

Feedback from student teachers at Molepolole College of Education on issues related to HIV / AIDS education at CJJS's and Molepolole College of Education, including the use of the Talkback programme.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ACHAP	African Comprehensive HIV / AIDS Partnership
ARV	Anti Retroviral
BOFWA	Botswana Family Welfare Association
BONEPWA	Botswana Network for People Living With AIDS
CBO	Community based Organisation(s)
CJSS	Community Junior Secondary School
GoB	Government of Botswana
GC	Guidance and Counseling
HIV	Human Immuno - Deficiency Virus
MCE	Molepolole College of Education
MoE	Ministry of Education
MoH	Ministry of Health
NACA	National AIDS Coordinating Agency
NGOs	Non Governmental Organisations
OVC	Orphans and Vulnerable Children
PLWHA	People living with AIDS
TCB	Teacher Capacity Building
TCM	Total Community Mobilization
TP	Teaching Practice
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Fund
UNFPA	United Nations Fund for Population
WHO	World Health Organisation

Introduction

An estimated 300,000 people in Botswana out of a population of about 1.7 million are thought to have HIV / AIDS (UN in Botswana 2004). Prevalence in the group aged 15 - 19 is 23%, and in the age group 20 - 24 is 39%. In the 15 - 19 age group the prevalence rate is estimated to be twelve times higher for females compared to males. Botswana's Vision 2016 aims for an AIDS free generation by the year 2016 (GoB 1997). If this is to happen then it is vital that young people - and females in particular - are targeted, and that they receive the requisite protection, information and skills to enable them to take positive choices in terms of their health, sexual, and general lifestyles.

Botswana has achieved extremely high rates of school attendance with every child offered ten years free education. It follows then that school offers an environment for youth to learn to explore issues of lifestyle and sexuality that will enable them to avoid infection by making choices appropriate for remaining HIV negative, and also to acquire the skills and attitudes that will enable them to live with those who are infected and affected by the virus.

‘Humanities only mechanism for dealing with the epidemic is education’
(UNESCO 2002; 25)

The Botswana National Policy on HIV / AIDS recognises the role of the Ministry of Education in the battle against the disease and states that the Ministry will focus on the following;

- integration of AIDS and STD education into all levels and institutions of education, starting at primary school level, and extending into tertiary, teacher training and non formal institutions
- involvement of parents, through parent teacher association and other appropriate mechanisms, in discussion of school based HIV / AIDS education
- ensuring that other services related to HIV and STD control and care are accessible to students in need (Ministry of Health 1998:7)

The study

This report analyses the response to a questionnaire given to 176 2nd and 3rd year Molepolole College of Education (MCE) students at the beginning of term two after they had returned from their teaching practice (TP) of 2004. They were given the questionnaire in their first special needs education lecture of the second term. Although the questionnaire had not been piloted it had been checked by colleagues at college and by a physician working for UNICEF. The questionnaire yielded both numerical and qualitative data. Many of the quotes from the students' replies are directly reported and they were all analysed to enable the major themes to emerge.

Students at MCE are training to become teachers in Community Junior Secondary Schools (CJSS). They follow a three year diploma programme at college in which they study a major and minor subject plus the service subjects of Foundations of Education, Communication and Study Skills, and a Special Needs Education awareness course. During the first term (Jan - April) of their second and third years they spend 10 weeks on TP at CJSS's across southern Botswana. On this TP they teach both their major and minor subjects. They are assessed by college lecturers and school staff during this period.

The full copy of the questionnaire is in Appendix 1. The responses have been divided into four sections. At the end of the data analysis in each section there is a discussion of the results. Recommendations are made in a final section.

Section One - General background

Questions 1 - 4 are general background.

Section Two - The Talkback Programme

Questions 5 - 17 relate directly to the Talkback programme (Teacher Capacity Building programme) and its use in schools and the college.

Section Three - Universal Precautions / Health and Safety

Questions 19 - 25 relate to general health and safety issues in the CJSS's with reference to the WHO Universal Precautions.

Section Four - Teaching resources and curriculum issues

Questions 26 - 33 are related to resources and curriculum content with reference to HIV AIDS and question 34 is a general question.

Results and discussion

Section One - General background

The database revealed that the 176 students answered the questionnaire and that they represent 72 schools.

Fifty five per cent of the responders were female (96) and 45% male (80). In terms of the major subjects represented the figures are as follows; Design and Technology - DT (31), Religious Education - RE (28), English - EN (23), Moral Education - ME (22), Social Studies - SS (20), Art - AR 19, Setswana - SE (16), Science - SC (14), and Maths - MA (3). Of note in the context of this paper is the fact that 53 students were taking Guidance and Counseling - GC - as their minor subject.

