University website, and other.

Students matriculating from the University are preparing to enter all of the country's sectors. The more knowledgeable students are about HIVAIDS, the better able they will be to tangentially or directly enhance sectors' capacities to address HIVAIDS. They will as well bring this awareness and information to their home communities.

### ***Regarding the Education Sector Generally***

Practice and newly matriculated teachers are potential sources of current information regarding HIV AIDS. By providing these students with knowledge, skills and, for example, updated materials to share with their schools, it is possible to bring regularly refreshed information and resources to schools across the country.

There is need to address disparities in availability of AIDS information and programming across schools and types of schools. It is reported that rural schools and religious schools often do not have updated or sometimes any information about HIV AIDS.

HIV AIDS communication messages in schools need to be regularly updated and renewed to be effective.

To recruit and retain teachers, and to assist in addressing the current national shortage of teachers, teachers must be provided knowledge and skills to succeed in an environment where HIV AIDS effects learning, functioning of schools and the community context within which schools are central institutions.

### **Study Overview**

The most recent (2008) Swaziland HIV sentinel surveillance survey reported a prevalence of 42.0 %, the world's highest, up three percent from a modest down trend reported in 2006. The infection rate in 1992 was 3.9%.

A multisectoral and rights-based approach is essential if HIVAIDS is to be contained and stopped. The Swazi education sector is greatly affected by the epidemic and simultaneously has significant potential to combat it. International treaties, conventions and guidelines (e.g., the UN Convention of the Rights of the Child; International Covenant on Economic, Social and Cultural Rights; UN International Guidelines on HIVAIDS and Human Rights) affirm access to accurate information about health and health choices as a human right. The Swazi national response is grounded in a multisectoral approach as guided by the national HIVAIDS policy and strategic plan. Assuring information is accurate, available, assessable and actionable is vital to the health of individuals, communities and societies. The University has key roles to play in facilitating these capacities.

Given their strategic roles, teachers have opportunities, formal and informal, to share information, perspective and direction regarding AIDS with students, teachers, and the larger community. They can contribute to ensuring “access of children and adolescents to adequate health information and education, including information related to HIV/AIDS prevention and care, inside and outside school....” (UN International Guidelines on HIVAIDS and Human Rights)

This study examines pre-placement expectations, and placement and post-placement observations of University of Swaziland (UNISWA) practice teachers about HIVAIDS, teaching and the education sector. Survey and interview results suggest options for curriculum and training enhancement, and for sector policy and practice initiatives that could address the epidemic. Teachers are key actors in facilitating the right to know about AIDS; this study may help inform building this capacity.

The study has implications for all UNISWA Faculties, for all students as they prepare to and enter work and communities beyond the University, and for the University as a whole. It may be expected that students across UNISWA share many of the perspectives reported to the researchers by the Faculty of Education students participating in this project.

### **Focus and Intent of the Research**

The focus of the project is to further understand and appreciate UNISWA student perspectives on HIV AIDS, to learn where students indicate information, resources and support are available, to identify what they report wanting to know about AIDS for themselves, friends and family, and what they say they need to know relative to upcoming roles in work and the community.

The study was developed with the intent of possibly offering insight for UNISWA planning and program development. The project recognizes many potential stakeholders with interests in these issues, among them are UNISWA education students, and all students, the University itself and all members of the University community, the education sector including schools and communities where UNISWA students teach.

### **Methods and Student Population Participating in the Study**

The study employs applied and cross-disciplinary approaches with the researchers having backgrounds in education and sociology/public health.

Each year, University of Swaziland Faculty of Education students in years two and three of education degree programs and Post Graduate Certificate in Education programs are placed in schools across the country as practice teachers. Before completing their degree or certificate they will practice teach in two placement schools for a total of twelve weeks.

In January 2007 and prior to their initial placement, all Post Graduate Certificate in Education (PGCE) students were asked to complete a survey regarding their expectations relative to their upcoming (February) student practice experience and possible HIV/AIDS related issues. One hundred and fifteen students completed the survey questionnaire.

All students carried a second questionnaire addressing their in-field observations and experiences with them to be completed while in their placement. Upon returning to the

University in May for examinations and a break between school placements, a self-selected sample of students participated in one of three focus groups, addressing impressions and recommendations from the field and reflecting on their original expectations compared to actual experiences. Six students participated in the first group, four in the second, and eight in the third. Participation in each group was distinguished only on the basis of student time availability; the focus issues addressed were identical.

