

## **Teacher Education and HIV/AIDS: Investigating Teacher Educators' Positioning in the Teaching of HIV/AIDS and Life Skills Education. A Case Study of One Primary Teacher Training College in the Copperbelt Province of Zambia**

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**Abstract:** *This case study was aimed at examining how teacher-educators position themselves during the process of mediating HIV and AIDS and Life Skills education in classrooms at one primary teacher training college in Zambia. This was done using qualitative methods. The data came from interviews with 10 lecturers, 7 males and 3 females. Additional data was collected from student-teachers, and also from the observations of lessons taught by lecturers at the college.*

*By examining the factors that influence teacher-educators in their teaching of HIV and AIDS, the study found that the context in which these educators live and work is key to understanding how they each position themselves differently according to who they are in that context. This, by implication, influences the way they teach HIV and AIDS and Life Skills education in the college classrooms. The study further revealed that the teaching of HIV and AIDS was accompanied by different constraints such as: the conflict between curriculum content and the actual practice of teaching sexuality and HIV and AIDS; student-lecturer relationships; the taboos and the social and cultural as well as religious norms and assumptions surrounding sex and sexuality. However, in the midst of these constraints, some few teacher-educators used their agency in their practice of teaching HIV and AIDS education. Meaning that, despite such constraints, they were able to use their ability to exercise choice. The Research concludes that teacher training colleges, until now, have not managed to be places where student-teachers are being prepared to teach HIV and AIDS and Life Skills education later in their teaching careers.*

**Keywords:** *Teacher-educators, Student-Teachers, HIV and AIDS, context, education, life skills, college, teaching.*

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The HIV and AIDS pandemic has continued to affect and undermine the lives of millions of people worldwide. Sub-Saharan Africa remains the region that is most hit by the pandemic. With an estimated population of less than 10% of the world's total, it is home to more than 60% of the people living with HIV and AIDS, and it is estimated that 26 million of the people living with the virus are between 15 and 49 years, (UNAIDS, 2008). Zambia is among the countries in the sub-Saharan region that has been worst hit by the HIV and AIDS pandemic. With an estimated population of 12 million people, statistics suggest that Zambia has 1 200 000 people living with HIV and AIDS with the prevalence rate of 16.4% among the 15-49 year old groups (ZDHS, 2013-2014). With no promising cure or vaccine for the HIV and AIDS pandemic, education has been identified and recognised as a social vaccine against HIV and AIDS (World Bank, 2002). Education has a key role to play in preventing HIV and AIDS, and in mitigating its effects on society because it has the potential to equip individuals, families and communities with information, knowledge, and the skills to negotiate and cope with the HIV and AIDS pandemic. At the centre of education are the educational institutions through which teachers are recruited and trained to equip them with information and knowledge of the HIV and AIDS pandemic. These teacher training institutions have a role to play in the training of teachers, and in imparting accurate information, knowledge and skills to enable them become effective instruments in the delivery of HIV and AIDS prevention and Life Skills education.

Thus in Zambia, the Ministry of Education (MoE) has recognised that education can be an effective tool in the fight against HIV and AIDS. As a response to the pandemic, the Ministry of Education developed a National HIV and AIDS policy for the education sector. It has thus mandated all teacher training institutions to mainstream HIV/AIDS and life skills education as a cross cutting issue.

Although education has been identified and recognised as a social vaccine in the fight against HIV and AIDS pandemic, the teaching and delivery of HIV and AIDS education has proved to be a challenge at both institutional and personal level (Bennel et. al, 2002, Kelly, 2006). Studies have shown that there is resistance from institutions, communities and individuals to the teaching of HIV/AIDS mainly because it is related to intimate and private aspects of our lives (who and what we are) and that of the society, namely, sexuality and sex (Baxen, 2006). Thus the view of sexuality and sex is shaped by the social, cultural and religious attitudes of the society (Kelly, 2000).

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

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

There is insufficient research focusing on how lecturers at the tertiary level of education, teach and experience teaching, as well as negotiate their way into college classrooms when they have to teach HIV and AIDS education and Life Skills education.

It is against this background that researchers undertook to investigate how lecturers understand, interpret, teach or negotiate their way into the college classrooms to talk about sexuality and HIV and AIDS education. In other words how lecturers mediate the messages of sexuality and HIV and AIDS education to the learners at the college level. The study focused on what influences lecturers in their understanding, interpretation and thus mediation of HIV and AIDS education in the colleges.

### **1. THIS STUDY PROPOSED THE FOLLOWING OBJECTIVES**

- To investigate how the lecturers understand, interpret, teach and experience the teaching HIV and AIDS education.
- To examine the social and cultural factors influencing lecturers/teacher educators' understanding, attitudes and experiences of teaching HIV and AIDS education.
- To examine what students at the college say about how HIV and AIDS messages are delivered and how student teachers imagine they would deliver these messages to their learners to be in primary schools.
- To assess possible tensions between college curriculum (policy) expectations and actual teaching of HIV and AIDS education.
- To identify the challenges that teacher educators encounter in the teaching of HIV and AIDS and Life Skills education at the college.

### **2. THE FOLLOWING WERE THE PRINCIPLE QUESTIONS THAT GUIDED THE STUDY**

1. What are the social and cultural practices influencing teacher-educators' understanding, interpretations, attitudes and experiences of teaching HIV and AIDS and Life Skills education?
2. How do student-teachers perceive the way the HIV and AIDS messages are mediated?
3. What possible challenges do teacher educators encounter in the process of mediating HIV and AIDS and Life Skills Education?

### **3. SIGNIFICANCE OF THE STUDY**

Research into how lecturers teach and experience teaching HIV and AIDS in colleges is significant because this level (colleges/universities) has received less attention compared to other levels-primary

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and secondary education in Zambia. Most of the resources and HIV and AIDS prevention programmes and research have focused on the youth and teachers at primary and secondary school levels (Akoulouze, Rugalema and Khanye, 2001), and comparatively less work has been done to look at how lecturers position themselves in the process of mediating HIV and AIDS, sexuality and life skills education and how the student teachers are prepared for the teaching and effective delivery of HIV and AIDS education in schools. In other words, not much has been done to look at how the knowledge of HIV and AIDS and its relatedness to sex and sexuality is constructed and reconstructed in the college classroom.

This research therefore is significant because it is a contribution to the stock of knowledge on teacher training in the context of HIV and AIDS by unearthing and highlighting the social and cultural factors that influence the lecturers' understanding, interpretation and teaching of sexuality and HIV and AIDS education, thus contributing to deepening the understanding of the complexity of teaching sexuality, HIV and AIDS and life skills education. The study also brings to the fore the possible tensions that may exist between the curriculum and policy expectations on one hand, and the practical or actual teaching of sexuality and HIV and AIDS education on the other, revealing the complexity of HIV and AIDS knowledge mediation.

### **4. THE SITE OF THE STUDY**

The study was conducted at one teacher training college located in the Copper belt province of Zambia and the province has the highest prevalence in country at 18.2% (ZDHS 2014). It is located in Kitwe, one of the three big cities in Zambia. It is an urban college, approximately 7 kilometres from the city centre.

