

Teachers' Understanding and Conceptualisation of the HIV and AIDS Policy: The Case of Secondary Schools in Zimbabwe

Journal of Asian and African Studies
2014, Vol. 49(6) 721–732
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sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/0021909613510132
jas.sagepub.com


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Abstract

This study examined secondary school teachers' understanding of the HIV and AIDS education policy and curriculum in Zimbabwe. The study was informed by the Concerns-Based Adoption Model. Twenty teachers, four school heads from the participating schools and two Ministry of Education officials from Masvingo provincial offices participated in the study. Data for the qualitative case study were collected via individual interviews, focus group interviews and open-ended questionnaires. The study found that teachers had mixed perceptions of the HIV and AIDS school policy. Few teachers had a clear understanding of the policy and curriculum innovation while most of them were uninformed, ignorant, frustrated or confused regarding this policy and the implementation thereof. Overall, there was a disjunction between policy, curriculum requirements and teacher understanding and conceptualisation of the subject area due to a lack of professional qualifications and the non-availability of policy and curriculum documents. It is recommended that the Ministry of Education should become proactive in developing teachers' knowledge and skills via significant and ongoing professional development and training for all teachers in HIV and AIDS education. School heads should provide support with regard to enhancing teachers' understanding of HIV and AIDS education for effective implementation of the subject area in schools.

Keywords

HIV and AIDS policy, teachers, understanding, secondary schools in Zimbabwe

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Introduction

In 2003 the Ministry of Education in partnership with United Nations Children's Fund (UNICEF) introduced HIV and AIDS education as a subject area in secondary schools. It was mandated that this be a compulsory subject area taught alongside other subjects in the curriculum as the objective of the strategy was to use the life-sustaining power of education to reduce learners' vulnerability to HIV infection. Regardless of the innovation there still exists a high prevalence of 11.1% of HIV infection among secondary school learners in Zimbabwe (UNAIDS 2010: 183). The high HIV infection rate among youths in schools prompted the study on how teachers understand and conceptualise the HIV and AIDS school policy and curriculum.

Policy implementation regarding HIV and AIDS education is influenced by at least two main issues: firstly, teachers' understanding or perceptions, that is, their knowledge, beliefs and attitudes; and secondly, teachers' skills that are needed for the day-to-day classroom activities (Ni and Guzdial, 2007: 2). In Zimbabwe, any teacher, regardless of specialisation, is mandated to teach HIV and AIDS education. The Secretary for the Ministry of Education's Circular No. 3 of 2002 (Government of Zimbabwe, 2002: 7) stipulates that each school should have a team of male and female teachers to implement the curriculum. The challenge is that very few secondary school teachers have qualifications in HIV and AIDS education and that most are subject-specific specialists who may not be willing to effectively teach HIV and AIDS education (Government of Zimbabwe, 2003c).

This research article is based on a wider study that investigated how secondary school teachers understand, respond to and implement the AIDS Action Programme for Schools in the Masvingo district in Zimbabwe, South Africa. However, in this article, only the results of teachers' understanding of the HIV and AIDS school policy are discussed. The research question that guided this study is: How do secondary school teachers understand and conceptualise the HIV and AIDS education policy and curriculum?

Literature review

The review of related literature contained in this research focused on relevant studies (Bowins and Beaudoin, 2011: 8; Clasquin-Johnson, 2011; Drake and Sherin, 2006; O'Sullivan et al., 2008) with reference to teachers' understanding and curriculum implementation as well as how teachers respond to policy and curriculum change in terms of their attitudes and pedagogical practices. The literature review explored HIV and AIDS education as a policy and curriculum innovation.

From the literature review it became apparent that the teachers understood policy and curriculum change with either a positive or a negative attitude. Those with positive attitudes attempted to adopt and adapt while teachers with negative attitudes were reluctant to execute a curriculum subject, or ignored or resisted it (Bowins and Beaudoin, 2011: 8; Mosia, 2011: 122; Wood and Oliver, 2007: 175). We therefore found in the literature review that there are internal factors such as teacher attitude and beliefs, motivation and teacher knowledge, and external factors such as professional development and training, and resources plus support, which affect teachers' understanding of policy and curriculum innovations and in turn influence implementation (Burgess et al., 2010: 52). Accordingly, Swanepoel and Booyse (2006: 1) found that teachers are key players in the facilitation of policy and curriculum change.