## **Key Findings**

Findings are organized by student pre-placement observations and perspectives, perspectives while in the field, including perspectives and conclusions following return from first field placement.

General findings across all responses are described. Selected representative and informative quotes from among many offered by students are included. The researchers note substantial insight provided from participant responses and focus group discussions.

Complete questionnaire formats used in the initial two stages and questions guiding the focus group sessions in the third stage of the project are attached at the end of the report.

### **A. Pre-Placement Observations and Perspectives, Findings**

--These findings are based on responses of students to the questionnaire completed prior to departing for their first school placement.

Most students indicated they thought H/A would affect the role of teachers, however, at this point few offered detailed observations about how it could be affected.

Nearly all students reported that issues of HIV AIDS and schools had not been a lecture or discussion topic in their classes. There were specific but limited exceptions to this observation.

One question asked whether, in general, as a UNISWA student, not only a Faculty of Education student, they believed they had access *at UNISWA* to information they needed about HIV AIDS. A sub-question asked about non-UNISWA sources of information about HIVAIDS.

--Many responded that access to HIV AIDS information at UNISWA was inadequate.

“The UNISWA is not doing much about HIV AIDS education”

“Some lecturers have a shallow understanding about HIV and AIDS”

--Students noted some University sources of information about H/A. Among those were campus nurse, clinic and clinic notice board, library, Peer Counselors and Educators, office of the counselor, UNISWA H/A workshops. While varied resources are valued, a University coordinating and access point for all HIV AIDS information and activities would facilitate ready and targeted access.

The Internet was frequently mentioned as an information source; while students may have accessed the Internet from the University, there is no UNISWA site addressing H/A. There are, of course, many H/A sites on the Internet and accuracy varies greatly. The University may wish to establish a website for the University community. Compilation and links to recommended web addresses could be provided.

Other non-UNISWA sources mentioned included NGO's, churches, print and broadcasting media, and hospitals.

“UNISWA library has a lot of books that address HIV and AIDS”; “textbooks in the library, especially biology books”; “pamphlets that are already available at the entrance to the library”

“Internet—significant source” “SHAPE, UNICEF, WHO etc provide information on H/A”

A final question in the first survey asked for other thoughts on the topic of HIV AIDS, teachers' roles, schools and/or education the student may like to share.

“[UNISWA] teachers should be given slots on timetable to talk more about H/A because they are highly influential on the students”

“Some of our parents are not free to talk to children about...H/A, especially religious parents” (the University should assist in filling this information gap)

“Swaziland still needs to be taught about [living] with HIV positive people, not stigmatizing them”

## ***B. Perspectives While in the Field, Findings***

Students carried a second questionnaire to their placement school and responded about their in-field experiences.

### *1. Students were asked about their placement schools relative to HIV and AIDS.*

Regarding available information on H/A in their schools, most students noted some availability of posters or notices in their schools. Displayed information was however often described as out-of-date or old. Importantly, some schools, often religious schools, had no information available. Urban schools more often than rural schools were described as having information available as well as identifying links to community resources.

“I observed a serious lack of informative HIV/AIDS documents in the school”

“The pupils are now tired of being told of one and the same thing, that is condomize, abstinence.”

“They know a lot about HIV/AIDS, they want new information and they are eager to dig for more because there are lots of things involved in the subject.”

“It is quite unfortunate that in such hard times there are schools where the issue of HIV and AIDS is not sensitized. Even the administration is not doing anything about it.”

“X is a church driven school and matters pertaining to HIV/AIDS or even sex are not talked about in any setting. It is taboo according to the principles of the school from what I have observed.”

“One observation is that in the rural areas most of the students do not get sufficient information about HIV/AIDS from their parents, they only rely on what they get from the school.”

“I have observed that the amount of information on H/A available in mission schools [such as X] is less compared to public/government schools. .... It is hard for Christians to talk very well on HIV/AIDS because of it being attached to sex.”

“X High School is very committed to the fight against HIV/AIDS and is also involved in helping the OVCs in the school through its own lend-a-hand charity organization and the head teachers’ drive in organizing sponsors for needy students.”

“X High is doing a very good job by always collecting donations from affording students and teachers to help give OVCs at least E2 pocket money every day. Most of the students do the donations willingly.”

“In rural areas there are still myths about AIDS and less truth.” “At the school I was practicing teaching there is one staff member who is diagnosed with HIV. For him he freely talks about it but some of the staff members do not fully accept him especially when it comes to sharing things like food.”

“A lot of people are sick in the schools but do not want to consider the issue of testing as some of these sicknesses might be HIV related.”

