QUALITY ASSURANCE IN THE TEACHING AND LEARNING OF HIV AND AIDS IN PRIMARY SCHOOLS IN ZIMBABWE

BY

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ABSTRACT

This study investigated how quality assurance ensures quality teaching and learning of HIV and AIDS in schools in Zimbabwe. The study was prompted by the continuous increase in the spread of the HIV and AIDS pandemic which, in most cases, is under reported. Primary school pupils are the window of hope and need proper teaching so that from the early ages, they learn behaviour patterns which fight against the spread of the epidemic. Using analytical framework drawn from Peter Senge (1990)’s systems theory in quality assurance, the study examined the extent to which quality assurance practices can improve the teaching and learning of HIV and AIDS in Zimbabwean primary schools. From global perspectives on the HIV and AIDS phenomenon, it has been argued that quality assurance practices should be instituted to capacitate accountability approaches towards self-regulation and continuous improvement in schools.

This was a qualitative study rooted in the interpretivist paradigm and was conducted in Zimbabwean primary schools. The ethnographic design was employed to allow for naturalistic methods of data collection. Multi-stage sampling was employed to get a total of 200 respondents, teachers and school heads, across the country, who participated either through responding to open-ended questionnaires, through focus groups or in interviews.

The major findings of the research were that teachers lacked knowledge of teaching the HIV and AIDS subject since they were not trained at college. Leadership commitment to effective teaching of the subject is very low. Schools did not have enough resources for quality teaching and learning of the subject. The time allocated for the subject was not enough to cover a curriculum that is so crucial to the lives of individuals and society. Curriculum designed for the schools did not cover adequate ground and was not properly graded according to grades. Syllabus documents were not in schools to guide teachers on what to teach. Since the subject is not examinable, very few teachers take its teaching seriously. Even school heads do not supervise its teaching in the way they do with other subjects.
From the above findings, there are implications for quality assurance in Zimbabwe for quality teaching and learning of HIV and AIDS. First, the study raises questions as to whether school experiences provided by teachers and school leadership are adequately assured and the quality of the learner produced. Secondly, under the current curriculum policy where HIV and AIDS is taught for only 30 minutes per week, learners are not likely to gain content necessary for behaviour change. In order to assure quality teaching and learning, the time for the subject has to be increased although some would consider that as overloading of the curriculum. The main message throughout this study was that to achieve quality teaching and learning of HIV and AIDS it was imperative that monitoring and evaluation be done as lenses to improve all the systems that have a role to play in quality teaching and learning of the subject.

The study recommends that the Ministry of Education, Arts, Sport and Culture arrange workshops to staff develop and in-service both teachers and school heads on quality teaching and learning of HIV and AIDS. Curriculum designers need to prepare adequate syllabuses and distribute those to schools so as to guide teachers on what to teach and how. The syllabuses need to be graded according to grades. Time allocation for the subject has to be increased on the school curriculum so that adequate content could be covered, that would bring about necessary behaviour change among students and society. It becomes evident that without quality assurance of the systems that contribute towards the teaching and learning of HIV and AIDS, there can be no effective teaching of the subject and hence no behaviour change among students and society. The pandemic would be there to stay and ravage society. Quality assurance provides the lenses to improve the teaching and learning of HIV and AIDS in schools and closes the implementation loop by providing the quality assurance dimension.
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While many contributed towards the production of this report, the contents are exclusively my own and I bear sole responsibility for any errors of fact and interpretation.
DEDICATION

I am blessed to have had the support of my wonderful family. I want to express my sincere gratitude to my wife, Revai, my sons, Justin and Jaison and my daughter, Juliet, and my parents, who are late, Tarsisio-Jakuvosi and Cecilia for their love and support. I owe them the greatest debt as they provided me the privilege of going through the long journey. Thank you all for your patience, support and encouragement. You were all my source of inspiration.
Table of Contents

ABSTRACT ................................................................................................................................. ii
ACKNOWLEDGEMENTS .......................................................................................................... iv
DEDICATION ........................................................................................................................... v
LIST OF APPENDICES ........................................................................................................... x
ACRONYMS ............................................................................................................................. xi

CHAPTER 1: INTRODUCTION ................................................................................................ 1
  1.1 Background to the study ................................................................................................. 1
    1.1.1 The education agenda in the twenty-first century ................................................. 13
    1.1.2 The impact of HIV and AIDS on the education sector ....................................... 15
    1.1.3 Why education should be stressed ....................................................................... 18
    1.1.4 Quality systems in education ............................................................................... 20
    1.1.5 Role of Quality Assurance in Education ............................................................ 23
    1.1.6 Principles for devising school Quality Assurance systems .................................. 25
    1.1.7 Steps for a typical quality assurance process ..................................................... 26
      1.1.7.1 Focusing on pupils and on learning ............................................................. 26
      1.1.7.2 Quality must reflect stakeholders’ needs ..................................................... 27
      1.1.7.3 Quality has to be demonstrable ................................................................. 28
      1.1.7.4 Quality is about feedback ......................................................................... 28
    1.1.8 Quality Improvement in Primary Education ......................................................... 29
    1.1.9 Education and HIV and AIDS ............................................................................. 31
    1.1.10 HIV and AIDS stigma and discrimination ....................................................... 35
    1.1.11 School as the learning centre .............................................................................. 35
    1.1.12 Quality in Primary School Education ............................................................... 37
  1.2 Statement of the problem .............................................................................................. 38
  1.3 Aims of the study .......................................................................................................... 39
  1.4 Objectives of the study ................................................................................................. 39
  1.5 Research questions ...................................................................................................... 40
  1.6 Assumptions of the study ............................................................................................ 40
  1.7 Significance of study .................................................................................................... 41
  1.8 Delimitation of the study ............................................................................................. 42
  1.9 Limitations ..................................................................................................................... 42
  1.10 Review of Related Literature ..................................................................................... 42
  1.11 Research methodology and design to be used ........................................................ 44
  1.12 Ethical and legal considerations ............................................................................... 45
  1.13 Organisation of the Thesis ........................................................................................ 46
  1.14 Definition of special terms and expressions ............................................................ 46
  1.15 Chapter Summary ...................................................................................................... 47

CHAPTER 2: REVIEW OF RELATED LITERATURE ................................................................. 48
  2.1 Introduction ................................................................................................................... 48
  2.2 Conceptual Frameworks ............................................................................................ 48
    2.2.1 Quality Assurance ............................................................................................. 48
    2.2.2 Principles of Quality Assurance ....................................................................... 51
2.7 To what extent does the quality of the curriculum foster knowledge and skills necessary for behaviour change? ................................................................. 147
  2.7.1 Factors that influence Curriculum Implementation ........................................ 156
    2.7.1.1 The teacher .............................................................................. 156
    2.7.1.2 Resource materials and facilities .................................................. 157
    2.7.1.3 Instructional Supervision ............................................................ 158
    2.7.1.4 Assessment .............................................................................. 158
  2.7.2 What makes a “good” HIV and AIDS curriculum? .................................... 159
  2.7.3 Main weaknesses of inclusion of HIV and AIDS in the curriculum .............. 160
2.8 To what extent does the availability of teaching and learning resources ensure quality teaching and learning of the HIV and AIDS programme? ........................................... 162
2.9 Summary ............................................................................................... 169
CHAPTER 3: RESEARCH METHODOLOGY AND DESIGN ..................................... 173
3.1 Introduction ........................................................................................... 173
3.2 Research Paradigm ................................................................................... 173
  3.2.1 Phenomenological perspective ............................................................ 177
  3.2.2 Qualitative Methodology ..................................................................... 178
3.3 Research Design: Ethnographic Design .................................................... 180
3.4 Data Collection Instruments ..................................................................... 182
  3.4.1 Open-ended questionnaire .................................................................... 182
  3.4.2 Document analysis ............................................................................ 183
  3.4.3 Semi-structured interview .................................................................. 184
  3.4.4 The interview guide .......................................................................... 186
  3.4.5 Focus group discussion ...................................................................... 187
    3.4.5.1 Advantages of the focus group interviews ......................................... 188
    3.4.5.2 Disadvantages of focus group interviews .......................................... 190
3.5 Piloting the instruments ............................................................................ 191
3.6 Sampling Procedure .................................................................................. 193
3.7 Population .................................................................................................. 194
3.8 Sample and Sampling procedure ............................................................... 195
3.9 Instrumentation procedure ........................................................................ 195
3.10 Data collection procedure ........................................................................ 196
3.11 Data presentation, analysis and interpretation procedures ........................... 196
3.12 The Process of Data Analysis ................................................................... 197
3.13 Validity and Reliability (Trustworthiness of the research)............................ 199
3.14 Summary .................................................................................................. 201
4.1 Introduction .............................................................................................. 202
4.2 Characteristics of the Respondents ............................................................ 203
4.3 Research Results ....................................................................................... 204
  4.3.1 The extent to which teachers ensure quality teaching and learning of the HIV and AIDS programme ........................................... 205
  4.3.2 How the availability of teaching and learning resources ensure quality teaching and learning of the HIV and AIDS programme ............................................. 238
  4.3.3 How leadership ensures quality teaching and learning of the HIV and AIDS programme ................................................................. 248
4.3.4 The extent to which the quality of the curriculum fosters knowledge and skills necessary for behaviour change ................................................................. 267
4.4 Summary ........................................................................................................ 282
CHAPTER 5: SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS ................................................................. 283
5.1 Introduction .................................................................................................... 283
5.2 Thesis Summary ........................................................................................... 283
5.4 Conclusions .................................................................................................. 287
5.5 Quality assurance on the extent to which teachers ensure quality teaching and learning of HIV and AIDS in primary schools ......................................................... 288
5.6 Quality assurance on how leadership ensures quality teaching and learning of HIV and AIDS ................................................................. 290
5.7 Quality assurance on how the quality of the curriculum fosters knowledge and skills for behaviour change among students ......................................................... 291
5.8 Quality assurance on how resource availability can ensure quality teaching and learning of HIV and AIDS ................................................................. 292
5.9 Recommendations ....................................................................................... 292
5.10 For improving the quality of teaching and learning of HIV and AIDS in primary schools in Zimbabwe ................................................................. 293
5.11 For further research ..................................................................................... 295
REFERENCES ...................................................................................................... 296
APPENDICES ....................................................................................................... 336
APPENDIX A: QUESTIONNAIRE & INTERVIEW GUIDE FOR SCHOOL HEADS ................................................................. 336
APPENDIX B: QUESTIONNAIRE & INTERVIEW GUIDE FOR TEACHERS ................................................................. 340
APPENDIX C: DOCUMENT ANALYSIS ............................................................................................................... 344
APPENDIX D: Letter of Permission to carry out research in Primary Schools in Zimbabwe from the Secretary for Education: Ministry of Education, Arts, Sports and Culture ............................................................................................................... 345
List of Tables ........................................................................................................ 346
Table 1 Demographic data of respondents .......................................................... 346
Acronyms ............................................................................................................ 347
LIST OF APPENDICES

Appendix A-Questionnaire and Interview guide for school heads

Appendix B-Questionnaire and Interview guide for teachers

Appendix C-Document Analysis

Appendix D-Letter of permission to carry out research from Ministry of Education
**ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>QA</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>MOEASC</td>
<td>Ministry of Education, Art, Sport and Culture</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations Joint Programme on HIV-AIDS</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organisation</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>UNICEF</td>
<td>United Nations Children’s Education Fund</td>
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CHAPTER 1: INTRODUCTION

1.1 Background to the study

The sustained prevalence of HIV and AIDS is a cause for concern and warrants an indepth investigation to stem the tide (Mousa and Kipp, 2004). The Joint United Nations Programme on HIV and AIDS and the World Health Organisation (UNAIDS, 2010) report indicated that about 33.3 million people worldwide were living with HIV by the end of the year 2009, and around 2.6 million of people were newly infected with HIV in 2009. The HIV and AIDS pandemic is a pressing concern in Sub-Saharan Africa and it has resulted in more than 75% of deaths higher than any other cause (Lalthapersad-Pillay in Africa Insight, 2009). Although prevalence of HIV and AIDS dropped from 24+ to 14.3 in Zimbabwe, it is not a comfort zone and the researcher questioned whether or not there is no under reporting of some cases. The situation is particularly challenging in Zimbabwe, a country considered as experiencing a generalised HIV pandemic with one of the highest HIV prevalence rates in the world. In 2010, the HIV prevalence among adults aged 15-49 years was estimated at 14.3% according to the National HIV Estimates in 2010 (Zimbabwe, 2008). These studies seem to point to a problem of lack of attention by the school system to stem the pandemic.

The Millennium Development Goal (MDG) number six states that heads of government should aim to combat, halt and reverse the HIV pandemic by 2015, but in spite of numerous HIV and AIDS-prevention education efforts, the HIV infection rates in Sub
Saharan Africa remain high (Olugaa; Kiragub, Mohameda and Wallia, 2010, p. 365). In a bid to meet the millennium goal of mitigating the spread of HIV and AIDS, quality assurance in the teaching and learning of the subject is a primary concern. Without sound quality assurance practices in schools, the achievement of the goal might never be realised. Quality assurance is therefore needed in schools to effect quality teaching and learning of HIV and AIDS. This is because ‘quality assurance precipitates change’ (Morley, 2005, p. 413). Goal 6 states that the aim of governments is on improving all aspects of the quality of education, and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills. Quality is at the heart of education, and what takes place in classrooms and other learning environments is fundamentally important to the future wellbeing of children, young people and adults. A quality education is one that satisfies basic learning needs, and enriches the lives of learners and their overall experience of living. Evidence over the past decade has shown that efforts to expand enrolment must be accompanied by attempts to enhance educational quality if children are to be attracted to school, stay there and achieve meaningful learning outcomes (UNESCO, 2000).

Ayiro (2010) highlights that since its emergence in the early 1980s, HIV and AIDS has spread at an alarming rate worldwide with the number of new infections rising each year. Africa continues to bear the brunt of the scourge. Globally, 42 million people are infected with HIV and AIDS, 29.4 million of them in sub-Saharan Africa (UNAIDS, 2006). Zimbabwe is a country in Africa and Southern Africa. In response to the spread of HIV and AIDS, the education systems of many countries have been undergoing fundamental
reforms (Law, 2010) to meet the ever changing expectations of society. In a bid to respond to the reforms, the Zimbabwe education system introduced HIV and AIDS programme in schools in order to reduce the spread and stem the tide (Government of Zimbabwe MoESC Curriculum policy, 2002). As the HIV and AIDS pandemic continue to rack havoc throughout sub-Saharan Africa with no cure or vaccine on sight, education becomes the only hope for life because it plays critical roles in halting the spread of HIV and AIDS and also mitigating the effects of HIV and AIDS on people. It therefore means that schools have an important role to play as part of a national response to the HIV and AIDS. Primary schools are places where almost each child passes through, so it is expected that the area is more focused for HIV and AIDS programmes on behavioural interventions and preventive opportunities (Shavega, 2011).

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) pose a threat to communities, especially in the African sub-continent and developing countries. There is no cure for AIDS. Deaths as a result of AIDS tend to be under-reported because of the stigma attached to the disease and because, as the immune system breaks down, other diseases that cause death are recorded on the death certificate. Yet, the enormity of its effects is clear. It is estimated that 25 million people have died from AIDS since 1981 and worldwide. At the end of 2007 there were 33 million living with HIV and AIDS, with 11 million in the Sub Saharan Continent. The HIV barometer tracks the estimated infections in Southern Africa. The latest statistics (RedRibbon, as quoted in Awio, Northcott and Lawrence, 2011) show that Southern Africa has 5.7
millions of people living with the disease; 1,000 deaths a day; and 1,400 new infections every day. The response to the pandemic has been claimed to be ineffectual. It is argued:

The response to HIV is very much intellectualised and little benefit trickles down to those in need. Leadership is often self-serving and corrupt with the wealth and resultant power concentrated in a relatively small pocket of society. Initiatives in the community are limited to urban areas and corporate social investment funding cycles are short. Civil society response is limited (RedRibbon, as quoted in Awio, Northcott and Lawrence, 2011, p.63-64).

Schools are responsible for cascading the truth about the pandemic in order to bring about behaviour change. Learners need to be told the truth that might serve society from perishing as a result of the monster. Starratt sheds more light on this issue.

As human beings they [children] are searching, and must search for the truth of who they are. Educators miss this connection because they are accustomed to view the learning agenda of the school as an end in itself, rather than as a means for the moral and intellectual ‘filling out’ of learners as human beings. Schools assume that their learning agenda stands above and outside of the personal and civic life of learners. By and large the message communicated to learners is: leave your personal and civic lives at the schoolhouse door, certainly at the classroom door (Starratt 2005, p. 3).

Schools should provide (or can provide) the milieu in which children learn about themselves, about others at first hand. The above quotation seems to indicate lack of quality teaching and learning of HIV and AIDS in schools. This raises the need for quality assurance in the teaching and learning of the subject.

It is noteworthy that a compendium of practical experiences of designing and implementing an HIV and AIDS curriculum targeted at school-age children in Mozambique, Senegal, South Africa, Tanzania, Uganda, Zambia and Zimbabwe was done (International Labour Organization [ILO] and United Nations Educational,
Scientific and Cultural Organisation [UNESCO], 2006). Various countries like Cambodia have made the Ministry of Education, Youth and Sports train primary school teachers and school administrators to develop, implement and evaluate an education programme on HIV and AIDS awareness for school children (World Education Centre, 2010). The question that can be raised is whether the training offered brought about quality teaching and learning of the subject considering the continuous increase in HIV and AIDS cases. Quality assurance lenses are needed to bring effective changes in the primary school system as regards teaching and learning of HIV and AIDS.

In Mozambique, the Ministry of Education has identified four strategic areas for addressing HIV and AIDS, which focus on:

- the Ministry of Education as an employer;
- the Ministry of Education as a provider of education with responsibilities toward children and communities;
- the Ministry of Education as a system; and
- the Ministry of Education as part of a broader national response (MINED in Visser, 2004).

As a provider of education the Ministry of Education’s strategy and action plan for addressing HIV and AIDS defines the training of teachers as a key activity. The aim is to ensure that all 45,000 primary and secondary school teachers in the system are provided with basic training in HIV and AIDS prevention so that they know what the pandemic is, how it is caused, how it can be avoided, and what support is available to both teachers
and students who are affected. Teachers are expected to use their knowledge and skills to integrate HIV and AIDS related activities in the extended educational context (classroom, extra-curricular activities, and in contacts/dialogue with communities). They are expected to cover a wide variety of HIV and AIDS related topics and issues ranging from origin, symptoms and prevention of HIV and AIDS to the social and economic impact of the disease, stigmatization and living positively with HIV and AIDS (IAP in Visser, 2004).

The new curriculum that will be implemented progressively integrates this content into the different Grades and also offers the possibility of including locally relevant materials (the so-called “local curriculum” which is the 10% of the curriculum over which provinces can decide).

The Zambian Ministry of Education (MoE) has established many of the critical components necessary for a comprehensive response to HIV and AIDS, including:

- a national policy on education, Educating Our Future, which recognises the importance of HIV and AIDS education and the promotion of life skills;
- an education sector HIV and AIDS policy and strategic plan;
- guidance on creating school policies and creating a supportive school environment;
- HIV and AIDS guidelines for educators;
- inclusion of HIV and AIDS in pre-service and in-service training for managers, head teachers and teachers, with a focus on interactive methods;
• integration into the curriculum, with the inclusion of HIV and AIDS in examination questions to ensure the subject receives high priority from teachers and learners;
• structures with clearly defined functions and responsibilities established at national, provincial, district and school level;
• piloting the district education management and monitoring information system;
• training for managers, lecturers, teachers, student teachers and head teachers;
• formation of a Teachers against HIV and AIDS Network;
• links with NGOs to provide counselling for teachers;
• the establishment of a workplace programme;
• advocacy and sensitisation for staff;
• strengthening of bursary schemes, community schools and programmes for parents;
• development of materials;
• support for anti-AIDS clubs, drama and cultural groups, and peer counselling; and
• interactive radio training for out-of-school youth.

The Zambian MoE has also initiated a ministry-wide impact assessment study to analyse the quantitative and qualitative impact of HIV and AIDS on the education sector (Smart and Matale, 2003).

Schools are not always aware of national policies established by education ministries. There is often a gap between policy and practice, with good intentions hindered by lack of policies, failure to communicate departmental policy to schools, lack of guidelines for
educators and learners, and lack of training for school governing bodies. Governing bodies need to be made aware of policies and legal issues related to HIV and individuals. It is also essential to raise awareness of existing policies among school administrators and head teachers, as well as among teachers and parents, and to establish mechanisms to implement and enforce policies. Involving educators and administrators in policy development can help to promote ownership and ensure that policies are put into practice (UNESCO, 2006).

Several systematic reviews of school-based interventions have concluded that school-based HIV prevention programmes can reduce the prevalence of sexual risk behaviour (Coyle et al; Kirby; Kaaya et al; Johnston et al; Jemmott et al and UNAIDS in Mathews, et al 2006, Hellevea et al, 2009). School-based programmes constitute one of the recommended HIV and AIDS prevention strategies that target young people (Kirby, Laris and Rolleri 2005). However, there is limited evidence that such programmes yield positive results, particularly in low and middle-income countries such as those in sub-Saharan Africa (Kaaya et al. 2002; Kirby, Laris and Rolleri 2005; World Health Organisation 2006).

HIV and AIDS pose a major threat to development and poverty alleviation, particularly in Sub-Saharan Africa. Education has been declared an effective preventative approach and the single most powerful weapon against HIV transmission. However, there is a paucity of research on the type of education required, the appropriate teaching and learning
methods, and generally how such education influences change of attitudes and behaviour on the part of the students (Sukati, Nokuthula and Chandria, 2010).

School-age children thus constitute the “window of hope” (IBRD/WB in Visser, 2004) for many countries, and the education system provides a privileged opportunity for working with this age group since, in many of the countries, most children spend at least a few years of their lives in school. It is noted that education offers a ready made infrastructure for delivering HIV and AIDS prevention efforts to a large number of uninfected population. The focus on the education system also makes sense from a cost-benefit perspective. It is widely recognized that basic education is one of the most effective means of making a difference in economic terms since it becomes possible to reach large numbers of children at a time. And finally, there is ample evidence that a good basic education ranks among the most effective and cost-effective means of HIV and AIDS prevention because there is a strong inverse relationship between vulnerability to diseases such as HIV, malaria and others, and level of education (Visser, 2004).

Many programmes proven to be effective might not be implemented in schools if teachers lack the craft competency to deliver the subject. HIV and AIDS, reproductive health and sexuality are complex and controversial issues that teachers and schools may be reluctant to address (Landry et al; Kinsman et al; Forrest et al; Mbananga in Mathews, 2006 and Ayo-Yusuf et al., 2001). Yet, there is a paucity of research investigating the characteristics of teachers and the factors in the school environment that affect whether programmes addressing these issues are implemented. Concerns about quality education
and measures to monitor, evaluate, supervise and enhance school education have attracted increasing attention in many parts of the world (Lee, Ding and Song, 2008) including Zimbabwe. This calls for the need for Quality Assurance in schools.

In Greece, emergent problems in the sexual health of the population in general, and the young population in particular, made explicit the need for introducing Sex and Relationship Education into the Greek school curricula (Gerouki, 2009). Sexual knowledge of the population was found to be insufficient. A relatively small percentage of respondents (30.6 per cent of women and 14.7 per cent of men) of a nationwide research study were able to answer basic questions about contraceptive issues, correctly. According to the Hellenic Centre for Disease Control and Prevention as quoted by Gerouki (2009), the cumulative number of reported HIV and AIDS infections in Greece showed a significant increase over the years. In 2003, Greece reported double the number of cases of HIV infections as well as diagnosed AIDS cases of Scandinavian or central European countries (WHO, 2003). Health Education was introduced into the Greek elementary sector as part of a range of “innovative activities” during the educational reform of 2001 to advance a cross-themed approach to learning. ” Innovations in education have been seen as a way of adjusting educational systems in the context of the demands of changing societies. According to the Greek Ministry of Education, the aim of Health Education was to protect, improve, and promote students’ mental and physical health and social well-being by encouraging the development of social skills and critical thinking, as well as by improving their social and physical environment (National Gazette of Greek Republic as quoted by Gerouki, 2009, p. 50). Health Education is not
mandatory. Primary teachers interested in Health Education have two to four hours weekly for such activities.

The study carried out in Greece seems to be pointing to the importance of introducing HIV and AIDS in the school curricula, which Zimbabwe did as well. What remains is ensuring quality teaching and learning of the subject. Although the subject was introduced in the school curriculum, there seems to be lack of evidence of change in behaviour among learners. Quality assurance has been seen to transform the settlements in the school context (Dora, 2007). To that end, this study sought to explore how quality assurance can act as the synergy to look into the subject teaching and improve its delivery.

Concentrating on education is said to mitigate cases of HIV and AIDS (McHugh as quoted by Think-Quest, 2006). Education institutions and services play a vital role in teaching students about HIV and AIDS, shaping attitudes towards HIV and AIDS and people living with it, and building skills for reducing risk of HIV and AIDS, promoting care and opposing stigmatization. In spite of this situation, infection rates remain high in Southern African region (ILO and UNESCO, 2006). Several systematic reviews of school-based interventions have concluded that school-based HIV and AIDS programmes can reduce the prevalence of sexual risk behaviour (Coyle et al; Kirby; Kaaya et al in Mathews, Flisher and Schaalma, 2006). However, many programmes proven to be effective have not been implemented in schools (UNAIDS, 1997). HIV and AIDS, reproductive health and sexuality are complex and controversial issues that teachers and
The education sector is by its nature a unique tool for spreading HIV and AIDS information and awareness. It often receives the lion’s share of public revenues, and is usually the major employer of public staff in a country. If the education sector was effectively used as a channel for promoting an HIV and AIDS awareness, one could reach a very large audience. Not only could teachers and administrative staff in the education sector be reached, but also pupils at all levels, their parents and extended families. The education sector represents an already existing infrastructure, and the use of it as a channel for promoting HIV and AIDS education would hence be cost-effective compared to other innovations, provided that sound planning and administration is catered for. Teachers need to be appropriately trained for the successful integration of life skills and AIDS education, as well as working with peer educators (UNESCO, 2002).

The focus on quality is also an effort to change approaches used in the education system, so that debate is encouraged and there is increasing attention paid to social values rather than knowledge. Even if school enrolments are quite low in some countries, the education sector probably represents the most effective structure to reach out to a large proportion of children and young people with this vital information. Education is a national concern in all parts of the world and strong governmental commitment is thus needed to
mainstream the education sector as a channel for HIV and AIDS information. It was observed that:

Policies on integrating quality life-skills, sexual health and HIV/AIDS education into school curricula, starting at primary school and continuing throughout a student’s education must be developed by Ministries of Education in collaboration with PTAs and student representatives (UNESCO, 2002, p. 101).

In order to get the message through to people there is a need for governmental commitment both in terms of planning and advocacy. Support from the media, parents and other community members is vital, but this cannot be obtained on a broader basis without substantial governmental effort.

1.1.1 The education agenda in the twenty-first century

Education for All (EFA) is a historic commitment to basic education taken on by the International Community in Jomtien, Thailand, in 1990 and reaffirmed at the World Education Forum in Dakar, Senegal, in April 2000 (World Bank, 2002); and at the UN Conference in New York. The commitment reflects a vision that all children, young people, and adults have the human right to benefit from an education that would meet their basic learning needs in the best and fullest sense of the term. Ten years after Jomtien, the Dakar forum reaffirmed the determination of the countries of the world to work together to fulfil the right to education for each person. The Dakar Forum set important goals that imply a major effort to expand both the quantity and quality of education. It also made a commitment to tackling HIV and AIDS as a matter of extreme urgency. This commitment is essential, because HIV and AIDS and EFA are intimately connected. Good quality education is a powerful weapon against HIV and AIDS.
However, the HIV and AIDS pandemic threatens the infrastructure of education, taking the lives of policy makers, teachers and administrators and causing untold suffering for children and their families. Consequently, winning the battle against HIV and AIDS is essential in achieving EFA goals, and working toward these goals is in itself a contribution to the battle against HIV and AIDS (UNESCO, 2006).

Sustainable management of HIV and AIDS and the eventual victory over this pandemic call for different management strategies. This study proposes the application of social entrepreneurship to HIV and AIDS management. Social entrepreneurship refers to innovative efforts to solve social problems without a profit motive. In the Kenyan context, the rationale for the Sessional Paper No. 1 of 2005 on “A Policy Framework for Education, Training and Research”, is to achieve EFA in order to give every Kenyan the right to education and training no-matter his/her socio-economic status. The vision is guided by the understanding that quality education and training contributes significantly to economic growth and the expansion of employment opportunities. The vision is in tandem with the Government’s plan as articulated in the Economic Recovery Strategy (ERS) paper for Employment and Wealth creation of 2003. The ERS policy framework therefore provides the rationale for major reforms in the current education system in order to enable Kenyans have access to lifelong education and training. The introduction of Free Primary Education in many countries is an initiative towards realising the EFA goals. However, the challenge of HIV and AIDS on society has a devastating impact which schools should address through quality teaching and learning of the HIV and AIDS education programme.
1.1.2 The impact of HIV and AIDS on the education sector

The World Bank (2002) sums up the current situation by stressing that HIV and AIDS has a heavy impact on the education system from three perspectives. The first of these is the demand for education, as children are getting sick themselves as well as caring for sick parents, leading to absenteeism and dropping out of school. The second impact is on supply of education as a result of sickness, psychological and economic strain on teachers. And finally, the combined effect of the impact on supply and demand has a considerable impact on the costs of education, as sick days go up and new teachers have to be trained to substitute for those that are falling sick and dying. In many countries teachers seem to be dying at a much higher rate than similar age groups, quite possibly as a result of contracting HIV and AIDS. As a result, Kelly (2003b) notes that the education system will need to establish programmes that run on a continuum from prevention to care, so as to be able to prevent the spread of the pandemic among these two groups that are already affected by the pandemic. Programmes should go further to look at HIV and AIDS reduction and find ways of stemming the tide. To achieve this noble goal, different and varied strategies have to be embraced by all those organisations mandated to contain the HIV and AIDS scourge.

In Kenya the first HIV and AIDS case was detected in 1984 and about 1.2 million people were living with HIV in 2003. By 2004, an average of 416 people were dying daily from the HIV and AIDS related diseases. Given the magnitude of the pandemic in Kenya, HIV and AIDS was declared a national disaster in 1999. In response to the pandemic, a
curriculum was developed by the Kenya Institute of Education (KIE) in 1999 with technical and financial support from the United Nations Children’s Fund (UNICEF), Kenya Country Office. The mandated curriculum was intended for use in Kenya’s primary and secondary schools. The AIDS Education Syllabus for Schools and Colleges by the KIE outlined learning goals which included the ability for learners to:

- acquire necessary knowledge, skills about HIV and AIDS;
- appreciate facts and issues related to HIV and AIDS;
- develop the life skills that will lead to AIDS free life;
- identify appropriate sources of information on HIV and AIDS related issues;
- make decisions about personal and social behaviour that reduce risk of HIV and AIDS infection;
- show comparison toward and concern for those infected and affected by HIV and AIDS;
- become actively involved in school and in out of school activities aimed at prevention and control of HIV and control of HIV and AIDS infections; and
- communicate effectively with peers and others, issues and concerns related to HIV and AIDS.