Section Two - The Talkback Programme

5. *Was the Talkback programme shown regularly in your TP school?*

Response	Yes	No	Not sure	No response
%	57	32	11	0

The database allowed this information to be analysed in a slightly different way as well; it was possible to look at each school and to see how the students at that particular school responded to this question. Of the 72 schools represented, students reported that the programme was shown in 42, not shown in 24 and there were 6 schools where the students were not sure (so that one presumes that the school even if it did show the programme did not make the fact clear to all staff).

In other words, according to this survey at least 33% of the schools were not showing the Talkback programme.

Response	Shown	Not Shown	Not sure
72 Schools	42	24	6
(%)	(58%)	(33%)	(8%)

6. *Were all staff given the opportunity to watch it?*

The overall response to this question was as follows;

Response	Yes	No	Not sure	No response
%	44	40	16	0

However if the data is analysed looking at those schools where the programme was actually shown the following results occur;

Response	Yes	No	Not sure	No response
%	87	14	3	0

7. *Did you watch the programme?*

Looking at the data using just the schools where the programme was shown;

Response	Yes	No	Occasionally
<i>%</i>	54	12	34

It is possible from the data to analyse the response of Guidance and Counseling students. This is important as they will be expected to provide not just information but counseling to pupils infected and affected by the disease. It can be seen from the figures below that the response is almost identical.

Response (GC)	Yes	No	Occasionally
<i>%</i>	54	13	32

8. *If 'yes', which programmes did you find the most useful?*

There were 55 responses to this and they mentioned a very broad range of topics.

Eight mentioned 'causes and prevention', six talked about parents and the role they can play. One of the more detailed responses noted,

"Student attitudes to the epidemic...this was really useful as it changed some students and teachers negative attitudes towards the disease like those who don't believe that HIV / AIDS exists."

9. *If 'no' why not?*

There were 66 responses to this question and although again there were a broad range of answers there were some discernable themes.

The biggest obstacle noted was that they were teaching or busy at the time (15).

About twenty mentioned that; the programme was not shown at their school (in some cases TV's and / or decoders had been stolen), that they were not aware of the programme, or that they were not allowed to watch the programme;

"The teacher in charge was reluctantly doing her work; she did not allow teachers to watch this programme because she said they will at their own homes."

"I was not aware of such a programme and our TV was not used if I am not mistaken"

"We were never shown where to watch it and we did not know if they (the full time staff) ever watched it themselves".

10 *Where was the TV / VCR for Talkback kept?*
(the analysis for questions 10 - 18 include the whole sample)

By far the most common place mentioned was the library. Though 17 of the students stated that there was no TV for the programme or they were not sure where it was.

11. *Was each programme recorded?*

Response	Yes	No	Not sure	No response
%	26	31	39	4

12. *If 'yes', were the videos watched later?*

Response	Yes	No	Not sure	No response
%	21	21	50	8

13. *If 'yes', did you as an individual have easy access to the videos?*

Response	Yes	No	No response
%	17	58	25

14. *Were pupils able to watch the programme (either live or on video)?*

Response	Yes	No	No response
%	26	67	7

15. *Were you aware of teachers using the programme or the videos of the programme in class?*

Response	Yes	No	No response
%	23	72	5

16. *Have you ever watched the programmes at MCE (either live or on video)?*

Response	Regularly	Sometimes	Rarely	Never
%	1	6	6	87

17. *Did you use information from the programmes in your teaching on TP?*

Response	Regularly	Sometimes	Rarely	Never
%	4	34	7	49

18. *If yes, which information did you find the most useful?*

There were of 52 responses covering a wide range of areas. Ten mentioned issues of the spread and prevention of HIV AIDS. There were also a handful that mentioned the issue of teenage pregnancy, relationships between pupils and parents, and pupils and teachers.

Section two - discussion

The aim of the talkback programme was for all teachers and pupils to be able to view it;

“It is expected that by the end of the project, all primary and secondary school teachers in Botswana will have participated in the programme.” (ACHAP 2002)

This ambitious aim is clearly not being met in CJSS's. In this sample of 72 schools at least 33% were not showing the programme. A number of students noted that as far as they knew there was no TV for the programme. A number also mentioned that equipment had been stolen. The comment that a teacher who was meant to be coordinating the programme was not allowing teachers to watch it is of great concern, even if this is only in one school, as is the fact that some student teachers stated that they had never been introduced to the school's modus operandi for the programme.

It is possible to infer from the questions concerned with the videoing and the use of videos of the programme that perhaps the general organisation around the use of the programme is somewhat lacking. Only 26% of the students could state for sure that the programme was recorded and only 17% felt that they had easy access to the videos.

Positively, the questionnaire seems to indicate that when a school does show the programme a high proportion of the students thought that all staff were given the opportunity to watch and a reasonable proportion of the students watched it regularly (54%) or at least occasionally (34%). Note that this refers only to students and not to full time teachers in the schools. The figure for teachers is likely to be a lot lower if only for the fact that their teaching timetables are much fuller than the students. The students themselves noted that one of the main reasons that they did not watch the programme was because they were teaching at the time. This will be even truer for teachers. The live programme goes out at an awkward time for senior schools.