“Most teachers do not have enough information concerning H/A”

-Only a few participants observed availability of curriculum or classroom materials explicitly for students.

“My main observations are that the current curriculum in schools does not have enough coverage of HIV/AIDS issues, especially the general information every community member needs to have.”

-Students were sometimes aware (either directly knowledgeable or hearing them spoken about) of training meetings or programs about H/A for teachers at the school.

“A NERCHA workshop – one teacher attended and was asked to present, got a positive reception”

“I heard ...the one responsible for OVC welfare [say]...she is a bit concerned about the fact that more money gets used up in arranging these workshops, i.e., held in expensive sites. Yet this money could be distributed to feed OVC's who are mostly a result of HIV/AIDS.”

-Students were asked to suggest something their schools, or the Ministry of Education, could do related to H/A issues.

-Some ideas focused on traditional education sector options, such as:

“Compulsory curriculum” “National debates” “Provide for high school textbooks”

“Organize videos” “Provide speakers like Hannie [nationally known AIDS activist] at least once a month”



“The Ministry of Education and schools are not doing enough to provide as much information as possible to the learners”

“Some teachers themselves are not well versed on the issue, and these can lead to a lot of misinformation” “Most teachers do not have enough information concerning H/A”

“In science subjects like ...Biology and Integrated Science there must be a unit which strictly deals with H/A issues in depth”

-Other suggestions were more specifically health focused, such as:

“Provide at least a meal a day” “I think the school needs a kitchen where food for the needy children would be cooked and dished twice a day”

“No condoms around the school yet these pupils are sexually active....”

--When asked if H/A was a topic of informal discussion among teachers or staff at their schools, many responded it was. Among topics noted were:

-School/ education related

“Students who are orphaned due to AIDS are less productive” “Impression that teachers had is that most of them feel that children are quite aware and informed...” [though respondent observes they are not]

“They also felt...it (H/A) shouldn't always be drummed into the students, it becomes so monotonous and uncalled for”

-Personal

“Teachers are often worried about getting sick so they often talk about better medical aid or funeral schemes for their families”

“When a member of staff or relative is sick, they often suggest HIV/AIDS as the possible cause of sickness”

“People they know who have died of AIDS” “Now and again comment on available booster in the market” “Just comment on how people suffer effects of AIDS”

“Husbands not willing in most cases to use condoms or at least test for HIV” “Most husbands have been caught cheating”

## *2. Participants Were Asked About The Students in their School*

Many respondents addressed issues related to, as well as the often significant numbers, of OVC students in their classes and schools.

“Most students are victims of the pandemic. They have been affected or infected. Most students in my Form 1 class still do know how H/A spreads and can be controlled.”

“In my discussions of H/A with my Form 1 students I realized the need to eradicate the misconception that those infected will soon die.”

“It is really bad out there. Children are abused sexually for just a mere loaf of bread by their elders. I think schools from time to time must encourage guidance counselors to talk to pupils about how they live at home and with whom.”

“H/A demoralizes students and directly impinges on their education”

“I think there is a lot of depression in their [OVCs] lives. They need attention or call for attention by misbehaving.”

“Some students live on their own, do not have food or any lighting to do their homework and study.”

“Female students are still in danger more than their male colleagues. They still ‘fall in love’ or date older guys because they want money. These guys can do anything to them which can put them in danger of getting infected with HIV.”

“Students are free to talk or share about H/A if there are not teachers around them.”

“I feel that students want to open up and talk about HIV/AIDS related issues, but teachers are usually stiff towards that....”

“I learnt with shock that some students at high school already use ARVs”

“One child has had her work going down and teachers approached her about it and she said she cannot study anymore because she woke up from Hope House [a hospice] where her mother was kept because she was very ill.”

“Students have already identified job opportunities related to AIDS which might be dangerous to a certain extent because it implies that even if there could be a cure for AIDS it will either be discarded, ignored and even disapproved by those who are aware of the wealth in taking care of the AIDS situation.”

Some negative observations, such as “OVC end up abusing the OVC status”

### 3. *About Teacher Education and Training*

Participants frequently noted the need for enhanced UNISWA curricula addressing both the technical specifics of H/A as illness, as well as addressing H/A relative to effectively educating students generally and shoring up capacity of schools to function in the context of the epidemic. Insight into best approaches for presenting information at various age levels was requested by several. Many participants requested training in counseling skills relative to facets of H/A. Others expressed need for basic organization and development skills to help introduce and enhance programs and communications efforts in their schools.