Because HIV and AIDS is mainly transmitted through sexual intercourse, the main focus of the HIV and AIDS curriculum was to encourage children to abstain from sex (Njogu in Mwebi, 2007). The HIV and AIDS curriculum was meant to provide knowledge, skills and attitudes to assist the learners to develop and adopt behaviour that would prevent them from being infected by HIV (Aduda, Siringi and KIE in Mwebi, 2007).
All learners in education institutions should have access to HIV and AIDS education programmes (ILO and UNESCO, 2006). The reason behind is that a human being is a positive asset and a precious national resource, which needs to be cherished, nurtured and developed with tenderness and care coupled with dynamism. Education has historically played this important role and has emerged as natural characteristic of human societies (India National Policy on Education as quoted by Pant, 2010). It is argued that education in the sense of schooling can do nothing to reduce the transmission and impact of HIV and AIDS for children. Neither can it promote the knowledge, understanding and attitudes that are fundamental to the reduction of HIV transmission if the quality is so poor that real and meaningful learning achievement does not occur (Coombe as quoted by Mhlanga, 2008). Such literature raises a research gap that has to be filled in terms of quality assurance in the service delivery of the HIV and AIDS programme in schools. Although the subject HIV and AIDS is taught in schools, it is note-worth that society generally still has high levels of stigma and discrimination (Zulu, 2008). There has been very insignificant behaviour change among children and adults although HIV and AIDS is being taught in schools. There is increasing prevalence of the epidemic in the age ranges of 15-40 years (National AIDS Council, 2006). The question that remains then is; “Why is there such an increase yet the subject is being taught among students?” This raises quality assurance concerns. It points to the need for closing the implementation loop of the subject through quality assurance in schools.
1.1.3 Why education should be stressed

In Dar es Salaam, Tanzania, 60% of 14-year old boys and 35 per cent of girls have reported that they are sexually experienced. This is a clear indication that HIV and AIDS education needs to start at a young age. In heavily infected countries, the ones most likely to be HIV-free are those in the 5-14 years-old population. These children are also the target group for primary and junior secondary education. Working with young people is a long-term investment. Young people are a force for change, and it is vital to implement a safe behaviour pattern before they become sexually active. The school system is the only social structure with the potential to reach out to all of these young people (UNESCO, 2002).

The education system remains the most logical and important ground on which to engage and counter the spread of the pandemic; nowhere else, from the cradle to the grave, does such an opportunity exist to counter the attitudinal and physical threat of the disease. We must seize it (Badcock Walters, 2000, p. 5). Children spend most of their day in school and it is one of the most significant communities they belong to apart from their family. It is now recognised that school plays an important role by providing protection and support for children affected by HIV and AIDS (UNICEF et al., in Ishikawaa, Pridmoreb, Carr-Hillb and Chaimuangdee, 2011).

Studies have identified shortcomings in the delivery of HIV and AIDS education as follows:

- HIV and AIDS education has been added to an already overcrowded curriculum.
• HIV and AIDS education is often added to the existing syllabus of a particular mandatory subject, but no provisions are made to make sure that HIV and AIDS education is taught or that learning outcomes are assessed in meaningful way.
• no specific time or far too little time is allocated to the teaching of the subject.
• teachers are not adequately trained or supported to apply the necessary interactive pedagogical methods.
• teaching and learning materials often are not available (UNESCO, 2006).

Different studies, including those mentioned above, have also identified shortcomings relating to the contents of HIV and AIDS education.

• Teaching of HIV and AIDS is often selective; it does not address sexual and reproductive development or health, nor (sexual) relationships, negative or conflicting messages on condoms and practicing of safer sex.
• Education does not adequately challenge stigma and discrimination surrounding HIV and AIDS, which in turn strengthens the silence surrounding HIV and AIDS.
• Education on HIV and AIDS is often still too knowledge-based. Little attention is paid to the development of learners’ abilities to deal with daily problems.
• Teaching-learning of life skills needs to be better understood in order to be better implemented (UNESCO, 2006).
This issue points to the importance of not only providing education on HIV and AIDS but providing quality education. Quality assurance enhances the provision of quality teaching and learning of the subject.

1.1.4 Quality systems in education

As a result of the growing interest in quality systems as a means of accreditation and accountability in education, conceptions and approaches to quality are being reviewed in various ways for numerous contexts of national and international interests. In this trend, the concept of quality has been defined in several ways as (Campell and Rozsnayi, 2002, pp. 19–20):

- **Quality as excellence.** This definition is considered to be the traditional academic view that holds as its goal to be the best.

- **Quality as zero errors.** This is defined most easily in mass industry in which product specifications can be established in detail, and standardized measurements of uniform products can show conformity to them. As the products of education, the graduates, are not expected to be identical, this view is not always considered to be applicable to education.

- **Quality as fitness for purpose.** This approach requires that the product or service has conformity with customer needs, requirements, or desires (Tarawneh, 2011, p. 1109).

- **Quality as transformation.** This concept focuses firmly on the learners: the better the education institution, the more it achieves the goal of empowering students
with specific skills, knowledge and attitudes which enable them to live and work in the knowledge society.

- **Quality as threshold.** Defining a threshold for quality means setting certain norms and criteria. Any institution that reaches these norms and criteria is deemed to be of quality.

- **Quality as value for money.** The notion of accountability is central to this definition of quality with accountability being based on the need for restraint in public expenditure.

- **Quality as enhancement or improvement.** This concept emphasizes the pursuit of continuous improvement and is predicated on the notion that achieving quality is central to the academic ethos and that it is academics themselves who know best what quality is at any point in time (Campell and Rozsnayi, 2002, pp. 19–20).

The underlying philosophy, values, and norms reflected in quality systems are appropriate to education. These include:

- an emphasis on service;
- anticipating and meeting the needs and expectations of the constituents;
- recognising and improving transformation processes and systems;
- implementing teamwork and collaboration;
- instituting management based on leadership, knowledge-based decisions, and involvement;
- solving problems based on systematic identification of facts and the use of feedback systems and statistical methods or tools; and
implementing a genuine respect for and development of human resources.

Harvey and Green in Mizikaci (2006) developed a methodology for assessing quality. Focusing on the identification of certain criteria to assess the quality of teaching and learning rather than administrative matters, they aimed at redefining the policy on quality. The groups of stakeholders that they addressed are students, teaching staff, non-teaching staff, employers, accrediting agencies, quality assurers, quality assessors and the government. Through a set of multiple data collection procedures involving survey, in-depth interviews and discussion seminars, they found out that the majority of the groups agree on the following criteria:

- adequacy of physical resources;
- adequacy of human resources;
- clarity of the aims and objectives to all participants;
- relevance of subjects and their content to programme’s aims and objectives;
- active student participation in all levels;
- relevance of the programme content to the award given;
- objectivity in assessment;
- consistency between assessment and course objectives;
- getting useful feedback from assessment; and
- providing students with transferable knowledge and skills.

The present study sought to unravel whether all the variables identified above meet the needs of students and society. To stem the HIV and AIDS epidemic from society, schools
do not only need adequate teachers but teachers with knowledge and skills of teaching the subject. Quality assurance would be of use to point to areas that lag behind in terms of quality teaching and learning of the subject.

### 1.1.5 Role of Quality Assurance in Education

Quality assurance is one of the main concerns among institutions and stakeholders today and learners are demanding better quality educational services and provisions (Belawati and Zuhairi, 2007). Quality assurance is a process recanted to guaranteeing that the quality of a product or a service meets some predetermined standard (Inglis, 2005, p.4). Quality assurance is a management system designed to control activities at all stages to prevent quality problems and ensure only conforming products reach the customer. The key features of an effective quality assurance system are:

- An effective quality management system.
- Periodic audit of the operation of the system.
- Periodic review of the system to ensure it meets changing environments (Munro-Faure and Munro-Faure as quoted by Bush and West Burnham (1994, p. 168).

Quality assurance (QA) facilitates and contributes to improved teaching-learning and administrative processes and helps disseminate best practices in education system. Quality assurance refers to a process of defining and fulfilling a set of quality standards consistently and continuously with the goal of satisfying all consumers, producers and the other stakeholders, (Harman as quoted by Belawati and Zuhairi, 2007, p.2). The idea of “building in” quality as opposed to “inspecting it in” is known as quality assurance
(Rue and Byars, 2003, p. 383). All educational provision should be of good quality. A quality assurance system consists of the policies, attitudes, actions and processes necessary to ensure that quality is being maintained and enhanced. Quality assurance system is applied to:

- the course / programmes/curriculum
- the staff
- learning methods
- technology
- services; and
- the organisation and managerial structure (Kefalas, et al 2003).

In education, delivery of services relates to the quality of provision of the curriculum, learning and teaching and support of learners. An integral aspect of service delivery is the development, management and improvement of services in relation to users and stakeholders. Quality delivery also focuses on the role of leaders in bringing about change and improvement, including innovations and, where necessary, step-change. Action to improve quality should be built into the core work of the organisation, not be seen as “bolt on” (HMIE, 2006). Fitness of purpose and transformation are regarded as the most appropriate definitions of quality. Quality as fitness for purpose judges the quality of a product or service in terms of the extent to which its stated purpose is met. In the case of the delivery of the HIV and AIDS education programme, one would judge whether its teaching is bringing about the necessary behaviour change among students and society and whether there is any quality in its service provision. Quality as
transformation sees quality as a process of change with emphasis on adding value to students through their learning experience. The question that would need to be asked is whether the students are gaining any new knowledge as a result of being exposed to the subject HIV and AIDS (Law, 2010).

The quality debate still rages on in academia” (Doherty, 2008, p.255). Nevertheless, it is worth noting that most recent ideas tend to support quality as transformation as an important underpinning conception, and the centrality of the students experience as an important underlying principle of the quality endeavour, especially the need to focus in student learning which is viewed by many researchers as “the heart of quality” in education (Carmichael et al as quoted by Law, 2010).

1.1.6 Principles for devising school Quality Assurance systems

Quality assurance (QA) refers to the systematic measurement, comparison with a standard, monitoring of processes and an associated feedback loop that confers error-prevention. Two principles included in Quality Assurance are: "Fit for purpose", the product should be suitable for the intended purpose; and "Right first time", mistakes should be eliminated. Quality Assurance includes management of the quality of raw materials, assemblies, products and components, services related to production, and management, production and inspection processes. The argument advanced from the dimension of quality assurance is that schools should teach the HIV and AIDS subject right from the start in order to equip students with knowledge to fight the epidemic.
1.1.7 Steps for a typical quality assurance process

There are many forms of QA processes, of varying scope and depth. The application of a particular process is often customized to the production process.

A typical process may include:

- test of previous articles
- plan to improve
- design to include improvements and requirements
- manufacture with improvements
- review new item and improvements; and
- test of the new item

1.1.7.1 Focusing on pupils and on learning

At the outset, schools have to decide who is setting the quality agenda. Is it the teachers? The head? The parents? The pupils? Loder has argued strongly that quality is essentially a professional matter and that quality is not easily assessed, especially by students and other consumers, and it is almost impossible for them to make reliable judgements before they have experienced it (Loder in Freeman, 1994). On the other hand Sallis argues that the primary focus of any educational institution should be the needs and views of its learners. This does not mean that the views of other stakeholder groups should be ignored. Their views count. However, the learners are the reason why the institution exists and they carry its reputation (Sallis in Freeman, 1994). While such a view might appear to undervalue teaching, the researcher does not think this is so. Teaching is important but we judge its quality through the outcome of learning. To focus on
learning is not to ignore teaching; it is simply to view it from another angle. Nor, does the
focus stop at learners. The quality of learning, too, is a central issue, as Knight points out
that teaching becomes everything which academics do to facilitate effective learning.
Indeed, it is arguable that teaching is important only as a function of learning, and it is
learning, not teaching quality, which is paramount (Knight in Freeman, 1994).

1.1.7.2 Quality must reflect stakeholders’ needs
Quality is not about Government telling schools what to do, nor about teachers deciding
what they wish to do. Instead, as Ash has pointed out that quality can be best assured by
collaboration (Ash in Freeman, 1994). This brings Freeman’s second major principle that
the stakeholders must be central to the quality process. There are various types of
stakeholders such as the statutory, accountable stakeholder (e.g. governors); the
employed stakeholder (e.g. teachers); and others (e.g. parents and pupils). One can also
think of stakeholders as being external (e.g. governors and parents) and internal (e.g.
pupils and teachers). In the case of HIV and AIDS, quality must meet all the
stakeholders’ needs of stemming the epidemic from society through quality teaching of
the subject.

A school, unlike a business, has a tacit licence to practise from some of its external
stakeholders, e.g. from parents, governors, the wider community and the Government.
This gives these stakeholders a special role in the quality process but by no means an
exclusive role. While pupils are, to a large extent, the primary stakeholders, any quality
system must attempt to meet the needs of all the stakeholders. I say “attempt” since no system is ever perfect and the needs of the stakeholders will sometimes conflict.

1.1.7.3 Quality has to be demonstrable
Third, quality assurance should be a public process – especially in a publicly funded institution. If stakeholders wish to be assured of the quality of their school, then they must wrestle with the problems of identifying what constitutes quality, how that quality is demonstrated and how it might be measured. Loder in Freeman (1994) argues that quality assurance mechanisms must be explicit rather than implicit. Institutions should be able to demonstrate their commitment to maintaining and raising the quality of their work in a manner consistent with their recognized objectives. Sallis in Freeman (1994) is equally firm on this necessity for demonstration.

1.1.7.4 Quality is about feedback
Quality systems are not about taking snapshots nor should they be regarded as once for all measures. Rather they are a key part of creating a learning organization. Each measure of process or output becomes an input which is used to develop the system (Senge, 1990). Such an approach offers the benefits of the system to all stakeholders since each receives the feedback they need to play their part better. The feedback loop emphasizes that the quality system is the servant of all stakeholders, not an irrelevant external imposition (Freeman, 1994).
Quality assurance can be adopted as an effective method and tool to respond to the challenge of quality teaching and learning of the HIV and AIDS programme. Quality assurance is not an effort to create quality, but rather a systematic and comprehensive effort to improve quality; it is a continuous process of improvement (Belawati and Zuhairi, 2007). Systems and procedures that are developed for this purpose ensure that staff continuously and critically question the quality of HIV and AIDS teaching, products and processes and continuously attempt to improve it. It is worth noting that education should bring about behaviour change to students as a result of being exposed to the HIV and AIDS programmes, but the question that remains is the extent to which this is happening on the ground. This discrepancy raises quality assurance concerns. The researcher got interest in noting how quality assurance can be used to improve the service delivery of the HIV and AIDS programme.

1.1.8 Quality Improvement in Primary Education
Quality assurance is a mechanism used to evaluate the efficiency and appropriateness of teaching and learning in primary schools so as to ensure the achievement of excellence in teaching HIV and AIDS. It is also a holistic method of identifying and resolving problem within the educational system in order to ensure continuous improvement. It can also be described as means of disseminating information regarding the provision of primary education. Enrolment of children in school, the challenges of access, continuous improvement and teaching and facilities must be resolved if schools are to offer education of superiority. Quality assurance includes defined standards of achievement,
documented procedures for all identified processes, established ways of responding to issues and clear accountability for outcomes.

The importance of consistence and continuous quality assurance in primary education are many. Some of these benefits associated with consistent quality assurance and continuous quality improvement measure in education include:

- the establishment of high standards academic excellence which will go long way to enhance the schools reputation and image,
- improved communication across the school system,
- improvement of outcome so that the policies and procedures are constantly revisited through analysis and the delivery of teaching and learning,
- identification of systems strengths and weaknesses, determination of the programme effectiveness and tracking of its integrity and;
- increase in capacity to secure funding and refinement service delivery (Alaba, 2010).

Various governments are committed to Quality Assurance in the education system. In Singapore, the government made its commitment to Quality Assurance through its Ministry of Education. The government emphasised educational quality assurance, with its associated concepts of accountability, performance standards and school excellence, reflected in this government statement:

Accountability in education is every body’s business and it involves reciprocal obligations. Schools are responsible to parents and the community for providing the best programmes and a high quality of education to their students...every parent wants his child’s school to be a
good school...every child is entitled to a good school...outcomes, be they in the academic areas or non-academic areas are useful because they challenge us to pay rigorous attention to what we have achieved and what more we can achieve; where we are and where we want to be (MOE, 2000 p. 3).

1.1.9 Education and HIV and AIDS

Education has long been identified as having a key role to play in reducing HIV-related risk and vulnerability, and in mitigating the impact of the epidemic on affected individuals and communities (Aggleton, Yankah, and Crewe, 2011, p. 495). From the start of the epidemic, education, in school and beyond, has been highlighted as having an important role to play in preventing HIV infection and in fostering a supportive individual, community and social response. But all too often AIDS is not taught about in schools for fear of “sensitivity” to the subject, and its potential to trigger a negative community response.

In the preamble to a UNESCO policy brief entitled HIV and AIDS; Challenges and Approaches Within the Education Sector, Caillods, Kelly, and Tournier (2008) highlighted a number of challenges to making HIV and AIDS more central to work by teachers, educators, and education systems globally. These include the absence or uneven distribution of clear policy frameworks and guidelines, the absence of HIV from most school and education sector plans, yearly action plans and education budgets, lack of training for teachers in teaching about HIV and AIDS, and the absence of good-quality curricular materials. To these may be added a number of other “contextual factors” that make effective teaching about HIV difficult. These include pervasive gender stereotypes
and inequalities (Aikman, Unterhalter, & Boler, 2008), cultural and religious beliefs and traditions (Banks & McGee Banks, 2010, UNICEF, 2003); an unsupportive environment in many schools and education ministries (Kelly, 2000), homophobia and heterosexism in education (Morrell & Swart in Aggleton, Yankah, and Crewe, 2011); sexual bullying, violence, and harassment in school and in the wider community (United Nations Secretary General 2006); and teacher absenteeism, itself sometimes a consequence of AIDS.

Many young people are denied the opportunity to learn about HIV because their schooling is interrupted through internal displacement, poverty, and orphan-hood (Education for All Global Monitoring Report, 2010). Because the stigma associated with HIV is so strong, teachers may be afraid to talk about it for fear of themselves being stigmatised by pupils and the wider community, for knowing “too much” about something that is difficult to talk about, sensitive, and taboo.

Despite these difficulties, education in a variety of forms holds the potential to arrest and turn back the three epidemics (Mann in Aggleton, Yankah, and Crewe, 2011) to which HIV has given rise: (a) the epidemic of AIDS, which has caused untold harm through serious illness and death; (b) the epidemic of HIV, in many ways silent, unseen, and often unknown; and (c) the epidemic of fear, shame and denial that has led people living with HIV to be stigmatized, ostracized, discriminated against, and denied their human rights. With respect to the first of these epidemics, treatment education has an especially important role to play.
Attention has been drawn to a growing series of beliefs about the role of education within the context of AIDS. Too many existing educational responses take the form of “technical” remedies, providing checklists against which schools and their performance is to be measured. She wrote:

> Perhaps the most damaging of all is the growing belief that young people in developing nations, with high rates of infection, do not need an intellectual education. There is a fallacy that young people in developing countries do not need an education that teaches them to think, to dream, to be critical and to have visions of a transformed world; no, what they need, they need facts, they need skills, they need to become and remain the proletariat of the world (Crewe, 2004, p. 4).

The role of society should be to free people from the ways in which education systems have been thought about, taught about and described, to develop new ways of understanding informed by a concern for quality, critical consciousness, and intellectual creativity. As Crewe puts it:

> Through a critical imagination of the impact of AIDS on education systems, we should be seeking imagined futures. Our roles should not be to prescribe, to dictate, to judge, capacity build and to blame those who are in the midst of this war. Our roles should be to free people from the ways in which education systems are thought about, taught about, spoken about and described to develop new ways of seeing, new ways of understanding, and new ways of understanding the society in which we are trying to make an education system that thinks faster than the epidemic (Crewe, 2004, p.6-7).

Education in its broadest sense, as encompassing the “means” by which there is “social continuity to life” (Dewey, 1916, p. 3), has an important role to play in ensuring participation and cohesion within a society. Given the negative social responses to which HIV and AIDS have given rise, education is important in contributing to a positive response. There is an important distinction to be made between formal education in
schools and informal education provided through organisations, groups and activities within the community. Both have an important role to play in facilitating learning about HIV and developing supportive community responses. Educators working in both of these settings need good preparation, not least because effective education about HIV implies a concern for issues (such as sex and sexuality, drug and substance use) that require careful thought. Among the issues it is important to address are interpersonal and sexual relationships, growing up, gender, stigma and discrimination, reproductive and sexual health, violence prevention, transmission pathways, prevention methods and a variety of skills (UNESCO/UNAIDS, 2009).

Even in those countries where the burden of HIV has been heaviest, relatively few teachers have received initial or continuing education on how to teach about HIV and related issues, and virtually nothing is known about effective approaches to addressing HIV and AIDS within initial and continuing teacher education. As Clarke recently put it:

There is very little published research on teacher education or teacher training for school-based HIV education. As a result, very little is known about the strategies ministries of education are adopting, the capacity that is being built in Teacher Training Colleges, the types of course that are being provided and, lastly, how effective these courses are in training teachers for the classroom delivery of the curriculum (Clarke, 2008, p. 66).

Even where sound policy frameworks exist, there is variable quality in the nature, quality and quantity of preparation teachers receive, and on-going monitoring is often poor (UNAIDS Inter-Agency Task Team on Education, 2004).
A World Bank-supported initiative has developed a sourcebook of HIV and AIDS prevention programmes (World Bank, 2003; Beasley, Valerio, & Bundy, 2008), but the approach taken is largely descriptive, with little attention being given the identifying the varieties of education provided, the manner in which teachers engage with the curriculum, and the outcomes that are achieved.

1.1.10 HIV and AIDS stigma and discrimination

Goffman in Survevil and Akyol (2011, p. 465) defined stigma as “the identification that a social group creates of a person (or group of people) based on some physical, behavioral or social trait perceived as being divergent from group norms”. Negative effects of stigma include status loss and discrimination. Discrimination often includes harassment, violence, and the social tendency to blame the victim (Appleby et al. in Survevil and Akyol (2011).

1.1.11 School as the learning centre

A good school is typified as a school that provides an education focusing on maximizing the learning performances of all pupils, while taking into account the intellectual and social abilities of all pupils. A good school guards, guarantees and improves the quality of education and this includes assessments in three domains: (a) management of the quality of education; (b) the quality of teaching and learning; (c) the quality of outcomes. For quality standards, schools have to observe the following:

- Quality management
• Testing
• Teaching and learning
• Curriculum content
• Learning time
• Teaching process
• School climate
• Pupil support
• Output/outcomes
• Performance (Hofman, Dijkstra and Hofman, 2008)

All these factors have a bearing on quality service delivery of a curriculum in a school.

Testing is a necessary condition for effective teaching and learning. If teachers and students realise that there are no tests in a particular subject, they are likely to draw back from effective implementation. Tests therefore are a form of quality assurance practice that inject lenses to close the implementation loop or gap of the subject. To qualify it as an organisation where effective learning takes place, literature defines what a learning organisation is all about. The school as a learning organisation, was defined by Leithwood and Aitken as quoted in (Hofman, Dijkstra and Hofman, 2008, p. 283) as:

a group of people pursuing common purposes (and individual purposes as well) with a mutual commitment to regularly weighing the value of those purposes, modifying them when that makes sense, and continuously developing more effective and efficient ways of accomplishing those purposes.

What society expects from the school system is quality education that equips students with knowledge and skills that are useful at present and in the future.
1.1.12 Quality in Primary School Education

In all aspects of the school and its surrounding education community, the rights of the whole child, and all children, to survival, protection, development and participation are at the centre. This means that the focus is on learning which strengthens the capacities of children to act progressively on their own behalf through the acquisition of relevant knowledge, useful skills and appropriate attitudes; and which creates for children, and helps them create for themselves and others, places of safety, security and healthy interaction (Bernard in UNICEF, 2000). Considerable consensus exists around the basic dimensions of quality education today. Quality education includes:

- learners who are healthy, well-nourished and ready to participate and learn, and supported in learning by their families and communities;
- environments that are healthy, safe, protective and gender-sensitive, and provide adequate resources and facilities;
- content that is reflected in relevant curricula and materials for the acquisition of basic skills, especially in the areas of literacy, numeracy and skills for life, and knowledge in such areas as gender, health, nutrition, HIV and AIDS prevention and peace;
- processes through which trained teachers use child-centred teaching approaches in well-managed classrooms and schools and skilful assessment to facilitate learning and reduce disparities; and
- outcomes that encompass knowledge, skills and attitudes, and are linked to national goals for education and positive participation in society (UNICEF, 2000, p. 4).
This definition allows for an understanding of education as a complex system embedded in a political, cultural and economic context. What is important and relevant in this research is that quality education has the dimension of the need for HIV and AIDS prevention through education provision in the school system, hence the need for this research.

1.2 Statement of the problem
The government of Zimbabwe mandated education institutions to teach students about HIV and AIDS in the school curriculum in 2002. Surprisingly enough, the number of people who are getting infected is increasing and the death toll from the pandemic is rising as well. Deaths as a result of AIDS tend to be under-reported because of the stigma attached to the disease and because, as the immune system breaks down, other diseases that cause death are recorded on the death certificate. Statistics on HIV and AIDS delineate that the subject is not being effectively taught. Although the subject is being taught in schools, it does not adhere to quality assurance requirements which bring about effective teaching and learning, hence the need for this study. There is a valley of death as regards quality teaching and learning of HIV and AIDS in schools due to lack of quality assurance. In Zimbabwean schools, there is no evidence of any research that has been carried out on quality assurance on the teaching and learning of the HIV and AIDS programme. The question is whether there is an effective curriculum that has been developed as regards the teaching of HIV and AIDS. In such a scenario, it becomes unrealistic to expect schools to bring about quality teaching and learning of the subject.
This prompts an investigation into the need for quality assurance in the teaching and learning of HIV and AIDS. Comprehensive research has to be done to assess whether effective teaching of the subject is being done or it is just lip-service. The aim of this study is to explore the extent to which quality assurance can ensure quality teaching and learning of the HIV and AIDS programme in order to bring behaviour change among students and society. It is hoped that quality assurance closes the implementation loop of the subject. The statement of the problem can be stated thus:

**HOW CAN QUALITY ASSURANCE ENSURE THE TEACHING AND LEARNING OF HIV AND AIDS IN PRIMARY SCHOOLS IN ZIMBABWE?**

**1.3 Aims of the study**

1.3.1 This study aims at assuring the quality of teaching and learning of the HIV and AIDS programme in primary schools in Zimbabwe through quality assurance practices.

1.3.2 The study also aims to determine whether there is a change of behaviour patterns of primary school learners who have gone through the programme.

1.3.3 This study basically aims at assessing the preparedness of teachers, school leadership, curriculum and teaching and learning resources in the teaching and learning of the HIV and AIDS programme through the lenses of quality assurance.

**1.4 Objectives of the study**

Emerging from the aims of the study are the following objectives:
• to assess whether teachers are prepared to effectively teach HIV and AIDS in primary schools
• to establish whether the quality of the curriculum is fostering quality teaching and learning of HIV and AIDS.
• to assess whether there is leadership commitment in the teaching of subject HIV and AIDS.
• to establish whether schools have resources as preparedness to teach the subject
• to find out what knowledge pupils have gained from the teaching and learning of the subject.

1.5 Research questions
1. To what extent do teachers ensure quality teaching and learning of the HIV and AIDS programme?
2. What role does leadership play to ensure quality teaching and learning of the HIV and AIDS programme?
3. To what extent does the quality of the curriculum foster knowledge and skills necessary for behaviour change among learners?
4. To what extent does the availability of teaching and learning resources ensure quality teaching and learning of the HIV and AIDS programme?

1.6 Assumptions of the study
In this study, the following assumptions were made:
• teachers are not contributing towards quality teaching and learning of the HIV and AIDS programme;
• school leadership lacks commitment to ensure the quality teaching and learning of the HIV and AIDS programme;
• the curriculum is not well planned and designed to foster knowledge and skills necessary for behaviour change among students; and
• schools lack adequate teaching and learning resources to ensure quality teaching and learning of the HIV and AIDS programme.

1.7 Significance of study
Insights gained in this study are likely to contribute towards the development of intervention strategies that would advance the promotion of quality teaching and learning of HIV and AIDS. Results generated are likely to highlight barriers that contribute towards poor implementation of the subject in primary schools. Additionally, the findings would contribute towards knowledge of factors influencing curriculum policy design and development as regards the HIV and AIDS subject. Quality assurance of the teaching and learning of the HIV and AIDS programme in schools should help to stem the pandemic in society. The study is likely to help the schools to improve quality of teaching. Knowledge of the pandemic is likely to reduce infection rates among societal members. It is also hoped that the study would trigger the education of teachers in the subject in order to equip them with necessary content and pedagogy.
1.8 Delimitation of the study
The study looked at how quality assurance could be used to ensure quality teaching and learning of the HIV and AIDS programme. The study was centred on the primary school sector in the ten provinces of Zimbabwe. It covered the years 2010 to 2011, since it looked at the situation nationally. The population of the study was comprised of primary school teachers and heads, both male and female, in the ten provinces of Zimbabwe. Teachers teaching grades four to seven were the target population because they were the ones teaching the subject in line with the Zimbabwe Ministry of Education curriculum policy mandate.

1.9 Limitations
Some respondents feared to complete the questionnaire or release information in documents and interviews since they thought that they would be victimised if found wanting in the teaching and learning of HIV and AIDS programme. The researcher assured respondents of confidentiality of responses.

1.10 Review of Related Literature
Literature review was centred on quality assurance and how it could lead to continuous improvement in the four variables of the education system which included, among others, teachers, school leadership, curriculum and teaching and learning resources for effective teaching and learning of the HIV and AIDS programme in primary schools. This was done in the light of the systems thinking of quality assurance propounded by Peter Senge (1990). Two studies in Zimbabwe showed that male adolescents were sexually active by the age of 15, and therefore at risk of HIV infection (Boohene, Tsodzai, Hardee-
Cleveland, Weir and Janowitz 1999, p. 266). These authors reported that knowledge about HIV in their study was about 70% but the HIV knowledge among adults in Zimbabwe is 98% for women and 99% for men (Zimbabwe Demographic and Health Survey (ZDHS) 2005-2006, p. 20). No information on HIV knowledge among young people who are below the age of 15 years in Zimbabwe could be traced and thus there appears to be a need to come up with knowledge targeted at Zimbabwe’s young people so as to influence their sexual risk behaviours to reduce their chances of becoming infected with HIV and AIDS epidemic.