The college offers pre-service training for primary and secondary school teachers. Though there are some private teacher training colleges in Kitwe, the college attracts the majority of students from the city and other nearby towns like Ndola, Chingola, Chililabombwe, Luanshya and Kalulushi, as well as from other provinces like central and north western. Being an urban college, most of the students come from their homes, though it also offers boarding facilities to some, especially those coming from outside the city. In terms of enrolment, the college has more females than males, with last year's enrolment ratio standing at 51 % females and 49% males (College Registry, 2014). Kitwe city is Zambia's second largest, after Lusaka, the capital city. It is a cosmopolitan city that attracts people from different parts of the country and beyond, for its industry and business. This may explain in part why in terms of HIV prevalence, it is among the highest in the country (NAC, 2006). In terms of HIV prevalence, the college has no records because students only spend 2 years at the college, one year full time, the other year in the field doing teaching practice. This also explains why it is difficult to keep statistics of deaths resulting from HIV and AIDS among students at the college. Similarly in terms of staff mortality, the college does not have any records either.

### **5. A HISTORICAL NOTE ON EDUCATION IN ZAMBIA**

Much of the education in Zambia before colonialism was generally informal. It was a lifelong process that aimed at equipping every individual with attitudes, values, skills and knowledge from daily experience. The process was relatively unorganised and individuals were instructed according to what was needed in their immediate environment. It was done by families, neighbours and peers (Henkel, 1989). At the onset of colonialism, there was very little formal education for Africans in Zambia because as Kelly (1999) indicates, "The political economy of Zambia was geared towards mining and the interest of the settlers, with consequent neglect of the African population and active discrimination against Africans" (Kelly, 1999, 97).

Africans mainly benefitted from the education offered by missionaries whose aim was to teach literacy and numeracy so that Africans could read the Bible and hence evangelise or spread the gospel. Carmody (2004) shows that there was very little capitalisation on traditional systems of education and the way local people had transmitted wisdom, knowledge and experience from one generation to another. The missionaries were only interested in converting people to Christianity, and the consequence of this was the rejection of some aspects of the traditional ways of life whether good or bad. This then meant that, to some extent, schools were alien to the local culture; they were foreign to the people because they were western inspired and conceived. Similarly, the few colonial

government schools available at the time accommodated the white population, and a limited number of Africans. Their curriculum was inadequate and largely irrelevant to the needs of the local people (Ministry for Native Education, 1964). The system of education for the 'natives' (the African population) was developed in 1925, but the funding for these schools, by the colonial administration, was really limited. For example, out of the 31 million pounds raised in taxes between 1925 and 1945, less than three percent went into education budget for Africans.

The development of the secondary school system was slow and came to actual realisation much later in Zambia. As Carmody (2004) and Kelly (1999) indicate, at the time of independence in 1964, the country had only 1 200 people with secondary school leaving diplomas as they called them at the time (now they are just school leaving certificates). The reason as already stated above, was due to limited financial and personnel resources allocated to education in Zambia.

## **6. THE CURRENT EDUCATION SYSTEM IN ZAMBIA: 1991-TODAY**

The current education system is guided by the Zambia National Educational Policy called Educating Our Future which was developed and implemented in 1996. According to this policy, the overarching aim is to, guide the provision of education for all Zambians so that they are able to pursue knowledge and skills, manifest excellence in performance and moral uprightness, defend democratic ideals, accept and value other persons on the basis of their personal worth and dignity, irrespective of gender, religion, ethnic origin, or any other discriminatory characteristic (MoE, 1996, 1).

The policy document tries to respond to the need to contextualise education and address the growing needs of increased population, growing urbanisation, girl child education, increasing number of school drop-outs and the devastating situation of HIV and AIDS pandemic. It also stresses the need to develop and increase access to life skills education. It focuses on quality provision of education that is relevant to the social, economic and cultural needs of the Zambia people. It has also emphasised the need for equity of access to education so that every child has access to the free primary education (MoE, 1996).

The current structure is 7:5:4. This means that there are 7 years of Primary Education (from grade 1-7); 5 years of Secondary Education (from grade 8-12); and 4 years of university. The aim of this system is to ensure that every child has access to nine years of good quality education, and those that cannot manage to go to secondary school level are able to use the skills gained during the 7 years of primary education, and thus be in a better position to earn a living and hence survive in society (MoE, 1996). This is especially in line with the emerging and challenging issues that the country is facing, among them, the escalating HIV and AIDS situation.

## **7. EDUCATION AND HIV AND AIDS IN ZAMBIA**

The government of Zambia has recognized that the HIV and AIDS pandemic is as much a development concern as it is a health concern, and more importantly a social problem that requires a broad based multi-sectoral approach to address its many facets. As the Education Sector National Implementation Framework document (2007) clearly states due to the escalating HIV infection rates and its claim on the workforce of the people in all sectors of the country, the nation has continued to witness a breakdown in social service delivery, reduction in household incomes and a less than optimal national economic growth rate necessary for overall national development (ESNIF, 2007, p.vii).

This means that the increase in morbidity and mortality rates due to HIV and AIDS is limiting the overall productivity in both the productive and services sectors as well as altering the Zambian population structure, and as the document explains, the HIV AIDS pandemic is also decreasing the life expectancy of the Zambians from 50 to an estimated 37 years, and heavily impacting the supply of human resources (ESNIF, 2007)As a response to these challenges, the Government of the Republic of Zambia initiated a number of strategies to help mitigate the impact of the pandemic on society. For instance in 2001, the government through the Ministry of Education launched the HIV and AIDS strategic plan-2001-2005 to guide the ministry's response to the HIV and AIDS pandemic. This was in the wake of the realisation that education has a key role to play in preventing HIV and AIDS, and in mitigating its effects on society because it equips individuals, families and communities with information, knowledge, and the skills needed to negotiate and cope with the HIV and AIDS pandemic.

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In this regard, the Ministry of Education (MoE) in Zambia has been cited as having one of the most comprehensive programme for mainstreaming HIV and AIDS. A great deal of effort has been focused to achieve this. For instance, in 2006, the MoE developed an AIDS Workplace Policy for the Education Sector for Management and Mitigation of HIV and AIDS. The Policy guides the education sector's response to the pandemic, focusing on four main areas, namely, prevention; care and support; HIV and AIDS in the workplace; and planning, management and mitigation (ESNIF, 2007). Initially, the response focused on the integration of HIV and AIDS into the curriculum, as an approach that saw the mainstreaming of the pandemic in all primary education subjects. The same is currently being done for secondary and teacher pre-service education. For the pre-service primary teacher training, the MoE, in 2006, revised the curriculum for mainstreaming HIV and AIDS education in all the following six study areas: Mathematics and Science, Language and Literacy, Social Spiritual and Moral Education, Education Studies, Technology Studies, and Expressive Arts Education (ESNIF, 2007). In the same vein, the MoE has been trying to go beyond academic training in the areas of HIV and AIDS to integrate counseling and care, targeting the already infected members in the ministry such as education officers, lecturers, teachers and other working staff (Ibid).