It would be worth finding out why it is that Guidance and Counseling students don't seem to make any more use of the programme than other subject students as it would seem potentially to be of great benefit to them in terms of knowledge and practice.

In terms of the impact that the programme was able to have on pupils it would seem that it is limited by the fact that few schools record it and few pupils are able to watch the videos. They do seem to benefit 'second hand' as it were as 38% of the students noted that they used information from the programme regularly or sometimes in class.

From the point of view of the college it is of concern that 87% of the students state they never watch the programme at college (only 1% do so regularly). From the writer's experience the picture is similar in other colleges of education.

Section Three - Universal Precautions / Health and Safety

19. Are you aware of the WHO 'universal precautions' to prevent HIV infection?

Response	Yes	No	Not Sure	No Response
%	45	33	19	3

But it should be noted that work with the same students later in the term revealed that very few of them (if any) had come across the Universal Precautions and that they were confusing them with ABC (Abstain / Be Faithful / Condomise).

20. Were you shown where the first aid kit was kept in your orientation to school?

Response	Yes	No
%	34	65

21. Was it properly stocked?

Response	Yes	No	Not Sure	No Response
%	19	17	54	10

22. Were rubber gloves readily available to you at anytime?

Response	Yes	No	No Response
%	49	46	5

23. If you taught Art / DT / Science, was there a first aid kit in your lab' / workshop?

	Yes	No	Not sure
Art (19)	4	12	3
D & T (31)	24	6	1
Science (14)	14	-	-

24. If yes, were you shown where it was during your orientation session? 25. Was it properly stocked?

Art	DT	Science
2 / 4	18 / 24	6 / 14

Art	DT	Science
2 / 4	10 / 24	5 / 14

Section Three - Discussion

It would seem that even the most basic of health and safety precautions are often not being followed. As was noted above it became apparent later in the term that very few if any students had heard of the Universal Precautions (WHO 2004) confusing them with ABC (Abstain, Be Faithful, Condomise). This of itself does not mean that schools were not being health and safety conscious. However, the answers to subsequent questions indicate that the issue is not taken seriously by schools:

- Only one third of students were shown where the first aid kit was kept at school.
- Even in areas where such kits should be readily available and well stocked they were often either not there at all or lacking in content (Q's 23 - 25).
- It is also of great concern that nearly half the students considered that rubber gloves were not freely available to them.

Section Four - teaching resources and curriculum issues

26. *Were there any HIV / AIDS related educational awareness events (other than Talkback and normal class teaching) at your TP school whilst you were there?*

Response	Yes	No	No response
%	54	43	3

27. *If 'yes', what were they?*

There were 53 responses to this. The most commonly mentioned was the PACT club or HIV AIDS club at school (16). Fifteen students reported visits from organisations or individuals from outside of the school, the most common being BOFWA and TCM. Fourteen mentioned school based activities in assemblies or from the guidance and counseling department in the school. Two mentioned video shows and one highlighted an AIDS corner in each classroom. None specifically mentioned any direct involvement of parents.

28. *Were there any HIV / AIDS related educational materials (other than Talkback and normal class textbooks) available at your TP school whilst you were there?*

Response	Yes	No	No response
%	48	47	5

Again the response can be analysed from the point of view of GC students as it might be expected that if any department in a school has access to these resources then it should be Guidance and Counseling;

Response (GC)	Yes	No	No response
%	58	36	6

As might be expected GC students seemed to be more aware of such resources than other subject students.

29. *If 'yes', what were they?*

There were 80 responses to this. The vast majority mentioned pamphlets, posters and booklets (56). One stated that the pamphlets 'were not issued to pupils they were just stocked in the classroom'. Eighteen mentioned videos. There was no mention as to what these videos were except in one instance where it was noted that the video from Tanzania, Ethiopia and Zambia was used. Eight mentioned magazines. There was only one mention of 'games and cards' and one of audio cassettes, and one talked of handouts produced from the internet.

30. *Did the topic of HIV / AIDS ever come up in your teaching or in general conversation with the pupils?*

Response	Regularly	Sometimes	Rarely	Never
%	29%	49%	10%	11%

31. *If 'yes', which topics were raised?*

There were 138 responses to this, many giving multiple items. There were 44 mentions of transmission and prevention of HIV AIDS, 16 of issues of sex and teenage pregnancy, 15 of the causes and affects of HIV AIDS, 14 of the care of others and self if infected, 9 stigma / discrimination and attitudes, 7 of HIV AIDS in general and 6 of myths. There were only 2 specific mentions of testing and 2 of ARV's.

32. *Did you think that you had adequate knowledge to deal the issues raised?*

Response	Yes	No	No response
%	53%	27%	20%

33. *What do you think are the major gaps in your knowledge about HIV AIDS?*

There were 114 responses to this, mostly single items. The most common (42) concerned medical / scientific topics, for example 11 mentioned a lack of knowledge on ARV's and 4 on PMTCT.