Further, the literature review found that teachers generally do not possess the skills, knowledge, attitudes and values required to be effective HIV and AIDS facilitators (ActionAid, 2004; Chiwela and Siamwiza, 1999; Wood and Oliver, 2007: 1). The results of the literature search consistently revealed a strong relationship between teacher knowledge and practice in policy and curriculum

conceptualisation, implementation and change. It was established that teachers who lack understanding of underpinning policy and curriculum issues generally show reluctant compliance when implementing innovations (Clasquin-Johnson, 2011) and compliance with constraints or glossing over.

With the literature review, the Zimbabwe HIV and AIDS policy was explored to lay the basis for HIV and AIDS education in schools. This policy (Government of Zimbabwe, 1999) is the springboard for the school-based HIV and AIDS intervention curriculum (Chirawu et al., 2007: 2). In this study, HIV and AIDS education is introduced as an official policy innovation and a compulsory subject area in Zimbabwean secondary schools (Government of Zimbabwe, 2006: 7–8). It has been revealed in literature that teachers are influenced by their knowledge and previous experience. They see, interpret and react to change according to what they have learnt and experienced in the past (Nyaumwe and Buzizi, 2007: 21). Depending on understanding, teachers react to policy or curriculum change in four ways: they ignore, resist, comply with and adopt, cooperate or adapt change (Bowins and Beaudoin, 2011: 8).

The literature review and the theoretical framework strengthened the analysis of our research findings. The literature review specifically highlighted the significance of teachers' diverse understanding of policy and curriculum innovations depending on the influence of personal, social and contextual factors. Consequently, it was found that teachers' compliance cannot be taken for granted given their perceptions and implementation of prescribed policies (Bowins and Beaudoin, 2011). In addition, the literature that was explored indicated a lack of research on teachers' understanding of the HIV and AIDS education policy in secondary schools in Zimbabwe. This research study was therefore commenced to add to the existing body of knowledge.

Theoretical framework

The theoretical framework employed in this research, the Concerns-Based Adoption Model, was explored as the basis of this study. The theory explains that teachers proceed to effective understanding and enactment of policy and curriculum change through seven stages of concern and eight levels of practice of an innovation (such as HIV and AIDS education) (Hall and Hord, 1987, 2001). Two diagnostic dimensions of the Concerns-Based Adoption Model for conceptualising and determining change in individuals are: Stages of Concern (SoC) and Levels of Use (LoU) (Hall and Hord, 1987, 2001). The SoC framework pertains to teachers' feelings and attitudes about policy, curriculum change and implementation (Hall and Hord, 2001). The SoC framework presents a possible progression that teachers go through in implementing an innovation or a new curriculum. These stages are: Unconcerned (or Awareness), Informational, Personal, Management, Consequence, Collaboration and Refocusing; with Unconcerned being the lowest SoC and Refocusing the highest. The positive ideals in curriculum change and implementation are Collaboration and Refocusing (Anderson, 1997: 331).

The Unconcerned or Awareness stage looks at teacher participation within the innovation. The Informational stage focuses on acquisition of information about the innovation such as general characteristics, effects, components and requirements for utilisation. The Personal stage deals with the relationship between an innovation and the individual teacher (that is, role, decision-making, consideration of potential conflict or lack of success). In the Management stage teachers attempt to adopt the innovation but with little understanding. The Consequence or outcome phase focuses on the effects or impact of the innovation on learners. The Collaboration stage involves coordinating efforts in using the innovation with others (Anderson, 1997: 335). Lastly, the Refocusing stage emphasises finding other ways to make use of the innovation.

The second diagnostic dimension of the Concerns-Based Adoption Model discussed is Levels of Use (LoU). The LoU framework focuses on developmental patterns of teacher behaviour in

understanding and implementing a classroom change. The Levels of Use of an innovation that teachers go through are: Non-use, Orientation, Preparation, Mechanical, Routine, Refinement, Integration and Renewal (Hall and Hord, 2001). Mechanical is the lowest level of adoption of an innovation where implementation is mostly surface-level and glossing over without clear understanding. The highest Level of Use in implementing an innovation is Renewal. The Levels of Use are determined by the teacher's SoC during the implementation process.