### **8. TEACHER EDUCATION AND HIV AND AIDS**

The Primary School teacher's course (primary, under which the site for this research falls) is run on the format that students are in college in the first year and the second year in school practicing teaching. All subjects, as they appear in the curriculum for primary teacher training that was revised in 2006 and implemented in 2007, are grouped into six study areas (Mathematics and Science, Language and Literacy, Social Spiritual and Moral Education, Education Studies, Technology Studies, and Expressive Arts Education). HIV and AIDS and Life Skills Education is considered as a cross-cutting issue, to be dealt with in all the six study areas in a simplistic manner.

The teacher education faces some challenges, such as insufficient teaching and learning materials, the mismatch between teacher supply or output and projected needs. For example, at the primary school level, pre-service training courses produce almost 9% of the current teacher numbers each year. At secondary school level, where the greatest expansion is expected, the pre-service training courses produce only 5.4% of the current teacher numbers (ESNIF, 2007). Another serious challenge for teacher education is the high attrition rate of lecturers due to HIV and AIDS. Though the MoE (2007) has recorded that more than 400 000 teachers and educators have been trained in interactive and specialized HIV and AIDS education methodologies, there still remains a challenge of getting them to transmit and effectively deliver the HIV and AIDS messages at all levels- primary, basic, high school as well as college and university (ESNIF, 2007).

In the same vein, though the component of HIV and AIDS has been integrated in all the six study areas for the primary teacher training, getting all lecturers in colleges to teach the component still remains a challenge, which is the same for primary schools as well as primary and secondary schools. This is due to the fact that the HIV and AIDS is not a stand-alone subject; it is simply spread thinly through the curriculum (MoE, 2005; Ramos, 2006).

### **9. THEORETICAL FRAMEWORK**

#### **9.1. The Theory of Structure and Agency**

The study was guided by Pierre Bourdieu's (1972) theory of structure and agency, which emphasises the relationship between individual action and social structure. Swartz (1997) in 'Culture and Power, The Sociology of Pierre Bourdieu', explains that to understand the relationship between actors and structures builds on one key idea that the social world is constructed by individual actors. Therefore, the theory of structure and agency is important in the understanding of how individuals construct and also reconstruct society, their social practices, and institutions.

Bourdieu uses the word structure to mean the patterned or organised arrangements that influence and also limit the available choices and opportunities that individuals may have in a given situation (Harker, 1990). By the term agency, Bourdieu implies the capacity of individuals to act independently and to make their own free choices (Harker, 1990). This, in other words, means that individuals have the ability to understand, control and manipulate their own actions, because their practices are influenced by agency.

This means that structure on one hand may limit and constrain actors or individuals and their actions and the choices available in a given situation and context, but agency enables them to independently use their abilities, knowledge and initiative to navigate their way through the situation and make decisions.

In the context of HIV and AIDS in which this study was situated, and how lecturers position themselves during the mediation process, the two terms, 'structure' and 'agency' were useful because they helped in elaborating and understanding how individual lecturers were, on one hand, restrained by the curriculum content on HIV and AIDS and what they are expected to teach, as well as by their cultural and societal norms regarding the HIV and AIDS and sex education, and how, on the other hand, were able to use their personal understanding, beliefs, values, knowledge and interpretations, regarding the pandemic, to construct and reconstruct the same content to fit their situation. In other words, the way lecturers positioned themselves was influenced by what Bourdieu (1972) calls habitus. This fitted well in the context of examining lecturers' positioning in the teaching of HIV and AIDS because the actors (lecturers) were capable of modifying their knowledge, values and dispositions in the process of mediating HIV and AIDS messages in the college classrooms. They used their agency to enable them make choices on what messages to mediate and how to mediate them to the students. They were also able to modify the content of the curriculum on HIV and AIDS and used their understanding, knowledge and experience to position themselves in the HIV and AIDS mediation process. For instance, the curriculum expected lecturers to talk about sex and sexuality when teaching HIV and AIDS in class, but their values and beliefs conflicted with these expectations. The outcome of such a conflict was that they modified or simply selected from the content what they felt was acceptable to them and also to the students and thus could be mediated.

### **9.2. The Constructionist Theory**

This study was also guided by the social construction theory of Berger and Luckman (1966) which emphasises that the social world is constructed by individuals. This means that individuals act to fashion their world using their knowledge and experience. The theory also stresses that all knowledge, including the most basic, taken-for-granted common sense knowledge of everyday reality, is derived from and maintained by social interactions. When people interact, they do so with the understanding that their respective perceptions of reality are related, and as they act upon this understanding their common knowledge of reality becomes reinforced. Thus, constructing their own reality (Berger & Luckman, 1966).

Thus teacher educators as mediators of knowledge draw on the existing discourses and on the social and cultural structures in their society, and then produce and/or reproduce them to fit their positioning in the teaching of HIV and AIDS in the college classrooms. In this study, teacher-educators (lecturers) used their social and cultural standings as resources to facilitate their mediation of HIV and AIDS. The social and cultural, as well as religious contexts acted as shapers or influencers of lecturers in what (choosing the content of their lessons) and how (by choosing the methods, and language or which words to use) they taught the component of HIV and AIDS. This means that as the contexts influenced them and their positioning in the teaching of HIV and AIDS, they also influenced the context by reconstructing and modifying the HIV and AIDS knowledge as they mediated it to their students. Therefore, the way they were influenced by these contexts, and the way they influenced the contexts or reconstructed the knowledge that they mediated, depended to a great extent on their positioning in within these contexts.

### **9.3. Conceptualising Teacher Educators and Student Teachers**

Teacher educators are generally conceptualised as lecturers and mature adults in the ages of 35 and above, teaching in colleges and universities. In this study they are the college lecturers, who according to the Zambia Ministry of Education HIV and AIDS Policy for Colleges of Primary Education (MoE, 2006), are expected to adhere to this HIV and AIDS policy and support its implementation. In this study, the terms 'lecturer' and 'teacher-educator' will be used interchangeably. Teacher-educators are regarded as people with expertise in their various subjects of specialisation and hence as skilled men and women with accurate information, knowledge, and skills that learners-(student teachers in this case) need in the subjects they are going to teach, equipping them with techniques necessary for the delivery of subject contents. However, in the context of HIV and AIDS, teacher educators need to be more than just experts in the transmission of knowledge and skills to their learners in their specialised

areas of study, as Kelly (2006) points out, something extra is required. The AIDS pandemic is so catastrophic, complex and all-encompassing that a teacher (lecturer) needs to be engaged not just as an academician or communicator of knowledge, but as a person and a human agent (Kelly, 2006, p. 68). This implies that teacher-educators in the context of HIV and AIDS need to be understood not only as academicians but also as beings, individuals who live and work in certain contexts in which they are influenced by the values, attitudes and beliefs of those contexts; and also that as they mediate HIV and AIDS education in the college classrooms, these values, beliefs and attitudes influence their understanding, interpretation and eventually their mediation of HIV and AIDS education. And as Baxen (2006) advances, the mediators of HIV and AIDS education need to be conceptualised as individuals or agents who live and operate in a particular context, the context to which they are 'contributors, shapers, negotiators and mediators' (Baxen; 2006, 13).