"How it is transferred and how it lives. I am still not sure about its symptoms and its signs and how long it takes me to start seeing the symptoms."

"ARVs - how do they work and when is the best time to get them."

"Not aware of the ARV. So could not tell students. Nor Universal Precautions."

Twenty nine stated that they were not sure or that they had no major gaps, and one expressed boredom with the whole topic.

“No gaps...the world is almost saturated with AIDS information”

“The topic is now boring, so whatever is talked about I ignore.”

There were 25 responses around general educational issues;

“Not having adequate materials to explore the topic i.e. enough materials to show effects and prevention of AIDS.”

“The approach to students on some issues as it is not appropriate in our culture
How to give small children information about AIDS.”

“I do not know what and how to teach the small kids e.g. the form ones as they sometimes want to test what you say on their counterparts.”

“I would like to watch talkback as I never had enough time to watch it.”

“There are not sufficient educational materials in hospitals and schools to provide information.”

“I think I need to be filled with the knowledge because I am not much equipped with the knowledge.”

One expressed a failure to understand the attitudes of fellow students towards the disease;

“Men are seemingly reluctant in the fight against AIDS. They are rarely involved in the campaign and in the college pregnancy is common which means most student teachers indulge in unprotected sex. Are they not aware of the killer disease?”

34. *Is there anything else that you would like to comment on with regards to the issue of HIV / AIDS in schools or the college (feel free to comment on any aspect of the issue)?*

There were 122 responses to this. Twenty six made reference to the college and HIV AIDS under a variety of items but the two strongest themes in this group of college comments were the feeling that students did not take safe sex practices seriously enough (reference was made to the high number of pregnancies each year) and the feeling that the college community as a whole was not tackling the whole issue seriously enough. There were also a number of exhortations for students to get tested and become aware of their status.

“Workshops should be carried in the college to teach us much about AIDS.”

“Students at colleges need to know their status so that they can get help as soon as possible if they have the HIV virus and get enough counseling.”

“People in schools and colleges should be taught in detail about HIV AIDS, advise them to test and how to take care of themselves.”

“Schools and colleges should at least allow the whole school to watch talkback.”

“I feel lecturers should regularly touch on the HIV AIDS issue at least twice a week.”

“There should be HIV committees, I have observed that there is too much practice of unprotected sex looking at the number of pregnant students in this college.”

“I guess there is a lot of unprotected sex in college and sex is some kind of entertainment.”

“I think there should be condoms in school / college toilets, halls etc where students have access to them.”

“In this college, most HIV AIDS programmes are not existing.”

“Well I feel that there isn't much done in the college on this issue. I feel that workshops should be organised at least once a term for each year group and also feel that though there is the AIDS committee they are not doing that much to get the message through the college community.”

“The majority of people in college and out there do not know their HIV status.”

“Students should be encouraged to test for HIV AIDS, we should be shown videos related to HIV AIDS in the college.”

There were 32 comments related to the curriculum and teaching approaches with regards to HIV AIDS in CJSS's.

“Need books and handouts to take on TP. Teachers should be encouraged to talk about it in classes.”

“Pupils should be given books to read for themselves.”

“I feel students should be shown the videos on HIV AIDS issues.”

“This is the time when many relationships are created and ample time should be allowed to address the issue of HIV AIDS.”

“Every subject should include the topic.”

“HIV AIDS to be taught as a topic in its own right.”

“Teachers should be encouraged to talk about HIV AIDS during registration and class assemblies. It should be infused in each subject... And pupils should be freely taught about ways of protecting themselves.”

“Teachers do not give learners enough information about HIV AIDS.”

“HIV AIDS as a topic should be taught in all the school curriculum including in the elementary schools.”

“I think AIDS should be included in the syllabus. In school pupils have a belief that AIDS is for elders.”

“Most of the teenagers in the schools and colleges are seriously sexually active therefore I feel they need to be taught adequately about the seriousness of this disease and the most important thing is to issue condoms so that they use them and also to prevent teenage pregnancy which I think is the major aspect affecting teenagers at this point in time.”

“Specialists are needed at schools to teach about this.”

“HIV AIDS is a natural scourge and should at all costs be integrated in teaching and learning environment. This empowers young people on how to best present or how to live AIDS patients as the outcome is best fitting to combat it. We have to learn to live with it and not to superstitiously shun it.”

“Encourage a special week for HIV AIDS. Each class to present a theme.”

“Schools should have access to certain programmes and events about HIV AIDS. This will help increase their awareness.”

“Old syllabuses do not contain information on HIV.”

“I feel there shouldn't be a secret in the use of contraceptives and the ARV therapy to students since they are already engaged in sexual intercourse. So they need to be guided about all that is happening in this world about HIV.”