Although the HIV prevalence rate among the age group 15–49 in Zimbabwe has declined from 20.15% (2001) to 18.1% (2006) (UNAIDS 2006, p. 16) a significant proportion of the decline in the prevalence rate could be attributed to high mortality rates (UNAIDS 2006, p. 17). In Harare, the capital city of Zimbabwe, among the age group 15-24, HIV prevalence reportedly remained at 20% in 2005 (MOHCW 2005:27), hence the need to provide targeted HIV information, enabling young people to make informed choices. If HIV prevention information is targeted at young age groups who adopt preventive sexual behaviours, there is a likelihood of lowering HIV and AIDS rates up to adulthood. Such behaviours include delaying their sexual debuts, avoiding sexual relations between the young women and older men, who are more likely to have had multiple sexual partners (and thus more likely to be HIV positive) than younger men. Having multiple sexual partners and alcohol and drug abuse should be avoided. Young men should not use the services of prostitutes (MOHCW 2004a, p. 16-17).
Several models of quality education in schools, which include among others, goal specification model, resource input model, process model, satisfaction model, legitimacy model, absence of problems model and organisational learning model were identified (Cheng and Tam, 1997). These were seen to be useful as they were related to the quality assurance variables under study. A review of such models would bring insights into quality teaching and learning of HIV and AIDS in primary schools. Phases of quality assurance were also looked at under literature review. These gave insights into how quality assurance can help to bring continuous improvement in teaching of the subject.

1.11 Research methodology and design to be used
In carrying out this study the researcher was guided by the interpretivist paradigm that enabled the use of qualitative research designs. The interpretivist paradigm was heavily influenced by hermeneutics and phenomenology. Hermeneutics is the study of meaning and interpretation in historical texts. This meaning-making cyclical process is the basis on which the interpretivist paradigm was established (Ernest, 1994). Another strong influence is the philosophical movement, phenomenology. A phenomenologist advocates the “need to consider human beings’ subjective interpretations, their perceptions of the world (their life-worlds) as our starting point in understanding social phenomena” (Ernest, 1994, p. 25).

As an ethnographic research, the researcher’s task was to collect information and to produce a verifiable thin description which was subjected to interpretive analysis in order to produce a thick description. The researcher engaged with the research site, the object
of the study and provided the thick interpretive description. A range of methods like interviews, open ended questionnaires, document analysis and focus groups and data sources were used to provide insights into how quality assurance can improve the quality teaching and learning of the HIV and AIDS programme in primary schools in Zimbabwe.

1.12 Ethical and legal considerations

This research was guided by quite a number of ethical considerations which include protection from harm, informed consent, privacy and confidentiality and knowledge of results, among others. Moral issues and ethics that related to qualitative research were considered. The following ethical considerations guided this research:

- To safeguard the rights of the researched in this particular study, I sought written permission from the Permanent for Secretary Ministry of Education, Arts, Sport and Culture to gain access to documents as well as to visit schools and meet the teachers and school heads.

- The researcher used English as a medium of instruction in interviews, open-ended questions and document analysis.

- The privacy, anonymity and confidentiality of respondents was guaranteed. In this study, numbers rather than real names were used to label participants. For anonymity’s sake, I used pseudo names for the teachers, schools and school heads. Furthermore, open-ended questionnaire respondents were asked not to write their names on the questionnaires.

- Encroaching into unwelcome questions may be experienced when the researcher seeks data relating to respondents’ private or professional lives. Therefore, where
respondents showed reluctance to elaborate during interviews and focus group discussions for this study, I respected such decisions.

1.13 Organisation of the Thesis
Chapter 1:   Introduction/ Background to the study
Chapter 2: Review of Related Literature
Chapter 3: Research Methodology
Chapter 4: Data Presentation, Discussion and Analysis
Chapter 5: Summary, Conclusions and Recommendations

1.14 Definition of special terms and expressions

**Teacher:** a person engaged full time in education of students or learners in a school.

**Quality:** to a great degree, quality is what the customer says it is and arises from the service encounter itself.

**Learners/students:** a person attending formal classes at a primary school.

**Stigma:** a process of devaluation of people either living with or associated with HIV and AIDS.

**HIV:** Human Immunodeficiency Virus, a virus that weakens the body’s immune system and if remained untreated, may results in AIDS.
**AIDS:** the Acquired Immune Deficiency Syndrome is a range of medical conditions that occur when a person’s immune system is seriously weakened by infection with the Human Immunodeficiency Virus (HIV).

**Quality Assurance:** a systematic and comprehensive process to improve service delivery and result in continuous improvement of the education system.

**Teaching and learning:** the quality of provision of the curriculum and support for learners to meet learners’ and stakeholders needs.

**1.15 Chapter Summary**
This chapter has looked at the contextual background to the problem. It highlighted the problem and its setting. Issues to do with purpose of the study, research questions, definition of terms, limitations, delimitations, assumptions, significance of the study, among others, were the object of this chapter. The next chapter looks at review of related literature.
CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1 Introduction
This chapter seeks to highlight review of related literature. It reviews literature in the field of quality assurance in primary schools and on the teaching of HIV and AIDS. The chapter explores the concepts of quality assurance in education; unpacks the theoretical framework that underpins the study, and within this context, discusses the role of quality assurance in enhancing the teaching and learning of HIV and AIDS in primary schools in Zimbabwe. Literature is reviewed following the research questions given in this research.

2.2 Conceptual Frameworks
2.2.1 Quality Assurance
The term quality assurance refers to the policies, processes and actions through which quality is maintained and developed (McKimm in Hodgkinson and Kelly 2007). It is concerned with addressing the issue of product or service non-conformance, it involves ensuring fitness for purpose (Lomas, 2004). Quality assurance is a world-wide priority.

Deming and Jurah championed the concept of quality. The generic term used to describe the concept of quality was Total Quality Management (TQM). The ideas and techniques espoused by these two men in the 1950s had few supporters in the United States but were enthusiastically embraced by Japanese organisations. As Japanese manufacturers began beating out United States competitors in quality comparisons, Western managers soon took a more serious look at TQM. Deming’s and Jurah’s ideas became the basis for
today’s quality programmes. The underlying philosophy of the quality champions is that the cause of poor quality is the system. It is management’s responsibility to correct the system so that desired results can be achieved (Rue and Byars, 2003; Robbins and Coulter, 2005).

Deming’s theory of quality management is often summarised as 14 points as listed below:

a. Create constancy of purpose for improvement of product and service, with the aim to become competitive and to stay in business, and to provide jobs.

b. Adopt new philosophy. Organisations can no longer compete if they continue in the old way of accepting delays, mistakes and defects. They have to make the required shift and adopt new ways of working.

c. Cease dependence on mass inspection to achieve quality. Instead of inspection at the end, staff should be trained to monitor and develop their own quality.

d. End the practice of awarding business on the basis of price tag alone.

e. Improve constantly and forever the system of production and service, to improve quality and productivity, and thus to constantly decrease costs.

f. Institute training on the job. Failure to use the available talent in the organisation is a greatest waste. Training is a powerful tool to improve quality.
g. Institute leadership. Management must lead by example and not just supervise. Leadership should help people to do a job better.

h. Drive out fear, so that everyone may work effectively for the company.

i. Break down the barriers between departments.

j. Eliminate slogans, exhortations, and targets, asking for new levels of productivity without providing the workforce with the methods to do the job better.

k. Eliminate work standards that prescribe numerical quotas.

l. Remove the barriers that rob people of their right to pride of workmanship. This is to remove the appraisal system that encourages competition among staff.

m. Institute a vigorous programme of education and self-improvement.

n. Put everyone in the company to work to accomplish the transformation (Rue and Byars, 2003; Robbins and Coulter, 2005).

Deming unpacks the quality assurance variables that are useful in this study. The important variables relevant to this study are the teachers, leadership, curriculum and resources. The need to create constancy of purpose, avoid mistakes and defects, institute training, institute effective leadership, drive out fear, eliminate slogans and break down the barriers between departments, among others, are areas of concern in quality assurance. Crosby in Stoten (2012) argued that there are “four absolutes of quality”: conformity to the task, prevention rather than inspection, as well as zero defects and the idea that quality is measured in terms of the costs of non-compliance. Perry’s “definition”
of quality in education was adopted by Harvey and Green for being able to cater for all quality assurance aspects in education as follows:

It cannot be said too often that the real quality of education must be measured in terms of what the students know, understand and can do at the end of their education experience. These are unquestionably the criteria used by employers and society at large (Harvey and Green as quoted in Bornman, 2004, p. 374).

Perry seems to have succeeded in catering for all the major elements of quality assurance in education, namely the learner, customer satisfaction, and society at large where the learner has to apply his/her knowledge and skills. The teacher factor is implicitly given in the definition as a major contributor to quality teaching and learning of a subject. What needs to be added is the need for a quality curriculum that fosters effective learning, committed leadership and resource availability which seem to be the major factors affecting the quality teaching and learning in HIV and AIDS in Zimbabwe.

### 2.2.2 Principles of Quality Assurance

The purpose of all quality assurance is to improve and sustain quality in an organisation. Much of the principles are built on what established leaders in the field of quality like (Deming 1982; Jurah 1988; Donabedian 1980; Berwick 1995; Berwick et al. 1992; Langley et al. 1996) as quoted in Franco, Silimperi, Zanten, MacAulay, Askov, Bouchet and Maruquez (2002, p. 10) discussed. These principles are the importance of client perspectives and needs, analysing systems and processes, the use of data for decision making and teamwork to solve problems. These four principles are interrelated and can be described as follows:
i) Client focus
Quality Assurance stresses the fact that services exist to meet the needs of the clients who use them. By focusing on the needs of clients, service providers and others involved in the delivery of higher education perform better. Client focus means caring for the entire person rather than simply addressing a part; it means helping the client or student not only directly in seeing that they receive the service they should, but also in greeting them with respect, helping them find the room or person they need, reducing waiting times, handling their paperwork properly, and numerous other actions that may not be part of someone’s job description but should be everyone’s responsibility.

ii) Understanding work as processes and systems
Quality Assurance recognises that unclear, redundant or incomplete systems or processes may cause problems in the delivery of quality higher education. Instead of blaming the people working in these systems for poor performance, Quality Assurance activities involve them in prevention, detection and resolution of problems within processes or systems, in order to improve the quality of service delivery.

iii) Testing changes and emphasizing the use of data
Quality Assurance emphasises the need to improve processes by understanding how they function. This principle promotes decision making based on accurate and timely data rather than on assumptions. Understanding and using data also means understanding variation or differences in the output of a process or system and determining whether the variation is a normal part of the process or whether it indicates a real change.
iv) Teamwork

Quality Assurance focuses on participation and teamwork to solve problems and implement quality solutions, recognizing that the impact of Quality Assurance activities is most powerful when team members draw on the participation, experience and knowledge of major participants and stakeholders.

These principles serve as the foundation for Quality Assurance and reflect that Quality Assurance is not just a set of activities but also a fundamental set of beliefs and values that should become a “way of doing things” in an organisation. Students want education that meets their needs and in this case the need is get knowledge of HIV and AIDS that serves them from the epidemic. In addition to technical Quality Assurance, activities to define, monitor, and improve quality, other support functions are needed to sustain Quality Assurance in any organisation.

Also necessary is an implementation structure, as well as an enabling environment that supports Quality Assurance through its policies, institutional core values, committed leadership, and allocation of necessary resources. When such an environment and structure exist within an organisation, and Quality Assurance activities are carried out with the appropriate support, certain changes occur in the organisational culture, leading to a “culture of quality.” This culture is one in which staff view quality as a primary objective of their work and value it as a reward in itself, and where clients expect quality care among their rights as human beings, citizens, and payers of care. The existence of
such a culture of quality is an indication that Quality Assurance has become integrated into the “fabric” of the organisation. It is truly “institutionalised” and will be sustained. This points to support in terms of implementation policies by the Ministry. There is need for the Ministry of Education to have standing implementation policies of HIV and AIDS in schools so that students benefit and no window dressing or lip service is paid in terms of implementation. Quality Assurance should unravel all the implementation policies and see whether these are put into practice for effective service delivery of HIV and AIDS in schools.

2.2.3 Quality care: The goal of Institutionalised Quality Assurance
High standard service delivery is the ultimate goal of institutionalised Quality Assurance activities. There are many different definitions for the term “quality” in the context of education. The most comprehensive, yet perhaps the simplest definition of quality is that used by advocates of total quality management: “Doing the right thing, right, right away.” The eight dimensions of quality are: technical competence, access to services, effectiveness, interpersonal relations, efficiency, continuity, safety, and amenities. While resource distribution, manpower planning and allocation, and technical and professional training systems contribute and are necessary for quality provision of education, quality assurance is the lynchpin ensuring that systems and processes work effectively and in synchrony to achieve quality higher education (Franco et al, (2002).

Quality education is the continuous improvement of systems to enable optimum state of personal, social, physical and intellectual development of each individual which will
result in society and colleague loyalty now and in the future (Greenwood and Gaunt, 1994, p.13). Quality is further defined as meeting customers’ requirements, fitness for purpose and perhaps even delighting our customers. Customer requirements refer to the following:

- the product or service must be there when the customer requires it, not just when the producer is willing to put it on offer.
- delivery
- the product or service must be delivered to the customer requirements at all times and place which is convenient to him.
- reliability
- the product or service must live up to customer requirements at all times. It must never let him down.
- cost effectiveness’
- the product or service must satisfy the customer’s needs at the lowest possible cost; and
- performance

Above all else, it must do what the customer wants it to do. The customers of the school are the pupils, parents, institutions of higher education and further education, employers and the nation or society at large (Greenwood and Gaunt, 1994). All these need an HIV and AIDS free person who has knowledge of its impact so that the individual can contribute to the development of the nation.
The question that remains is not on the availability of the subject HIV and AIDS in the school curriculum but whether it is being taught in a manner that brings behaviour change among students. To that end, Quality Assurance has to look into variables that are useful in bringing the transformation so that teaching and learning of the subject is done right first time. Quality educational discourse not only frames the way students experience learning, it may also empower them.

2.2.4 History of Quality Movement
Quality as a concept is a 20th century phenomenon that has its roots in industry and management. Quality became an issue with the advent of industrialisation and adoption of new scientific approach to management based on strict division of labour as propounded by Taylor. With mass-production, and breaking down of work into smaller and repetitive tasks handled by machines, the role of workers for self-checking of quality was reduced. In the days of craftsmanship, the responsibility of quality remained with the worker. The later stage necessitated the need for inspection of the products to ensure they met specifications before they left the factory. This came to be known as quality control.

In the initial days of quality movement in the United States and Japan (where it was more popular) statistical approaches ruled the domain. Shewhart (1931) of Bell Laboratories used statistical process control (SPC) to study variation in the performance of systems. Later on, Deming, a student of Shewhart using SPC helped engineers during the World War II to produce bullets. In Post World War, Deming focused on his theory of management based on quality principles. He became a pioneer both in Japan and America, and the Japanese Union of Scientists and Engineers (JUSE) established the
Deming Prize in 1951 in recognition of his work. The intention here is not to provide a comprehensive historical review, but to give a background of the quality movement. There are many scholars who have contributed significantly to what we know today in the field of quality. Some of them are W. Edwards Deming, Joseph Juran, Philip B. Crosby, Kauru Ishikawa and Genichi Taguchi, among others.

**Joseph Juran**

Juran defined quality as ‘fitness for purpose’. According to him, a product or service can meet its specification and yet not be fit for its purpose. The specification may be faulty and thus the specification should be what the customer wants. He identified three steps to quality improvement:

1. Structural annual improvement plans.
2. Training for the whole organization.
3. Quality directed leadership.

According to Juran poor quality is the result of the failure of the management. He also argued that 85% of the problems in an organization is due to systems failure and the remaining 15% due to individuals. Juran recommends a ten steps approach to quality improvement. According to Juran, teamwork is the secret of quality management.

1. Create awareness of the need and opportunity for improvement.
2. Set explicit goals for improvement.
3. Create an organizational structure to drive the improvement process.
4. Provide appropriate training.
5. Adopt a project approach to problem solving.
6. Identify and report progress.

7. Recognise and reinforce success.

8. Communicate results.


10. Build an annual improvement cycle into all company processes.

**Philip B. Crosby**

Crosby is probably the most influential management thinker in the United States and Europe in the field of quality. He focuses on the senior management, and has given two popular statements **“Quality is Free and Zero defects.”** According to him quality is:

- Not goodness or luxury
- Not intangible
- Not unaffordable
- Does not originate in the workers
- Originates in the quality department

Crosby is best known for his four absolutes of quality management:

1. The definition of quality is conformance to customer requirements.
2. The system to reach quality is prevention and not detection.
3. The standard of performance is zero defects.
4. The measurement of quality is the price of non-conformance.

The quality management of Crosby can be listed in 14 steps as given below:
1. Management should be convinced of the need for quality improvement, and there should be full commitment.

2. Set up a quality team to drive the programme.

3. Introduce quality management procedures.

4. Define and apply the principle of the cost of quality.

5. Institute a quality awareness programme.

6. Introduce corrective action procedures.

7. Plan for the implementation of zero defects.

8. Implement supervisory training.

9. Announce zero defects day to launch the process.

10. Set goals to bring about action.

11. Set up employee-management communications systems.

12. Recognise those who have actively participated.

13. Set up quality councils to sustain the process.

14. Do it all over again.

All these variables that are unpacked by the quality gurus are useful in the quality assurance in the teaching and learning of a subject.

2.2.5 HIV and AIDS
In 1981 public health officials in the United States recognised a condition that causes illnesses that eventually became known as Acquired Immunodeficiency Syndrome (AIDS). It is now known that AIDS is the final phase of a chronic, progressive immune function disorder caused by human immunodeficiency virus (HIV). The pandemic was
originally observed in the male homosexual community. However, the epidemic was never confined to this group, and increasing numbers of cases are occurring in men, women and children from all races, ethnicities, communities and sexual orientations. HIV is a fragile virus that can be transmitted from human to human through infected blood, semen, virginal secretions and breast milk (Lewis; Collier and Heitkemper, 1996). AIDS is a collection of many different conditions that manifest in the body, or specific parts of the body, because the HIV virus has so weakened the body’s immune system that it can no longer fight the pathogen (or disease causing agent) that invades the body. AIDS is therefore a syndrome of opportunistic diseases, infections and certain conditions, each or all of which has the ability to kill the infected person in the final stages of the disease (Dyk, 2001; Kretzscmar and Hulley, 1998).

According to World Health Organisation (WHO, 2010) HIV is a retrovirus that infects cells of the human immune system, destroying or impairing their function. In the early stages of infection, the person has no symptoms. However, as the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to so-called opportunistic infections. The most advanced stage of HIV infection is AIDS. It can take ten to 15 years for an HIV-infected person to develop AIDS; antiretroviral drugs can slow down the process even further.

HIV is transmitted through unprotected sexual intercourse, transfusion of contaminated blood, sharing of contaminated needles and transmission from mother to her infant during pregnancy, childbirth and breastfeeding. It has to be mentioned that HIV and AIDS are
not transmitted through casual contact. In other words, nobody can get it from touching, talking, or sharing a home with PLHIV; sharing utensils, such as forks and spoons, used by someone with HIV infection or AIDS; using toilet seats, or telephones used by PLHIV, having someone with HIV or AIDS hug, kiss, spit, sneeze, cough, breathe, sweat, or being bitten by mosquitoes (WHO, 2010). Additionally, HIV and AIDS disease is especially common in poor and disadvantaged societies due to inadequate educational opportunities, poor nutrition and low standards of living (Kasapoglu and Kus, in Surgevil and Akyol, 2011).

The first case of AIDS in Zimbabwe was identified in 1985 (UNAIDS, 2010). Since then the problems of HIV and AIDS have continued to grow at an alarming rate. The National policy on HIV and AIDS has been developed in order to promote and guide present and future responses to AIDS in Zimbabwe. As such, reducing HIV and AIDS transmission should be central to combating the HIV and AIDS pandemic (National HIV and AIDS Policy, 1999). The Ministry of Education, Sport, Arts and Culture introduced HIV and AIDS in the school curriculum in 2002 in an attempt to reduce its spread (Curriculum Policy, 2002). This research is guided by the understanding of the concept of HIV and AIDS following guidelines from the Zimbabwe National HIV and AIDS Policy.

2.3 Theoretical Frameworks

2.3.1 Quality Assurance: A Systems Thinking Framework of Quality Assurance

The systems approach integrates the analytical and synthetic methods, encompassing both holism and reductionism. It was first proposed with the concept of “General system
theory” by the biologist Ludwig von Bertalanffy as quoted in Mizikaci (2006). General systems theory is based on the assumption that there are universal principles of organisation, which hold true for all systems. The basic principle of the systems theory is that the whole is more than the sum of its parts, that the whole determines the nature of the parts, and the parts are dynamically interrelated and cannot be understood in isolation from the whole (Mizikaci, 2006, p. 43). Logicians call this the fallacy of division because what is true of the whole is not true of the parts and what is true of the parts is not true of the whole.

Systems are regarded as having four major characteristics (Banathy in Mizikaci, 2006):

- systems are goal oriented;
- systems have inputs from their environment;
- systems have outputs to achieve their goals; and
- there is feedback from the environment about the output.

The system can be composed of subsystems as well as units or parts making the whole interaction. Once organised, a system is not simply a collection of parts but a functional entity that has properties that cannot exist independently as a collection of parts. In order to be a functioning system, the total system has to define its objectives and performance measures; the environment has to be considered as an influencing factor; the resources must be determined; the components of the system must be defined; and the management of the system must be set (Churchman in Mizikaci, 2006).
Organisations are composed of interdependent components that function together, hopefully towards predetermined goals that are driven by policies, strategies, and realignments. Systems thinking requires that organisational components constantly review, re-evaluate and stabilise in the short-term so that the entire system plans strategically to align resources and identify highly effective functions. Systems thinking drives continuous improvement and discourages organisations and individuals from repeatedly making the same mistakes.

Schools that design and implement effective feedback are able to illuminate factors associated with effective instruction, diverse learning, complex interactions, and intentional and unintended outcomes. Such formative feedback is a component of programme evaluation and helps promote systems thinking by measuring impacts of various interactions across the school. Knowledge and analysis of interactivity and effectiveness within a school expands institutional skill and capacity when members are involved in team learning. Staff members can develop the ability to distinguish among short-term improvements, symptoms, and root causes of problems, and they can learn to discriminate between low-level or first order changes and more meaningful second order changes.

Senge (1990) championed the systems framework. Systems thinking is the discipline that is the foundation of Senge's main argument of quality assurance. It implies that organisations should be seen as open systems in which all parts interact with each other and with the environment. This is a holistic viewpoint seeing deeper patterns which
enable sustainable solutions rather than short-term fixes. A systems framework refers to a set of interrelated and interdependent parts arranged in a manner that produces a unified whole (Robbins and Coulter, 2005, p.34). It is a discipline for seeing the whole. Senge emphasizes system dynamics paradigm. In this concept he argues that things are interconnected in complex patterns that can be captured into a model without loss of relevance (Masinde 2006). Systemic thinking is the conceptual cornerstone of Peter Senge’s approach. Systems theory’s ability to comprehend and address the whole, and examine the interrelationship between the parts provides for Peter Senge, both the incentive and the means to integrate the disciplines. Three things need noting here. First, systems theory looks to connections and to the whole. In this respect it allows people to look beyond the immediate context and to appreciate the impact of their actions upon others. To this extent it holds the possibility of achieving a more holistic understanding. Second, while the building blocks of systems theory are relatively simple, they can build into a rather more sophisticated model than are current in many organizations. Senge (1990) argues that one of the key problems with much that is written about, and done in the name of management, is that rather simplistic frameworks are applied to what are complex systems. When we add these two points together it is possible to move beyond a focus on the parts, to begin to see the whole and to appreciate organisation as a dynamic process. Thus, the argument runs, a better appreciation of systems will lead to more appropriate action. Third, system thinking, according to Senge, allows us to realize the significance of feedback mechanisms in organisations.
Systems thinking is a framework for seeing interrelationships and repeated events rather than things. It is seeing patterns of change rather than static snapshots. It embodies the idea that the interrelationships among parts relative to a common purpose of a system are what is important. Systems thinking constitutes the main basis for organisational learning and it has been shown to be associated with higher organisational performance (Skarzauskiené, 2010). In implementing system thinking, analysing the archetypes, patterns in corporate structure or behaviour that tend to recur, can be useful for gaining insight into the nature of underlying problems (Gillies and Maliapen, 2008). In many ways, systems thinking also constitutes a basis for quality management principles expressed for instance in Deming's (2000) system of profound knowledge. This is one of the major theoretical frameworks underpinning quality management theory and thus related to the dimensions that this study has departed from. Senge concludes that the system’s viewpoint is generally oriented towards the long-term view. That is why delays and feedback loops are so important. In the short term, you can often ignore them; they are inconsequential. They only come back to haunt you in the long run (Senge cited in Smith, 2001). The systems thinking considers many different perspectives such as quality assurance considerations. Quality factors such as reliability, availability, expandability, testability, among others, are considered.

Immegart and Pilecki in Abenga (2009, p. 372) define a system as an entity composed of a number of parts, the relationships of these parts and the attributes of both the parts and the relationships. Alternatively, a system can be conceived as some form in structure or operation, concepts or function, composed of knitted and integrated parts. A system is
further defined as deliberately designed synthetic organisms, comprised of interrelated and interacting components which are employed to function in an integrated fashion to attain predetermined purposes (Banathy in Abenga, 2009). Katz and Kahn as quoted by Abenga (2009) view systems as entities of patterned activities of a number of individuals and that these activities are complementary or interdependent with respect to some common outcome, are repeated, relatively enduring and bounded by space and time. Briggs in Abenga (2009) similarly defines a system as an integrated plan of operation of all components designed to solve a problem or meet a need.

Running through the definitions are the following facts:

- a system is a whole or an entity;
- the whole has parts, components within it;
- that these smaller parts/components in the whole are interrelated;
- that these parts have qualities which allow them to function as parts of a whole; and
- these relationships themselves also have qualities.

Education qualifies to be called a system as it fits in the definition and description of systems given above. First, education is an entity that is manmade and that is established to solve particular problems and meet specific needs of society. Education as a whole has parts or components. For instance, there is the curriculum development component, materials and equipment component, the teachers’ education, the monitoring and evaluation component, and the students, components that are interrelated as each affects
the others. For example, the type of curriculum influences the education of teachers as well as evaluation of the system. It also determines the type of material and equipment needed and this has financial implications. These components have qualities; teachers and learners have certain characteristics and qualities that they bring into the system. These are their values, preferences, skills and attitudes. These make them function as parts of the system. Relationships between components in education also have qualities. For instance, availability or lack of funds influences the relationship between the financial component and the materials and equipment component (Abenga, 2009). Quality assurance then looks at each of the subsystems and points to areas that malfunction in order to bring continuous improvement in the teaching of HIV and AIDS.

The existence of many players in the teaching of HIV and AIDS in schools demonstrates the relevance of the systems thinking in quality assurance of the HIV and AIDS programme. System members include learners, teachers, leadership, policy makers, Curriculum Development Unit (CDU), parents, School Development Committees, resources and the community at large, among others. What it means is that leadership or management should coordinate the activities of the various parts of the organisation or system to ensure that all the interdependent parts of the system are working together for effective teaching and learning of the subject. The research will be guided by this theory.

The systems approach suggests an organisational understanding, therefore, its conformity to management-oriented (also decision-oriented) evaluation approaches needs to be maintained. A systems approach to education involves a situation in which decisions are
made about inputs, processes, and outputs. Stufflebeam (in Worthen and Sanders, 1973, pp. 120-122) develops an evaluation framework (context, input, process, and product) to serve managers and administrators facing four different kinds of educational decisions:

- **Context evaluation**, to serve the planning decisions. Determining what needs are to be addressed in an educational programme, defining the objectives.

- **Input evaluation**, to serve the structuring decisions. Determining what resources are available, what alternative strategies for the programme should be considered, and what plan seems to have the best potential for meeting needs facilitates design of programme procedures.

- **Process evaluation**, to serve the implementation decisions. How well is the plan being implemented? What barriers threaten its success? What revisions are needed? Once these questions are answered, procedures can be monitored, controlled and refined.

- **Product evaluation**, to serve recycling decisions. What results were obtained? How well were needs deduced? What should be done with the programme after it has run its course? These questions are important in judging programme attainments.

In the process of trying to find out how quality assurance can enhance the service delivery of HIV and AIDS in primary schools, systems evaluation questions are useful in determining the needs that are to be addressed (context), resources available (inputs), measuring how well the subject is being taught (process) and in determining the product and what should be done to improve its teaching. Quality as a systems approach is used
especially in the context of education. According to the systems approach, the core elements of programme evaluation should be analysed in input, process and output stages. The system level evaluation of the HIV and AIDS programme is crucial to determine whether the stakeholders’ and the system level needs are being addressed, and to identify opportunities to improve efficiency in the existing programme (Gates et al., 2002).

2.3.2 HIV and AIDS theoretical framework: AIDS Risk Reduction Model.

The AIDS Risk Reduction Model (ARRM), (Catania, Kegeles and Coates in Family Health International, 2002) provides a framework for explaining and predicting the behaviour change efforts of individuals specifically in relationship to the sexual transmission of HIV and AIDS. A three-stage model, the ARRM incorporates several variables like efficacy, emotional influences and interpersonal processes. The model identifies three stages involved in reducing risk for HIV transmission, including behaviour labelling, commitment to change and taking action. The stages are as follows:

Stage 1: Recognition and labelling of one’s behaviour as high risk.

Hypothesised Influences:

- knowledge of sexual activities associated with HIV transmission;
- believing that one is personally susceptible to contracting HIV;
- believing that having AIDS is undesirable; and
- social norms and networking

Stage 2: Making a commitment to reduce high-risk sexual contacts and to increase low risk activities.
Hypothesised Influences:

- costs and benefits;
- enjoyment;
- response efficacy;
- self-efficacy; and
- knowledge of the health utility and enjoyability of a sexual, as well as social factors (group norms and social support) are believed to influence an individual’s cost and benefit and self-efficacy beliefs.

Stage 3: Taking action. This stage is broken down into three phases:

(i) information seeking (ii) obtaining remedies and (iii) enacting solutions.

Hypothesised Influences

- social networks and problem-solving choices;
- prior experiences with problems and solutions;
- level of self-esteem;
- resource requirements of acquiring help;
- ability to communicate verbally with sexual partner; and
- sexual partner’s beliefs and behaviours (Catania, Kegeles and Coates in Family Health International, 2002).

This research is guided by the theory since the objective of the study is to reduce and stem the tide of the HIV and AIDS pandemic.
2.3.3 The ISO 9000 quality management system in education

ISO 9000 is a set of international quality management standards and guidelines (Bae, 2007, p. 253). In Greek, isos is a term meaning uniform, homogeneous equal, and ISO may be seen as a shortened version of this word. In 1946, the International Organisation for Standardisation (IOS, but referred to as ISO) was founded to develop international standards. It was originally published in 1987 by the International Organisation for Standardisation (ISO), and was revised in 1994 and again in 2000. Its primary concern is “quality assurance,” which refers to **what an organisation does to ensure compliance of its product and service that is consistent with the customer’s requirements** (ISO, 2004). Introduction of the quality assurance concept is one of the main purposes of the business-minded reformers’ attempt to launch the ISO 9000 quality management system in our schools.