Student teachers in this context are those undergoing initial teacher training for a period of two years. They are young men and women in their late teens or early adulthood. According to Kelly (2006), these are the ages where the prevalence of HIV infection is particularly high, and their susceptibility of these young people to infection may be due to the campus culture and lifestyle that may be open to activities, behaviours and practices that increase the possibility of HIV transmission. The student teachers are considered to be mature and be more knowledgeable and thus more aware of the HIV transmission, risk behaviours and prevention methods. However, as Kelly (2006) puts it, even though their levels of AIDS awareness may be high, student teachers still need to extend their knowledge and understanding, and on the basis of this understanding to develop values, attitudes and skills that will enable them to pass safely through situations that expose them to the risk of HIV infection (Kelly, 2006:67).

This means that student teachers even though conceptualised as having more knowledge of the pandemic because of their age and level of education, still need to take measures that will enable them live a responsible life, especially bearing in mind the college context in which they find themselves and may be influenced by peer pressure to engage in taking alcohol, experimenting sex, and socio-economic factors such as poverty, lacking school fees and study materials, among others, all of which might increase their vulnerability to HIV infection (Nzioka and Ramos, 2008).

#### **9.4. Curriculum and HIV and AIDS Mediation**

Some studies (Ramos, 2006; Kelly, 2006) have suggested that since teacher-educators are dealing with mature college adults in the ages of 20 and above, they are expected to openly discuss the issues of sexuality and HIV and AIDS. The process of mediating the component of HIV and AIDS is likely to be smooth and with fewer obstacles. In other words they are role models and mentors to their students and are expected to be instrumental in enhancing HIV and AIDS awareness and thus helping in mitigating the effects of the pandemic on student teachers and on society as a whole. However, evidence has shown that there are tensions between curriculum content and expectations on one hand, and teacher educators' actual practice in the mediation of HIV and AIDS knowledge to student teachers (ActionAid International, 2003). The curriculum expects teacher educators to provide accurate and up-to-date information, skills and knowledge about HIV and AIDS as given to them by the curriculum, thus expecting them to deliver uncontested knowledge about sexuality and HIV and AIDS education (Baxen, 2006). The assumption made by some of these studies is that once teachers have enough knowledge and skills to teach HIV and AIDS education, they will teach effectively. These studies therefore suggest that educators be given more training to acquire the skills and competences needed to mediate HIV and AIDS education (Akoulouse et al, 2001).

However, as Baxen and Breidlid, (2009) argue, these studies ignore 'teachers' (teacher-educators) lives as a key mediating factor in the teaching of HIV and AIDS' (Baxen & Breidlid, 2009, p. 13). This means that the studies that assume a direct link between more knowledge and effective teaching of HIV and AIDS ignore that there are the social and cultural beliefs, values and attitudes such as societal norms and assumptions around HIV and AIDS and its relatedness to sex and sexuality; fear and stigmatisation of people living with HIV and AIDS; and the different religious stances and influences on the teaching of sexuality, HIV and AIDS and condom use. These form part of the discourses from which teacher educators draw on, because these discourses are formed in the contexts

in which teacher-educators live and work, and thus influencing the way they teach sexuality and HIV and AIDS education in college classrooms (Baxen & Bredlid, 2009).

Kelly, (2006) suggests that there are social and cultural constraints that influence and shape the teaching of HIV and AIDS. One of the constraints has to do with the societal assumptions towards sex. As indicated above, talking about HIV and AIDS involves dealing with issues of sex and sexuality. However, in some cultures, such discussions are considered a taboo because an adult is not expected to talk about sex with young people. Thus, most teacher educators are unwilling to teach the component of HIV and AIDS because they are part of the cultural context in which these assumptions exist.

Related to the above are the family, community and religious silence and attitudes on matters HIV and AIDS education and its relatedness to sex and sexuality. Research shows that these silences and attitudes give rise to many fears among educators: fear of causing offence to parents or community and religious leaders; fear that educators might be accused of encouraging promiscuity among learners; fear that their teaching might be interpreted as the sexual solicitation of learners; fear that if learners subsequently engaged in sexual activity, they will be held responsible (UNESCO, 2008; Action Aid International, 2003).

Similarly, personal sensitivity of educators contributes to their reluctance to teach HIV and AIDS education. In the same book Kelly (2006) suggests that, as parents and members of the community or religious groups, educators are aware that they themselves do not talk about sex and sexuality in their homes and communities, thus, they feel inhibited to do so to the learners/learners..

Lecturer-student relationships can also hinder open discussion of sex and sexuality and HIV and AIDS. Research has shown that lecturers who have sexual relationships with their students shun the teaching of HIV and AIDS and sexuality (Kelly, 2006). This is because they are conscious of the discrepancy between their personal way of life and what they suggest their students should live. Studies in some African countries have shown that if the challenges above have to be overcome, there is need to promote the professionalization of education on HIV and AIDS, sexuality and life-skills education so that educators can engage with this subject area more dispassionately (Kelly, 2006, 2008; UNESCO, 2008).

## **10. METHODOLOGY**

### **10.1. The Philosophical Orientation of the Study**

The research was located within the interpretive paradigm which Bryman (2008) describes as an approach that emphasizes the researchers' engagement with the people being studied so as to gain an understanding of their action. In this interpretive approach as Bryman (2008) indicates, social reality has a meaning for human beings and therefore human action is meaningful, it has meaning for them and they react on the basis of the meaning they attribute to their acts...the job of the social scientist is to gain access to people's common sense thinking and hence to interpret their actions and the social world from their point of view (Bryman, 2008, p. 16).

Typically the interpretive approach employs qualitative research methods. The qualitative research is described as an epistemological position that is connected to interpretivists, where the emphasis is on the understanding of the social world by examining how individuals in that particular world or society interpret their actions in that world or society (Bryman, 2008). The methods used in this study include interviews, observations and analysing secondary data. The methods were arranged in a sequence so that one method complemented the other. Interviews came after the secondary data such as Teacher Training Curriculum, College Policy on HIV and AIDS, had been collected and studied. The interviews then were followed by lesson observations. The reason for this sequence was that the secondary data studied helped the researcher to gain more insight into the way the teaching of HIV and AIDS was organised as outlined in the curriculum, the syllabus and the policies that were studied. This then enabled the researcher to raise more questions used in the interviews. It followed then that the issues raised in in-depth interviews were followed through and observed in lessons.

## **11. FINDINGS**

The findings were divided into the following themes derived from objectives and research questions:

- The perceptions of HIV and AIDS at the college



- Lecturers and the teaching of HIV and AIDS (Factors that shape lecturers' understanding, experiences and attitudes towards the teaching of HIV and AIDS at the college).
- The student-teachers' views of how the HIV and AIDS education is mediated to them.
- The challenges that lecturers encounter in the mediation process.

### **11.1.HIV and AIDS Perceptions at the College**

The data revealed the reality of HIV and AIDS at the institution, emphasising that it is a disease that is changing lives and the reality of the people in society. It is affecting not only how people live, but also the hidden vulnerability of the human nature. One of the male lecturer interviewed at the college pointed out that *"HIV and AIDS is something that has come to affect all of us, the young, the old, everybody, it has invaded our lives, our homes, our families and our work places."*

The HIV and AIDS pandemic was also described as a worrying phenomenon at the college that has to be vigorously tackled if educational institutions like theirs have to have a future that is bright and educationally successful. This indicates that most respondents agreed that the reality of the HIV and AIDS pandemic at the college and elsewhere in tertiary institutions was real and could not be ignored. It was found out that the most vulnerable were the female students whom as one female lecturer pointed out pride themselves when they have *'slept with male lecturers, and openly admit not using condoms'* others still bragging that they go out with lecturers who pay their tuition fees and give them good marks.