“Schools should be provided with all necessary materials to enhance understanding of the issues / PMTCT / ARV therapy should be included in the syllabus.”

“Competitions directed to making students aware of the disease; drama art and essay comp's to rural areas.”

“As for schools I feel that though HIV AIDS is talked about they should also be able to hold workshops and bring about people with HIV AIDS so that they could come and talk to pupils on their experiences and on the seriousness of the disease.”

There were 15 comments directly related to the knowledge, behaviour and experiences of CJS pupils:

“Most pupils come from rural settlements and so lack info’...”

“Pupils were distanced from teachers and lack of entertainment was not enough which could make pupils engage in other things (intercourse).”

“I think it is high time to be free to teach students about the disease at an early stage because children of this generation are more active in these love affairs.”

“The students know more than we would like them to know. They are young yet they always prove us wrong by being teenage mothers and the boys always contract STDs. This is a wake up call and students are supposed to be guided and groomed on these matters so that their lives would not be miserable like it is now. Students are inquisitive and they always want to experiment. They are doing it with sex.”

“School students have little knowledge about HIV AIDS and they got it from home. There is little information unless the subject is directly related to GC or Moral Ed.”

“Most learners do not know the realities of HIV AIDS. The high rate of dropouts shows that pupils don't know about STD's and HIV / AIDS.”

“Most students in CJS's are not aware of this pandemic, they just take it for granted. They don't think that we are talking about reality. This means that more has to be done to make them aware of this dangerous disease. All subject teachers should be encouraged to talk about AIDS during their lesson so that students can see that AIDS is indeed existing.”

“Students were sexually active especially form three. There were more cases brought to our office of condoms busted during intercourse. Few teachers talked about HIV AIDS during their lessons.”

There were 10 specific references to the need for groups, committees or clubs to help address the issue;

“I think all the schools must have HIV AIDS groups or committees which will run session about AIDS at least once a week. Or there should be peer educators to run or do the sessions by teaching students about AIDS.”

“Workshops should be carried in the college to teach us much about AIDS.”

This idea that pupils / students needed more exposure to people living with HIV AIDS was repeated on a number of occasions;

“I would like the college to invite one or two AIDS patients to talk to us about how serious the disease is.”

“Students in schools or colleges should be shown a person who is very ill with the disease as some of them are very ignorant as they believe the disease does not exist. So motivational talks should be given by very sick AIDS patients in order for people to change their behaviour / attitudes.”

There were seven comments on condom use and distribution either encouraging the use of condoms or ease of access to them. One stated that pupils should be encouraged to abstain and be faithful rather than use condoms.

“I think pupils should be proud to abstain and be faithful and also use condoms.”

“I would like to clear the confusion on the condom issues. They say condoms have pores which makes it easy for the AIDS virus to pass through. I would like to tell them just to use condoms with no fear, it is safe and it prevents unnecessary pregnancies.”

There were 11 comments specifically on Talkback and its use in schools. They mainly stated that pupils should be given access to them and / or that all teachers should be able to watch the programme. There were also a number of other comments on the fact that videos in general should be used as an educational tool:

“Teachers be given time to watch the programme.”

“Students should also be shown the talkback programme and asked to take part.”

“As students teachers we should be given an opportunity to watch talkback here in college.”

“The school should have the TV for the TB programme. Schools should have more programmes and video cassettes that can be used to teach students.”

“There should be someone who is responsible with recording. There should be at least one day in two weeks chosen for talks between teachers and students both at school and college.”

“Not enough information for pupils in rural schools as there is no electricity in the whole village and so no access to Talkback programmes.”

“Pupils and student teachers should be shown talk back in their form at least every week / resource showing pupils videos around HIV AIDS would be a more effective method than the teaching that goes on at the moment.”

“Some schools hardly talk about the disease and pupils are not encouraged to watch programmes about HIV AIDS.”

Nine comments were made in reference to pupils having sexual relationships with teachers or older members of the community;

“Sexual relationships between teachers and students also cause a great deal of concern. At this school (male) teachers were having relationships with students.”

“There was a rumour that male teachers were having illicit sexual acts with students and yet they are the ones who must help them in regards to the issue of HIV AIDS.”

“Well it is quite difficult for HIV AIDS to be controlled in today’s environment. Students get involved with teachers, lecturers and older men in order to have good living if they are poor at their homes.”

“Teachers often teach or advise pupils not to indulge in sexual activities or be sex cautious yet they do not practice what they preach. Teachers would often be actively involved with pupils and they in turn will indulge in the activities not taking into account the risks that they may face.”

“The relationships of students with elderly people in the village.”

“Young girls were asking teachers out, particularly TP students, this made it very inconvenient for male TP students to effectively carry TP out.”

“CJSS kids go to shebeens, have sex with elders, even teachers. People are just not alarmed. I fear for our nation, especially school kids.”