With a growing awareness of the importance of education in the future economy and success stories in various manufacturing companies, the number of educational institutions adopting ISO 9000 is increasing. Ideologically, the application of ISO 9000 to the public school setting is highly associated with the recent spread of “Educational Consumerism” and “Managerialism in Education” in that ISO 9000 in education views learners as customers and focuses on customer satisfaction and **efficiency in education**. Methodologically, the ISO 9000 approach shares ideas with the standards-based education reform movement that emphasises alignment between curriculum and standards and proper measurement of results.
Historically, standardisation of schooling has been one of the most widely used mechanisms to maintain the quality of education. It includes the qualification of school teachers, the length of the school term, and state control of curriculum and standardised achievement testing, and is primarily concerned with the reform of the public education system. These variables are useful in effective teaching and learning.

The most recent attempt to employ ISO 9000 quality management techniques in schools is another example of standardisation. In many countries, the application of ISO 9000 standards as a quality management system flourishes as an efficient and scientific tool that maintains high standards in public education. ISO 9000 differs from previous efforts at standardisation in that it attempts to standardise classroom instruction and management which have traditionally been left to teachers’ professional autonomy and that it intends to directly import business practice and methodologies to classrooms without any filtering or modification. In this regard, the recent spread of the ISO 9000 approach may be viewed as another educational experiment. Despite its popularity among the public and the policy makers, there is a considerable debate over its impact on public schooling.

There are eight quality principles as envisaged in ISO 9000:2000. These are:

1. **Customer focus.** Organisations depend on their customers and therefore, should understand current and future customer needs, should meet customer requirements, and strive to exceed customer expectations.
2. **Leadership.** Leaders establish unity of purpose and give direction to the organisation. Their responsibility is to create an internal environment that can facilitate achievement of the organization’s objectives.

3. **Involvement of people.** This principle stresses that people at all levels are the essence of an organisation and they should be involved for organisational benefits.

4. **Process approach.** A desired result is achieved more efficiently when activities and related resources are managed as a process.

5. **Systems approach to management.** Identifying, understanding, and managing interrelated processes as a system contributes to the organisation’s effectiveness and efficiency.

6. **Continuous improvement.** A permanent objective of the organisation should be continuous improvement of its performance.

7. **Fact-based decision making.** Useful decisions are based on the analysis of data and information.

8. **Mutually beneficial supplier relationship.** An organisation and its suppliers are interdependent and a mutually beneficial relationship enhances the ability of both to create value.

These quality principles of ISO are closely related to the current study since it makes reference to the variables that are relevant for quality teaching and learning of HIV and AIDS. The study encourages schools to be client focused and stresses the need for leadership to take responsibility in improving the standard of teaching and learning of
HIV and AIDS in schools. The study points to the need to involve teachers, parents, school heads, curriculum designers, students and various stakeholders in providing knowledge to pupils on the subject HIV and AIDS in order to stem it. The various systems in the education arena are a key variable in this study. The need to interrelate and integrate the systems is an issue of concern in the current study. To that end, all the quality principles seem to converge to the point that to achieve excellent service delivery of HIV and AIDS and customer satisfaction in schools, quite a number of variables are to be considered.

2.3.6 Models of school education quality
Quality Assurance is a means of ensuring that quality standards are achieved by private and public providers and that the reforms are implemented efficiently (Masson, Baati & Seyfried, 2010, p. 521). In order to understand the complex nature of education quality and to develop management strategies for achieving it, it should be necessary to review the different conceptions or models of education quality explicitly or implicitly held by concerned constituencies in practice or by scholars in research. Several models of quality education in schools were identified (Cheng and Tam, 1997).

a) The goal and specification model
This model sees education quality as achievement of stated goals and conformance to given specifications. The goal and specification model is often used in the assessment of education quality of individual institutions or education systems in a country. It assumes that there are clear, enduring, normative and well-accepted goals and specifications as
indicators and standards for education institutions or education systems to pursue or conform to. An education institution is deemed to be of good education quality if it has achieved the stated goals or conformed to the specifications listed in the institutional plan or programme plans. Typical examples of quality indicators may include students’ academic achievements, attendance rate, dropout rate, and personal developments, number of graduates enrolled in universities or graduate schools, professional qualifications of staff, etc. This model is useful if the goals and specifications used for judging education quality are clear and accepted by all involved constituencies, and that there are appropriate indicators which one can use to evaluate whether the institutions have attained the prescribed education standards. An advantage of this model of education quality is that it enables the institution management to focus attention on key components of education programmes (Cheng and Tam, 1997).

b) The resource-input model

Here education quality is regarded as the natural result of achievement of quality resources and inputs for the institution. Because of the pressure of diverse expectations of multiple constituencies, an education institution may be required to pursue different goals and conform to diverse specifications and standards. The resource-input model assumes that scarce and quality resources are necessary for education institutions to achieve diverse objectives and provide quality services in a short time. Therefore, education quality is assumed to be the natural result of achievement of scarce resources and inputs
for the institution. The education quality indicators may include high quality student intake, more qualified staff recruited, better facilities and equipment, better staff-student ratio, and more financial support procured from the central education authority, alumni, parents, sponsoring body or any outside agents.

The resource-input model is useful if the connections between quality of inputs and outputs are clear and the resources are very limited for education institutions to achieve stated goals or conform to given specifications. In some Asian countries and cities like Hong Kong, quality student input is often seen as an important indicator of an education institution’s success. Attraction of high quality student input seems to be a “necessary” condition for some institutions to become successful or achieve high academic performance in examinations. It is often believed that students from low socio-economic status families may bring a lot of behavioural and criminal problems from the community, which seriously hinder the educational process. In order to help problem students, more resources are needed, if they are not reallocated from other institutional purposes. The capacity of acquiring scarce and quality resources represents the potential of an education institution that can promise high education quality particularly in a context of great resource competition. To some extent, the model redresses the limitation of the goal and specification model, linking education quality to the environmental context and resources input (Cheng and Tam, 1997).

c) The process model
In this model education quality is seen as smooth and healthy internal process and fruitful learning experiences. The process in an education institution is a transformational process which converts inputs into performance and output. A smooth internal institutional process enables staff to perform the teaching task effectively and learners to gain fruitful learning experiences easily. The nature and quality of the institution of process often determine the quality of output and the degree to which the planned goals can be achieved. Particularly in education, experience in process is often taken as a form of educational aims and outcomes. Therefore, the process model assumes that an educational institution is of high education quality if its internal functioning is smooth and “healthy”.

Important internal activities or practices in the educational institution are often taken as the important indicators of education. Leadership, communication channels, participation, co-ordination, adaptability, planning, decision making, social interactions, social climate, teaching methods, classroom management, learning strategies, and learning experiences are often used as indicators of education quality. The process in an educational institution generally includes management process, teaching process, and learning process. Thus the selection of indicators may be based on these processes, classified as management quality indicators (e.g. leadership, decision making), teaching quality indicators (e.g. teaching efficacy, teaching methods), and learning quality indicators (e.g. learning attitudes, attendance rate). If there is a clear relationship between the process in institutional and educational outcomes, this model should be useful. For example, democratic education is strongly emphasized in educational institutions. If we believe that a democratic
management process and a democratic teaching process in an educational institution are the necessary conditions for implementing democratic education, then the indicators of a democratic process in an educational institution such as participation in decision making and partnership in teaching and learning, may be chosen as criteria for evaluating educational quality in implementing democratic education. To a certain extent, the current emphasis on the importance of leadership and culture to the performance of educational institutions may reflect the importance of the process model.

The process model has its limitations, such as the difficulty in monitoring processes and gathering related data, and the focus on quality of means instead of quality of ends.

d) The satisfaction model

According to this model education quality is defined as the satisfaction of strategic constituencies. The satisfaction model assumes that the satisfaction of strategic constituencies of an educational institution is critical to its survival and therefore education quality should be determined by the extent to which the performance of an educational institution can satisfy the needs and expectations of its powerful constituencies. In the school setting, the powerful constituencies may include teachers, management board members, parents, students, alumni, and officers at the education department. Education quality may be a relative concept, depending on the expectations of concerned constituencies or parties. If expected education quality is high and diverse, it will be difficult for institutions to achieve it and satisfy the needs of multiple constituencies. If expected education quality is low and simple, of course it will be easier
for educational institutions to achieve it and satisfy the expectations of constituencies so that educational institutions may be perceived as high quality more easily. Furthermore, the objective measurement of quality achievement is often technically difficult and conceptually controversial.

Therefore satisfaction of powerful constituencies is often used instead of some objective indicators as the critical element to assess quality in education institution. This model emphasizing satisfaction of clients or conformance to clients’ expectations or specifications is the very popular model used in the business sector to assess quality (Cheng and Tam, 1997).

e) The legitimacy model

Education quality is regarded here as the achievement of an education institution’s legitimate position or reputation. In the past, when the educational environment changed slowly and educational institutions received relatively few external challenges, survival of educational institutions might be guaranteed by the central education authority. There seemed little need for the education institutions to ensure any legitimacy for their survival. But now, under the impact of rapid changes and developments, the educational environment becomes more challenging and competitive. Educational institutions have to compete seriously for resources and overcome internal barriers, and on the other hand, they have to face the external challenges and demands for accountability and “value for money”. It is hardly possible for educational institutions to continue or survive without ensuring legitimacy in the community. In order to gain legitimacy for survival and to
acquire critical resource, educational institutions have to win the support of the community, build up good public image and show evidence of accountability.

The legitimacy model assumes that an educational institution needs to be accepted and supported by the community in order to survive and achieve its mission. Along this line of thinking, the indicators of education quality are often related to the activities and achievements of public relations and marketing, accountability, public image, reputation, or status in the community, etc. Educational institutions should operate educational programmes which conform to the ethical and moral norms of the community in order to gain legitimacy. They also need to promote their own image, in such ways as participating in district-wide contests, organizing exhibitions of students’ work, maintaining a good relationship with district leaders, etc. The model is useful when the survival and demise of educational institutions must be assessed in a changing environment. For example, in some old districts, the student population reduces quickly and some education institutions or schools have to be closed if not enough parents are willing to send their children to them. Among the educational institutions at risk, only those successfully striving for legitimacy or better public relations with the community can survive. From the standpoint of this model, educational institutions are of high education quality if they can survive in a competing environment.

The current emphasis on parental choice and accountability in educational reforms in both Western and Eastern societies seems to support the importance of the legitimacy model for assessing school education quality. Increase in parental choice of educational
institutions may create a competitive market environment in which educational institutions have to compete and try their best to provide high quality educational services for the needs of parents. Also, the implementation of accountability systems or quality assurance systems provides a formal mechanism for educational institutions to gain the necessary legitimacy for survival. This can explain why so many educational institutions nowadays are paying more attention to public relations, marketing activities, and building up school-based accountability systems or quality assurance systems.

f) The absence of problems model
According to this model education quality means the absence of problems and troubles. Borrowing the idea of the ineffectiveness model, it is often easier to recognise problems in an institution than to identify its quality because appropriate indicators and measurement techniques which can provide concrete evidence of quality are often difficult to obtain. Hence, instead of looking for quality in an education programme, one inspects the educational institution to check whether problems exist. The absence of problems model assumes that if there is an absence of problems, troubles, defects, weaknesses, difficulties, and dysfunctions in an educational institution, this institution is of high education quality. Problems and deficiencies signal warnings to the administration that some aspects of education quality may be lacking. Hence, during a inspection on an education institution, if no apparent problem arises from its operation, then this institution is assumed to be running smoothly and is fulfilling its educational objectives. This is perhaps the oldest concept of quality in use in industry. Quality control experts tend to look at quality as meaning less scrap, rework, warranty costs, etc., for the
final product. The management team of an educational institution may set up stringent quality assurance and monitoring system in order to ensure a deficiency-free environment.

Identifying strategies for the improvement of an educational institution can be more precisely done by analysing problems and defects as opposed to education quality. Therefore, this model is useful particularly when the criteria of education quality are really unclear but strategies for improvement are needed. In general, many education institutions, particularly new ones, are more concerned with overcoming obstacles to basic school functioning than with pursuing excellent quality. This model may be appropriate to them. For those practitioners such as administrators and teaching staff, the absence of problems model may be more basic than the other models. But if people are more interested in high performance or excellent education quality, this model is not sufficient (Cheng and Tam, 1997).

g) The organisational learning model

Here education quality is considered to mean continuous development and improvement. The changing educational environment is producing great impacts on nearly every aspect of functioning in education institutions. There seems to be no static factor or single practice that contributes to education quality for ever. Some practices may be good at a certain time but not at another. Therefore, how to deal with environmental impacts and
internal process problems is a key issue in assessing whether an educational institution can provide quality service continuously.

The organisational learning model assumes that education quality is a dynamic concept involving continuous improvement and development of members, practices, process, and outcomes of an educational institution. A number of researchers have indicated that organizations, like human beings, can be empowered to learn and innovate to provide quality services.

To some extent, this model is similar to the process model. The difference is that this model emphasises the importance of learning behaviour for ensuring quality in education; whether the internal process is currently smooth is not so critical. This line of thinking supports the current emphasis of strategic management and development planning in education. The model is particularly useful when educational institutions are developing or involved in educational reform, particularly in a changing external environment. The indicators of education quality may include awareness of community needs and changes, internal process monitoring, programme evaluation, environmental analysis, development planning, among others.

In developing countries, there are many new educational institutions because of the expansion of the education systems. The new institutions have to face many problems in establishing organisational structures, educational processes, dealing with poor quality learners, developing staff, and struggling against adverse influences from the community.
Also, changes in the economic and political environment demand an effective adaptation of the education system in terms of curriculum change, management change, and technology change. Against such a background, this organizational learning model may be appropriate for studying education quality. Obviously, the usefulness of this model will be limited if the connection between organisational learning process and educational outcomes is not clear. For example, some old educational institutions have their prestige traditions that can attract a high quality student input. Even though they may lack organizational learning, they can still win relatively high student achievement and high status in the community (Cheng and Tam, 1997).

It is important to realise that the present study looks at achievement of the goal of eradicating HIV and AIDS from society through the school system. These models become relevant in order to give insights as far as measuring the extent to which schools are achieving the goals are concerned. An analysis of resources and their contribution towards effective teaching of HIV and AIDS is useful in this study since that is a quality assurance issue. It is argued in educational theory and practice that there is a close correlation between availability of resources and the quality of service delivery. If schools have adequate resources, their ability to deliver is likely to be of high standard unlike schools that lack facilities. Given the resources, teachers should be able to convert and process them into knowledge which students can consume and assimilate easily and hence bring behaviour change. Schools need to engage in healthy processes that transform students and satisfy the needs and expectations of its powerful constituencies.
To that end, all these models are useful in this study since they centre on variables under study which enhance quality service delivery of HIV and AIDS.

### 2.3.7 The need for internally driven quality assurance practices

Experts in the field of quality assurance (Kells; Brennan, Frazer & Williams; Vroeijenstijn, in Herselman and Hay, 2002) propose that, to ensure the efficiency of a quality assurance system, it should be an internally driven process. Such an approach towards quality will obviously be in co-existence with an external quality assurance system (e.g. professional boards and government agencies and systems). The task is not to implement a prescriptive quality assurance system, but rather to develop, by means of a participatory and comprehensive approach, a system that will be owned by all. With such an approach both those who manage (e.g. principals and head of departments) and those who are managed (e.g. facilitators) will be made aware of their responsibilities with regard to establishing quality in their management and teaching functions. Schools need built-in quality assurance systems in order to reach greater heights in terms of delivering HIV and AIDS effectively.

Besides, quality assurance is not about complying with the expectations of quality audits and inspectorates, but should be an integrated aspect of work, teaching and the general performance of teachers. Therefore, in order to ensure that the quality assurance process is not an "added on" approach focusing more on accountability than on improvement, continuous self-evaluation should form part of the planning cycle of an institution. Kells in Herselman and Hay (2002) confirms this by stating that education institutions that are
more regulated by external bodies are more vulnerable to external environments. Vroeijenstijn in Herselman and Hay (2002) takes it a step further when he states that if the quality assurance process is primarily externally driven, it will disappear in a window-dressing exercise, which can be related to the inspection systems. Unfortunately this perception still surfaces in a number of schools today.

Quality education is important to foster the life skills needed in a lifelong learning society. Learning is an on-going process and does not end when a learner's formal school-going years come to an end. In all cases, quality schooling and teaching will lead to more literate people and lower drop-out rates. This once again has further benefits such as less poverty and fewer socio-economic problems.

2.3.8 Reasons for a lack of quality in schools
According to Hawes and Stevens in Herselman and Hay (2002), teachers claim that the main reasons for neglecting quality at primary schools are:

- the lack of expertise regarding teaching and the management of effective teaching;
- uncovered information that becomes an embarrassment to the policy-makers;
- the large proportion of learners that cannot read the text books they are provided with;
- big classes with no equipment;
- the overloaded curriculum with inappropriate learning needs;
- the fact that only a quarter of the children finish primary school;
• spending more per capita on higher education than on primary education;
• limited access to pre-schooling; and
• the concept of quality and how to achieve it are exceptionally complex and difficult.

These reasons are also applicable to the Zimbabwean context as many teachers have indicated the same reasons in day to day discussions. One way of installing a culture of quality is to establish self-evaluation processes at schools. Self-evaluation makes provision for reflective practices which help teachers to reflect on their own practices. It forces them to ask questions such as "Why am I doing this?" and "How can I improve what I am doing?" on a continuous basis. In this way they become reflective practitioners who are more interested in improving their practices than in trying to comply with the pressures of accountability. Quality assurance mechanisms and procedures form part of a continuous system of review and can be designed to serve a positive purpose in furthering the interest of the school, staff and learners.

2.3.9 The phases of educational quality assurance
Quality assurance of primary education develops in phases (Jeliazkova and Westerheijden in Tee Ng, 2008). The phases are as follows:

• phase of standardisation;
• phase of local accountability; and
• phase of diversity and innovation.
Phase 1: The phase of standardisation

The first phase of quality assurance is the phase of standardisation. It usually starts with doubts about educational standards throughout the country. The role of quality assurance is then to prescribe certain standards to be achieved and aim for improvement through system-level interventions. This often involves external review, whose nature is summative, checking standards to report back to the state. The drive for reform comes primarily from the state. The government might scrutinise various aspects of education like problems of ineffective curriculum, low literacy levels and high resource wastage in the system.

Phase 2: The phase of local accountability

The second phase of quality assurance is the phase of local accountability. After the first phase (provided there is political and economic stability for the first phase to be reasonably successful), there is often an improvement in basic standards. The second phase then starts with recognising that there is a limit to the effects of standardised system-level interventions. While standardisation carries on, the focus shifts to improving local level efficiency and effectiveness. The role of quality assurance is then for local institutions to be “empowered” and be “accountable” for quality. The nature of the external review is still summative, checking standards to report back to the state. But its position shifts towards guidance for improvement. One “popular” quality assurance measure in this phase is the ranking of institutions using key performance indicators.

Phase 3: The phase of diversity and innovation
The third phase of quality assurance is the phase of diversity and innovation. In this phase, local accountability is still a dominant feature but the focus shifts to promote diversity and innovation. The main reason for this shift is in many ways the fruits of the first and second phase. The quality assurance measures of the previous phases have achieved a level of conformity to standards and reliance on external appraisal that there is now a need to improve the innovation capacity and internal quality assurance capacity of the institutions to provide more quality educational pathways. The role of quality assurance is then both for public accountability and stimulation of self-regulation and self-renewal in the institutions. The information base is changed from external audit reports to self-evaluation reports. The nature of the external review is then a validation of these self-evaluation reports, rather than direct scrutiny. The institutions are expected to improve or innovate based on their self-evaluation and validation reports. The reports are usually confidential to the institution and the state. The role and form of ranking is questioned and refined.

As this phase matures, increasing marketisation of education, diversity and innovation pose new challenges to educational quality assurance. There is now a dilemma between public accountability based on a standardised framework and creating a platform to allow institutions to break through the existing educational paradigm. There may also be dilemmas of how far decentralisation should take place and whether the institution’s self-evaluation and validation reports be made public to increase “customer” information and choice. There may even be a question of whether in a diversified landscape, there is a
need to standardise certain important things again for public accountability. It may appear that the phases have gone a full cycle.

A close look at these phases is useful in this study since they give an insight into the need for accountability in terms of teaching high standard HIV and AIDS education to primary school students.

2.3.10 Quality assurance is a paradoxical journey
Another insight into educational quality assurance is that it is a paradoxical journey. Quantum physics shows that light concurrently exhibits both wave and particle properties. These two descriptions form a paradox, a wave cannot be a particle and vice versa. Yet neither description is complete by itself. This wave-particle duality “forces” one to embrace paradoxes or face greater contradictions. Reality is often filled with paradoxes that powerfully show the two sides of the same coin to many issues. Educational quality assurance is a paradoxical journey in many ways. It is both the “saviour” and the “devil”. It can drive certain performance standards at the macro level. It can also drive undesirable behaviours at the local level, contrary to what it professes to achieve. One can possibly foresee a certain big emerging picture from quality assurance initiatives. But one can hardly predict the nature of the individual local responses. The real outcomes of quality assurance efforts are positive and negative concurrently, predictable and unpredictable at the same time. They are not contradictions. They are paradoxes that help one to appreciate the dynamics of quality assurance better.
Another paradox of quality assurance is that it is often concurrently centralisation and decentralisation, especially at the more mature stages. In Singapore, the government has repeatedly stated its intention to decentralise its power to the schools to encourage diversity and innovation. However, the government still carries a great responsibility for achieving national outcomes and providing high value for public money. Given the national level strategies, the functioning of the schools must be aligned to the goals of social and economic development in Singapore. Thus, there is a need to ensure accountability and standards.

So, the government’s effort is much more accurately described as a paradoxical form of centralised decentralisation. On one hand, the government attempts to decentralise power, give autonomy and devolve responsibilities to the schools. On the other hand, there is a risk of declining educational standards once government controls are lessened, hence the need for a robust quality assurance system, to insure against the loss of control and facilitate authoritative communication and managerial scrutiny (Watkins in Tee Ng, 2008). Certain fundamentals, like high stake examinations, though modified, are not made obsolete.

Therefore, the schools face a paradoxical trend of centralisation within a decentralisation paradigm. The more the decentralisation of tactical matters, the more the centralisation of strategic directions. The government wishes to maintain and promote high quality education on the one hand, and to empower schools to be flexible enough to diversify and innovate on the other. Schools are therefore put in a position of having to think out of the
box while doing well within the box. The challenge is for educators to embrace this paradox to achieve the best of both worlds (Tee Ng, 2008).

2.3.11 Key concepts in social psychological theories of behavioural change
There are numerous social psychological theories that are intended to identify the factors that shape behaviour and behavioural change. Most of these factors are individual cognitions (meaning mental processes, such as beliefs, attitudes and intentions, not the more restricted sense of intellectual capacity), but they also include environmental and social factors, and skills. The rationale of behavioural change theories, sometimes called social cognition theories, is that if these factors can be modified, and one can show a corresponding shift in behaviour, then there is good reason to target these factors in health promotion. Many social psychological theories have shared or overlapping concepts (Sutton in Wight, 2008). Rather than attempt to summarise the contending theories and their relationships to the Health Belief Model, from which most stem, the research will briefly outline the main factors which it identifies as shaping behaviour change. This inevitably involves considerable simplification and it draws on previous, and far more comprehensive, amalgamations of social psychological theories. The theoretical pedigree of the factors summarised here can be found elsewhere (e.g. Bartholomew et al in Wight, 2008). Different theories were sometimes developed to explain particular kinds of health-related behaviour, and the empirical support for them can be much stronger in relation to one behaviour (e.g. smoking) than another (e.g. sexual behaviour). The major focus here is on those factors considered most important in explaining sexual behaviour.
i) Intentions and planning

Unsurprisingly, behaviour has been found to be strongly correlated with intentions to carry out that behaviour. The development of detailed and realistic plans, which allow the individual to specify how, where and when an action is to be carried out, has been shown to facilitate the translation of intentions into action. One can learn “scripts” for how to behave in specific circumstances through role plays or observation of others’ behaviour, for instance by watching actors or, where infrastructure allows, inter-active videos. These “scripts” are patterns of behaviour which are followed in the same way, so long as the others involved respond as expected.

ii) Personal susceptibility to risk

Personal susceptibility to risk is necessary for people to feel threatened by something. This can be promoted by countering stereotypes which allow people to distance themselves from those they think are most vulnerable. For example, one such stereotype is that people with Sexually Transmitted Infections have exceptionally high numbers of partners or engage in distinctive sexual practices.

iii) Perceived benefits and barriers

For people to change their behaviour the perceived benefits of doing so need to outweigh any perceived costs. One element of the perceived benefits of an action is its perceived
effectiveness (for instance as a prophylactic against disease). Therefore an action can be promoted by presenting it as effective and rewarding, while the perceived costs can be addressed by developing skills to minimise such costs.

iv) Social approval and norms

Expected social approval is especially likely to influence sexual behaviour since, apart from masturbation, sex is inherently social. The expected approval of one’s sexual partner is particularly important. If one can make young people think that both their male and female peers approve of safer sex it is likely to reduce their concerns about potential disapproval. Thus, many interventions aim to change social norms. Even if this is done through individuals, it is intended to have an effect on community-wide normative values. One of the classic effectiveness reviews of sex education programmes found that those interventions which showed some positive effect all reinforced clear values or norms (Kirby, 2002).

v) Perceived self-efficacy

“Perceived self-efficacy” refers to the degree of confidence someone has in her or his ability to carry out an action successfully. This has been found to be a powerful predictor of subsequent action. Those who feel confident they can do something are more likely to intend to do it, and to persevere at it, than those with lower perceived self-efficacy.
Perceived self-efficacy can be enhanced by careful explanation, encouragement, modelling and practice, a goal of many skills-based sex education programmes.

vi) Modelling behaviour

The concept of “modelling” is central to social learning or social cognition theory, and spans several of these cognitions, involving the development of self-efficacy, intentions and planning and the modifying of social approval. According to this concept people observe credible role models, with whom they can identify, engaging in particular behaviours, they see the benefits of these behaviours and are motivated to adopt similar behaviour, and this learnt behaviour is then positively reinforced by significant others.

vii) Skills

Many programmes to modify sexual behaviour have a central objective of developing skills. This can be the relatively simple physical skill of putting on a condom properly, the more complex skill of accessing appropriate sexual health services, or the more challenging skills of sexual negotiation: not engaging in unwanted sexual activity, insisting on condom use, clarifying what one enjoys, etc. Modelling behaviour is one of the means by which skills are developed, but acquiring them is generally highly dependent on practice. Actual skills are clearly interconnected with perceived self-efficacy, each boosting the other.
Nearly all those sexual health programmes which have been demonstrated to have had some impact on behaviour have drawn on social psychological theories of behaviour change (Kirby, 2002; Kalichman et al in Wight, 2008).

2.4 Rationale for the study
Various studies into the quality of HIV and AIDS education programmes have been carried out in recent years. These studies look into how ministries of education, schools and teachers in a range of countries and continents address HIV and AIDS education. They describe the progress made, but also identify a range of common shortcomings related to the delivery of HIV and AIDS education. Very little is yet known about how quality assurance can enhance the service delivery of HIV and AIDS as a school subject in primary schools. The purpose of the study is to explore how quality assurance can be used to improve service delivery of HIV and AIDS in schools. The study aims to stem the tide of the epidemic through ensuring behaviour change among all of society through the delivery of quality education. The study seeks to bridge the gap between the ideal implementation of the subject and reality on the ground in order to ensure quality service delivery of the subject in schools.

2.5 To what extent do teachers ensure quality teaching and learning of the HIV and AIDS programme in primary schools?

Quality assurance in education, and especially quality in teaching and learning, needs practitioners who base their approach on a sound and well-founded theory. Teachers are
the main implementers of a curriculum and their knowledge of the curriculum subject is of importance. In other words, quality teaching and learning can only materialise if the individual reflective practitioner (the teacher) succeeds in linking practice to well-founded theory (Schon in Bornman, 2004). Teachers are expected to adhere to the curriculum policy and support its implementation. They are responsible for the provision of accurate and up to date information on HIV and AIDS, as provided to them. They are also responsible for the promotion of caring and supportive relationships between students (ILO and UNESCO, 2006).

Teachers can adhere to a policy which is known to them and to which basic training has been given to them. To effectively teach the subject, teachers need syllabuses with information to be used for teaching grade by grade so as to be effective in their pedagogical skills. Lack of syllabuses is likely to negatively affect the quality of teaching and learning of the subject, HIV and AIDS. Teachers also find it easy to implement a curriculum subject they have been trained in at college, and then they are likely to implement the subject effectively. It is argued (Martens and Prosser in Wight, 2008) that the focus is to ensure that those teaching the subject reflect on and make recommendations for further improvement of the subject.

Fourie in Bornman (2004) researched on quality assurance in institutions of education in South Africa. Four particular areas were singled out, namely teaching staff, students, learning programmes and information technology. The teaching staff and learning programmes were considered to be the most important of these four areas. This points to
teachers and the curriculum as important variables in ensuring quality teaching and learning of a subject. In this study, HIV and AIDS is the subject under scrutiny. Teachers are given a special responsibility of raising education standards, not only in Zimbabwe but also in various countries. Raising the standards of student performance is a task, not just for teachers but for the community as a whole. It requires cooperative effort from the Government, State and non-government education providers, schools, principals, professional associations and parents. But the primary means by which educational standards can be raised is by working with and through the teaching profession.

It is worth noting that to ensure that students develop the comprehensive understanding and skills needed to cope with or avoid infection through necessary risk-reducing behaviour changes, it is essential that schools or institutions allocate sufficient time within the work hours and the curriculum to assist students to gain the knowledge and skills needed to prevent HIV and AIDS (ILO and UNESCO, 2006). Teachers who use the time for HIV and AIDS to teach other subjects which they feel important are not likely to instil knowledge and skills needed by students for behaviour change now and in the future. HIV and AIDS as a subject is a positive innovation towards the reduction of the pandemic in society. A successfully introduced innovation is one that teachers have adopted, that is, teachers are able and willing to implement the innovation in class and are confident in their ability to adapt it to the needs and abilities of their students (Bitan-Friedlander et al., 2004). Teachers, therefore, have been recognised as significant agents for successful innovation implementation. Their attitudes and concerns towards specific innovations have been found crucial for adopting the particular innovation (Inbar, 1996;
According to research, the success or failure of an educational innovation depends on the attitudes, knowledge, and skills of the teachers, on the aid of the relevant administrators and other colleagues, and on the teachers’ recognition of this support (Buston et al., 2002; Stevens, 2004; Bitan-Friedlander et al., 2004). Quality assurance of teachers as an important variable helps to uncover teacher factors that can undermine quality teaching and learning of HIV and AIDS.

Wight and Buston (2003) argue that many teachers consider the implementation of Sex and Relationships Education problematic for four main reasons. First, owing to societal constraints, direct discussions about sexuality issues in social interactions are embarrassing. This seems to point to the issues of culture which dictates that parents should not engage in sexual stories with their siblings. Second, teachers feel that they do not properly understand young people’s lifestyles and the recent developments in sexual health. Third, they believe that the content and values of the existing sex education curriculum are disputable representing more their own and parental values or objections. Curriculum is a key document in the implementation of a subject. Finally, teachers have little time to dedicate to sex and relationships education due to their heavy workload.