This goes in line with what was pointed out above in the review of literature that the spread of HIV and AIDS in most of tertiary institutions is fuelled by the campus culture of the 'sugar daddy' syndrome in which older men go out with female students at the campus. These relationships are mainly for material gains. This makes female students more vulnerable to HIV infection than their male counterparts. This was confirmed by the students who took part in the focus group discussion. However, there were differences in their opinions according to gender on why much of the lecturer-student relationships are between female students and male lecturers and very few if any cases are there between male students and female lecturers.

A male student commented that what fuels these relationships is the fact that ladies at the college are loose (sexually weak) and *'banang'ani, baliba sana, weak kuma studies'* (Bemba language translated as, they are lazy and are academically weak). It was argued that ladies wanted to have good marks but they did not want to study, instead they were busy going out during weekends with lecturers and other sugar daddies (older men). One male student posed a rhetorical question that *'how can they refuse to sleep with (have sex with) a lecturer if they have eaten his money and he has promised to give them 'A's' (distinctions).* A male lecturer commented in the same line saying, *"in an academic setting like this where people come to gain knowledge so that they can find a job, so that they can earn a living, to be truthful, ladies are many here and academically they are weak, so they want academic help from lecturers, to get good marks, so sometimes they have to start up a relationship with a lecturer, and you know how we men are when it comes to ladies. The next time she asks for something we try to give it. So they sleep with a lecturer so as to earn marks."*

The above remarks suggest that contrary to what is generally known that female student get into relationship because they are coerced, the female students find themselves into these relationships because they do not want to work hard but earn marks that they have not worked for academically, but worked for by selling their bodies.

However, different opinions were raised by female students suggesting that they get into these relationships through no fault of their own, but are forced by circumstances beyond their control. One female student said, *"we ladies only find ourselves sleeping with a lecturer because they press us to be in love with them, if we refuse them, then, we become victims, balatuponya, (they make us fail their courses), and if you insist on saying no, you get nowhere, you'll be referred (asked to redo the course) so kusuminafye"* (you just have to accept).

It was also found out from the same focus group that most female student engaged in sexual relationships not because they choose to, but because of poverty and lack of money, peer pressures,

alcoholism and the abuse of the freedom that they get when they are at the college since they are away from parental control, and it was added that others do it for emotional support especially those that have personal and family problems at home. Asked how circumstances such as these could increase their risk of HIV infection, some female students pointed out that, most of them try to insist on the use of protection (condoms), though in most cases it did not work because they did not have much power over sexual matters at the college arguing that it was difficult '*especially when your partner is also your teacher*' as one female student put it. Most of the females in the group agreed that their partners who mostly are lecturers were in control of when to sleep with them, whether to use a condom or not. Though most female students agreed that they and their fellow females engage in sex through no fault of their own, other females shared the views of the male student and the lecturer quoted above, saying girls were to blame for their loose morals and uncontrolled desires for luxury and expensive life at the campus.

These contradictions reveal that life at the campus is complex and involves a lot of issues especially concerning sexual relationships. They reveal the fact that life at the campus needs to be examined bearing in mind the complexity of the relationship between the individuals and the environment or context in which they find themselves. In other words, the context and the circumstances in which such relationships take place need to be borne in mind when analysing why students behave (in relation to their sexual life) the way they do. There is just not one way. In as much as female students are held responsible for their sexual behaviours, other circumstances such as sexual advances from male lecturers and the pressure that comes with such demands need to be put into considerations. Meaning that as a female student stated above, it is tough and sometimes almost impossible to resist the lecturer's advances, for fear that this might result in them losing marks. This is also coupled by individuals' family backgrounds and needs. It implies that some students engage in casual sex because they want to survive-be it academically, wanting better marks or results; or physically and economically-the need for money and other material goods.

On the question of risk and vulnerability to HIV infection, one of the lecturers admitted that as lecturers they were at risk, but pointed out that male lecturers were at a higher risk than their female counterparts, she said, "*it's not very common among females, but I'm not saying it's not there, it's not very common to find Mrs...(referring to herself) going out with a male student, but it's very common with the male lecturers, after teaching he goes and calls the girl, and the girl goes round saying I have slept with him and he didn't even use a condom.*"

And a male lecturer confirmed this by affirming it in a different way, by emphasising that most of the relationships that exist at the college are between male lecturers and female students, but he puts it differently saying that male students are at a lesser risk than their female counterparts, but implying that the opposite is true for the lecturers, he says, '*mostly it is the females that sleep around with lecturers, though the males also go out and have affairs with ladies from nearby compounds*'.

This then translates into female students and male lecturers, on one side, being seen to be at a higher risk than male students and female lecturers on the other side. This is because most relationships involved female students and male lecturers. This means that female students are more vulnerable because they tend to find themselves on the receiving end. Similarly they reported that the sugar daddy affairs were very common at the college where the female students engaged in sexual relationships with older men either from the campus or outside. This was because, as one male lecturer observed, it was a double sided thing because on one side the well-off older men from within and off-campus want the female students and would often lure the young girls with their money and expensive cars; and on the other side, the female students consider their fellow male students as young, and having less money.

This therefore means that generally both lecturers and students admitted that they were vulnerable to HIV infection. However, the more vulnerable, it was found out were the male lecturers and the female students. This somehow contradicts what was indicated earlier that lecturers and students are more mature and more knowledgeable, thus in the position to use the knowledge they have to protect themselves (Kelly, 2001, 2006, 2008). This then confirms the observations from some research that increased knowledge does not really translate into behaviour change (Baxen, 2006, 2008; UNESCO, 2008). Despite the knowledge that these lecturers and students have, and the full awareness of their vulnerability to HIV infection, they continue to engage in risky behaviours of student-lecturer relationships. Therefore as has been indicated above, this scenario shows that there are different

circumstances or conditions under which individuals act and respond to the HIV pandemic. These findings reveal that when analysing the vulnerability of lecturers and students, there is need to realise that there are social and cultural situations and complex circumstances in which people live and operate, and make meaning out of their lives, and thus influencing their actions and the way they respond to the HIV and AIDS messages in their different contexts. As Baxen (2009) indicates, the body is a complex one, which has desires, 'it is a thinking, feeling and acting body that has the capacity to exercise choice, at the same time, it is the one that is sometimes constrained by the social and cultural practices (circumstances) in which it lives and experiences itself' (Baxen, 2009:17).

### **11.2. Lecturers and the Teaching of HIV and AIDS and Life Skills Education**

Having looked at the lecturers' and students' perception of HIV and AIDS and their risk and vulnerability to infection at the college, this section will examine the factors that accompany lecturers in the process of mediating HIV and AIDS. It therefore aims to answer the research question: what are the factors that shape or influence lecturers' understanding, interpretation and experiences of teaching HIV and AIDS education in the college classroom?