Research methodology

Employing qualitative methods framed within an interpretive paradigm (Creswell, 2007: 12), we were able to enter the life world of secondary school teachers in their school contexts. The process assisted us in understanding the teachers as human beings. The sample was drawn from four government schools. The schools were chosen using purposive sampling because they were viewed as implementing the government policy and curriculum innovation AIDS Action Programme for Schools (AAPS). Three of the schools were in the city and one was at a rural service centre. The qualitative approach enabled us as the researchers to comprehend the participants' reality in terms of their knowledge and attitudes regarding HIV and AIDS education in schools (Marshall and Rossman, 2011). Semi-structured individual interviews, focus group interviews, an open-ended questionnaire and field notes were used as strategies to gather in-depth information about the topic under study. Basic principles of ethics were considered and adhered to throughout the research process. Data analysis was conducted according to descriptive analysis and a coding system. Relevant themes, categories and sub-categories were generated from the data to allow presentation, synthesis and discussion of the results. In presenting data we chose to consider the results and findings in relation to the reviewed literature and Hall and Hord's (1987, 2001) Concerns-Based Adoption Model pertaining to the teachers' understanding of the HIV and AIDS education policy in schools.

Results and discussion of findings

It was found that factors such as teachers' feelings, attitudes, resources, experience and support impacted on their knowledge of the HIV and AIDS education policy and curriculum. Teachers revealed that they lacked critical resources such as policy documents and syllabuses. They also lacked sufficient support and supervision from the school management and the Ministry of Education, Sport, Arts and Culture in order for them to have a sound understanding of the policy, curriculum components and requirements of the subject area in their school contexts. We will now discuss the salient findings of the study in responding to the research question:

How do secondary school teachers understand the HIV and AIDS education policy and curriculum in schools?

Teachers had misconceptions, lacked capacity and were confused about the HIV and AIDS education policy and curriculum

It was found that most of the 15 teachers lacked clear understanding and displayed knowledge deficiencies with regard to what the HIV and AIDS education policy and curriculum entailed. Consequently, the teachers were uncertain, confused and lacked the necessary capacity to implement the subject area. As a result they were reluctant and did not feel committed to teaching the subject area due to low self-efficacy, the low status of the subject area in schools, confusion about

what and how to teach the subject area and lack of motivation. One of the participants in an open-ended questionnaire stated that her understanding was limited to the view that:

HIV and AIDS education is an awareness programme to young people. I am not aware of its components. I don't have knowledge about the Ministry policy. (Participant M5)

In addition, the teachers lacked the relevant professional qualifications and training as well as proper induction at school level to develop a sound understanding. It was determined that teachers blamed their lack of understanding of the policy and the curriculum for the subject area on the Ministry of Education, Sport, Arts and Culture for its failure to provide policy and curriculum documents to schools (Chireshe, 2006). Further, the teachers were not HIV and AIDS education specialists. As a result they lacked a positive disposition, knowledge, skills, orientation, interest and commitment to teach the subject area. Teachers who lacked requisite knowledge about the HIV and AIDS policy and curriculum were seen as even more confused, as noted by a teacher during a focus group interview at one of the participating schools:

and nobody has taught you what the underlying policy for the curriculum is. There is a policy gap. Most of the teachers that are teaching this subject don't know anything about it, they are ignorant, not trained. (Participant R1)

According to the Concerns-Based Adoption Model the teachers operated at the lower Stages of Concern namely: Unconcerned, Informational and Personal, indicating a lack of content of the HIV and AIDS policy and curriculum. This implied that the teachers enacted surface-level change (Burgess et al., 2010: 56). Similar results in respect of the teachers' lack of confidence were reported by O'Sullivan et al. (2008: 171), where teachers expressed their anxieties about a new curriculum via metaphors associated with darkness and blindness. These expressions spoke of the uncertainty the teachers experienced about what they were doing in their classrooms – a finding that was comparable with those we uncovered in this study.

Teachers lacked resources, support and professional development for conceptualising HIV and AIDS education in schools

Teachers had no specialisation in HIV and AIDS education. They were perturbed by this and the lack of materials and support from the Ministry of Education and their schools' management. Subsequently, the teachers felt despondent and were not motivated to teach the subject area effectively. Three teacher participants described how they dealt with these challenges:

Teachers are not aware simply because there are no syllabuses to cover. People don't have knowledge and again without knowledge on how to teach these children, where do we go, what do we do? We are concerned. (Participant M4)

Another teacher participant R3 noted:

We just talk of AIDS from a layman's point of view, from humanity, from our experiences. What I see in my family, at workplace, wherever, from other people's stories, that's the information that we use when we are talking about AIDS. We have nothing clearly stipulated or even literature. We don't know, we have never received any literature on AIDS.