“There should be a program/course that teaches us about HIV and AIDS. As teachers we need to be well versed with the information and facts before we can also teach the students in the schools.”

“Some ...students are ignorant...on H/A, so the teacher must know and provide answers they need on this subject”

“More information (facts) they can share with learners to contribute to behavior change and dispel misconceptions”

“Some of the students may be on ARVs, and they need to know how to handle them”

“Sex education”

“Rape” and “how to say no and survive”

“Morals in the Swazi custom”

“I have noticed we are too Western in our approach to the problems of H/A. For instance, most students only talk of antiretroviral and nothing of indigenous [approaches] that can be useful in the healing process.”

“[Practice teachers] should learn how to counsel or help students in their classes who are affected or infected with HIV/AIDS.” “Must be taught to become counselors so they can help motivate students who have been affected by the pandemic to boost self-esteem” “[learn about] encouraging positive living with H/A”

“Issues of confidentiality”

“Knowing how to work with HIV infected colleagues”

“[UNISWA] students should be assigned to ...inquire in those schools where they are attached about the number of OVCs, how they are treated and how they perform”

“Students should be taught not to discriminate against people (both teachers and pupils) who are infected or affected by H/A” “Be equipped with information on how to help other children treat AIDS affected kids no different”

“Talk positively to OVCs so they do not blame their parents for dying of the disease”

“A lesson to improve the comfort level of students when it comes to sex related issues”

“How to teach H/A to young children”

“Be trained on how to start H/A clubs so that children are well informed”

“Learn peer counseling”

-Participants were also asked about things they learned previous to taking up their practice placements that they used relative to HIV/AIDS during their placement

Many participants mention learning about the importance of “knowing your students characteristics”.

Also noted: “encourage all learners to participate” “find out what is making a learner lose interest”

“I read some articles from the Internet since I was shaken by the issue of OVCs and the way (I read from newspapers) head teachers treat some of them. What I noted was that as teachers we have to appreciate that some pupils have more responsibilities than we can think of so we have to question ourselves on how to approach them. I also read that it works best if as a teacher I have a friendly environment or climate with my pupils they can easily tell you if they have family problems.”

“Some discussion we had changed the way I view issues of HIV/AIDS. I am now no longer afraid of the disease, I am more prepared to face some situations/ cases of H/A that can be thrown at me. I understand that even if I am not infected, I am affected.”

#### 4. *The School's Community*

--Participants were asked, based on their own observations, about sources of HIV AIDS information and care in the community of their school. In part the question intended to tap how easy or difficult it was for practice teachers to identify resources in communities.

Many named sources of information such as radio, TV, newspapers. Many mentioned hospitals, clinics, and health motivators. NGOs such as TASC, AMICAAL, Red Cross, FLAS, and Hope House were noted.

“The school is an urban school so people have TVs, radios, computers”

“The inkhundla occasionally has a mobile VCT vehicle where people can go to test themselves and information is available”

### **C. About Future Work in Education and Participant Conclusions**

Participants were asked what they had learned relative to HIV/AIDS that they would take with them to permanent teaching assignments. Some observations are included from focus group participants.

Here are some of many observations.

Many noted and agreed students should carry with them materials with basic information about HIV and AIDS; they could refer to the information when questions arise, share the materials with their placement schools and colleagues, with students and community members.

“It is important for a teacher to be educated on issues related to HIV/AIDS because (s)he is the main source of information to students”

“I have observed that most people including teachers have not internalized the essentials pertaining to HIV and AIDS. In other words, people still distance themselves from H/A. This creates a barrier in accepting oneself or anybody infected or affected with H/A.”

“Some students are taking ARVs in the school”

“Students may perform the way they do because they were affected by H/A, so as a teacher you need to be very caring and open to students”

“A teacher needs to commit himself fully in the school AIDS club so that awareness among students is sustained every year every time.”

“Students come to me as a student teacher to discuss their affairs”

“Those affected should not be treated as outcasts and this should be instilled in the students’ behaviors towards one another”

“The reality of OVCs in school; the reality of working with teachers who are already taking ARVs, treating related diseases”

“The number of OVCs is increasing and in 2 to 3 years government will not be able to educate them”

“Most of the students are interested in knowing more about H/A while others do not care”

“Children are more attentive when they are taught by their peers than when it is the media or their teachers. Hence formation of peer groups to serve as counselors on H/A to other students is very recommended since information sinks deeper and faster if it is share by somebody your own age.”