“Where I did my TP children were very sexually active and there were cases of students sleeping with the mine workers because they give them the money and provide anything that they want.”

“Teaching of the issue should be done widely in schools, some male teachers take advantage of the female students ranging from form one to form three.”

There were a number of comments on negative attitudes of teachers or a general expression of boredom with the whole topic;

“Some of the teachers were not very cooperative.”

“The school didn't seem to care if somebody knows about AIDS or not.”

“Some people are not aware of the disease they feel that it is not real it is just one way of making them not to get sexually involved with anyone / to stop them from having sexual relationships.”

“The issue of HIV AIDS is talked about too much. People hear about it everywhere...therefore most students in schools or colleges do not take the issue very serious. If you stand in front of them they find the subject boring.”

“HIV AIDS are starting to bore us. Can't people think of presenting their issues without saying HIV AIDS is youth and youth is HIV AIDS...”

“I think the schools and even the society overlook this issue of HIV AIDS. Also parents should stop hiding the information from their kids.”

“I am very worried about the way our nation seems to deal with issues concerning HIV AIDS. I feel they are just relaxed and think of AIDS as a government problem.”

“Although pupils are being told about the dangers, some seem not to care as well as in college, student teachers turn a deaf ear.”

“I think AIDS is a tiresome issue. It is worked on every day but improvement is now 1% left. I don't know what to say but people should change their attitude until a new day comes.”

Section Four - Discussion

Just over 50% of students reported awareness events in their schools. The most commonly mentioned were PACT or HIV AIDS club events.

Only 15 students specifically mentioned the use of external organisations most commonly BOFWA and TCM. This sort of practice is to be encouraged;

“The education sector should acknowledge in practical terms that persons living with HIV AIDS are among the most important actors in any programme to contain and control the disease...

...the courageous participation of these individuals in classroom activities, programmes for education and staff, and the development of plans have helped in bringing the disease more out into the open.” (UNESCO 2002: 36)

Again about half the students (slightly higher for GC students) noted that schools had educational materials other than Talkback and normal class textbooks. The vast majority of these were reported to be pamphlets, posters and booklets. Eighteen mentioned videos and only one ‘games and cards’. It seems then that there is a bias towards text based resources. Whilst there is nothing wrong with text based material it needs to be

complemented by a wider variety of audio visual material and such things as educational games and activities. Many children in CJSS's struggle with basic literacy even in Setswana (it should be remembered that for a significant minority of pupils both English and Setswana are second languages) and there are others with more specific special needs (sensory and mental impairments for example) who need particular types of learning resources to help them access information and practice skills.

“The disease and its impacts frequently prevent orphans, girls and children with special learning needs from exercising their basic right to education. Moreover it enhances the vulnerability of these children to HIV infection. Hence educational provision and programmes need to be customised to take special account of their needs.” (UNESCO 2002: 51)

“There is a real need to understand the issue of HIV/AIDS in disabled people in global terms and to design and implement programmes and policy in a more coherent and comprehensive manner. The roughly 600 million individuals who live with a disability are among the poorest, least educated, and most marginalised of all the world's peoples.” (Groce 2003: 1400)

Unfortunately there seems to be very little attention - other than rhetorical - paid to such groups. A recent UNFPA (2004) global compendium of nearly 300 programme planning materials and training resources relevant to HIV AIDS contains none with any specific mention of ‘disability’, ‘special needs’, ‘learning difficulties’, or ‘learning disabilities’.

Generally speaking in terms of both methods and resources it appears that many CJSS's overly rely upon fairly traditional approaches when what is needed is more innovation.

“‘Fatigue’ and lack of receptivity to standard HIV / AIDS materials is widely reported. Materials and approaches do not adequately and flexibly address new issues that are prominent in students’ minds and environments, including culturally specific issues...topics are taught in a theoretical, didactic way and do not provide practical lifeskills or have more immediacy, such as ‘visiting full blown AIDS patients.’ (UNDP 2002; 23)

Students reported that the majority of issues that came up in their teaching covered the broad areas of causes, transmission, affects and prevention of the virus. There seemed to be little reference to the issues of testing and the use of ARV's. However in a later question students raised these topics, particular the ARV issue, as being one where they felt that they needed more information. Perhaps it didn't arise in the teaching environment because they felt that they did not have the necessary knowledge.

This highlights a point that a number of students made in the last question which was one for general comments. They feel that they are not equipped well enough whilst at college with the knowledge and skills needed to deal with HIV AIDS issues. This would seem to be a reasonable point. Although each subject is meant to infuse the topic in its syllabus students only do two teaching subjects plus some common support courses. Thus a

student doing Science and Maths for example might be expected to have a reasonable grasp of the medical issues but little knowledge of the psycho / social side of the disease whilst an English and Setswana student will have a different, but possibly equally incomplete, perspective.