### 2.5.1 Teaching quality factors

The issue of teaching quality has been examined from various view points in the research literature. Louden (2000) believes that in order to enhance the teaching quality of instructors, it is essential that instructors know what factors and criteria are closely
related to the professional development of an instructor. These factors have been studied from different perspectives. From the perspective of instructors’ behaviour, some believe that the following five behaviour characteristics can be used to measure the teaching performance of instructors:

- clarity of lesson delivery;
- vividness of teaching material;
- enthusiasm of instructors;
- methodical course arrangement; and
- willingness to help students in their studies and self-development (Chien, 2007).

The variables unpacked by Chien show that for quality teaching and learning to take place, there are certain teacher characteristics that are useful without which effective teaching and learning of HIV and AIDS cannot take place.

From the perspective of management of administration, it is believed that a set of excellent teaching provisions should have:

- clear institutional aims and curricular content;
- good preparation/structuring by the instructor, and active involvement from the students; and
- the institution’s concern about the overall effectiveness of administrative and management structures.

From the perspective of teaching, it is believed that qualified instructors (teachers) should be able to upgrade students’ capability effectively, enhance their knowledge and skills,
improve their behaviour and attitude, and encourage them to make contributions to the organisational goal. From the perspective of learning scenario design, it is believed that instructors should attach importance to the following factors:

- students’ perception;
- their motivation and sensibility;
- development in the society; and
- individual differences (Chien, 2007).

Kekkonenoneta and Moneta (2002) also found that prudent design of course and interaction between the instructors and the students can effectively enhance the learning outcomes. Honore (2003) believes that, besides the course design and the interaction between the instructors and the students, the personal needs of the students and the professional skills of the instructors will also greatly affect the learning outcomes.

Quality assurance is a planned and systematic review process of an institution or programme to determine whether or not acceptable standards of education, scholarship, and infrastructure are being met, maintained and enhanced. Quality assurance should centre on teacher shortages, knowledge and skills teachers have about the subject, commitment to enhance quality and professionalism (Shanker, 1996). This means that to achieve high standards in the teaching and learning process the aspects raised above have to be taken cognisance of. The goal to ensure that children master a demanding curriculum cannot be achieved with inadequate staff, uncommitted teachers and teachers who lack knowledge of subject matter. Professionalism would mean that teachers use the HIV and AIDS time as allocated on the timetable to teach the subject given and not to
teach some other subjects. Some teachers fail to act professionally and end up using the
time for teaching HIV and AIDS for some other things or even use the time for other
teacher talk. In a study carried out in Zambia on how teachers spend their time using
Flander’s Interaction Analysis, it was found out that some teachers spent 40% of the
teaching time on other teacher talk (Datta, 1984). This means that time will never be
enough to equip students with enough knowledge of the HIV and AIDS subjects hence
quality is compromised.

It is argued that essential components of a quality course are:

- clearly defined and achievable learning objectives;
- relevant scholarly and up to date curriculum content;
- well designed teaching and learning materials;
- well supported total teaching and learning package;
- appropriate and necessary personal support; and
- provision of access to additional learning resources (Kefalas et al, 2003).

The teaching of the HIV and AIDS programme should meet the given standards in order
to bring about behaviour change among learners and eventually of society. If such
important components of quality teaching and learning are not observed then just
timetabling the subject is not of any help to students. Mhlanga (2008) argues that where
the curriculum is perceived relevant, learners see more life opportunities arising from
acquiring education. The striking feature of the data is the clear need not only to observe
the timetable which allocates the teaching of HIV and AIDS but to teach to excellence for purposes of stemming the tide.

JSI conducted an extensive assessment of quality assurance practices in the teaching of HIV and AIDS in the United States. The aim was to create synergies to meet broad based needs of reducing the HIV and AIDS pandemic (World Education Centre for HIV and AIDS, 2010). Although the study was carried out in a different country, it has a close relationship with the current study which looks at quality assurance in the teaching and learning of HIV and AIDS programme in schools. It aim is to stem the tide from society through the provision of quality education in schools. Developing up to date guidelines for reducing HIV and AIDS is an important component of quality services. To strengthen quality teaching and earning in the Afrocentric manner, synergies have to be created to help teachers provide quality work in the teaching of HIV and AIDS. It is worth giving Bowden’s understanding of quality learning:

It is not simply increasing the store of knowledge, taking in and retaining (or no) more and more information. It is about searching for meaning, developing understanding and relating that understanding to the world around us. As a consequence, the world is seen differently and student conceptions have undergone change. Quality learning is about conceptual change – seeing the world differently is an essential outcome (Bowden as quoted in Bowring-Carr and West-Burnham, 1997, p. 79).

The striking feature of the data is the issue of having guidelines for effective teaching of the subject. In schools, guidelines can be in form of syllabuses, schemes of work, plan books and other recommended texts. To bring about quality in the teaching of HIV and AIDS, the ultimate criterion for learning has to be the extent to which personal change
among students has taken place. One has to check whether the students and society have changed their behaviour or view totally after receiving HIV and AIDS education.

The methods that are used to teach HIV and AIDS impact strongly on the quality of teaching and learning. In Kenya, the teaching of the HIV and AIDS curriculum posed a challenge to the traditional kind of teaching, which is geared to providing information and is examination focused. Effective teaching of the HIV and AIDS curriculum require teachers to dispense with their traditional lecture method and to adopt creative and innovative teaching approaches (Kiiru in Mwebi, 2007). A United Nations population study of 24 countries in Africa including Kenya, found that teachers and schools appeared to play a limited role in AIDS awareness. Some reasons for the limited role of schooling included a heavy reliance on the traditional lecture method, overemphasis on medical and biological facts, and failure to address the real-life situations that young people find in their homes, communities and the world. Such instructional practices contributed to the limited teaching of HIV and AIDS prevention in Kenyan schools. Quality assurance helps to point to effective teaching methods and methods that are dysfunctional. In this study, teachers’ teaching methods is considered as a variable that ensures quality teaching and learning of HIV and AIDS.

The apparent convergence of the findings seem to indicate that if there is no quality assurance in the school system to enhance effective teaching of HIV and AIDS, students would not gain knowledge to change in behaviour. Lack of behaviour change perpetuates
the spread of the epidemic. The main focus of the discussion is on the importance of quality assurance in the service delivery of HIV and AIDS.

2.5.2 Factors associated with teachers’ implementation of HIV and AIDS in schools
During the early 1990s, a group of Dutch investigators studied the antecedents to the adoption of classroom based HIV and AIDS education programmes in schools in the Netherlands (Paulussen et al, 1994). They demonstrated that teachers’ adoption and implementation of HIV and AIDS education programmes were strongly influenced by their attitudes, subjective social norms and self-efficacy; by various aspects of teachers’ general disposition (student centeredness, sexual morality, responsibility and attributions for the causes of students’ HIV and AIDS related behaviours); and by characteristics of a teacher’s HIV-related interactive context (the level of collegial interaction and consensus about, collaboration on, and commitment to the HIV and AIDS programme at the school). A composite picture of a number of features emerges from the above findings. The issue of attitude is central in this discussion since attitudes form the backbone of a teacher’s pattern of hard work. Negative attitudes impact negatively on the teachers’ instructional practices.

2.5.2.1 Lack of subject matter knowledge
Lack of subject matter knowledge contributes towards poor quality teaching and learning of a subject by teachers. Kenyan teachers highlighted that they did not possess adequate information to speak with confidence about HIV and AIDS. Mwebi carried out a
conversation with some teachers on the teachers’ practices of teaching HIV and AIDS and teachers reported that:

We are supposed to teach HIV and AIDS curriculum, we do not know how to teach it. We have only two reference books and they are for the whole school. So you find it very hard. In most schools, it is not taught because we do not know what to teach (Mwebi, 2007, p. 86).

Teachers are living with this mandated HIV and AIDS curriculum not knowing what to do with it, uneasy to teach the subject matter about which they possess very little knowledge. Teachers are living in the midst of tension, uncertain what to do with this mandated HIV and AIDS curriculum. Their tension often leads to their curricular silence on the subject matter. Silin in Mwebi (2007) found out that teachers were in a “quandary” and “silence” when required to teach HIV and AIDS in American schools. Just as these American teachers, Kenyan teachers believed they did not possess adequate knowledge to teach the subject matter of HIV and AIDS. These studies help to unpack factors that are likely to affect quality teaching and learning of HIV and AIDS in Zimbabwe. This study aims to investigate the state of affairs as regards the quality of teaching of HIV and AIDS in the Zimbabwean context.

As a result of many studies in a variety of contexts it is now commonly agreed that it is the individual teacher who has most influence on student achievement, with the exception of that which each student ‘brings to the table’ (Hattie as quoted by Dinham, 2007; Mulford, 2006). Hattie and his colleagues conducted a meta-analysis of more than 500,000 studies and found that the student accounts for about 50% of the variance in educational achievement. Homes can account for 5 to 10%, schools 5 to 10%, and peers 5
to 10%. Teachers, however, account for about 30% of the variance in student achievement (Hattie, 2003, pp. 1–2). As a result, there has been a major focus on pedagogy, quality teaching and teacher performance from the late 1980s to the present. The outstanding feature of the findings seem to point to the importance of a teacher in the teaching of HIV and AIDS if we are to achieve high standards. If teachers make such a high contribution towards student learning then if at any one moment they lack knowledge, this would adversely affect the acquisition of HIV and AIDS knowledge by students.

In the context of a devastating HIV and AIDS pandemic, schools in South Africa are often seen as sites for intervention and teachers as instrumental in turning the tide of infection and its impacts among the learners. Unfortunately, it is not uncommon for teachers and other educators to believe that HIV and AIDS teaching and learning belongs to one or two separate specialists, usually in the social sciences and maybe the languages, and that other disciplines are entitled to operate on the margins or worse, not at all, as legitimate entities separate from any HIV or AIDS related education responsibilities (Laren in Dinham, 2007). To illustrate, a recent Report of the Public Hearing on the Right to Basic Education (Kollapen et al., 2006) focusing on the provision of education for learners aged between 7 and 15 years, highlights key issues that require addressing for fulfilment of the right to basic education for all. These issues include HIV and AIDS, and within this scenario, teachers are identified as the most important role-players within the education system. For many schools and teachers, this is often interpreted to mean that the teaching and learning of HIV and AIDS belong in the Learning Area (subject) named ‘Life Orientation’ in primary schools, in which teachers of young learners could support
and equip learners with life skills necessary for fighting against infection and coping with the illness and death of significant others in their lives. The above report, however, states that:

experience shows that schools do not adhere to the life orientation curriculum, that specialist life orientation teachers are not used, that teaching is fragmented and often misunderstood, or that the time allocated to it is often regarded as a free period. Furthermore, many teachers are not comfortable with the curriculum due to their own personal values and beliefs. Research indicates that life orientation is not achieving its objectives. In sum, it fails to be recognized as an important subject (Kollapen et al., 2006, p. 15).

This lack of status for Life Orientation points to a challenge for HIV and AIDS education in the South African school curriculum. A concerted effort needs to be made to integrate HIV and AIDS content across disciplines. To this effect, at the ‘Consultation on HIV and AIDS and teacher education in East and Southern Africa’ conference in Benoni, South Africa in October 2003, a need to train multi-skilled teachers was identified if HIV and AIDS education is to be successful in schools. The conference deliberations recommended that teachers should of necessity, be HIV-aware, HIV-competent and HIV-safe. In the light of these recommendations, multi-skilled teachers may be interpreted as teachers who are able to teach a discipline, such as mathematics, but are also HIV and AIDS-competent and are able to counsel learners. These studies seem to point to the need for a well researched curriculum if quality teaching of HIV and AIDS is to be achieved. A well researched curriculum is key in bringing about behaviour change among students.
2.5.2.2 The sensitive nature of HIV and AIDS as a subject matter

One way in which HIV and AIDS is transmitted is through sexual contact. To most people talking about sex is a taboo due to cultural backgrounds. In the African culture, it is unusual for a parent to talk to children about sexual matters. Similarly, teachers act in loco-parentis at school so they also feel that HIV and AIDS is a sensitive subject. In Kenya, it was found out that the curriculum failed to take cognisance of the sensitive nature of HIV and AIDS related information that is often surrounded by silence, secrecy, stigma and denial. Kelly in Mwebi (2007, p. 84) says of the HIV and AIDS epidemic:

There is no acknowledgement of its presence. A wall of silence surrounds it, publicly and privately. There is a reluctance to get it out into the open. It is concealed as TB or Malaria or Meningitis or just sickness. This silence reinforces the sense of the shame at both personal and institutional levels.

Discussing HIV and AIDS openly becomes a big issue for teachers as well as students as they are part of that society that maintains silence around this topic. They also believe that sexuality as a subject matter is too sacred to be talked about out of adult context.

Teaching about sex, sexuality, human relationships, and the like is a sensitive issue. Respondents in the Greek study felt that it is difficult for teachers to discuss sex and relationships. Most respondents characterised the issue as “taboo.” These data are also confirmed by data from earlier research on teachers (Gerouki, 2007). A taboo subject implies that there is a ban or some inhibitions in regard to discussing this topic resulting from social customs or emotional aversions. According to Buston et al. in Gerouki (2007), the socio-political context of the host society frames the implementation process and incompatibility at this level will hinder progress. By considering and practically handling sexuality as a taboo issue, health problems, related to sexual behaviours, are less
frequently discussed. However, this does not imply that such problems do not exist. Teachers either have limited information on those problems or, alternatively, choose to ignore them as a response to pressures from the general social environment and most probably from their upbringing. Respondents to this study referred to teachers’ potential feelings of embarrassment as obstructing factors when dealing with sexuality matters. This could be related to the fact that the issue is considered taboo, as well as, to the perceptions of inadequate preparation or training of Greek teachers which would be necessary for dealing with the subject.

2.5.2.3 Inadequacies in Teacher Education
Teachers are the key to success if schools are to become an open channel for information. However, the issue of HIV and AIDS requires a different methodology from the usual curriculum. Most teachers therefore need to be trained to use new material, to handle new curricula, and not least how to communicate with children and adolescents. HIV and AIDS touches very sensitive issues and taboos like sexuality, power relations and gender equity and thus requires a sensitive approach. Participatory learning and teaching techniques where discussion, communication and action are the focal points is a fruitful way of approaching the issue of HIV and AIDS.

One way of preparing teachers for this new methodology is to train them as peer educators, practising participatory methods to train the pupils as peer counsellors. Music and drama teachers are especially valuable in participatory approaches. A programme designed to train teachers for HIV prevention in Zimbabwe found that teachers were keen
to undertake HIV education, but experience had taught them that support from heads and key personnel from the education department was key to the success of programmes of HIV education. This is one of many experiences that show the importance of support throughout the whole education system if implementations are to succeed (UNESCO, 2002).

The mandated curriculum was hurriedly introduced to Kenyan schools without adequate preparation of teachers, a concern expressed by many educators. In 2002, 2 years after the introduction of this mandated curriculum, it was reported that the government planned to train one teacher in HIV and AIDS education per school and estimated 5,000 teachers would have been trained by the end of the year (Siringi in Mwebi, 2007). Yet in 2003, Praxey reported that teachers in many schools seem not to have been given such training. She explained:

We lack first of all the knowledge to handle the subject in class, in that you know in learning, like other subjects, you must have undergone the training, you must have undergone the training to get that knowledge that you have. Now in HIV and AIDS, it is a disease which has come and people need to know about it and you have not been given that knowledge and you are supposed to handle that in class and also you give to the children. So it becomes very hard for teachers, more especially for those ones who have not been exposed to any seminars of this kind, it becomes very hard in that you now try to avoid teaching it. You find the teacher doing something else because maybe she has taught whatever she had known and is finished. And so that is the end of it. So the first problem is that we don’t really have knowledge about the subject to teach in class (Praxey in Mwebi, 2007, p. 85).

While large scale research studies are sparse, some small scale studies were done as regards factors that contribute towards the implementation on HIV and AIDS in schools.
In their research on factors that contribute towards the implementation of HIV and AIDS in schools, Mathews et al (2006) found that one of the strongest predictors of the implementation of HIV and AIDS education was teacher education. This finding is consistent with that of Blake and colleagues (2005), and also with that of McCormick and colleagues in Mathews (2006) in their school-based tobacco prevention research. Teacher education is likely to improve the implementation of HIV and AIDS education by raising awareness among teachers about the HIV and AIDS problem and the importance of responding to it. Further, it may encourage the belief that something can be done, and provide concrete information and ideas about what interventions teachers can implement. The effect of education and training on the implementation of HIV and AIDS education may be teacher’s self-efficacy so they believe they are more capable of teaching about HIV and AIDS. This could be achieved through the provision of vicarious experiences (modelling with feedback), the provision of enactive mastery experience with feedback, and verbal persuasion (Bandura, 1997). These factors taken together indicate that teacher training is an important variable to achieve high standards in terms of delivering HIV and AIDS.

A research was carried out in Greece with the goal of outlining the existing conditions regarding the implementation of Health Education programmes’ in Greek primary schools. In other words “to describe the nature of the existing conditions” regarding Health Education programmes in Greek primary schools and to “identify the standards against which those conditions can be compared” (Cohen et al., 2000, p. 169). Ignoring Sex and Relationships Education is the Greek teachers’ way to respond to the lack of a
series of pragmatic requirements, the existence of which in every case, would facilitate the programmes’ implementation. According to the innovation adoption model proposed by Rogers and Shoemaker, the decision for adoption is precipitated by knowledge, that is an awareness of the innovation, and persuasion, that is an attempt to form favourable attitudes towards a possible introduction (Denman, 2002, p. 41).

Practically, this means that, in order to deal with Sex and Relationships Education, teachers need special education and training. It has been argued that “good implementation of most innovations requires on-going education and training, observation, and coaching” (Stevens, 2004, p. 394). For the vast majority of respondents, teachers’ education and training is the single most important factor that might enhance the implementation of sex education programmes. This is confirmed from data of another research study on Greek teachers, in which the lack of training was mentioned as the most important obstructing factor for the implementation of Sex and Relationships Education programmes (Gerouki, 2009). However, currently in Greece there is no, or extremely limited pre, or in-service teachers’ training organized to cover such issues. Gerouki (2007, p. 94) offered an explanation for the “invisibility” of sex education within the Greek educational settings by arguing that this reflects the state’s decisions on a policy level.

2.5.2.4 Teacher pedagogy and effective classroom management
Literature draws a close link between teaching time and knowledge acquisition in any particular subject. If there is little time to expose students to a wide range of concepts in a
particular subject then students are likely to suffer content deficiency. The main focus of
the discussion is to do with adequacy of learning time. A great deal of research shows
that the amount of learning time is a good predictor for the effectiveness of teaching
(Brophy & Evertson; Anderson et al., in Houtveen and van de Grift, 2006). Time,
however, has no meaning in itself but the way time is used is the important thing. Time is
an instrument to measure, for instance, the opportunity pupils get to learn the curriculum,
or to measure the efficiency of classroom management, or to give struggling learners
better opportunities to master the basics of the curriculum.

Researchers identified several ways of increasing allocated time, namely beginning and
ending lessons on time, reducing transition time and minimizing wasted time. Other
important factors are ensuring there are no queues waiting at the teacher’s desk, well
structured lessons and orderly lesson progression. Several researchers developed
instruments for observing efficient use of learning and teaching time in the recent past.
Some researchers used time logs; time sampling instruments were used by Flanders in
Datta (1984) used event sampling instruments. The connection between time spent and
pupils’ results was established in a large number of empirical research projects. Several
researchers stress the optimal use of time in terms of classroom management, as well as
time spent on explicit instruction of skills and integration of skills. The average teacher in
primary education spends 43% of the lesson time on instruction, 50% of the time on
working on assignments and 7% on management and organization. Research has
suggested that effective teachers spend 15% less time on management and organisation
and 50% more time on instruction and interactive activities, such as questioning and
answering, and providing corrective feedback or explanations. The findings of several studies indicate that more academically effective teachers had generally better-organised classrooms and fewer behaviour problems with pupils (Brophy & Evertson; Anderson et al., in Houtveen and van de Grift, 2006).

2.5.2.5 Direct instruction

It is argued that effective teachers incorporate an instructional sequence, called direct instruction, into their lessons. Direct instruction is characterised by beginning the lesson with a short statement of goals, reviewing previous learning, presenting new material in small steps, allowing pupils practice time after each step, giving clear and detailed instructions/explanations, providing active and ample practice, asking questions, checking for understanding and obtaining responses from all pupils, providing guided practice and explicit instruction. These steps are especially appropriate when material is new, difficult or hierarchical, or when pupils are young or experiencing learn difficulties. The Netherlands Inspectorate of Education found that 82% of the teachers started their arithmetic lesson with a short statement of goals. Some 89% of the teachers presented new arithmetic material in small steps, 84% of the teachers gave clear and detailed instructions or explanations and 74% of the teachers asked questions, checked for understanding and obtained responses from all pupils. The ‘direct instruction model’ has been proven to be effective, especially for young children and children with less academic abilities (Houtveen and van de Grift, 2006).
2.5.2.6 Adaptive teaching
There has been much debate concerning the effectiveness of mixed-ability groups. It was found, in a study of 4000 pupils in secondary schools, that a low and positive relationship (0.10) exists between streaming of pupils and mathematics achievement. In a study involving 44 secondary schools, it was found that low positive and high negative relationships exist between mixed-ability groups and exam results. The findings seem to be more consistent in elementary education. In elementary schools heterogeneous groups appear to provide the best opportunity to learn for both low-achieving pupils and average pupils (Houtveen and van de Grift 2006).

High quality instruction given to the whole class is essential. Heterogeneous grouping is, however, certainly not enough to help those pupils who are at risk of school failure. These pupils require extended learning and instruction time. In all cases, the extension of instruction time for struggling learners demands a classroom organization in which the remainder of the pupils are able to manage their own learning process. Houtveen et al. (2004; 2007) found, in a quasi-experiment in primary education, that achievement in mathematics increased significantly when teachers diagnosed pupils’ academic problems through testing and implemented prescribed plans for pupils identified at risk. In a study by Houtveen and van de Grift (2006) a significant positive relationship was found between pupils’ achievements on initial reading and frequently diagnosing pupils’ academic problems through testing and implementing prescribed plans for pupils identified at risk.
On the contrary, literature points to the fact that teachers are ineffective in terms of contributing towards the learning of pupils. Teachers are powerless in terms of making learning occur; they cannot simply open up the tops of their students’ heads and pour in the desired learning (Anderson, 2004). The stimulus-response theory has long been dismissed as a viable theory for understanding the link between teaching and learning, that is, teachers teach (stimulus) and students learn (response). As Tyler in Anderson (2004) pointed out over half a century ago, learning depends on the activities of the student: Students learn according to what they do, not according to what their teacher does; they either pay attention or they do not; they either construct their knowledge consistently with the teacher’s intended construction of knowledge, or they do not. More than a quarter of a century later, Rothkopf as quoted by Anderson (2004) reinforced Tyler’s contention by emphasizing the negative case: “The student has complete veto power over the success of instruction”. Teachers can neither make students pay attention, nor can they construct meaning for them. So what can teachers do? What exactly is the role of the teacher in student learning? Teachers must create conditions that reduce the likelihood that students will use their veto power and increase the probability that students will put forth the time and effort needed to learn what their teachers intend them to learn.

It is argued that whether teachers have an impact on student learning depends not only on teachers possessing the knowledge and skills needed to facilitate student learning, but also on their knowing when to use that knowledge and those skills to achieve the goals they establish or accept for their students. Against this background, it is important to look
at school leadership as a standing factor in the provision of quality school experiences to students.

2.6 How does leadership ensure quality teaching and learning of the HIV and AIDS programme?

The challenge for leadership in the process of quality assurance is to carefully manage the innovations and changes taking place, and transform existing culture to one that is supportive of the goal (Belawati and Zuhairi, 2007). The implementation of any subject in the school requires leadership commitment. Similarly, the implementation of the HIV and AIDS programme in schools, as a new innovation in the curriculum requires leaders who take up the challenge to change the existing work culture to that which is accommodative of the teaching of HIV and AIDS. HMIE (2006) argues that quality delivery also focuses on the role of leaders in bringing about change and improvement. This shows that leadership plays a vital role in the teaching of HIV and AIDS.

The public education authorities should monitor and evaluate the implementation of the HIV and AIDS policy in education institutions, and assist institutions with capacity building, training and implementation of the policy. Education authorities should ensure:

- the teaching of relevant information;
- the provision of knowledgeable teachers; and
- teacher commitment (ILO and UNESCO, 2006)
In a school environment the leader, who is the head in most cases, ensures that the teacher teaches the subject HIV and AIDS through supervision and timetabling. He or she mobilizes resources from parents for the effective teaching of the subject and ensure availability of textbooks and syllabus. Through supervision the head identifies training needs within the teacher. Teachers who lack skills and knowledge are exposed to workshops and in-service training. Weak leadership would not provide these basics and this will result in poor service delivery of the subject HIV and AIDS.

Senge as quoted by Bowring –Curt and West-Burnham, (1997) argues that leaders who were interviewed on requirements of educative leaders serve that there was much more than merely “running the company” in their life’s work. Each leader saw his role as a vehicle for bringing learning and change in society, he or she should act as steward. The idea of stewardship takes the leader away from possessiveness, - my school, and instead forces him to acknowledge that the task is to be of service to a community’s best view of itself. The leader is there to assist teachers and students to learn, change, and grow. For effective implementation of HIV and AIDS, leadership should involve all stakeholders so that the necessary change in behaviour among students and society is achieved.

Leadership is seen as central and essential in delivering the change, improvement and performance society increasingly expects of all organisations, including schools (Dinham, 2007). Because of this perceived importance, leadership has been the subject of both widespread in-depth study and popular writing. What has become clear is that leadership, including educational leadership, is a far more contentious, complex and
dynamic phenomenon than previously thought. School heads are the key stakeholders of school leadership and also help shape each student globally regarding economic potential behaviour with their society and interaction with the environment. It is argued in educational theory and practice that primary school heads enhance the preparation of future leaders, professionals and citizens of the world. In this context, the role of the school head is very significant as it serves to facilitate the environment for the teaching learning processes both at school and classroom level.

The head’s core values and beliefs, together with the values and capacities of other members of the school community, feed directly into the development of a shared school vision, which shapes the teaching and learning, student and social capital outcomes of schooling (Mulford and Silins, 2011). The role of the school head is essential to the function of an educational environment which facilitates the smooth transfer of knowledge, skills and attitudes during pupils’ learning processes. The primary school heads face a hoist of challenges and decisions throughout their careers and so must have the capacity to offer instructional leadership and handle the daily functions of their schools that include maintaining the academic standards of their educational institutions and more importantly implementing policies and procedures to carry out established goals. Primary school heads should ensure that their schools are adequately equipped with the desired resources so that the learners acquire maximum knowledge, skills, attitudes and values that will reduce the likelihood of pupils acquiring or transmitting HIV infections.
2.6.1 How much does leadership matter?

Leadership has long been seen as a key factor in organisational effectiveness, but interest in educational leadership has increased over recent decades. This is due to a number of factors, often related to political changes to the education system, such as the growth of school-based management in many countries over the past two decades, which has meant more influence for the school and therefore a greater role for the school manager, as powers and responsibilities have been devolved from local or national levels to the school. This has inevitably led to a growth in the importance of the head and his/her individual role, and therefore to a greater interest in leadership as a key factor in school effectiveness and improvement, a statement that appeared to be corroborated by research in school effectiveness (Teddlie and Reynolds in Muijs, 2011). An interest in transforming the public sector by learning from the business world contributed to this interest, as leadership was seen as one of the key elements that made private companies more effective than the public sector was perceived to be (Murphy et al in Muijs, 2011).

This research shows the need for leadership to take an active role in order to ensure high standard of teaching HIV and AIDS in schools.

An interest in learning from the private sector, where leadership has long been seen as an important element in business performance, was therefore a contributing factor in the blossoming of leadership in education. This interest in leadership among policy makers and researchers is backed by a great deal of rhetoric about the importance of leadership in schools. Successive British government leaders have stressed the importance of school leadership, Britain’s former Prime Minister, Tony Blair, for example, stating that “As
new head teachers you are the critical agents for change and higher standards school by school. There is literally no more important job in Britain today than yours” (Blair in Muijs 2011). School heads are there to remove stumps and blocks for students to learn effectively and reach the unreached. Without their leadership skills and efforts, students are likely to get very little from the school system.

Similarly, the English inspection agency Ofsted has claimed that changing the head teacher has been found to be the most successful means of taking a failing school out of special measures. This political rhetoric is echoed in other countries. US president Bush, for example, declared that if you have got a good principal, an innovative, smart, capable person, who is motivated and dedicated and who believes every child can learn, you will find excellence in that particular school (Bush in Muijs, 2011).

This political rhetoric has been matched by an increased investment in leadership development, with moves towards required certification and participation in leadership development and/or induction programmes for heads and principals in an ever larger number of countries, such as the UK, the USA, Austria, Hong Kong and some of the German states, and the setting up of programmes both within higher education and through private and state agencies charged engaged in leadership development. The most ambitious of these is probably the National College for School Leadership in England, set up in 2001 by the government to provide and coordinate leadership development, once again pointing to the importance attached to school leadership by the government, but also to a belief that leadership can be learned at least to some extent and that leadership
development is the vehicle to do this. Again, certification in other countries would seem to suggest this belief is widely shared, and it is common at present for greater attention to be paid to leadership development than to selection procedures. Obviously, this expenditure and emphasis beg the question of whether school leadership really is such a decisive factor in school performance.

Research would certainly suggest that leadership is a factor that can impact on outcomes. The work most often cited to this effect is Hallinger and Heck’s (1998) review as quoted by Muijs, (2011) suggest a link between leadership and school effectiveness, albeit one that is mediated by having a shared vision and goals. In most cases, outcomes have, as is common (though not necessarily sufficient) in school effectiveness research, been defined as student learning outcomes, and more specifically as test results. Attempts have been made to connect leadership (usually defined as head teacher leadership) with outcomes, usually using a regression (or multilevel) model where different variables are regressed on pupil achievement. Other studies have likewise found leadership to be a key characteristic of effectiveness, Brookover et al in Muijs (2011), in one of the earlier school effectiveness studies for example reporting that principals of effective schools were strong leaders, while other researchers in school effectiveness have found relationships between school effectiveness outcomes (usually at the pupil level) and factors such as principals developing a clear shared mission, and developing a focus on learning and teaching in the school (Teddlie and Stringfield; Levine and Lezotte in Muijs, 2011), and strong purposeful leadership by the head-teacher (Mortimore et al and
Sammons et al in Muijs, 2011). Modest positive correlations were found between principal leadership and student attitudes towards school.

Rather, as suggested in, for example, the dynamic model of school effectiveness, we would expect effective leadership to be a factor that helps create the conditions under which teachers can be optimally effective, which in turn would result in higher levels of pupil performance. This is indeed what a number of studies that have looked at more subtle ways of measuring the indirect impact of leadership have found. Both D’Agostino (2000) and Teddlie and Stringfield in Muijs (2011), for example, report that leadership of the principal was the key factor in helping create a strong shared mission and vision in the school, which in turn was related to teacher effectiveness, a finding confirmed in Hallinger and Heck’s (1998) review. Leithwood and Jantzi (1999) likewise found no direct effect of transformational leadership on student outcomes, but report an effect on school conditions.