Together with this principal question, the following sub-questions will also be addressed:

1. What are the possible tensions between curriculum expectations, and actual teaching of HIV and AIDS education at the college?
2. What is the content of the HIV and AIDS education that lecturers mediate?
3. What methods are used in the mediation of HIV and AIDS education?

The teaching or process of mediating HIV and AIDS and Life Skills education was the main focus of the study because teacher educators at the college are very significant in the mediation process of HIV and AIDS. The findings revealed that lecturers construct and reconstruct knowledge about sex, sexuality and HIV and AIDS; and the component is delivered differently according to individual's personality, values, beliefs, attitudes and behavioural characteristics that, to a very extent, shape and influence what happens in the college classroom when the HIV and AIDS and sexuality issues are topics under discussion. It was revealed that in the process of mediating HIV and AIDS, lecturers undergo what was described by one participant as a '*negotiation between the book and the teacher*'. By this he meant that the book (curriculum or syllabus prescriptions) contained what it said ought to be taught, while the teacher (lecturer) had his own ideas, beliefs, values that may not support that content. The 'book' and the 'teacher' conflicted, thus necessitating the idea of negotiating, or finding which way forward. This was summarised in what one male lecturer said that, "*teaching HIV and AIDS has been mandated to us by the Ministry of Education, and though the curriculum is clear on what we need to do, it does not put into consideration the culture and values and beliefs of the people who have been mandated to teach it, as you know HIV and AIDS is not just about facts, we need to discuss sex and sexuality which culturally is not accepted by our local communities and even our families, and by ourselves.*"

The same lecturer asked what is done in such circumstances when the curriculum comes into conflict with personal beliefs and values said he adapts and modifies the content to suit the situation of the students and his own too. Most participants contended that they taught what they felt could be taught. One mentioned that he teaches and selects what to teach according to his 'Christian principles', as he put it. He argued that he used his personal judgement as a Christian and as a parent and guardian to some of these students, when it comes to selecting from the curriculum, what is to be taught and what to leave out.

What is generally implied by these views is that the curriculum on HIV and AIDS has not put into consideration the context, that is, the social, cultural and religious norms of the mediators who are mandated to deliver its content, and by implication those of the students to whom the content is mediated. In this case the implication is that the curriculum on one hand expects lecturers to mediate HIV and AIDS education regardless of their personal beliefs, values and convictions; expecting them to deliver it as an 'uncontested body of knowledge' (Baxen, 2006: 18). The observations above indicate that such expectations ignore lecturers as human beings who live and work in particular

contexts, which influence them to some extent. These observations bring out two important aspects. One is individual agency, and another is personal positioning in the process of mediating HIV and AIDS.

This means that firstly lecturers as mediators of HIV and AIDS knowledge use their agency to negotiate their way through such conflicts during the process of mediating HIV and AIDS and its relatedness to sexuality. As discussed in the theoretical framework, agency according to Bourdieu (1972) enables individuals to use their ability to independently act especially when constrained by such things as structures, in this case the curriculum and the social and cultural norms (Webb et al, 2002). As it was observed, lecturers are capable of modifying some of the content of the curriculum to suit their situation and that of their learners as well as the communities and families they come from.

Secondly views aired reveal that lecturers take particular stances or positions during the process of mediating HIV and AIDS in classrooms. Their positioning therefore depends on where they belong socially and culturally, that is their values and beliefs. For instance the lecturer who said he used his Christian convictions indicates that his positioning in the teaching of HIV and AIDS is influenced by his religious beliefs-specifically his 'Christian principles' as he put it. This means that the way HIV and AIDS education is mediated depends on the different ways in which different lecturers are differently influenced by their social, cultural and religious values and beliefs.

Furthermore, these observations revealed that the question of agency and personal positioning in the process of selecting what to teach and how to teach, when there is this conflict between curriculum content and expectation, and the actual process of mediating HIV and AIDS in the classroom, lecturers may employ what was discussed in literature review as 'selective teaching' (UNESCO, 2008). They only teach what they feel comfortable to teach, leaving out that which makes them feel uncomfortable, and that which they feel their learners as people who share similar values and beliefs may not readily accept. The danger of this selection as it was observed in some of the lessons is that the teaching of the HIV and AIDS education becomes partial and incomplete because pertinent issues regarding sex and sexuality and the skills and competence needed to negotiate their way through life and to manage themselves, which student teachers need in the context of HIV and AIDS, are left out in the discussion.

However, others aired different views on the questions of personal positioning amidst community and family values, beliefs, attitudes, and assumptions surrounding HIV and AIDS education and its relatedness to sex and sexuality, and the taboos around it. It was found that some of the lecturers, though they were part of the socio-cultural context that did not allow open discussion on sex and sexuality, still felt that something different was needed in the context of HIV and AIDS. They agreed that some traditions did not allow them to openly talk about sex and sexuality because it was a taboo to talk to young people about sex. However, they believed that AIDS was an issue that was affecting health, families and friends, and called for people, especially them as lecturers to make necessary adjustments in their thinking and attitudes. There was need to open up and talk about it. It was stressed that as lecturers, they needed to discard certain traditions because the reality of HIV and AIDS was a question of life and death. Thus people needed to choose something that would give them life, something that would make them live. This was summed up in what one lecturer said that, "*if we try to follow traditions and hide certain things because it is not allowed, we will be doing ourselves injustice. The world is changing you know, the culture is changing, we also have to change.*"

This lecturer's observation shows that tertiary institutions can be used as avenues through which traditional values and beliefs that do not help in the fight against HIV and AIDS could be challenged. This means that people's traditional beliefs and values are vital and ought to be preserved as such, but some aspects that are unhealthy need to be looked into and challenged when need be. Therefore tertiary institutions need to play a role in helping both lecturers and students to interrogate their own traditional values and beliefs if the mediation of HIV and AIDS education is to be effective. Following traditions and hiding certain things may not do anyone justice.

The assertion above concerning the interrogation of personal values and beliefs is tied to what one other lecturers expressed as a 'socio-cultural issue' involved in the mediation process of HIV and AIDS, which is the attitude of a particular lecturer towards the teaching of HIV and AIDS in the college classroom. They argued that the attitude of a particular lecturer was very important, because it determined how individuals mediated or put across the messages of HIV to their students. If one had a

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positive attitude to the teaching of the component, he would have, as one lecturer put it, *'the enthusiasm, passion, and interest, as well as dedication'* to teach HIV and AIDS in the classroom, but if the attitude was negative, then that defeated the whole purpose. They contended that they used the curriculum, but then its content had to be shaped and adjusted by them as lecturers, and for that to happen, their attitude towards that was the determining factor. It played an important role in the teaching of HIV in the college classroom. The implication of this is that lecturers are to a very great extent negotiators and shapers of HIV and AIDS knowledge that they mediate. And their ability to negotiate this depends on the attitude towards the teaching of the HIV component. This was confirmed in the observation of the classroom lectures where it was found that some of the lecturers had given very little priority to the teaching of the HIV and AIDS component. This then translates into lecturers choosing what fits them, and leaving out what does not. If their attitude towards the teaching of HIV and AIDS is negative, as was observed in some lessons, there is not much discussion on the component of HIV and AIDS. This then, by implication, suggests that the preparation of future teachers to teach the component to their future learners falls short because teacher educators are likely to neglect essential elements that need to be discussed as they prepare and train the students to be mediators of HIV and AIDS in the schools they will be sent to after college.