An active small group tutorial system such as the college is currently trying to implement might be the perfect setting for such a skills and knowledge programme to take place in along side a series of wider college events. However it should be noted that just as the students are ill prepared by their college career to tackle such an important issue so to the college staff lack expertise and training. There has been no college process for updating college staff in general on issues surrounding HIV AIDS education and training. Contrast this to the immense amount of resources put into the development of Performance Management Systems at the colleges (which has yet to bare fruit) over the last four years. This despite the fact that whilst PMS might cause some stress amongst employees and employers alike it does not threaten nearly one fifth of the population with an early death or the nation with a huge medical bill.

This lack of pre service training and also the need for college staff to be given appropriate skills and knowledge has been recognised elsewhere;

“Despite intentions to infuse HIV / AIDS into all teacher training this has been noted to be slow and its effectiveness is uncertain so far. There is very limited action on all the ramifications of HIV / AIDS among staff and trainees...Discussions in colleges and elsewhere...clearly indicated that HIV / AIDS has not been internalized as a “core” issue by many senior managers and lecturers.” (UNDP 2002; 94)

“The big problem here is how to develop the capacity of teacher educators and University staff. There is no attempt to touch this in any documents, and yet without this happening there will be no change in the quality or capacity of teachers, inspectors, education officials and others who are responsible for doing things they have never done before.” (FSI / ICRC 2002; 94).

Students seemed to be clear that pupils at CJS were often sexually active and therefore needed very clear guidance about sexual matters and access to condoms for protection. They expressed the (not necessarily contradictory) view that the topic should both be infused in all subjects at school and should also have a ‘stand alone’ slot in the curriculum with input from ‘experts’.

The students called for a wider range of teaching and learning materials than are available at the moment such as videos, visits from people living with AIDS, access to the Talkback programme.

There were a small (but alarming in terms of content) number of cases reported of the sexual abuse of pupils at schools by teachers. As one student pointed out, the very people passing on certain information to their pupils were directly contradicting their own

message. Considering the amount of times these types of cases appear in the press and in anecdotal reports it seems strange that the issue appears less often in official research or as a matter of active policy.

Recommendations;

Section two - the use of Talkback

1. It appears that possibly one third of CJJS's are not showing the Talkback programme. Efforts need to be made to find out why this is and to support the schools to air it.
2. All schools should be given guidelines as to how to make the programme accessible to all staff and to all pupils. Even if this simply means advice on how to record, keep a library of tapes and publicise the programme effectively.
3. The timing of the broadcast of the Talkback needs to be considered. It is currently done when senior school teachers are still teaching.
4. Considering that cultural considerations are all important in any discussion of HIV / AIDS the language policy of the programme needs to be considered. To most teachers English is a second language and so they might lack the vocabulary needed to explore some of the issues.
5. Colleges of education need to actively promote the use of Talkback (including the videos) amongst the whole college community. Programmes should be advertised on a weekly basis across the colleges and alternative viewing times and places also noted. The use of the videos should be actively organised and available in the library for students and staff.

Section three - health and safety

1. All school staff (including temporary teachers and student teachers) are entitled to a proper induction to the school premises, facilities and systems. This includes health and safety procedures and resources.
2. It should be clear which staff member is responsible for the coordination of health and safety issues in a school.
3. Guidelines for schools need to be available for basic health and safety procedures. The WHO Universal Precautions are easily adaptable to a school context (students at MCE are given such an adapted version).

4. Upkeep of First Aid kits should be a priority and all teachers / lecturers should be given rubber gloves as well as know where they are available at various key points in the school.

Section Four - Teaching resources and curriculum issues

1. All CJJS's should be provided with a pack informing them of the various Government, NGO, INGO, CBO and private organisations that they could draw upon to help them tackle the issue in the school. Particular use should be made of PLWA's in the education of pupils and staff alike.
2. A wider variety of audio visual aids needs to be provided for school use. For example a video on HIV AIDS in the Botswana context with editions in all the commonly used languages should be produced for use in schools along with support materials for pupils and teachers.
3. Programmes should be considered that are devised by, and feature school pupils and other out of school youth.
4. The use of drama based programmes could be used as appears to be successful with current radio programmes.
5. Schools should consider using current drama based radio programmes as a teaching tool.
6. Examples of good practice from schools should be disseminated.
7. Urgent efforts need to be made to consider the needs of young people with sensory and cognitive impairments in terms of learning materials. As this is a specialist area the Harare UNESCO regional office could consider it as a project of high priority for Southern Africa.
8. Students need better coordinated and resourced HIV / AIDS education at pre service training. This should include specific 'stand alone' courses on the topic as well the infusion module.
9. College academic staff needs a similar programme to enable them to support their students.
10. An investigation needs to be carried out into the area of sexual abuse within schools. This should be done by an organisation from outside of the Ministry of Education.