In their analysis Leithwood and Riehl (2003) reviewed quantitative research studies published in refereed academic journals which fulfilled methodological standards and published or publishable multiple case studies or systematic single case studies. The authors state that student characteristics have the strongest effects on student achievement (including intellectual ability, motivation, and socio-economic status. Then classroom characteristics matter (including teachers’ pedagogical techniques/active teaching strategies, and, for example, staff development activities). School leadership explains 3 to
5 per cent of the variation of student achievement, but about one quarter of the variation explained by school factors in total.

Leadership effects are primarily indirect, and they appear primarily to work through the organizational variable of school mission or goals and through variables related to classroom curriculum and instruction. While quantitative estimates of effects are not always available, leadership variables seem to explain an important proportion of the school-related variance in student achievement (Leithwood and Riehl, 2003, p. 13).

Similarly, Leithwood et al. (2007, p. 1) reported that school leadership is second only to classroom teaching as an influence on pupil learning. Leadership has significant effects on the quality of school organisation and on pupil learning.

As D’Agostino (2000) points out, it would appear that effective schools are good at accumulating strong human resources by fostering cohesion and morale within the school, and that the principal plays a key role in achieving this. A systematic review of eight studies conducted by the EPPI leadership review group in the UK (but drawing on research from a range of countries) on the impact of leadership on student outcomes likewise concluded that leadership can have an effect on student outcomes, albeit an indirect one. Key mediating factors found in these studies were the work of teachers, the organisation of the school and relations with parents (Bell et al in Muijs, 2011). The evidence from the school improvement literature likewise highlights that effective leaders exercise an indirect influence on schools’ capacity to improve and upon the achievement of students, though this influence does not necessarily derive from senior managers, but can also at least partly lie in strengths of middle level leaders and teachers (Harris, 2004). Whilst the quality of teaching most strongly influences levels of pupil motivation and achievement, it has been demonstrated that the quality of leadership matters in
determining the motivation of teachers and the quality of teaching in the classroom (Fullan; Sergiovanni in Muijs, 2011). The outstanding feature of the studies seems to indicate that leadership is a critical variable in ensuring quality service delivery of HIV and AIDS in primary schools.

2.6.2 What types of leadership affect educational outcomes?
Looking at the overall impact of leadership, it is clear that there are a number of “given” views on what good leadership in schools consists of. The leadership literature tends to be quite prescriptive in nature, and factors such as transformational rather than transactional leadership, instructional rather than administrative leadership and leadership rather than management have all been posited as key elements of organisational effectiveness. Two factors strike one about this categorisation: one is the persistent use of dualities which posit one side of the coin as good and the other as bad, and the other is the way authors in the field quickly jump from limited research evidence to prescription.

Success or failure of a new idea or subject depends, furthermore, on the support the teachers receive from the relevant administrators and other colleagues. Respondents in the Greek study referred to the lack of cooperation with experts as well as to potential conflicts among members of the school community as obstructing factors for implementing sex education. Perceptions on the support from colleagues have been found as positively influential in past research (Buston et al., Wight and Buston in Muijs, 2011). Additional data from Greece has emphasized the supportive role of administrators in teachers’ decisions to implement sex education programs (Gerouki, 2009).
To an important degree, the structure of the administrative system affects the everyday school processes and the relationships between staff and administration influencing decisions on the implementation of programs. Stevens (2004) explains that teachers are often left alone to figure out how to implement an innovation, to develop material or solve any problems related to the implementation. However, he continues, they receive little recognition when they succeed but a lot of reprimanding when they fail. “In this context, is it any surprise that most teachers prefer to “stand pat” with what is comfortable rather than to attempt an innovation, no matter how convincing?” the author wonders (Stevens, 2004, p. 392).

In recent years there was talk about “decentralisation” in Greece; however, administration, control, and policy making remain centralised and bureaucratised. In such an educational system which is organised in a top-down, controlled, and centralised form, teachers are used to requiring specific guidelines, materials, and time frameworks to teach (Gerouki, 2009). Research in Greece indicates that teachers’ attitudes are all important in inclusive schools. If the legislation itself sends out contradictory messages, then teachers fail to effectively implement the subject. This seems to be the case regarding Sex and Relationships Education. The Ministry of Education introduced the development of these projects as a bottom-up Health Education activity. However, without providing additional support, adequate training, and well-designed materials, Sex and Relationships Education remained unplanned, unprepared, an “innovation” on hold. In Greece school Health Education seems to be guided by the rule of possibilities. It is a subject that the state has
been committed to introduce in the school curriculum. However, the decision has been left to the individual educator’s intentions and academic competence to handle this subject and to the inclination of the students who are already overloaded from their current school workload to have one more school activity (Gouvra et al., 1999, p. 30).

The discussion seems to point to the need for planning when introducing a subject. If the Zimbabwean government and its Ministry of Education did not plan at inception to introduce the subject, then such lack of craft literacy would negatively impact on the implementation of the HIV and AIDS programme. Failing to plan is planning to fail. This means that innovations that are not properly planned die a natural death before they are born. The success of an innovation depends on planning that guides the activities and as an innovation, HIV and AIDS subject needs proper planning for it to take off effectively.

The critical issue being raised here is that planning is a quality assurance issue and is central in the achievement of the objective of bringing behaviour change among students.

2.6.2.1 Transformational leadership

The issue of transformational leadership is outstanding in the field of quality assurance of programmes in schools. Transformational leadership has gone through a number of iterations in terms of its definition, but is usually described as leadership that transforms individuals and organisations through an appeal to values and long-term goals. In this way, it manages to reach followers and tap into their intrinsic motivation. Transformational leadership is usually juxtaposed to transactional leadership, which is seen as mainly concerned with relationships of exchange, where, for example, financial
rewards from managers are exchanged for extra employee effort. Transformational leadership is engaged with hearts and minds, and it is therefore not surprising that this conception has proved popular in education, where a strong moral purpose and commitment among both school staff and managers, relative job security and low and government determined pay levels will tend to favour the effectiveness of transformational over more transactional forms of leadership in fostering lasting change.

Transformational leadership, according to its proponents, is likely to lead to longer term change and more genuine organisational reform by raising followers’ levels of consciousness about the importance of the goals they are pursuing as an organisation, getting followers to transcend their own self-interest, and moving them to address higher-level needs (Bass, 1985). Transformational leadership is seen as better able to cope with complex situations and was, along with instructional leadership (focus on teaching and learning) found to be a characteristic of effective leaders in Hallinger and Heck’s (1998) review. There is some evidence in the literature that transformational leadership has positive organisational impacts.

Leithwood and Jantzi (1999) reported on a number of studies in which transformational leadership predicted organisational conditions, such as shared goals and purposes, school structure, and social networks, which in turn affected student outcomes, in particular those relating to belonging to school, though the relationship is not as strong as sometimes assumed. Transformational leadership from the head has not proved itself to be the panacea of school improvement that some expected it to be. It has become
increasingly apparent that there are a number of problems associated with transformational leadership as a means to organisational improvement, which are closely related to the fact that leadership in this conception is usually located in the individual leader, mainly the school head, who charismatically inspires followers, through modelling, communication and stimulation (Bass, 1985). Contingency models clearly point to the fact that leadership does not necessarily transfer across situations, and the failure of programmes give further valence to the contingency view that puts into question the universal applicability of transformational leadership. The question of fit between leader and organisational culture is a complex one. In traditional narratives around transformational leadership, the prevailing view is one of the leader moulding and changing organisational culture.

2.6.2.2 Distributed leadership
Distributed forms of leadership involve all staff in leading the organisation. This view contradicts the traditional view of transformational leadership by stating that transformational practices can reside in all members of an organisation. This is why, increasingly, researchers and policymakers have called for a move towards more distributed forms of leadership. Distributed leadership implies that the practice of leadership is stretched within or across an organisation and that there are high degrees of involvement in the practice of leadership. This “deep leadership” is co-constructed through joint practice drawing in part on yet untapped leadership potential and under-developed resources for collaboration and coordination. In this sense distributed
leadership is an emergent property of a group or network of individuals in which group members pool their expertise (Muijs, 2011).

Distributed leadership is “enacted by people at all levels rather than a set of personal characteristics and attributes located in people at the top”. However this does not mean that everyone leads simultaneously or that leadership activity has no agreed or common direction. Instead, it is a form of leadership that brings together both lateral and formal leadership processes in order to generate organizational change and development. It is educational rather than institutional in its focus and is exercised through the liberation of talents within a participatory framework. In summary, it is a form of leadership practice where individuals collaborate in order to extend and enhance the leadership capacity within or across organisations. Distributed leadership clearly holds theoretical promise in terms of organisational improvement and achievement. Research has shown that leadership effects on student learning provides some cumulative confirmation of the key processes through which more distributed kinds of leadership influence student learning outcomes. Research work has concluded that “student outcomes are more likely to improve when leadership sources are distributed throughout the school community and when teachers are empowered in areas of importance to them”. The largest contemporary study of distributed leadership practice in schools concluded that intervening to improve school leadership may not be most optimally achieved by focusing on the individual formal leader and may not offer the best use of resources. Similarly work by Muijs found positive relationships between the extent of teachers’ involvement in decision making and student motivation and self efficacy. Looking at a number of factors, Muijs found
quantitative evidence that teacher involvement in leadership had an indirect impact on pupil performance through improving teacher effectiveness (Muijs, 2011).

### 2.6.2.3 Servant leadership

Greenleaf (1977) introduced the concept of the servant leader in the popular literature on management and organisations. Servant leadership is defined as a leader’s desire to motivate and guide followers, offer hope, and provide a more caring experience through established quality relationships (Greenleaf and Spears, 2002). It is argued that the imperative of servant leaders to serve the needs and desires of followers must supersede the leader’s personal interests. Servant leaders demonstrate a sense of moral responsibility and respect for followers as they inspire followers to grow and to develop (Greenleaf, 1977).

Although the concept of servant leadership has developed a wide following since its inception, reliable means to measure it have been developed only recently (Ehrhart, 2004; Sendjaya et al., 2008). Ehrhart (2004) proposed that servant leadership involves two main constructs:

- ethical behavior; and
- concern for subordinates.

The servant leader behaves ethically, and encourages and empowers subordinates to grow and succeed, both personally and professionally (Ehrhart, 2004; Farling et al., 1999; Russell and Stone, 2002). The focus of servant leaders is not only to achieve
organizational and personal goals, but also to accept a moral responsibility to serve all stakeholders, especially subordinates (Stone et al., 2003). Parolini et al. (2009) recently concluded that servant leaders are more likely to make service to their followers their first priority. Although Turner et al. in Schneder and George (2011) did report a correlation between servant leadership and moral reasoning, underlying moral imperatives are largely present in the servant leadership framework.

Spears (1998) theorised that servant leadership is a more appropriate and effective style of leadership for non-profit organisations. As the volunteer relationship does not involve the traditional exchange of performance for compensation, more effort is required to entice unpaid workers (Spears, 1998). Given that volunteer rewards are primarily intrinsic (e.g. feelings of altruism) and are deemed more important than extrinsic motivators (e.g. monetary compensation; Alatrista and Arrowsmith, 2004), volunteers need to feel that their skills and contributions are valued (Wisner et al. in Schneder and George (2011). Spears (1998) concluded that servant leaders are more involved in the personal circumstances of volunteers; therefore, such leaders are more likely to attract the loyalty of volunteers. Considering that there is a lot of voluntary work teachers engage in at school, servant leadership is needed to motivate teachers to do the voluntary work for quality teaching and learning of HIV and AIDS.

2.6.2.4 Congruent leadership
Congruent leadership can be seen when the activities, actions and deeds of the leader are matched by and driven by a leader’s values and beliefs. Congruent leaders may have a
Congruent leadership is based on the leader’s values, beliefs and principles. It is about where the leader stands, not where they are going. Congruent leaders are motivational, inspirational, organised, and effective communicators and relationship builders. Congruent leaders are often found throughout an organisation’s structure and they are commonly not in managerial positions. Congruent leaders appear to be guided by passion, compassion and by qualities of heart. They build enduring relationships with others, stand the test of their principles and they are more concerned with empowering others, than with their own power or their own prestige (Stanley, 2008 p. 522).

2.6.2.5 Instructional leadership
School effectiveness research has put a lot of stress on the concept of instructional leadership as a key component of effective schools (Teddlie and Reynolds, 2000). Instructional leadership is seen as being concerned with hands-on involvement with teaching and learning processes, and with the head acting as the leader in terms of pedagogy and instruction rather than taking a more hands-off role concerned more strongly with administration, and has been described as those actions that a principal takes, or delegates to others, to promote growth in student learning and making instructional quality the top priority of the school and brings that vision to realisation (Hallinger and Heck, 1998). Instructional leaders have a pedagogical vision, have pedagogical expertise and focus on teaching and learning. An instructional leader promotes homogeneous approaches to factors such as teaching and behaviour management in the school, monitors teaching, and makes sure professional development
is focused on teaching and learning. In many cases instructional leaders start the process of school improvement by implementing a particular initiative promoting a teaching strategy (Muijs et al., 2004). The relationship between instructional leadership and educational outcomes is quite long established. An indirect relationship wherein three latent variables related to principal instructional leadership was found (i.e. school governance, instructional organisation and school climate) affected student achievement. The relationship was still found to be there in an overview of research on instructional leadership conducted 15 years later by Hallinger (2005a, b), and has received consistent confirmation in research.

2.6.3 Leadership with the ability to change attitudes and perceptions of teachers and students

The economic meltdown in Zimbabwe resulted in teachers developing negative attitudes and perceptions towards work. Students also developed a carefree attitude towards school work. Such attitudes have to be changed by effective leadership so as to restore quality education in the whole education system. The researcher is trying to explain how understanding the psychology of attitudes and perceptions can help leaders better manage the employees of the educational organisations in which people work. Psychological principles, when applied to organisational behaviour issues, can assist educational managers to deal with staff fairly, make jobs interesting and satisfying, and motivate employees to higher levels of productivity. This is the kind of leadership that is required in order to bring lasting changes and positive attitudes and perceptions towards work.
Allport (1935) defined an attitude as a mental or neural state of readiness, organised through experience, exerting a directive or dynamic influence on the individual’s response to all objects and situations to which it is related. A simpler definition of attitude is a mindset or a tendency to act in a particular way due to both an individual’s experience and temperament. Typically, when we refer to a person’s attitudes, we are trying to explain his or her behaviour. Attitudes are a complex combination of things we tend to call personality, beliefs, values, behaviours, and motivations. An attitude includes three components: an affect (a feeling), cognition (a thought or belief), and behaviour (an action). Attitudes help us define how we see situations, as well as define how we behave towards the situation or object. Attitudes may simply be an enduring evaluation of a person or object, or other emotional reactions to objects and to people. Attitudes also provide us with internal cognitions or beliefs and thoughts about people and objects. Attitudes cause us to behave in a particular way toward an object or person. Although the feeling and belief components of attitudes are internal to a person, we can view a person’s attitude from his or her resulting behaviour.

Alfred Adler (1870–1937), a Viennese physician who developed the theory of Individual Psychology, emphasized that a person’s attitude toward the environment had a significant influence on his or her behaviour. Adler suggested that a person’s thoughts, feelings, and behaviours were transactions with one’s physical and social surroundings and that the direction of influence flowed both ways, our attitudes are influenced by the social world and our social world is influenced by our attitudes. These interactions, however, may cause a conflict between a person’s attitude and behaviour. This conflict is referred to as
cognitive dissonance. Cognitive dissonance refers to any inconsistency that a person perceives between two or more of one’s attitudes or between one’s behaviour and attitudes.

Festinger (1957) stated that any form of inconsistency that is uncomfortable for the person will prompt the person to reduce the dissonance (conflict). The idea of whether to work in the class and get very little amount of money or whether to look for alternative means of survival was the issue at stake for teachers during the period of economic meltdown. The situation was aggravated by societal attitudes towards teachers who looked down upon them as if education had no role to play in one’s life. Teachers started to engage in personal income generating projects giving the least time to school activities. Now to remove such notions and behaviours within the teachers and make them committed to their work, requires managers with the ability to change such attitudes and perceptions so as to bring back order in the educational organisations for effective teaching of curriculum subjects.

2.6.4 Formation of attitudes

How are attitudes formed? Attitude formation is a result of learning, modelling others, and our direct experiences with people and situations. Attitudes influence our decisions, guide our behaviour, and impact what we selectively remember (not always the same as what we hear). Attitudes come in different strengths. Attitudes that are positive influence wholeheartedness and open mindedness in students, teachers and school heads during the service delivery of HIV and AIDS.
2.6.5 Changing teachers’ attitudes

How do you change someone’s attitude? To change a person’s attitude you need to address the cognitive and emotional components. Providing new information is one method for changing a person’s attitude and therefore his or her behaviour. Attitude transformation takes time, effort, and determination, but it can be done. It is important not to expect to change a person’s attitudes quickly. Managers need to understand that attitude change takes time and should not set unrealistic expectations for rapid change (Moore, 2003). Attitudes are formed over a lifetime through an individual’s socialisation process. An individual’s socialisation process includes his or her formation of values and beliefs during childhood years, influenced not only by family, religion, and culture but also by socioeconomic factors. This socialization process affects a person’s attitude toward work and his or her related behaviour.

2.6.6 Changing perception of employees

Perception is closely related to attitudes. Perception is the process by which organisms interpret and organize sensation to produce a meaningful experience of the world (Lindsay & Norman, 1977). In other words, a person is confronted with a situation or stimuli. The person interprets the stimuli into something meaningful to him or her based on prior experiences. However, what an individual interprets or perceives may be substantially different from reality.
A person’s awareness and acceptance of the stimuli play an important role in the perception process. Receptiveness to the stimuli is highly selective and may be limited by a person’s existing beliefs, attitude, motivation, and personality. Individuals will select the stimuli that satisfy their immediate needs (perceptual vigilance) and may disregard stimuli that may cause psychological anxiety (perceptual defence).

Literature addressed the concept of perceptual vigilance with his filter model. It is argued that, on the one hand, due to limited capacity, a person must process information selectively and, therefore, when presented with information from two different channels (i.e., methods of delivery such as visual and auditory), an individual’s perceptual system processes only that which it believes to be most relevant. However, perceptual defence creates an internal barrier that limits the external stimuli passing through the perception process when it is not congruent with the person’s current beliefs, attitudes, motivation, etc. This is referred to as selective perception. Selective perception occurs when an individual limits the processing of external stimuli by selectively interpreting what he or she sees based on beliefs, experience, or attitudes (Sherif and Cantril, 1945).

It is not easy to change the perceptions of teachers towards their work. Previous experience has taught them that anytime things can go wrong in terms of socio-economic situation. Such perceptions make teachers feel less committed to teaching and place more value in preparing for the unknown future. Broadbent’s filter theory seems to explain this notion. A “Selection for-Action View” suggests that filtering is not just a consequence of capacity limitations, but is driven by goal-directed actions (Van der Heijden, 1992). The
concept is that any action requires the selection of certain aspects of the environment that are action relevant and, at the same time, filtering other aspects that are action irrelevant. Therefore, when one is working toward a goal, one will skip over information that does not support one’s plan. In any case, people are selective in what they perceive and tend to filter information based on the capacity to absorb new data, combined with preconceived thoughts. When employees make attributions about a negative event that happened at work, they tend to underemphasize internal (dispositional) factors such as ability, motivation, or personality traits and overemphasize (external) situational factors.

2.6.7 Combinative aspects of leadership style and the interaction between leadership behaviours

The topic of interactions is an important one and affects issues of practice, theory and meta-theory (Blalock; Cronbach in Casimir and Keith Ng, 2010). A forgotten area in the leadership literature is whether task-oriented and socio-emotional leadership have additive or interactive effects on followers. A large proportion of day-to-day organisational leadership involves behaviours that can be categorised as task-oriented behaviours (e.g. scheduling the work of followers and providing them with instructions/advice) or socio-emotional behaviours (e.g. being approachable and listening to followers) (Judge et al., 2004).

Task-oriented leadership is multifaceted and encompasses a diverse range of behaviours including assigning followers to particular jobs, emphasizing deadlines, checking that
followers observe rules and regulations, setting deadlines, and pressuring followers to work hard (Misumi in Casimir and Keith Ng, 2010). Thus, an important aspect of task-oriented leadership is pressure: that is, pressuring followers to work hard and to maintain quality standards by sampling their work, monitoring their performance, as well as setting and emphasizing deadlines. Pressure appears to be a ubiquitous aspect of leadership.

Socio-emotional leadership comprises a wide range of behaviours including providing encouragement to followers and maintaining pleasant leader-follower relationships that are characterised by mutual trust, respect for followers’ ideas, and consideration of their feeling (Bass, 1985). Socio-emotional leadership also involves treating followers fairly, reducing their stress levels, expressing appreciation for their efforts, and supporting followers by being concerned about their welfare. Thus, an important aspect of socio-emotional leadership is support: that is, showing concern for the welfare of followers and expressing appreciation for their efforts. Support also appears to be a ubiquitous aspect of leadership (Casimir and Keith Ng, 2010).

2.6.8 Performance Maintenance (PM) theory and interactive effects

In Misumi’s PM theory, P stands for performance and represents those leadership behaviours that are oriented towards achievement of the group’s goals (i.e. task-oriented leadership) whereas M stands for rmaintenance and represents those leadership behaviours that maintain and strengthen the group process itself (i.e. socio-emotional leadership). According to PM theory, optimal leader effectiveness occur when the leader concurrently emphasizes subordinates’ performance (i.e. performance) and the
maintenance of good relationships with subordinates (i.e. maintenance) (Misumi in Casimir and Keith Ng, 2010).

Leadership is regarded as a process that directly affects the arousal levels of followers. Misumi attributed the consistent superiority of PM-type leadership (i.e. above-average task-oriented and above-average socio-emotional leadership) to the interactive manner in which the two leadership functions combine to affect the arousal levels of followers. That is, although task-oriented leadership is necessary, it is likely to evoke adverse psychological reactions from followers (e.g. anxiety, dissatisfaction, and resentment. Hence, there arises a need for socio-emotional leadership to reduce any adverse psychological reactions or to transform them into constructive arousal. Thus, in terms of their effects on the arousal levels of followers, socio-emotional leadership provides a psychological counterbalance to task-oriented leadership (Misumi and Peterson in Casimir and Keith Ng, 2010).

2.6.9 Combinative aspects of leadership style and interactive effects

The interaction between different types of leadership behaviours (e.g. task-oriented and socio-emotional leadership) may have more to do with how they are combined than with their frequency or intensity. An alternative conceptualization of interaction to that provided by the product-term approach is that “the effects of task-oriented and socio-emotional leadership depend on how they are combined”. Combinative aspects of leadership style address factors such as the sequencing and the temporal spacing of leadership behaviours.
The traditional conceptualisation of interaction focuses on frequencies and intensities of variables and is widely applicable and useful, hundreds of studies in many literatures provide testimony, especially for interactions involving contextual variables such as organisational culture or perceived environmental uncertainty. A boundary is encountered, however, when applying the traditional conceptualisation of interaction to variables that are behavioural because this conceptualisation does not allow for some types of interaction to be examined. For example, although it is difficult, and sometimes impossible, to manipulate the sequencing of contextual variables such as organisational culture and environmental uncertainty, it is easy to manipulate the sequencing and the temporal spacing of influence tactics or leadership behaviours.

There is evidence to support the alternative conceptualisation of the interaction between task-oriented and socio-emotional leadership based on combinative aspects of leadership style:

- The manner in which influence tactics are combined in terms of their sequencing can influence their effectiveness. For instance, rational persuasion is more effective as a follow-up tactic than as an initial tactic (Falbe and Yukl in Casimir and Keith Ng, 2010).
- The effects of some leadership behaviours have been shown to depend upon their particular combination. For instance, arbitrary and punitive behaviours provide role clarity only when not combined with other behaviours that were path-clarifying (Fulk and Wendler in Casimir and Keith Ng, 2010).
• The sequencing and temporal spacing of socio-emotional and task-oriented leadership statements influence perceptions of the statements (Casimir, 2001).

The effects of task-oriented and socio-emotional leadership are claimed here to be interactive (i.e. non-additive) based on the premise that their effects depend on how they are combined (i.e. sequenced and/or temporally spaced). Combinative aspects of leadership style influence the effects of task-oriented and socio-emotional leadership in ways that are independent of the frequency or intensity of the two types of leadership because combinative aspects of leadership style influence perceptions of the leadership behaviours. For instance, for some followers, a leader who provides socio-emotional leadership immediately before providing task-oriented leadership may be perceived as more friendly and courteous than a leader who provides socio-emotional leadership immediately after providing task-oriented leadership. The rationale behind this argument is that providing socio-emotional leadership immediately before task-oriented leadership creates a positive context for the task-oriented leadership and thereby cushions followers psychologically from any negative affect that may be evoked by task-oriented leadership.

Alternatively, some followers may perceive the psychological cushioning as “buttering up” rather than genuine consideration and thus may prefer to receive task-oriented leadership first and then receive socio-emotional leadership. Regardless of the sequencing preferences of followers, the sequencing of the two types of leadership behaviours influences how followers perceive the leader.
2.6.10 Perceptions of leadership
Leaders achieve their effects through the interpretations that followers and others derive from their behaviours (Hanges et al., 2000). The manner in which leadership behaviours are combined is crucial because it influences interpretations of the behaviours and hence shapes perceptions of and reactions to the leader. This view is based on two assumptions. First, followers receive and perceive leadership behaviours as holistic clusters rather than as disconnected separate events. Second, the patterning of their elements influences the perception of clusters of leadership behaviours (Casimir, 2001).

There is long-standing evidence supporting the assumption that the patterning of specific elements influences overall impressions. For example, Asch in Casimir and Keith Ng, (2010) showed that a person described as intelligent, impulsive, and envious is seen in a more positive light than is a person described as envious, impulsive, and intelligent supposedly because the initial descriptor establishes a context within which the other descriptors are perceived. It is possible therefore for two leaders to be identical in terms of the frequency and intensity of particular leadership behaviours and yet elicit different responses from the same follower simply because they combine the leadership behaviours differently. In other words, identical leadership behaviours can evoke different responses from a follower depending on how the behaviours are scripted.

2.6.11 Leadership scripts
Leadership scripts can exert considerable influence on perceptions of specific leadership behaviours. Scripts can be thought of as memory schemata for behavioural episodes in
that they are cognitive structures that outline a sequence of events constituting a particular activity and contain not only the details of specific events, but also the interrelationships among the events. The meaning given to a particular situation, or behaviour, is derived from knowledge structures such as beliefs and implicit theories, and schematic structures like prototypes and scripts.

There are scripts for a number of typical organisational activities such as conducting a meeting, providing performance feedback to an employee and handling absenteeism. Scripts influence attitudes, expectations, judgements, predictions, and preferences, because they serve as interpretive frameworks in that they provide a guide for people regarding how they and others should behave in a particular situation.

Given that individuals tend to see behaviour that differs from their own norms and expectations as negative, behavioural sequences that are congruent with one’s scripts would generally be preferred to those that are incongruent. It is possible, however, for unconventional leadership behaviours (e.g. tying the group together with a laundry line to simulate cohesion and standing on a chair to address followers) to positively affect follower satisfaction because it adds “spice” to routine situations and creates a novel, lighter atmosphere (Jaussi and Dionne, 2004).

Leadership scripts can shed light on the interaction between task-oriented and socio-emotional leadership because combining the same leadership behaviours in different ways (i.e. using different scripts) can evoke different reactions, even from followers with
identical leadership prototypes. For example, two followers might agree that a good leader is one who provides high levels of both socio-emotional and task-oriented leadership. However, they might hold different scripts regarding how a “good” leader should combine socio-emotional and task-oriented leadership. For one follower, a “good” leader should provide socio-emotional leadership immediately before providing task-oriented leadership, whereas, for the other follower, a “good” leader should provide socio-emotional leadership immediately after providing task-oriented leadership. Therefore, two followers who hold identical leadership prototypes but hold different leadership scripts would react differently to a particular way of combining task-oriented and socio-emotional leadership behaviours.

2.7 To what extent does the quality of the curriculum foster knowledge and skills necessary for behaviour change?

The need to implement quality assurance systems at the subject level in schools cannot be overemphasized. There is often a lack of serious engagement of subject-level staff with the quality assurance process and a lack of a self-critical and evaluative approach to the enhancement of a quality curriculum (Quality Assurance Agency in Hodgkinson and Kelly, 2007). It is argued that quality assurance can be enhanced by examining the material that is delivered and its method of delivery (Gore et al in Hodgkinson and Kelly, 2007). Material that is delivered in this case refers to the curriculum content of the subject. This study looks at the quality of the curriculum as a variable that contributes towards quality teaching and learning as regards knowledge acquisition by students about HIV and AIDS. A quality curriculum is thus a path that can be followed by schools to
fight against the epidemic. The curriculum defines for teachers the skills that students should learn established by the state or developed by a committee.

Curricula specify what children are expected to learn and how much in terms of content, level of proficiency and time. Curriculum is the driver of quality educational provision.

The curriculum is taken to be a set of intentions about opportunities for engagement of persons-to-be-educated with other persons and with things (all bearers of information, processes, techniques and values) in certain arrangements of time and space. The opportunities which the planners of curriculum intend to provide are so selected, structured and ordered as to foster a desired quality of present and future living and are to be made available under the auspices of the school (Lewis and Miel, 1978, p. 21).

Governments have always set goals for national curricula that broadly align with their vision for human welfare, social cohesion and economic prosperity although relative importance placed on each may vary. The contemporary context for setting these goals is globalisation of the economy, media and communications infrastructure, escalating warfare, democratisation, environmental degradation and, particularly in sub-Saharan Africa, the HIV and AIDS pandemic. From the HIV and AIDS life skills curriculum, students are expected to acquire skills needed for positive behavioral change, including interpersonal communication, value clarification, decision-making, negotiation, goal setting, self-assertion, and stress management (World Bank, 2002: 34). A recent survey of 70 countries found that 55 reported including HIV and AIDS in their primary school curriculum and 62 in their secondary school curriculum (UNAIDS Interagency Task Team on Education, 2005:112). However, implementation has proved challenging. In a survey of 18 low income countries, The Global Campaign found that although nearly all
had developed a HIV and AIDS curriculum, implementation was limited (Boler and Jellema, 2005).

A shift or transformation in curriculum purpose can also have profound implications for pedagogical practice. Hence, the shift towards Life Skills complements a pedagogical shift towards competence pedagogies. Competence pedagogies broadly correspond to ‘learner-centred’ teaching. The term ‘competence’ is used here because competence pedagogies have been more tightly defined, principally in the work of Basil Bernstein (2000). Competence approaches are associated with the constructivist view of learners as active and creative in constructing meaning. There is an underlying assumption of a “universal democracy of acquisition” (Bernstein, 2000:43), i.e. learners of all abilities, all social, racial and ethnic groups, and genders are inherently competent and hence able to achieve, that sits comfortably with curriculum goals of promoting equity, social justice and inclusion. Traditional content-based curricula specify knowledge to be reproduced, so that learners are assessed according to the deficit in efforts to reproduce texts.