On the question of the methods employed in the teaching of HIV and AIDS education, most of the respondents said that they use interactive methods that are aimed at getting learners do the discussion on their own, and lecturers only act as facilitators to confirm and sometimes correct some misconceptions surrounding HIV and AIDS. One lecturer said that, *"I use a variety of them...I do very little lecturing, but there is a lot of discussion, there is a lot of research, and ah, there is a lot of brain storming, and sometimes I use storyline"*

Asked how her methods help students and facilitate the mediation of HIV and AIDS, she said, *"it benefits them in the sense that they discuss these issues amongst themselves as peers, they open up, and at times they speculate, but when they speculate, those with experience come up and say ...it's not that, it's this. So what they learn amongst themselves, I just confirm, not telling them, they argue amongst themselves, and as they argue, they move deeper into the discussion, and if there is need, they move into research."*

This lecturer's teaching methods indicates a positive move from what has been documented by some findings that most educators in schools use traditional lecture methods by which they are imparters of the HIV and AIDS content and learners are passive recipients of this knowledge and information (Action Aid International, 2003; Boler & Aggleton, 2005). This then indicates that when learners are involved in the construction and reconstruction of information, they take the HIV and AIDS messages to heart by reflecting on them, and making these messages part of their lives. The other positive aspect of the methods is that the use of storyline (the beginning of a story or situation is given, and students are left to make their own conclusions according to what they think could be done in that given situation) as one lecturer indicated enables students to conclude the story that is given in their own way, thus helping them to develop the ability to reflect on the practical issues of HIV and AIDS and the situations that fuel the spread of the pandemic. This is similar to what Heap & Simpson (2002) call Process Drama, a way of engaging learners in acting and performing drama on particular issues that are close and familiar to them, thus enabling them to think and reflect on the issues of HIV and AIDS and making them a reality. This method, as this lecturer indicated, can benefit learners to use their own experience and that of others, thus becoming a stepping stone to behaviour change.

Despite some lecturers using a variety of methods, there were others who did not involve students in the discussion of HIV and AIDS. As was observed in one lesson, the lecturer talked about how the virus affects the human body in one science lesson. It was simply a lecture in which the lecturer did the talking and students simply listened. This is despite what the curriculum and syllabus for teacher education indicate. The document has all the six study areas, showing the content, methods and aims and objectives. In all the six study areas, the syllabus emphasised in all the modules on HIV and AIDS on the methods of debate, drama and stimulation, discussion, group work, field trips, role play, displays, story-telling, peer teaching and most importantly the use of resource persons (Zambia Teacher Education Syllabus, 2006).

However, in all the lessons observed, and all interviews carried out, there was no mention of the use of resource persons as a method of teaching HIV and AIDS. This was absent despite the syllabi's stress on this method in all the modules in the six different study area. When asked why that was absent in their discussion on the teaching methods, some lecturers cited the problems of getting the resource persons from the communities to come in to discuss with students the issues of HIV and AIDS. Others still said it was inconveniencing to have people from outside to come in, claiming that it interrupts lessons especially that the teaching time is limited.

The absence of resource persons in HIV and AIDS education may be due to the wide gap and lack of communication and interaction between the community and learning institutions as some studies have indicated( Kelly, 2008; Ramos, 2006). This gap partly explains why the curriculum expectations and what lecturers thought should be taught conflict because it is devoid of context. Regarding the content of HIV and AIDS at the college, most of them said that they incorporated the component of HIV into different topics. Their content included the biological and scientific aspect as well as the methods of prevention and behaviour change, and life skills education. One of the female lecturers said, *"basically all of it, from the way it is acquired or transmitted to prevention, risk behaviour, to traditions and customs that promote the spread of HIV, to medication, or to sustainability"*.

Some lecturers pointed out that the content was not only limited to the biological facts about the diseases, but also to messages of prevention and awareness. They said they prioritised and considered and awareness messages to be very significant because the students both male and females were a sexually active group that needed the awareness of the HIV and AIDS pandemic, and its effect on their lives and those of others around them. They stressed that they covered the content that enabled students to manage their lives and the lives of the learners and the communities in which they will work in future as teachers.

The content covered in the HIV and AIDS component shows a positive move from the factual or biomedical content of HIV and AIDS. Indicating that HIV and AIDS is simply not a biological disease, and its content needs to move from merely presenting it as a factual and medical problem to presenting it as a human disease that requires total engagement of educators and the learners in the mediation process. The content is significant in that it seeks to bring out and present aspects that invoke and provoke behaviour change in individuals. On the same question of the content of HIV and AIDS education, a female lecturer brought out one interesting aspect of tradition, which she said needed to be looked at in a positive way, not as the others had put it, saying that the customs and traditions hinder the process of HIV and AIDS mediation. She said that her teaching focused not only on behaviour change which was a crucial element in the mediating of HIV and AIDS education but also on the aspect of traditions and customs that have been eroded in our time, the erosion which she felt was responsible for the moral decay in society and hence responsible for the wide spread of HIV and AIDS. Her thinking was summarised as follows, *"my teaching content weighs not only on change of behaviour and attitude, but also on trying to make them understand the importance of certain traditional values, why certain things were being done, and why we have become so vulnerable now, it is because we have ignored certain culture and traditions that were there, which actually prevented people from risk behaviours."*

The same lecturer asked what some of these customs and values are that have been ignored; she outlined the values of family lineage; respect and sharing; the aspect of contentment; the dress code. She said, our society today has done away with lineage where saying that every child belongs to the entire village not to one family. She mentioned that the value of respect where every adult is seen as a parent. This she said has been eroded because today if an adult tried to speak to and advise any of the students as a concerned mother or father they would not accept, they would say that 'you are just a lecturer, my mother is at home, who are you to tell me this.' The value of sharing she said has been replaced by selfishness, where everyone simply wanted to have own and enrich themselves without considering others, hence the promotion of poverty and neglect for the less privileged in society. People she said want to have money and goods at all costs not caring where the money is coming from or how it is got. She insisted that the dressing styles especially among the young girls was a worrying phenomenon she said *'just look around the streets of towns, cities and even compounds, how do the girls dress? What messages does this dressing send to the men out there? In those days, girls were told what to dress, they dressed respectably, not today, they can wear anything, you see.'* Then

she mentioned the rite of passage, where boys and girls when they reached the age of puberty were taught and instructed on how to conduct themselves in society. The erosion of these traditional values, she said was responsible to the moral decay in society, thus fuelling the spread of HIV and AIDS. She insisted that she tries to fuse in those neglected aspects of the tradition in her teaching on HIV and AIDS even though the curriculum does not include them in its prescriptions.