The third teacher participant R2 reiterated their plight arising from a lack of knowledge:

The other problem for me I have never attended any workshop, so for me I don't know even the policies, even the objectives for the Ministry of Education. We have just been talking about the objectives from what we think should be taught to the learners.

Similar studies such as those conducted by Chireshe (2006: 214) and Chirume (2007: 45) in Zimbabwe, ActionAid (2004) in Kenya and India, Kachingwe et al. (2005: 36) in Malawi and Clasquin-Johnson (2011: 136) in South Africa revealed that limited resources and inadequate professional development were barriers to effective understanding and a critical factor in teachers' reluctance and ignorance in implementing a new policy. According to the theoretical framework, the teachers were non-implementers and low-level implementers of the HIV and AIDS education curriculum. Based on Hall and Hord's (2001) Concerns-Based Adoption Model, we assert that the Ministry of Education officials and the school managements, who are the change agents, should match resources and support with the needs of the teachers. This will enable teachers to move from the information-seeking stage to attaining appropriate knowledge of the HIV and AIDS education policy, since teachers' conceptualisation influences practice (Burgess et al., 2010: 56).

A need for support was expressed by teachers when asked about their basic requirements for a clear understanding of the HIV and AIDS policy and curriculum. The following response from participant R1 was indicative of their needs:

If they can print books with more information that can equip teachers right across... how to handle issues, if you meet this you do this, if you meet this you do this. This is how we can teach and implement AAPS in schools. Because if we don't have information, definitely there is nowhere we can go.

Another teacher participant M2 noted:

We are trying to teach the subject but we lose focus because we don't have materials, we don't have the content. We don't even know what to do with the kids suppose I am given the... time to go and teach the subject.

Teachers expressed negative attitudes towards HIV and AIDS education

Lack of knowledge, training, resources and support were contributing factors to the teachers' negative attitudes. Teachers who were negative about the HIV and AIDS education viewed it as an added burden to their already busy schedules and heavy workloads in their subjects of specialisation, with poor salaries and no additional incentives. One teacher from the participating schools, participant H3, explained:

Those teachers involved are overworked, they have their normal workload. For example one teacher is the head of the counselling department, head of the science department, has got a full load of academic lessons and then is supposed to teach HIV and AIDS off-session. At the same time there is nothing in terms of remuneration. The teachers do that extra mile but there isn't anything extra that they get that is different from any other teacher.

The empirical data revealed that the teachers' receptivity towards curriculum reform depended to a large extent on their level of understanding and acceptance of the change effort. Burgess et al. (2010) indicate that, predominantly, negative attitudes emanate from concerns associated with work priority when new subjects were introduced. Ni and Guzdial (2007: 2–3) confirm that the attitudes teachers develop towards reform tend to be derived from their experiences while they

were still learners, their training, their teaching experiences, their interactions with colleagues and the societal values and norms of their working contexts. Evaluated against the Concerns-Based Adoption Model, most of the teachers with negative attitudes had little or no knowledge of the HIV and AIDS schools policy and curriculum. The teachers had no involvement with the subject area and were unconcerned about improving their knowledge and becoming involved at the higher Levels of Use, namely Refinement, Integration and Renewal (Hall and Hord, 2001).

HIV and AIDS education was perceived as less important with low status among teachers and learners

According to the participants, HIV and AIDS education had a low status in the schools and was viewed by teachers, learners and in some cases, the school management, as a less important, non-examinable subject and a free period. Due to misunderstandings, teachers did their work in their own field of specialisation during the time allocated for the subject area. Because of the low status of the subject area, teachers did not bother to understand the curriculum. The voices of the schools' heads depicted negativity when they complained about timetables being full. School heads also complained of non-allocation of funds for books in HIV and AIDS education as is the case with other subjects in the secondary school curriculum. In a focus group interview, teachers expressed challenges and frustration about how the subject HIV and AIDS is scheduled on the school timetable:

You find out that the school is double session and most of the HIV and AIDS lessons are off-session, it's frustrating. Most of the pupils will be tired, will be hungry. As a result... you see, very few pupils attend the lessons. (Participant H2)

A Ministry of Education official noted schools management's lack of understanding and subsequent reluctance to have HIV and AIDS education on the curriculum. During an interview he stated:

Heads of schools are aware of the policy but in this case, again you find some of the school heads will not be fully aware of the policy. It is resistance again from the Heads who think that HIV, AIDS and Life Skills education is irrelevant. They claim they don't have time for it and that on the school curriculum it is an added burden for their teachers and for them to supervise. So they resist the teaching. (Participant 1)