By contrast, within competence modes evaluation is conceived as oriented towards celebration of what is present in the learner’s output (Bernstein, 2000:46-47). Competence approaches break down the rigid boundaries between subjects, for example, by using ‘projects’ that draw together knowledge from different subject areas within the curriculum. Rigid structures that circumscribe selection, pacing and sequencing of learning are also broken down, giving teachers and learners more control. Social
boundaries are eroded as teachers assume the role of ‘facilitators’, giving learners greater apparent control of social interactions in the classroom (Bernstein, 2000:13-14).

Since the late 1980s, interest has grown in the development of health education in schools. This interest has been spurred on by the AIDS pandemic. There has been an increasing quantity and variety of material intended for the education of students at primary school level. It is acknowledged that the search for affordable vaccines may take years. Treatment therapies are still not easily available in most developing countries and their availability does not call for abandoning or relaxing HIV and AIDS education, on the contrary. In the meantime, health education, which focuses on trying to influence values, attitudes and eventually behaviours, has been seen as a key strategy for holding back the spread of HIV and AIDS. Education must reach those who are at highest risk. Evidence suggests that a primary group for such education is teenagers and young adults and that HIV and AIDS education should definitely be part and parcel in the school curricula in order to contribute meaningfully in the fight against HIV and AIDS especially among the school-aged children.

Without education, AIDS will continue its rampant spread, with AIDS out of control, education will be out of reach. Often times, our policy makers have referred to education as the ‘Vaccine’ against HIV and AIDS. Education as a critical means of changing behaviour at the formal level is not in doubt, and especially so in the case of HIV and AIDS which has deadly consequence. A well structured curriculum-based approach to preventive education on HIV and AIDS is therefore the sine qua non option in protecting the youths and adults alike (UNESCO (2004, p. 1).
Generally, the term curriculum can be defined as all the those selected and organised integrative, evaluative and innovative learning experiences provided to learners either consciously or unconsciously under the guidance of the school in order to achieve stipulated objectives (Thungu, Wandera, Gachie and Alumande, 2008, p. 49). This definition presents the curriculum as a programme that a school uses to accomplish its purpose. It also presents education as the responsibility of the school to facilitate character building and moral training. Instruction in school subjects is only part of the school curriculum. On the whole, the school curriculum is concerned with the moral, intellectual, emotional and social development of the learner.

As Pinar, Slattery, Reynolds, and Taubman in Baker (2010) note, curriculum derives from the Latin currere, meaning a racecourse or track. Significantly, we are to understand this track not as linear but as circular, where the ending meets back up with the beginning, the emphasis on the journey. A curriculum is a plan or program of all experiences which the learner encounters under the direction of a school (Tanner and Tanner, 1995: 158). According to Gatawa in COL (2000), it is the totality of the experiences of children for which schools are responsible. All this is in agreement with Sergiovanni and Starrat in COL (2000), who argue that curriculum is that which a student is supposed to encounter, study, practice and master, what the student learns. For others such as Beach and Reinhatz in COL (2000), a curriculum outlines a prescribed series of courses to take.
A curriculum is a three dimensional document and takes into account the needs of the students, the content and the instructional methodology while the syllabus is a unidimensional document, which lists the subjects, and contents outline with broad time allocation. Nevertheless, even the presence of essential components in the curricula documents may not mean that they are of appropriate quality.

From the definitions above, it is possible to state that a curriculum has the following characteristics:

- it comprises the experiences of children for which the school is responsible;
- it has content;
- it is planned; and
- it is a series of courses to be taken by students.

In addition, a curriculum considers the learners and their interaction with each other, the teacher and the materials. A subject that lacks a curriculum is likely to lack direction in its teaching and learning because both teachers and students have nothing to guide them.

The Quality Assurance Handbook (CVCD and UGC, 2002, p. 60) comments that:

Aims should cover both the level of achievement expected of students (knowledge, understanding, intellectual and personal/transferable skills), and the effort and resources provided by the department(s) concerned to enable students to meet these levels of achievement.

The aims should be supplemented by student learning outcomes, which should differentiate between the programmes offered. Although not essential, it may help to group student learning outcomes under the following headings:

- subject knowledge and understanding;
• intellectual and analytical abilities; and
• personal transferable skills (CVCD and UGC, 2002, p. 60).

Schools follow the formal curriculum. According to Urevbu in COL (2000), formal curriculum refers to what is laid down as the syllabus or that which is to be learnt by students. It is the officially selected body of knowledge which government, through the Ministry of Education or any body offering education, wants students to learn. The Ministry of Education issues out a policy directive through a curriculum policy stipulating time allocation for the subject. A detailed syllabus document is then issued out stipulating the content to be taught which is uniform in all schools.

In many countries, the curriculum is already overcrowded and even out-dated. The HIV and AIDS epidemic has accelerated the need for a new curriculum with emphasis on life skills in order to encourage behaviour changes. The development of HIV and AIDS teaching and learning materials would also be beneficial in order to make AIDS education less dependent on each individual teacher, and to secure the quality of the material (UNESCO, 2002). The current study looks at how the curriculum can enhance quality service delivery of the HIV and AIDS programme.

Teachers must be aware of the need for curriculum alignment, that is, the critical connection between the standards/objectives, the assessments, and the instructional activities and materials (Anderson, 2004).
It is argued that the HIV and AIDS epidemic will require a change in the content and role
of education (UNESCO, 2002). Curricula must be changed to meet the pupils’ needs, and
must focus more on life skills such as decision-making and interpreting social settings. A
change of curriculum is also needed in order to reach marginalised groups. The HIV and
AIDS epidemic has accentuated the need for a relevant curriculum to cope with the
situation. In many countries, the existing curriculum is already too overcrowded, so
comprehensive alterations are needed to adjust the curriculum to the national and local
reality. These changes need to be initiated from the national level, in order to secure
national coverage and high quality. It is however of great importance that actors from all
levels participate in this reform.

A study by Fullan and Miles in 1992 warns that the symbols of reform (new legislation,
task forces, commissions, reports, plans etc.) are sometimes confused with the substance
of change. If a true change is to occur, considerable work at grass-roots level is required.
Changes such as a revision of curricula need to make adequate contact with and provision
for the teachers on whom the success or failure of the reforms greatly depend. The
teacher’s role may also experience a change. HIV and AIDS necessitate psychological
support for the children from affected families, and teachers find that they are
increasingly being used as counsellors for pupils. In Zambia, programmes in counselling
are being established in the universities and some teacher training institutions in order to
prepare the teachers for this role (UNESCO, 2002).
In response to the HIV and AIDS epidemic, the Zimbabwean government introduced HIV and AIDS education among learners in schools in 1993 as one of the HIV and AIDS prevention strategies. HIV and AIDS education in schools is an important prevention strategy because HIV prevention efforts targeted at young people, before they become sexually active and/or HIV positive, may slow down the spread of the epidemic in Zimbabwe. The Ministry of Education in Zimbabwe introduced HIV and AIDS education in all primary schools from grade 4 to grade 7 and in secondary schools from form one up to form 6. The curriculum for HIV and AIDS education and life skills in schools in Zimbabwe was developed in 1993 and was revised in 2003. Training workshops on how to implement the programme were conducted for education officers and headmasters at national and at regional levels. Both primary and secondary school teachers were trained (Musumi, 1993, p. 1). The purpose of the HIV and AIDS education and life skills programme in schools is to provide knowledge about HIV and AIDS to learners, to promote healthy lifestyles, positive values and attitudes and responsible behaviour among learners (MOESC 2003:5). This is in line with the Zimbabwe National HIV and AIDS policy which states that children should have access to knowledge and life skills that are needed to avoid HIV infection (National HIV and AIDS Policy, 1999). The question of exposure to the HIV and AIDS curriculum does not guarantee effective learning of the subject. The contents of the curriculum matter a lot for quality service delivery.

The curricula for primary and secondary school learners differ in content levels of the information but basically they include:

- human growth and development;
• information on HIV and AIDS;
• what it is;
• how it is acquired;
• how it is transmitted and prevented;
• life skills that promote positive behaviour change;
• the impact of HIV and AIDS on individuals, families, the nation; and
• promoting behaviour that prevents and reduces HIV infection and transmission among learners (MOESC 2003, p. 5-7).

Through this HIV and AIDS education and life skills programme it is hoped that learners in Zimbabwe will be able to identify ways by which HIV can be acquired, transmitted and prevented. They will acquire knowledge and life skills to protect themselves from acquiring HIV and AIDS, recognise abuse, make informed choices, discuss issues about HIV and AIDS openly, and use life skills that combat substance and drug abuse, deal effectively with challenges and demands of everyday life and uphold moral values based on culture and religion to prevent the spread of HIV and AIDS (MOESC 2003:5-7). In Zimbabwe, every teacher, teaching grades 4 to 7, should allocate one 30-minute lesson per class to HIV and AIDS education and life skills every week.

2.7.1 Factors that influence Curriculum Implementation
2.7.1.1 The teacher
The teachers view their role in curriculum implementation as an autonomous one. They select and decide what to teach from the prescribed syllabus or curriculum. Since
implementation takes place through the interaction of the learner and the planned learning opportunities, the role and influence of the teacher in the process is indisputable. If the teacher is to be able to translate curriculum intentions into reality, it is imperative that the teacher understand the curriculum document or syllabus well in order to implement it effectively. If the curriculum is what teachers and students create together, as Wolfson in COL (2000) states, the teacher must play a more significant role in designing the curriculum. Teachers must be involved in curriculum planning and development so that they can implement and modify the curriculum for the benefit of their learners. Similarly, for effective service delivery of the HIV and AIDS programme involvement of teachers in curriculum planning cannot be overemphasized. It is argued that educators of all children must be knowledgeable about the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). Educators must translate their knowledge into culturally and developmentally competent curricula and instructional practices to ensure better outcomes for all students (Sileo, 2005).

2.7.1.2 Resource materials and facilities
It is argued that no meaningful teaching and learning can take place without adequate resource materials. This applies to curriculum implementation as well. For the officially designed curriculum to be fully implemented as per plan, the government or Ministry of Education should supply schools with adequate resource materials such as textbooks, teaching aids and stationery in order to enable teachers and learners to play their role satisfactorily in the curriculum implementation process. It is suggested that the central government must also provide physical facilities such as classrooms, laboratories,
workshops, libraries and sports fields in order to create an environment in which implementation can take place. The availability and quality of resource material and the availability of appropriate facilities have a great influence on curriculum implementation (COL, 2000).

2.7.1.3 Instructional Supervision
Curriculum implementation cannot be achieved unless it has been made possible through the supervisory function of the school head. The head does this through:

- deploying staff;
- allocating time to subjects taught at the school;
- providing teaching and learning materials; and
- creating an atmosphere conducive to effective teaching and learning.

It is the responsibility of the head to monitor and guide curriculum implementation through ensuring that schemes of work, lesson plans and records of marks are prepared regularly. The head maintains a school tone and culture that create the climate of social responsibility. Effective curriculum implementation does not take place in a school where the head is incapable of executing supervisory functions (COL, 2000).

2.7.1.4 Assessment
Assessment in the form of examinations influences curriculum implementation tremendously. Due to the great value given to public examination certificates by communities and schools, teachers have tended to concentrate on subjects that promote
academic excellence and little else. This action by the teacher obviously can affect the achievement of the broad goals and objectives of the curriculum (Tanner and Tanner, 1995).

2.7.2 What makes a “good” HIV and AIDS curriculum?

It is argued that the devil in curriculum implementation is in the details. This implies that what is planned is not what is taught. The Ministry of Education planned to have an HIV and AIDS curriculum but the question remains whether teachers are implementing that to maximum standard. Although quality education is a shared goal, quality as a concept in the context of education has always been difficult to define as it is complex and multidimensional. Most public debates on the quality of education include concerns about a student’s level of achievement and the relevance of learning to the world of employment, but also in regard of new challenges brought by a changing world, HIV and AIDS being one of those challenges that education has to address (UNESCO, 2004).

Some aspects of the background are also crucial to develop HIV and AIDS curricula that respond to the needs and some key-characteristics of the broader context of education. Regarding the context, the level of HIV prevalence is a first indicator of the urgency and scope of the problem. When looking at the few available statistics for younger population, the main finding is that HIV prevalence is very low among children aged 10-14 and start to increase at this moment, which corresponds to the starting age for sexual debut in many countries. These two sets of data are worth taking into account seriously, as they support an early intervention for HIV and AIDS education, before the onset of
sexual activity and among a group that is not yet infected by HIV. It is crucial not to miss this “window of opportunity”.

For the education system it has the implication, in particular in countries where children sometimes start school when they are older, repeat classes or do not attend school regularly, and do not have a linear schooling. Enrolment is also dramatically dropping at the end of the primary level in many countries. These data underline the importance for HIV and AIDS education to start already at primary level and to comprehensively address issues directly related to HIV and AIDS already at the 3rd or 4th year of school. In addition numerous studies on behaviours show that it is easier to promote safer sexual behaviour before the onset of sexual activity.

2.7.3 Main weaknesses of inclusion of HIV and AIDS in the curriculum

The UNESCO review reports that curricula “only” represent what is intended to achieve, and on the other hand, in the case of HIV and AIDS education in most of the countries under review, existing curricula often remain very general and do not provide the conditions for a strong and effective implementation, as shown by this review:

- HIV and AIDS education has been added in an already crowded curriculum, without making room for it;
- curricular approaches and their pedagogical implications appear to be somewhat blurred;
- HIV and AIDS education is included in wide subject areas, without being specifically scheduled within these subject areas;
• subject areas including HIV and AIDS education are often mandatory and examinable subject, but no provision are made to make sure that HIV and AIDS education is taught and that learning outcomes are examined meaningfully;
• HIV and AIDS education is included in one technical subject (natural science) area that does not allow a comprehensive coverage;
• lack of attention to gender issues is also a concern;
• teaching methodology is not appropriate;
• too much emphasis is still given to a cognitive approach;
• in particular, life skills education needs to be better understood to be better implemented;
• no time is specifically allocated to it, or much too little time;
• there is no specific and relevant assessment of learning outcomes, including acquired skills;
• teachers are not adequately trained and supported; and
• teaching and learning material is often not available.

All these weaknesses mean that too often HIV and AIDS is not taught in a meaningful and relevant manner. It means in particular that some delicate, but crucial issues, may be easily skipped. HIV and AIDS education as such may also be just not taught at all. Such situation should be of great concern for the education community, at international, national and local levels (UNESCO, 2004).
It is not the issue of curriculum only that matters in quality service delivery but the question of resource availability has also to be looked at seriously for bridging the implementation gap. Resources form the bedrock upon which quality service delivery is formed.

2.8 To what extent does the availability of teaching and learning resources ensure quality teaching and learning of the HIV and AIDS programme?

Travelling on an educational route without adequate teaching and learning resources is actually moving on a rocky road. The HIV and AIDS epidemic cannot be reduced without the effective delivery of a full range of products to support it, hence the need to provide adequate teaching and learning facilities for its proper teaching (World Education Centre for HIV and AIDS, 2010). Instructional media makes the learning process more effective in the classroom through stimulating pupils’ interest, capturing pupils’ attention, evoking responses, clarifying abstract concepts, providing variety, encouraging discussion and displays that improve the classroom learning. Provision of well designed teaching and learning materials would enhance quality teaching of the HIV and AIDS subject.

It is argued that if the impression on the senses is vivid, arresting or striking, our learning is more effective (Jacinta and Regina in Thungu etal, 2008, p 111). Teaching and learning resources are important for the following reasons:

- they enhance retention which makes learning more permanent;
- they stimulate and sustain interest in learning;
• they provide first-hand experiences with the realities of the physical and social environment;
• they help to overcome limitations of the classroom and make what may be inaccessible in class available;
• they encourage active participation by learners, especially resources that can be handled and manipulated by the learners;
• they make it easier for the teacher to explain concept; and
• they help learners to develop the power of imagination, observation, reasoning and creativity (Thungu et al, 2008).

In a study carried out by the UNESCO, access to textbooks and other instructional materials were related positively to academic achievement (Barrett et al, 2007). The availability of educational resources is very important because of its role in the achievement of educational objectives and goals. The extent to which an organisation like educational institution attains her objectives is directly proportional to the educational resources available and their utilization (Adeogun, 2001).

Educational resources can be categorised into human, material, physical and financial resources. Human resources in education are the students, teaching staff, non-teaching staff, bursar, librarian, laboratory attendants, clerks, messengers, mail runners, gatekeepers, gardeners and cooks as well as educational planners and administrators. Material resources include textbooks, charts, maps, audio-visual and electronic instructional materials such as radio, tape recorder, television and video tape recorder.
Other category of material resources consist of paper supplies and writing materials such as biro, eraser, exercise books, crayon, chalk, drawing books, notebooks, pencil, ruler, slate, workbooks and so on. Physical resources include classrooms, lecture theatres, auditoriums, typing pools, administrative block, libraries, laboratories, workshops, gymnasia, assembly halls, special rooms like sickbay, staff quarters, students’ hostels, kitchen, cafeteria, lavatory and toilet. Financial resources are the monetary inputs available for and expended on the education system. These include money allocated to education by the government grants, PTA levy, and donations from philanthropists and internally generated funds.

Individuals have perceived and acknowledged the purpose and function of resource in effective teaching and learning. Hallack in Adeoggun (2001) emphasised that the availability, relevance and adequacy of educational resource items contribute to academic achievement and that unattractive school buildings, crowded classrooms, non-availability of playing ground and surroundings that have no aesthetic beauty can contribute to poor academic performance. Fuller in Adeogun (2001) discovered that students who had used two or more books were almost three times better than those who had no textbooks in school.

Anderson in Adeogun (2001) discovered that teachers who regularly monitor and supervise their students’ learning by checking students’ work and helping individual student to overcome errors and learning difficulties are likely to have student who exhibit higher level of achievement. Bajah, Oni and Adesina in Adeogun (2001) discovered that
human resources played the important role in the teaching-learning situation than any other factor of production and that the quality of education hinges upon the qualities of teachers available. Edward in Adeogun (2001) found that as school’s condition improved from one category, for example, from poor to fair students’ standardised achievement scores rose an average of 5.45 percentage points.

Lorton and Walley in Adeogun (2001) posited that learning experiences are richest when the environment (physical resources) around them meets their needs through its adequacy and effective utilization. Walberg and Thomas in Adeogun (2001) in their own contribution reported that children learn best when they can actively explore an environment rich in adequate materials.

At the seventeenth Lagos State Congress of All Nigerian Conference of Principals of secondary Schools (ANCOPSS) held in December, 2002 an ad hoc committee was set up to identify the causes of poor performance in the WASSCE. The committee was also asked to suggest ways of improving the quality of education in order to enhance better performance in both internal and external examinations in the state and obtained information on students’ population as well as infrastructural facilities. They identified possible factors militating against the enhancement of quality education and better performance of students in both internal and external examinations. Such factors include criteria for transition from primary to secondary schools, unplanned school plant, inadequate provision and maintenance of infrastructure, rapid student population growth, teachers’ qualification and experience, teaching-learning process, student-teachers
relationship, student-teacher ratio, school authority-teacher relationship, student progression, among others.

During the first Lagos State Education Summit held in July 2004, the Chairman of Post–Primary Teaching Service Commission explained that 90% of the schools have no laboratories and the available ones were ill equipped. Nearly all the workshops were without the required equipment. Many buildings in the schools had become dilapidated. He also observed that students did not have necessary textbooks. Hence, the interplay of nature and nurture on quality education and student academic performance is an important issue that cannot be overlooked by the stakeholders in education industry.

Newton in Adeogun (2001) professed that the magnitude of instruction are more scientific base; make instruction more powerful; make learning more immediate and finally make access to education more equal Adeogun (2001) discovered a very strong positive significant relationship between instructional resources and academic performance. According to him schools endowed with more resources performed better than schools that are less endowed. This corroborated the study of Babayomi in Adeogun (2001) that private schools because of the availability and adequacy of teaching and learning resources performed better than public schools. Adeogun (2001) discovered a low level of instructional resources available in public schools and stated that our public schools are starved of both teaching and learning resources. He expresses that effective teaching cannot take place within the classroom if basic instructional resources are not present.
Loxley in Adeogun (2001) revealed that inadequate supply of textbooks in schools is having a toll on teaching and learning activities in many of the countries in the world. According to him, the World Bank data recorded the number of student to a textbook as ratio 20 as to 1. Sodimu in Adeogun (2001) in his findings reported that based on the high cost of textbooks, many students have been unable to buy books that will help to promote the quality of education they receive in Lagos state public secondary schools. He even stressed that parents believed so much in government funding the education in public schools to the extent that they become non-chalant towards equipping their wards with textbooks. Textbooks as indicated by Oni in Adeogun (2001) are indispensable to the quality education and students’ academic performance in all the schools in the world.

Large scale school effectiveness studies have highlighted the importance of textbooks and other learning materials on student performance. For example, Fuller and Clarke (1994) reviewed School Effectiveness studies in less developed countries that adjusted students’ achievements for their family background and found “rather consistent school effects” in relation to availability of textbooks and supplementary reading materials. Around 50% of the reviewed studies showed significant positive associations between academic achievements and school inputs. Velez et al. (1993) reviewed 18 empirical quantitative studies at the primary level conducted in Latin America and the Caribbean mainly in the 1980s and identified that access to textbooks and other instructional materials were related positively to academic achievement. More recently, the World Bank Operations Evaluation Department’s review on the “determinants of education

167
quality in developing countries” (Boissiere, 2004) further confirmed textbooks and writing materials as key contributors to school effectiveness at the primary level in developing countries. Lee et al. (2005) analysed the SACMEQ II data and found that students in better physically resourced schools achieved higher.

Michaelowa (2001) analysed the PASEC data on primary education in five Francophone Sub-Saharan African countries Burkina Faso, Cameroon, Côte d’Ivoire, Madagascar and Senegal. It was found that the availability of textbooks had strongly significant and positive impact on learning outcomes. In short, much literature in the developing countries does seem to suggest that resources do matter and the single most important cost-effective input is the textbook and other pedagogical and learning materials. Not only do materials need to be selected or developed to support desirable pedagogical practice but conversely the availability of materials has implications for pedagogical practice.

Beeby in Adeogun (2001) reported that good education costs more than bad. Inadequacy of funds handicaps principals in their administrative and academic functions. Adeogun (2001) asserted that education as a social service requires adequate funding to procure, maintain and keep the school services going. In the foregoing perspective, the value of any educational system as an investment lies in its capabilities to continuously serve its clients (students) better and remain relevant. In this regard, educational planners and managers are faced with the challenges of providing adequate and qualitative resources for the system.
World Bank in Mupa and Chabaya (2011) argues that books are effective in raising test scores. It further argues that where there are really no learning materials in schools, virtually no learning takes place. Nyagura in Chivore (1994) found out that primary school pupils in Zimbabwe which were well equipped with facilities such as textbooks, libraries, vehicles, televisions, chalk, paper, pencils, etc did far much better in grade seven Mathematics and English examinations than primary schools which lacked these. Dore in Chivore (1994) highlights that commonsense suggests that teachers however well educated and trained, are rendered less effective if schools lack the basic facilities, equipment and materials necessary for learning.

2.9 Summary
The chapter has reviewed literature related to how quality assurance can improve the service delivery of the HIV and AIDS pandemic. This was done in order to clarify the concept Quality Assurance and HIV and AIDS; guide the development of the interview/questionnaire and provide a theoretical framework in terms of which research findings can be analysed. The concepts Quality Assurance and HIV and AIDS were defined and literature was reviewed. Literature has pointed to the need to look at systems that contribute towards the teaching of HIV and AIDS. Quality assurance is needed as the synergy to bring about effectiveness in each subsystem for quality teaching and learning of the subject. Having reviewed the literature on how Quality Assurance can improve the service delivery of HIV and AIDS programme in primary schools, the research methodology will be discussed in the next chapter.
There are quite a lot of issues that have been raised from the review of related literature. A summary review of literature shows that health (including HIV and AIDS prevention) curriculum and school-based programmes are more effective when:

- the learning has been well planned in an explicit, written instructional programme, (comprised of required learning outcomes (curriculum), a recommended set of teaching methods, selected teaching/learning materials and a programme of teacher in-service) that is approved by the school board, known by the school principal and followed by the teacher;
- required or mandatory learning outcomes are described clearly in the curriculum by the education authorities;
- the instructional time required to learn about HIV and AIDS, STD and sexuality is stipulated and adequate to achieve the required learning outcomes;
- non-didactic teaching methods are recommended and promoted; exemplars are included in the supporting curriculum documents;
- the required learning outcomes for HIV and AIDS, STD and sexuality are part of a comprehensive health or personal/social development curricula;
- students are offered additional opportunities to learn about HIV and AIDS, STD and sexuality in related curricula such as family studies, physical education and science;
• other opportunities for learning about HIV and AIDS, STD and sexuality are encouraged integrated with suggested interdisciplinary learning activities and curricula;

• youth or student leadership through empowering opportunities related to sexual health promotion is supported, implemented and monitored;

• the requirements of teacher pre-service training relevant to HIV and AIDS, STD and sexuality are made available to faculties of education for inclusion within teacher pre-service programmes; and

• In-service teacher education and training is provided systematically to all involved teachers, also crucial when new areas (such as HIV and AIDS prevention) and new teaching methods (such as life skills education) are integrated in the curriculum.

Effective programmes are those that have a positive influence on behaviour as regards sexuality, drug use and non-discrimination, and not those that simply increase knowledge and change the attitudes of students. From the review of literature, the following is the summary of the characteristics of effective curricula and programmes for HIV and AIDS prevention education:

• base the intervention/programme on sound theoretical approach;

• focus on life skills with the aim of reducing risk-tasking behaviours, in particular by delaying first sexual intercourse and encouraging protected intercourse;

• concentrate on personalising risk through active participation of learners, by using appropriate role-playing and interactive discussions;
• provide clear messages on sexual activity and discuss straightforwardly the possible results of unprotected sex, and in equally clear terms provide comprehensive information on the ways to avoid such an outcome;

• explain where to turn for help, support and services (such as peers, school staff and facilities, and outside facilities);

• provide occasions to model and practice communication and refusal skills useful for self-protection and to build self-confidence;

• address pressure from peers and society and reinforce values, norms and peer group support for resisting pressure, both at school and in the community;

• provide sufficient time for classroom work and interactive teaching methods such as role-play and group discussions;

• select teachers and peers who believe the programme and educate them; and

• start at the earliest possible age with adapted messages and teaching methods, and certainly before the onset of sexual activity.
CHAPTER 3: RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction
This chapter seeks to highlight the research design selected for the thesis. A clear and concise description of how the study was carried out is given. The research design inclusive of population and sampling, data collection methods, research instruments, data collection procedures and data analysis procedures are discussed. The question of trustworthiness as well as ethical considerations of the research enquiry was described in this chapter. The interpretivist paradigm was chosen for this research.

3.2 Research Paradigm
In this research, the interpretivist paradigm was used to guide the study. The interpretivist paradigm can be also called the “anti positivist” paradigm because it was developed as a reaction to positivism (Ernest, 1994). It is also sometimes referred to as constructivism because it emphasises the ability of the individual to construct meaning. The interpretivist paradigm was heavily influenced by hermeneutics and phenomology (Ernest, 1994). Therefore the ontological assumptions of interpretivism are that social reality is seen by multiple people and these multiple people interpret events differently leaving multiple perspectives of an incident.

Interpretivism’s main tenet is that research can never be objectively observed from the outside. Rather it must be observed from inside through the direct experience of the people. Furthermore, uniform causal links that can be established in the study of natural
science cannot be made in the world of the classroom where teachers and learners construct meaning. Therefore, the role of the scientist in the interpretivist paradigm is to, “understand, explain, and demystify social reality through the eyes of different participants” (Cohen et al, 2007, p. 19). Researchers in this paradigm seek to understand rather than explain. The following are the main epistemological and ontological assumptions of the interpretivist paradigm:

Ontological Assumptions

- reality is indirectly constructed based on individual interpretation and is subjective;
- people interpret and make their own meaning of events;
- events are distinctive and cannot be generalised;
- there are multiple perspectives on one incident; and
- causation in social sciences is determined by interpreted meaning and symbols (Cohen et al, 2007).

Epistemological Assumptions

- Knowledge is gained through a strategy that “respects the differences between people and the objects of natural sciences and therefore requires the social scientist to grasp the subjective meaning of social action” (Bryman as cited in Grix, 2004, p. 64).
- Knowledge is gained inductively to create a theory.
- Knowledge arises from particular situations and is not reducible to simplistic interpretation.
Knowledge is gained through personal experience (Bryman as cited in Grix, 2004, p. 64).

According to Gibbons and Sanderson (2002:5) the starting point for any researcher should be for him or her to take time to reflect on the world that she/he knows and ask, “Of all the things that I believe, why do I see them as such and what is the philosophical framework that makes it so?” The philosophical frameworks that guide researchers are termed paradigms. Paradigms are sets of assumptions, values or beliefs about fundamental aspects of reality which give rise to a particular world view and serve as the lenses or organising principles through which researchers perceive and interpret reality, hence they represent what we think about the world (Creswell, 2007; Maree 2007). Our actions in the world, including the actions we take as inquirers, cannot occur without reference to those paradigms.

According to Blanche and Durrheim (1999) paradigms are all encompassing systems of interrelated practice and thinking that define for investigators, the nature of their inquiry along the three dimensions of ontology, epistemology and methodology. Blanche and Durrheim (1999) and Cohen, Manion and Morrison (2006) argue that ontology specifies the nature or essence of the social phenomena or reality being investigated, hence pure reality cannot be known as it can only be interpreted through our senses and experiences resulting in differing perspectives of reality. According to Cohen and Manion (1994) this leads to questions of whether social reality is external to the individual, that is, imposing itself on his/her consciousness from without or whether it is the product of the
individual’s consciousness. Is reality of an objective nature, or the result of individual cognition? Is it given ‘out there’ in the world, or is it created by one’s mind? As a result everyone has his/her own interpretation of reality that emerges from one’s epistemology.

Epistemological assumptions concern the very bases of knowledge, its nature and forms, how it can be acquired and how it is communicated to other human beings (Burrell & Morgan in Cohen et al., 2006; Cohen and Manion, 1994). Epistemology, as viewed by Blanche and Durrheim (1999) specifies the nature of the relationship between the researcher and what can be known thus showing the researcher’s philosophical orientation. According to Trochin in Krauss (2005) epistemology is the philosophy of knowledge or how we come to know. Cohen and Manion (1994) explore whether it is possible to identify and communicate the nature of knowledge as being hard, real and capable of being transmitted in tangible form or whether ‘knowledge’ is of a softer, more subjective, and spiritual or even transcendental kind, based on experience and insight of a unique and essentially personal nature. The epistemological assumption in these instances determine extreme positions on whether knowledge is something that has to be acquired on one hand, or is something which has to be personally experienced on the other (Burrell and Morgan in Cohen et al., 2006; Cohen and Manion, 1994).

Our epistemological orientation enables us to either see knowledge as absolute and separate from the researcher and linked to a knowable external reality or to see it as part of the researcher and relative to the individual’s experiences that are associated with his/her environment. It is how researchers align themselves in this particular debate that
affects how they go about uncovering knowledge of social behaviour in their research studies. The researcher’s theoretical lenses play an important role in the choice of methods because the underlying belief system of the researcher (ontological assumptions) largely define the choice of methods.