This lecturer's view indicates that getting back to our roots could be a positive move in our effort to fight against HIV and AIDS in Africa. She indicates that whatever interventions are brought about in Africa, they need to pay attention to the context in which they are being implemented, as she clearly mentions that 'we should not just adopt things, whether they are values or lifestyles from the west as they are, but we need to adapt them to suit our contexts'. This indicates that the fight against HIV and AIDS should not be the fight against tradition, but should be the fight that looks at what has been lost from the traditions, and why there has been a decline in morality in our society, an issue which she considered critical in today's context of HIV and AIDS. Thus, there is a need to incorporate into the curriculum the values that have been lost on the way.

This creativity and improvisation points to what was discussed in chapter 3 that teacher educators respond to the cultural rules and contexts differently, because their responses are regulated by where and who they are in society. It was pointed out in the same chapter that those with more experience and exposure to the content of HIV and AIDS tend to incorporate some other aspects which they considered relevant to the lives of their students in the context of HIV and AIDS. This can be summed up in what Webb et al (2002) propose when they say that 'as agents move through and across different fields, they tend to incorporate into their habitus, the values and imperatives of those fields' (Webb et al, 2002, p. 38). This means that as teacher educators go through different experiences and have encounters and interactions with different people and places, they acquire certain dispositions which they incorporate into their habitus, thus allowing them to use their experience and expertise to incorporate into the HIV and AIDS content some of the issues they feel could be relevant to their learners. Despite the different content that lecturers selected for their teaching of HIV and AIDS component, however, in all the discussions and observations that were carried out, there was little or no mention of the critical thinking skills, social skills, and communication and negotiation skills which, according to the Teacher Education Syllabus on HIV and AIDS Education (2006), are the life skills needed in the context of HIV and AIDS. This omission may be due to what was discussed above in which lecturers select what they feel comfortable to teach and leave out what they feel is not acceptable to them and to their learners and the communities in which they live. However, whatever might be the reason; there is need for teacher educators to give attention to these life skills because they have been identified as crucial to the learners. They enable them to develop mental abilities and competence needed to face and confront the reality of HIV and AIDS in their lives; and again, life skills are essential because they empower people to take positive actions to protect themselves and to promote health and positive social relationships (UNESCO, 2006).

## **12. CONCLUSIONS**

The study focussed on teacher educators and their positioning in the process of mediating HIV and AIDS education, the relationship between structure and agency as it influences teacher educators in the classroom was examined and discussed. The discussion of how the structures and the agency plays out was done using Bourdieu's (1972) theory of structure and agency, as a way of bringing out a deeper understanding of how teacher educators are constrained by structure on one hand, while on the other, use their agency, their ability to exercise choice as educators and mediators of HIV and AIDS education to modify, construct and reconstruct the knowledge and information, and act in the midst of the factors that constrain them when they mediate sexuality and HIV and AIDS in the college classroom.

The study also aimed to analyse the context in which teacher educators live and work. The study brought to the fore, the importance of considering teacher educators within the context in which they understand, experience, and make sense and meaning of the HIV and AIDS knowledge that they mediate. This revealed that the social and cultural contexts in which they live and work are quite complex in the sense that, they (contexts) shape and influence how lecturers differently position themselves as they mediate sexuality and HIV and AIDS education, and at the same time, the teacher

educators act as influencers and shapers of those same contexts because they are contributors to the knowledge that is mediated at the college. This was examined using Berger and Luckman's (1966) constructionist theory, which gave insight into how individuals shape the context in which they live and operate, while at the same time, the context shapes the way they live and operate. This study revealed that in as far as teacher educators are shaped by the cultural and societal norms to which they belong, they also act as contributors to the construction and reconstruction of these very norms in the social settings in which they live and work, and in the end, these norms shape and influence the way lecturers mediate sexuality and HIV and AIDS education. Thus the study put forward the argument that teacher-educators and the way they mediate HIV and AIDS need to be understood in relation to the context, the context in which they live, and in which the mediation process takes place.

The findings from this study revealed that the teaching of HIV and AIDS at the college is a complex process. Teacher educators are constrained differently by social and cultural, as well as religious factors. The findings reveal that the way teacher educators position themselves depend on different factors such as their values, their beliefs, their personalities, and their belonging to different social groupings such as religions, families, communities and other organisations. These, it was revealed, are some of the factors that accompany teacher educators as they mediate sexuality and HIV and AIDS, and influence how the process is carried out. Meaning that the selection of the content, methods and how these are modified and delivered are all influenced by some of these factors. This shows that the teaching of HIV and AIDS at the college is not a simple and straight forward process as assumed by some studies (Ramos, 2006, Kelly, 2001, 2002, 2006). These studies as discussed in the article assume that teacher educators are dealing with mature college and university students, and therefore are in the better position to mediate the component with fewer or no difficulties. The findings from this study indicate that despite the maturity of both lecturers and students, the taboos, and cultural norms of the societies in which they live and work constrain them too. Other constraints that were brought out include teacher-student relationships at the college, a complex phenomenon that has implications on how teacher educators mediate sexuality and HIV and AIDS in the classroom. It was revealed that these relationships to a very great extent, inhibited the process of mediating HIV and AIDS because, as it was mentioned, lecturers involved in such relationships found it almost impossible to discuss sex and sexuality in the classrooms where there are students whom they have sexual affairs with. These relationships, it was revealed, were most common between male teacher-educators and female student.

How teacher educators negotiate their way through the college classroom in the midst of all these constraints was looked at from the point of the interaction between structure and agency in which it was revealed that despite the constraining factors as discussed above, and to which should be added the revealed existence of the tension between the curriculum expectation on what teacher educators should teach, on one hand, and how the actual teaching is done at the college, on the other, teacher educators somehow use their agency, their ability to exercise choice, and act according to their choices. This had two implications as was discussed earlier. One being that their agency could enable them to negotiate their way through the factors that constrain them during the process of mediating HIV and AIDS education in the classroom. Thus implying that some of the constraints could be overcome, and the college could become the place where cultural norms and practices that inhibit the process of HIV and AIDS education could be interrogated and challenged. The other implication is that the use of agency as was observed, resulted in selective teaching where teacher educators only taught what they felt was acceptable to themselves and their students. This eventually resulted in leaving out some essential aspects of what students needed in their training for effective delivery of HIV and AIDS to their future learners.

The implication of these findings is that the mediation of HIV and AIDS education at the college is partial and incomplete. Though some courses seemed to register some degree of success, the findings revealed that there was more that needed to be done. In other words, colleges until now have not really managed to be places where student-teachers are equipped to mediate sexuality and HIV and AIDS in their future work. As it was suggested by some students that they are not expected to deliver what they have not been prepared for. They felt ill-prepared for the teaching of HIV and AIDS education. Meaning that the way teacher educators mediate HIV and AIDS education at the college still leaves much to be desired. There was need for colleges to examine the contexts in which HIV and AIDS messages were mediated, and how these contexts shaped the mediators of knowledge. And



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furthermore, to create avenues through which mediators of sexuality and HIV and AIDS could interrogate their own personal behaviours, values, beliefs and practices, and be able to challenge them when such was needed. This would benefit not only the teacher educators, but also student teachers whom the former are entrusted to train and prepare for the mediation of sexuality and HIV and AIDS education, and eventually be able to help the latter's learners. And together, work towards the management and mitigation of the impact of HIV/AIDS on society.

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