The finding is congruent with what was revealed by Chireshe (2006) in Zimbabwe and Prinsloo (2007) in South Africa, that guidance and counselling as well as life orientation were found to have low status among teachers and learners, and that teachers of those subjects were perceived as inefficient. Not all schools allocated the subject area its time on the timetable as stipulated by the Ministry of Education policy documents. Due to the fact that teachers did not understand the HIV and AIDS education policy well, the subject area was assigned to teachers as an extra teaching load or as a way to fill up their workloads. Evaluated against Hall and Hord's (2001) Concerns-Based Adoption Model, with such negative teacher attitudes in schools, few teachers moved beyond the Mechanical level. Mechanical is the lowest level of adoption regarding HIV and AIDS education in schools.

Teachers' lack of understanding resulted in negative emotions and fear regarding HIV and AIDS education

With the exception of the teachers at one school, teachers' lack of understanding of the policy and curriculum provisions for HIV and AIDS education led them to develop negative attitudes. Teachers

who had misunderstandings and confusion about the policy requirements and curriculum content for the subject area developed negative attitudes and experienced fear because of the sensitivity of the subject area. The empirical data revealed that the teachers feared teaching HIV-positive children since they felt that they were not empowered and capacitated enough to help them as they interacted with the learners on a daily basis. Their concern was outlined by two teachers during a focus group interview (N1 and N2):

First of all the teachers have fear of loss of status in the school. Teachers who teach HIV and AIDS are underrated by other teachers. So at the end you may find it difficult to assign teachers to do AIDS lessons because they are viewed as teachers of a ‘useless subject’.

Another teacher participant, N4, averred:

It is frightening to teachers and to the children to be identified that he or she has got HIV or AIDS. Some will be finding something to laugh at. ... and also it comes from other teachers and or elderly people in society that’s where the big problem is. Many people laugh and stigmatise.

As indicated, due to insufficient understanding, the teachers feared stigma, that is, teachers and students being singled out as suffering from HIV and AIDS. Results of a study on teacher fear were elucidated by Jansen (2001) in South Africa, who found that teachers had to deal with the emotional trauma of learners with HIV and AIDS and students whose parents or siblings had died or were terminally ill due to the pandemic.

In a study conducted by Bristo (2010: 2) teachers expressed their anxieties because change shakes or threatens their comfort zones and makes them doubt their role in the schools and their ability to effectively perform their duties. In addition, in this study teachers experienced fear due to an unavailability of a protective policy for teachers who taught what they referred to as the ‘sensitive’ subject area. Hargreaves (2005: 11) observed that fear of change is a common response of mid-career teachers. Teachers who experienced fear were practising at the knowledge-seeking level of the Concerns-Based Adoption Model – Orientation. These were non-implementers of the innovation (Hall and Hord, 1987, 2001), namely HIV and AIDS education. Jansen (2001) observed that the emotional bases for teacher identity emanate from teacher’s understanding of their capacity to execute the demand placed on them.

Teachers lacked direction and interest in HIV and AIDS education

Due to misperceptions, the study revealed that teachers, who lacked focus, were confused and had no interest in HIV and AIDS education. Teachers also expressed lack of direction, motivation and loss of control as well as feelings of uncertainty about the HIV and AIDS education policy and curriculum.

Empirical data indicated that teachers lacked motivation for acquiring more knowledge because they perceived the subject area as being of low status since it was not examinable. Owing to the lack of understanding, HIV and AIDS education lessons were consistently viewed as providing extra time when they could do work in other subjects. A teacher (participant M3) expressed the constraints as follows:

Teachers who teach HIV and AIDS education are viewed as teachers of a ‘useless subject’. Also pupils take it as a ‘second-hand subject’. In a lesson, you see some students busy reading or writing notes for other subjects which is very irritating, just because the subject is not examinable.

Evaluated against the Concerns-Based Adoption Model, teachers with such understandings were at the initial low stages of having little concern with the subject area (Unconcerned), looking for information about the subject area (Informational) and worried about how enacting the policy will affect them as individuals (Personal). This study's findings were consistent with what was found in Portugal where Jorgenson (2006: 1) established that teachers valued their autonomy, worrying about their ever-increasing workload and time constraints. Jorgenson (2006: 1) found that by nature teachers were averse to risk and change if they were not knowledgeable in a specific field. Also in Portugal, Flores (2005: 403) found that in most cases teachers' accounts revealed feelings of tiredness and 'giving up', lack of motivation and low morale in comprehending a new curriculum. In Australia, O'Sullivan et al. (2008: 172) also discovered that teachers expressed their need for direction and knowledge of where they were heading with a new curriculum.