It should be noted that the recommendations that appear above often echo those that have already appeared; for instance in the documents "The Impact of HIV / AIDS on

Education in Botswana.” (UNDP 2002), “Report on Knowledge, Attitude and Practices of Teachers and Students in Relation to HIV / AIDS Teacher Capacity Building Project.” (FSI / ICRC 2002) and “HIV AIDS Prevention; A needs assessment of Botswana schools.” (Ministry of Education / BOTUSA 2003).

Conclusions

A questionnaire was carried out with 176 year two and three students from MCE returning from teaching practice in CJSS's. All the data used in this report was taken from these replies. There were no observations in schools by the author or further interviews with the students themselves. Therefore all these issues raised would benefit from further follow up in the field.

The majority of CJSS's are showing the Talkback programme. A significant minority are not.

In those where it is shown most teachers are reported to have access to it although the questionnaire did not explore how many teachers actually watch the programme.

Many student teachers seem to watch the programme when given the opportunity and some make use of it in their teaching.

Videos tend not to be made of the programme and are not readily available to staff or pupils in the schools.

Very little use is made of the programme in MCE (this is true in at least one other of the colleges of education, and probably in all the others).

There is a dearth of basic health and safety awareness at CJSS's. They also lack basic equipment and resources in this area.

Teaching and learning around HIV / AIDS would seem to be based on fairly traditional methods and resources with some notable exceptions. A lot more use could be made of community based organisations particularly those involving PLWA's.

There are few resources that are not solely text based. This will cause particular problems for pupils with some disabilities and other special needs.

Considering the fact that female pupils aged 15 - 19 are far more likely to be infected than males there was no specific mention of any interventions / resources aimed particularly at this group.

Most classroom based discussion seems to be around basic causes, spread and prevention of HIV / AIDS infection. Students indicated a need to know more about testing procedures and ARV's. There seemed to be little indication that hands on 'life skills' based teaching approaches were in use.

There was some evidence of unwillingness by some schools and individual teachers to confront the issues, and some of teachers abusing pupils sexually.

Many recommendations arising from this study reflect previously existing ones and should be read in conjunction with those.

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Appendix One - The Questionnaire

HIV / AIDS in the CJSS

Dear student

Please be so kind as to fill in this brief questionnaire for us.

It will help us with our planning as HIV / AIDS and special education is a year three topic; and will also give some useful general information for other departments, and may even be of use to a wider audience.

Please do not put your name on the questionnaire.

If there is not enough room in the space provided for a particular question then please continue on the back of the sheet.

1. Name of your TP School _____
2. Are you; M F
3. Subject Maj. _____ Min. _____
4. Y2 Y3

5. Was the Talkback programme shown regularly in your TP school?
Yes No Not sure
6. Were all staff given the opportunity to watch it?
Yes No Not sure
7. Did you watch the programme?
Yes No Occasionally
8. If 'yes', which programmes did you find the most useful? (please be brief)
9. If 'no', why not?
10. Where was the TV / VCR for Talkback kept?

11. Was each programme recorded?
Yes No Not sure
12. If 'yes', were the videos watched later?
Yes No Not sure
13. If 'yes', did you as an individual have easy access to the videos?
Yes No
14. Were pupils able to watch the programme (either live or on video)?
Yes No
15. Were you aware of teachers using the programme or the videos of the programme in class?
Yes No
16. Have you ever watched the programmes at MCE (either live or on video)?
Regularly Sometimes Rarely Never
17. Did you use information from the programmes in your teaching on TP?
Regularly Sometimes Rarely Never
18. If yes, which information did you find the most useful? (be brief)
- *****
19. Are you aware of the WHO '**universal precautions**' to prevent HIV infection?
Yes No Not sure
20. Were you shown where the first aid kit was kept in your orientation to school?
Yes No
21. Was it properly stocked?
Yes No Not sure
22. Were rubber gloves readily available to you at anytime? Yes No

23. If you taught Art / Science / D&T, was there a first aid kit in your lab / workshop?

Yes No Not sure

24. If yes, were you shown where it was during your orientation session?

Yes No Not sure

25. Was it properly stocked?

Yes No Not sure

26. Were there any HIV / AIDS related educational awareness events (other than Talkback and normal class teaching) at your TP school whilst you were there?

Yes No

27. If 'Yes' what were they?

28. Were there any HIV / AIDS related educational materials (other than Talkback and normal class textbooks) available at your TP school whilst you were there?

Yes No

29. If 'Yes' what were they?

30. Did the topic of HIV / AIDS ever come up in your teaching or in general conversation with the pupils?

Regularly Sometimes Rarely Never

31. If yes, which topics were raised? (please be brief)

32. Did you think that you had adequate knowledge to deal the issues raised?

33. What do you think are the major gaps in your knowledge about HIV / AIDS?

34. Is there anything else that you would like to comment on with regards to the issue of HIV / AIDS in schools or the college (feel free to comment on any aspect of the issue)?

Thank you very much for your thoughts and observations. The raw data from this questionnaire will be available by the end of May should you wish to refer to it.