Teachers alleged that they did not receive policy documents and were not involved in developing the HIV and AIDS education policy

The HIV and AIDS school policy was developed by the Ministry of Education, Sport, Arts and Culture of Zimbabwe. It was supposed to be disseminated to the schools through the Ministry of Education's provincial and district offices (Government of Zimbabwe, 2003c). However, the results of this research indicated that teachers were not consulted for curriculum and some of the schools and teachers, who were the policy and curriculum implementers, had not received the policy documents. The situation created a disjunction between policy expectations and teacher understanding and implementation in schools, as highlighted by teacher participant N3 during a focus group interview, who stated:

The policy should have been treated like the constitution. So that they do not do their own things, without involving us people on the ground. That is why things become very abstract to people on the ground. It's an issue when working with the elite group. They work with few people up there at policy planning level. Policy formulation should be research like, with people giving their views.

As a result, because the teachers were unable to conceptualise the policy requirements and content, they were reluctant to implement the subject area, citing lack of knowledge of the HIV and AIDS education policy, curriculum requirements and components. Evaluated against Hall and Hord's (1987, 2001) Concerns-Based Adoption Model, teachers' concerns about the non-availability of critical policy and curriculum documents influenced the priority they gave to subject area enactment and professional learning. The results reflected the teachers' mindset of limited understanding and conceptualisation of the HIV and AIDS education policy and curriculum and incompetency to implement it (Burgess et al., 2010: 57).

Teachers were ignorant of the fact that the syllabus for HIV and AIDS education is enshrined in the Ministry of Education's prescribed objectives

There are no specific syllabuses for HIV and AIDS education at secondary school level. Teachers are expected to develop their school syllabuses from the objectives, showing appropriate content and methodology. There were no textbooks that teachers could use to assist them with the different content of HIV and AIDS and Life Skills education as prescribed in the Basic Education policy (Government of Zimbabwe, 2006: 27). Furthermore, the policy states that the subject area is not examinable, but the teachers were of the opinion that HIV and AIDS education should have test items like other subjects on the school curriculum. This would enable the subject area to become

examinable and to be engaged with seriously by both teachers and learners. The teachers, during focus group interviews expressed their perceptions as follows:

and nobody has taught you what the underlying policy for the programme is. There is a policy gap. Most of the teachers that are teaching this subject don't know anything about it. They are ignorant, not trained. (Participant R1)

People lack knowledge and direction because accountability is poor in HIV and AIDS education than is the case in other subjects. For example, the teacher is accountable in History because at the end children are to write examinations... but in AIDS education teachers are simply saying to learners today write History notes during the HIV and AIDS lesson because it's not examinable. (Participant N3)

Evaluated against the Concerns-Based Adoption Model, the teachers' understanding of the HIV and AIDS school policy and curriculum placed them at the Unconcerned, Informational, Personal and Mechanical levels of the SoC. These lower stages imply low-level understanding and implementation of the policy and curriculum HIV and AIDS education in secondary schools in Zimbabwe.

Concluding thoughts

This study revealed that teachers perceive HIV and AIDS education as having a low status in schools. There were various reasons which ameliorated the teachers' conceptions. It became apparent that at secondary school level, teachers were uninformed, ignorant, afraid and confused regarding the HIV and AIDS school policy's components and requirements. They attributed their lack of knowledge about the subject area to the non-availability or lack of guidance policy and curriculum documents as well as the lack of relevant information about HIV and AIDS education in schools.

The situation is likely to continue unless qualified teachers and those interested in the subject area are appointed in a permanent capacity. The continuous changing of teachers in the subject area and the appointment of teachers from other fields of specialisation will not contribute to teachers' acceptance and adoption of the policy. This makes it difficult for the subject to find its rightful place in the school curriculum. More importantly, the main objectives of the HIV and AIDS education will not be achieved. Hence, the further spread of HIV infections and sexually transmitted infections (STIs) among the youth in and out of school in Zimbabwe will not be restrained. Other important knowledge and skills that the subject provides will also be neglected. Subsequently, the new generation of emerging adults will not have the traits of good citizenship that the Ministry of Education, Sport, Arts and Culture aims to achieve with its school HIV and AIDS policy and curriculum.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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Author biography

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