Krauss (2005) argues that epistemology is intimately related to ontology and methodology. As ontology involves the philosophy of reality, epistemology addresses how we come to know that reality while methodology identifies the particular practices used to attain knowledge of it. Our knowledge about the phenomena is organised and increased through methodology which is a set of rules, principles and formal conditions that ground and guide scientific inquiry. This research is grounded in the qualitative research paradigm.

3.2.1 Phenomenological perspective

This study adopted the phenomenological perspective. Within qualitative research, phenomenological studies emphasising interpretive analysis are most strongly devoted to capturing the uniqueness of events (Yin, 2011, p. 14). Phenomenology is rooted in philosophy. Central questions revolve around the structure and essence of experience of the phenomenon for the people under study (Best and Kahn, 1993). Phenomenology (from Greek: phainómenon "that which appears"; and lógos "study") is a broad philosophical movement emphasizing the study of conscious experience. It was founded in the early years of the 20th century by Edmund Husserl. Phenomenology, in Husserl's conception, is primarily concerned with the systematic reflection on and analysis of the
structures of consciousness, and the phenomena which appear in acts of consciousness. One can ask the structure and essence of HIV and AIDS and the need for quality assurance for the subject in schools. Phenomenology advocates the use of qualitative methods for data gathering and analysis. Phenomenology therefore is a critical reflection on conscious experience, rather than subconscious motivation, and is designed to uncover the essential invariant features of that experience (Goulding, 2005).

The data is collected with the aim of gaining a clear, first hand picture, with no firm presumptions of what is or is not relevant (Liebow, as quoted by Dooley, 1990, p.281; Strauss and Carbin, 1990). The issue under investigation in this research is how quality assurance ensures quality teaching and learning of the HIV and AIDS programme in primary schools. So the research tried to uncover how quality assurance practices can be applied to reduce the spread of the disease and stem it among society in schools. The phenomenological perspective was seen as the most suitable perspective to use in this research.

3.2.2 Qualitative Methodology

MacCleod in Chindanya (2002:78) says qualitative methodology is defined as “a process of systematic inquiry into the meanings which people employ to make sense of their experience and guide their actions.” Veirra and Pollock in Chindanya (2002:50) note that the qualitative methodology is intended to convey the flavour of real-life experience of
“being there”. Qualitative research means any kind of research that produces findings not arrived at by means of quantification (Strauss and Corbin, 1990, p.17). Qualitative research is viewed as a collection of approaches to inquiry “all of which rely on verbal, visual, auditory and olfactory data” (Ramphele in Chindanya, 2002, p: 91). The qualitative methodology uses familiar techniques for handling verbal materials that make situations “come alive”, it keeps the investigator close to the data and markedly facilitate understanding of the phenomenon being studied (Krathwohl, 1993, p. 159). The use of a qualitative methodology to research studies relies on the data production methods that are flexible and sensitive to the social context that such data is derived from, without losing any of the standardisation or structure, and on data analysis methods that presuppose the understanding of the complexity that is entailed onto the details (Mason and Pauleen, 2003).

Qualitative research is a fundamentally interpretive inquiry process that is based on a naturalistic approach where a researcher develops a complex, holistic picture, analyses words, reports detailed views of informants and conducts the study in a natural setting (Creswell, 2007; Denzin & Lincoln, 1994). The goal of qualitative research is to explore and understand a central phenomenon in its real-situation and the research questions are broad and general and seek to understand participants’ experiences with the central phenomena (Creswell, 2007; Maree, 2007). According to Strauss and Carbin (1990) even though some of the data in such studies may be quantified, it is the mode of analysis that determines whether that study remains qualitative. This research falls under the phenomenology perspective.
The qualitative methodology can overcome certain kinds of resistance and is suited to
delicate issues such as HIV and AIDS. Qualitative research is concerned with the 'why'
and the 'how', and seeks to grasp what is actually happening rather than just regulations
and norms:

- it studies knowledge and insights regarding HIV and AIDS;
- it makes it possible to identify the needs and anxieties of the persons involved and
  unlock the real experience of others; it explores the concerns of all interested
  parties affected in one way or another by the epidemic;
- it distinguishes between what people say they have to do (the rules), what they
  say they do (the norms), and what they actually do (reality);
- it takes account of the constant interaction between points of view and processes,
  and accepts contradictions; and
- the qualitative approach provides for the study of persons and essential elements
  as a single whole and not as variables.

The aim of understanding lies at the heart of the qualitative methodology with a far
greater emphasis on processes and the significance of attitudes, points of view and
actions than on their frequency.

3.3 Research Design: Ethnographic Design
In this research, the ethnographic design was used. Ethnography is a qualitative research
design aimed at exploring cultural phenomena which reflect the knowledge and system of
meanings guiding the life of a cultural group (Richardson, 2000). Murimba and Moyo (1995:16) say the word design means “plan”. They further define research design as the ‘grand plan’ for enhancing the research’s internal and external validity. Moyo et al (2002:22) say research design is often defined as the research’s overall plan for obtaining answers to the research questions or for testing the research hypotheses. It spells out the basic strategies that the researcher adopts to develop information that is accurate and interpretable. Yin (2003) regards research design as a ‘blue print’ of research, which deals with what question to study, what data to collect and how results are analysed. Moyo et al (2002:26) note that ethnographic research is a research design where the researcher immerses in a community in order to study in detail what goes on. In the same vein, Hepper, Kivlighan and Wamplo (1992) describe ethnographic research as a qualitative research design wherein the researcher becomes intimately involved with the research participants and collects data through open-ended dialogue and qualitative interviews.

The ethnographic research design was adopted in this research. The ethnographic method of research can be used to investigate student leadership roles, pupil-teacher relationships, social relationships, changes in attitudes and behaviour and staff-parent interactions in education (Best and Kahn, 1993, p. 197-198). In this study it was used to study the relationships in terms of systems that contribute towards quality teaching of HIV and AIDS which include teachers, school leadership, resources and the curriculum. It is a method of study that is used to study behaviour change in society which is the
object of this research. In the light of the above observations, the researcher adopted the ethnographic research design as the main design in this research.

3.4 Data Collection Instruments
Research is best done by setting out clearly the relationship between what a researcher thinks can be researched (her/his ontological position) linking it to what we can know about it (her/his epistemological position) and how to go about acquiring it (her/his methodological approach). The researcher can begin to comprehend the impact of what one wants to study and how he/she decides to study (Grix, 2004, p. 68). Moreover your ontological assumptions inform your epistemological assumptions which inform your methodology and these all give rise to your methods employed to collect data. This research employed open-ended questionnaire, semi-structured interview, focus group discussion and document analysis to collect data.

3.4.1 Open-ended questionnaire
Open-ended research questions can be used in qualitative research (Burck, 2005). Questionnaires can be used to gather qualitative data (Best and Kahn, 1993, p. 202). Open-ended questionnaires provide a response format that gives respondents the freedom to provide any answer which they care to make. The researcher then has to make sense of all the response given, construct appropriate categories and then code the categories so that the data can be analysed. Open-ended questions are the most important questions in research since they offer important and unpredictable insights into human behaviour (Burton, 2000). The study benefitted from Cohen and Manion’s (1994), advice that open-
ended questionnaires should be flexible to allow respondents to give their real responses on issues under investigation. Open-ended questions brought the attention of the researcher to situations, outcomes or issues that were not anticipated when the questionnaire was designed since they do not limit the possible answers or responses as seen by Chivore (1991).

In the light of the above advantages, the open-ended questionnaire was used as a strategy to collect data in this research. The questionnaire was administered to both teachers and school heads. Research assistants that I had identified in each province and district distributed the questionnaires. I then made a follow-up after seven days in order to give respondents time to answer in full.

### 3.4.2 Document analysis

Documents are an important source of data in many areas of investigation. When document analysis is used as descriptive research, current documents and issues are the foci. The analysis is concerned with the explanation of the status of some phenomenon at a particular time or its development over a period of time. In documentary analysis records, diaries, compositions, themes or other academic work, books, periodicals, bulletins, syllabi, court decisions, pictures, films and cartoons may be used as sources of data (Best and Kahn, 1993). In this research document analysis was used to examine the textbooks, syllabuses, pictures, exercise books, timetables, curriculum policy documents that related to the HIV and AIDS subject as a measure of quality assurance to see the effectiveness of teaching the subject.
3.4.3 Semi-structured interview

In this study a semi structured interview schedule was used because it has the advantage of being reasonably objective, while still permitting a more thorough opinion and remain appropriate for studies in education (Bogdan and Biklen, 1992; Best and Kahn, 1993 and Borg and Gall, 1989). The purpose of interviewing is not to put things in someone’s mind but to access the perspective of the person being interviewed (Patton, 1990, p. 278). It provides a desirable combination of objectivity and depth and often permits gathering valuable data that could not be successfully obtained by any other approach.

Robson (1995:228) defines the interview as a kind of conversation, a conversation with a purpose. Patton (1990:206) identifies various types of interviews. The first type is the “formal conversational” interview which is suitable for gaining information from the immediate context by asking questions in the natural course of things. The second type is referred to as the “interview guide approach” where the topics and issues to be discussed are specified in advance and the researcher decides in advance the sequence and wording of the questions during the course of the interview. These two were used in this research. Cohen and Manion (1989:307) define an interview as a conversation initiated by the interviewer for the specific purpose of obtaining research relevant information and focused by him on content specified by research objectives of systematic description, prediction or explanation. Borg and Gall (1983:81) say an interview involves the collection of data through direct verbal interaction between individuals. An interview can
be described as a conversation between interviewer and respondent with the purpose of eliciting certain information from the respondent.

Chikoko and Mhloyi (1995:74) define interviewing as gaining access to what “is inside a person’s head.” An interview is described by Morgan in Bogdan and Biklen (1992:349) as a purposeful conversation, usually between two people but sometimes involving more people, that is directed by one in order to get information from the other. C.A.C.C Module (1999:100) and Maykut and Morehouse as quoted in Chindanya (2002:80) elaborate by saying an interview is a form of discourse and the discourse is shaped and organized by asking and answering of questions, thereby allowing the interviewer and the interviewee to talk about the focus of the study of thoughts and perceptions.

According to Bogdan and Biklen (1992:349) in qualitative research; interviews may be used in two ways. They may be the dominant strategy for data collection; they may be employed in conjunction with participant observation, document analysis or other techniques. In all of these situations the interview is used “to gather descriptive data in the subjects’ words so that the researcher can develop insights on how subjects interpret some piece of the world.”

Qualitative interviews vary in the degree to which they are structured (Merton and Kandall in Bogdan and Biklen 1992:349). They further argue that some interviews, although relatively open-ended, are focused around particular topics or may be guided by some general questions. Even when an interview guide is employed, qualitative
interviews offer the interviewer considerable latitude to pursue a range of topics and offer
the participant a chance to shape the content of the interview. Bogdan and Biklen
(1992:350) argue that when the interviewer controls the content too rigidly; when the
participant cannot tell his or her story personally in his or her own words, “the interview
falls out of the qualitative range.” All this was taken cognisance of in this research.

In keeping with Bogdan and Biklen’s (1992:350) thinking, the semi structured interview
was employed in this study. Ten teachers and ten school heads were interviewed and the
researcher spent in the range of twenty to thirty minutes with each interview. In the semi-
structured interview the researcher introduced the topic and thereafter guided the
discussion by asking specific questions.

**3.4.4 The interview guide**

The interview guide enabled the researcher to obtain data required to meet specific
objectives of the study and “to standardise the situation to some degree” (Borg and Gall
1989:451). The interview guide lists the questions that are to be asked during the
interview in the desired sequence and it provides guidelines to the researcher regarding
what to say at the opening and closing of the interview. Although the questions are
usually asked as they appear in the guide, the interviewer has the latitude to pursue a
range of topics. According to Bogdon and Bricklen (1992:350) the important thing here is
not to allow oneself (researcher) to control the content so rigidly that the interviewee fails
to tell his/her story in his/her own words. In this research the interview guide was used in
the context of the remarks made above.
3.4.5 Focus group discussion

This research employed focus group discussions. I visited schools in the selected provinces and held a focus group discussion in each province comprising of seven teachers and a school head in each case. In the focus group discussion, data were generated by interaction between group participants. Participants presented their own views and experience, but they also heard from other people. I actually recorded what participants said. Focus groups are synergistic in the sense that the group works together: the group interaction is explicitly used to generate data and insights. In responding to each other, participants reveal more of their own frame of reference on the subject of study (Ritchie and Lewis, 2004).

The focus group presents a more natural environment than that of the individual interview because participants are influencing and influenced by others-just as they are in real life (Casey and Kreuger, 2000, p. 11). It is also noted that focus groups are naturalistic rather than natural events and cannot and should not be left to chance and circumstance; their naturalism has to be carefully contrived by the researcher (Bloor, Frankland, Robson and Thomas, 2001, p. 57).

The key element here is the involvement of people where their disclosures are encouraged in a nurturing environment. It taps into human tendencies where attitudes and perceptions are developed through interaction with other people. Some topics are better
discussed by a small group of people who know each other while some people need company to be emboldened to talk (Maree, 2007).

The focus group interview strategy is based on the assumption that group interaction will be productive in widening the range of responses, activating forgotten details of experience and releasing inhibitions that may otherwise discourage participants from disclosing information (Maree, 2007). The focus group discussions in this study produced data rich in detail that is difficult to achieve with other research methods. Group dynamics in focus group interviews enabled participants to be able to build on each other’s ideas, experiences and comments to produce data that is rich in detail and not attainable from individual interviews (Maree, 2007). Unexpected comments and new perspectives could be explored easily within the focus group and added value to the study. The focus group discussions enabled participants in this study to interact with each other rather than with the interviewer, such that the views of the participants emerged rather than the researcher’s agenda prevailed (Cohen, et al., 2006). It was from the interaction of the group that the data emerged. In the light of the above advantages, this research also used focus group discussion as one of the data gathering instruments.

3.4.5.1 Advantages of the focus group interviews

A number of advantages associated with the use of focus group interviews in data collection have been identified. Thomas and Nelson (2001, p. 36) point out that focus group discussion “can be an efficient data collection technique because the researcher can gather information about several people in one session”. It is also noted that focus group
interviews provide data more quickly and at a lower cost than if individuals are interviewed separately. Given limited funding, the use of focus group interviews enabled me to collect adequate data economically. It is also argued that focus groups may provide quality controls because participants tend to provide checks and balances on one another and can serve to curb false or extreme views (Thomas and Nelson 2001, p. 337). It is also pointed out that in focus group discussions, people naturally interact and are influenced by others and that helps to increase the face validity of the data. Group members get to hear what others say in the group which may stimulate the individuals to rethink their own views.

In focus group interviews, the researcher interacts with respondents and this allows for clarification, follow up questions and probing. Moreover, in focus group interviews, the researcher can gain information from non-verbal responses to supplement or even contradict verbal responses. Use of focus group interviews is also emphasized by feminist researchers because it is very flexible, data is reflected in the respondents’ own words and deeper levels of meaning can be identified (Thomas and Nelson 2001). Because of these advantages, I was able to get detailed rich data from the group interviews in connection with women teachers’ experiences, opinions and views on promotion of women to headship posts. However, the focus group as an instrument for data collection has its own limitations as discussed below.
3.4.5.2 Disadvantages of focus group interviews

One limitation of the focus group interview is that “some may be reluctant to state their views in public or there may be power struggles in the group and this may spoil the discussion” (Thomas and Nelson 2001, p. 337). To minimise these disadvantages, I grouped the participants in terms of their levels in the teaching profession, that is, teachers on their own and heads on their own so that they could at least operate on more or less the same level.

Thomas and Nelson (2001) have summarised the limitations of focus group discussions as follows:

- interviewer has less control of what information will be produced and this results in the production of chaotic data whose analysis is more difficult;
- small numbers severely limit the ability to generalize to larger populations;
- moderator may knowingly or unknowingly bias results by providing cues about what types of responses are desirable; and
- uncertainty about accuracy of what participants say and results may be biased by presence of a very dominant or opinioned member and more reserved members may be hesitant to talk.
To minimise some of these limitations and to increase trustworthiness and dependability of the data collected, I triangulated data from the focus groups with data collected through other data collection methods namely personal interviews and questionnaires.

Qualitative methods can be used to uncover and understand what lies behind any phenomenon about which little is yet known (Strauss and Corbin, 1990, p. 19). Little is yet known as regards how quality assurance can enhance the service delivery of the HIV and AIDS programme. To this end, the interview, open-ended questionnaire, focus group discussion and document analysis were seen as useful methods of data collection in this research. This would be of importance in terms of triangulation of instrumentation.

3.5 Piloting the instruments
Pilot testing is considered as one of the most critical elements in qualitative research (Gulati, 2011, p. 529). A pilot study helps the researcher to fine tune the study for the main enquiry. Pilot and Hungler in de Vos et. al., (2005) define a pilot study as a “trial run of what is intended to be a later larger project”. Bless and Higson-Smith in de Vos et. al., (2005) argue that a pilot is a small study conducted prior to a larger piece of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate. It can therefore be argued that a pilot is a small study that is conducted prior to the main investigation with the intention of improving the success and effectiveness of the main study.

After the construction of the questionnaire and interview schedule, a pilot test of the questionnaire and interview schedule was run using teachers and school heads who were
part of the population but not part of the sample and whose attributes and characteristics were similar to those of the target population in order to assess the validity and reliability of the questionnaire and interview schedule, the feasibility of the study and the suitability of the research design.

Literature points to the need to practice some of the key research procedures independently and on a trial basis in qualitative research. Pilot studies help to test and refine one or more aspects of the study, for example, its design, fieldwork procedures, data collection instruments, or analysis plans. In this sense, the pilot study can range from logistical topics like learning about time needed to cover certain procedures to more substantive ones covering refining a study’s research (Yin, 2011).

The pilot study is important because it principally increases the reliability, validity and practicability of the questionnaire (Cohen, et al., 2006; Oppenheim, 1996). Pilot testing the questionnaire and interview schedule helped the researcher to: check the clarity of the wording of questionnaire items, suitability of the research instruments, instructions and layout, eliminate ambiguity or difficulties in the instructions, check the time taken to complete the questionnaire or work through the interview, reveal omissions or previously unanticipated answers in questions and identify redundant questions and those that are commonly misunderstood or non-completed items (Cohen, et al., 2006; Haralambos & Holborn, 1995). The pilot testing process revealed a need to include the focus group discussion as another form of data collection instrument so that there are no gaps that are left in some of the questions and to make in-depth analysis of questions. Pilot testing the
questionnaires and interview guides provided the researcher with a final opportunity to improve the research instruments before finally releasing them to the target population and promoted the validity and reliability of the interview schedule and questionnaire.

3.6 Sampling Procedure
3.6.1 Multi-stage maximum variation sampling

Qualitative samples are usually small in size (Ritchie and Lewis, 2004). This is because the type of information that qualitative studies yield is rich in detail. In qualitative research, once the sample matrix has been drawn up, it is possible to draw up the quotas that need to be met in the sample selection. Quotas specify the precise number of people that will be needed with each of the characteristics set out in the sample matrix (Ritchie and Lewis, 2004, p. 102). If the sample is required in each geographic area, then an identical set of quotas would be specified for each area. This research employed the multi-stage sampling procedure. Multi-stage sampling can be used when it is either impossible or impractical to compile an exhaustive list of the elements composing the target populations. Examples would be the population of a city or nation (Babbie, 1989). The population elements are grouped into subpopulations, and a list of those subpopulations either exists or can be created practically. This research employed the multi-stage sampling procedure since it suited the nature of the study which covers the whole nation.

In qualitative inquiry the dominant strategy is purposive sampling. Literature identifies around 16 types of purposive sampling which include multi-stage maximum variation
sampling (Patton, 1990). A purposive sample is not representative but a maximum variation sample aims to be in certain situations more representative than a random sample. Multi-stage maximum variation sampling design includes quite a number of stages discussed below.

The first stage was to decide which parts of the population area to observe. In this case teachers and school heads were the target population. The aim was to represent the teachers in the education system and it was not feasible to observe every individual, so the researcher had to decide which parts of the country to include. The researcher considered that these parts are called counties and needed to select some of them. In the second stage, a number of localities or provinces were selected. The third stage needed the selection points. The selection points in this case were the districts. Inside the districts the schools were selected. The fourth stage was at the ground level where the respondent selection procedure was done (Vitcu; Lungu, Vitcu and Marcu, 2007).

3.7 Population
Moyo et al (2002:26) state that the term population in research refers to “the total number of elements or cases that one can investigate.” Murimba and Moyo (1995:52) say that the term population in research refers to “---any group of individuals that have one or more characteristics in common that are of interest to the researcher.” Best and Kahn (1993:13) and Van Dalen (1979:128) share the same definition. The target population for this research were teachers including school heads in all primary schools in Zimbabwe in the ten provinces.
3.8 Sample and Sampling procedure
A sample is a collection of some, but not all, of the elements of the population. In qualitative research a small, distinct group of participants is usually investigated to enable the researcher to “understand the problem in depth” (Horberg, 1999, p. 57; Glesne and Peshkin in Moyo et al 2002, p. 25; Krathwohl 1993, p. 191). A total of 200 teachers and heads were selected to participate in the research.

To get the 200 respondents, the researcher used purposive sampling which includes sampling by case to select 160 teachers and 40 school heads to make a total of 200 respondents in the forty schools in the four districts selected. Sampling by case is where the researcher selects at random certain cases that will in all probability, yield the information that is required. These were chosen on the basis of the grades they taught. HIV and AIDS is taught from grades four upwards in Zimbabwean primary schools. Therefore the respondents were teachers teaching grades four up to seven. This is how the sample was extracted from the accessible population. This was done to keep the sample small, which is what the qualitative approach demands.

3.9 Instrumentation procedure
Open-ended questionnaires were administered to teachers and heads using research assistants. At each school selected, the researcher would have a research assistant to distribute and collect the responses. The researcher moved round some schools carrying interviews, focus discussions and analysing documents. Respondents to questionnaires
were not interviewed. Document analysis was done especially in junior classes, grade 5 to 7 to see what actually is happening there.

3.10 Data collection procedure
The researcher physically distributed the open-ended questions to research assistants. The questionnaires were completed and returned to the research assistants where the researcher then visited to collect the responses. For interviews, a booking was done at the various selected schools and at specified times. They were recorded and transcribed and notes were made on important information. This was the same with focus groups. At various selected schools, the researcher analysed documents like exercise books, plan books, supervision timetables to measure the commitment of teachers and school heads towards effective teaching of the subject.

3.11 Data presentation, analysis and interpretation procedures
Central African Correspondence College (CACC) (1999, p. 78) says that qualitative research generates copious data, which needs to be sorted out. The sorting out of the data involves physically organising and subdividing the data into meaningful segments, which is already part of data analysis. Murimba and Moyo (1995) argue that the analysis of qualitative data should ideally begin when the researcher is still in the field, continue soon after the data collection stage has been completed and winds up at the presentation stage. This shows that data collection and analysis occurs at the same time.
In this research data presentation, analysis and interpretation would be done at the same time following thematic approach. Bogdan and Biklen (1992) argue that in qualitative research, data analysis is a vigorous process involving working with data, organizing them into manageable units. Categorizing, comparing, synthesizing them, searching for patterns, discovering what is important and what is to be learned and deciding what the researcher will tell others. Horberg (1999) argues that qualitative researchers integrate the operations of organising, analysing and interpreting data and call the entire process data analysis.

3.12 The Process of Data Analysis
Data analysis is the systematic process of searching and arranging data from interviews, questionnaires and other instruments to enable one to increase one’s understanding of the phenomena under study and present to others what one has discovered in a clear way (Borgdan and Biklen, 1992). Data analysis involves organising and transforming data into manageable units, synthesizing items, searching for patterns and deducing what is valuable and what is to be learnt. Data analysis can therefore be said to be the process of bringing order, structure and interpretation to the mass of collected data which results in the generation of patterns, themes, constructs and inferences.

Lyn Richards as cited in Bazeley (2009), suggests five signs of sufficiency for an analysis:

- Simplicity – a ‘small polished gem of a theory’, rather than ‘a mere pebble of truism’;
• Elegance and balance – it is coherent;
• Completeness – it explains all;
• Robustness – it does not fall over with new data; and
• It makes sense to relevant audiences.

In this study, data analysis was done by examining information from open-ended questionnaires, responses of interviewed participants and documentary evidence. The constant comparative method involves simply inspecting and comparing all the data fragments that arise in a single case (Glasses and Strauss as quoted by Silverman, 2000). The constant comparative method was used in analysing data. Krathwohl (1993) argues that the constant comparative method involves the researcher in analysis from the very start along with the research. Each item in the notes is coded in terms of dimension or concept of which it is an indicator. Concepts are linked with other concepts in a theory on explanation of the phenomenon. This explanation is constantly compared with data from that. Comparative methods involve arriving at various interpretations which are gleaned from use of a variety of methods. Use of comparative methods like interviews, document analysis and open-ended questionnaires would help the researcher to cross-validate findings. Moyo et al (2002) further note that it is essential to discuss analysis in the same paragraph to avoid isolated analyses which tend to result in disjointed interpretations.

It is argued that in qualitative research, some of the data may be quantified but the analysis itself is a qualitative one. The analytical procedure thus becomes nonmathematical (Strauss and Corbin, 1990, p. 17-18). To that end, some percentages
were given to give frequency of words or codes frequently used by the respondents. To make easy of analysis, the presentation of data was done at the same time with data discussion and interpretation.

3.13 Validity and Reliability (Trustworthiness of the research)

Patton (2001) states that validity and reliability are two factors which any qualitative researcher should be concerned about while designing a study, analysing results and judging the quality of the study. To be more specific with the term of reliability in qualitative research, Lincoln and Guba (1985, p. 300) use “dependability”. To ensure reliability in qualitative research, examination of trustworthiness is crucial. Seale (1999, p. 266), while establishing good quality studies through reliability and validity in qualitative research, states that the “trustworthiness of a research report lies at the heart of issues conventionally discussed as validity and reliability”. When judging (testing) qualitative work, Strauss and Corbin (1990, p. 250) suggest that the "usual canons of ‘good science’…require redefinition in order to fit the realities of qualitative research".

In qualitative research, validity refers more to the soundness of arguments than to the ‘truthfulness’ of its statements or analysis (Kirk and Miller in Lutzhof,a, Nyce b and Petersen, 2010; Feldman, 2007; Hammersley, 1992; Lutzhof,t, Nyce b and Petersen, 2010; Gelo et al, 2008; Cresswell, 2007).
In ethnographic approaches, another validation method that Silverman recommended for large datasets should be used: the constant comparative method, which is an example of analytic induction. Here, one moves from data to interpretation, compares one’s findings to the literature and other data in an iterative analysis process that over time can yield increasingly stronger results.

In qualitative research, reliability can be defined as the degree to which a finding is independent of accidental circumstances of the research (Kirk and Miller in Lutzhofta, Nynceb and Petersen, 2010) and this depends on explicitly described observational procedures. Fishman in Lutzhofta, Nynceb and Petersen (2010) uses the term dependability and describes a similar procedure: the tracking and reconstruction of the research process through careful documentation and by using a research auditor, where respondents can be these auditors. This tracking, reconstruction and using respondents as auditors is precisely what ethnography is and does. Finding consistency, but not necessarily agreement, in patterns of thought and behaviour of subjects is key to reliability in ethnography, whether one is talking about it as a field method or as a form of analysis (Fetterman in Lutzhofta, Nynceb and Petersen, 2010). Because of this emphasis on consistency, ethnographic analysis can be said to be intrinsically reliable.

The use of multiple methods of data collection by the researcher, such as open-ended questionnaires, individual interviews, focus group discussions and document analysis enhanced validity and reliability as conclusions suggested by different data sources are far stronger than those suggested by one person alone. Denscombe (2001) and Maree
(2007) argue that seeing things from two different perspectives provides researchers with different kinds of knowledge about it, helps answer different questions, provides the opportunity to corroborate findings, enhances the validity of the data and helps give some confidence that the meaning of the data has some consistency across methods. In this study, triangulation was promoted through asking similar questions to all teachers and school heads from open-ended questionnaires, interviews and in focus group discussions.

3.14 Summary
The major thrust of the chapter was on the interpretivist paradigm which was adopted in this study. The chapter focused on the ethnographic research design selected for this research. The population for the study comprised of teachers and school heads in the ten provinces of Zimbabwe primary schools. Multi-stage sampling was done to get two hundred respondents from the ten provinces. Purposive sampling and to include sampling by case were strategies used to select the research participants. Data collection methods used included open-ended questionnaires, semi-structured interviews and focus group discussions. For data processing and analysis, procedures were described in the context of qualitative ethnographic research design. The question of validity and reliability (trustworthiness) as well as ethical considerations of the research inquiry were dealt with in this chapter. In the next chapter, the presentation and interpretation of the collected data will be looked at.
CHAPTER 4: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction
Quality assurance of the HIV and AIDS programme is crucial for enhancing quality teaching and learning of the subject. Quality assurance is considered as a synergy which helps in pointing to areas that have to be improved so that there is continuous improvement in the teaching of HIV and AIDS which would bring about behaviour change and lead to stemming of the tide from society. This chapter aimed to present, analyse and interpret data that were generated from open-ended questionnaires, interviews and documents in the context of research questions. Responses to the same question were coded and grouped together. The emergent/overriding themes from the questions were identified and quotes were used extensively to provide the qualitative “feel” of the responses.

Enumeration of data was done in this study to facilitate easy communication of results. Enumeration is the process of quantifying data, and yes, it is often done in "qualitative" research to count the number of times a word appears in a document or the number of times a code is applied to the data (Miles and Huberman, 1994). This was the process where the researcher determined how frequently words or coded categories appeared in the data. To that end, some percentages were used to highlight frequency of words or phrases given in the voices of the respondents. It is argued that “enumeration helps qualitative researchers communicate concepts such as amount or frequency when writing the results” (Johnson and Christensen, 2012, p. 528).
4.2 Characteristics of the Respondents

Table 1: Demographic data of respondents

N: Number= 200

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Variable</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifications</td>
<td>PTH</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>PTL</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>CE</td>
<td>46</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Diploma</td>
<td>92</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Degree</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Masters</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>108</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>92</td>
<td>46</td>
</tr>
<tr>
<td>Teaching Experience</td>
<td>Below 2 years</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>3-4 years</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>5-10 years</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>11- 40 years</td>
<td>106</td>
<td>53</td>
</tr>
<tr>
<td>HIV &amp; AIDS Training</td>
<td>College training</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Workshops</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Age</td>
<td>20-30</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>90</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
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</tr>
<tr>
<td></td>
<td>51-60</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Location</td>
<td>Rural</td>
<td>106</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Semi-urban</td>
<td>54</td>
<td>27</td>
</tr>
</tbody>
</table>

A total of 200 primary school teachers and heads in the country of Zimbabwe participated in this study. For ease of analysis, all respondents were grouped together regardless of
whether one was a head of a school or a teacher because there is no training for heads alone. Heads are just promoted from the class. Of this total 46% (92) were female. Respondents ranged in age from a very young 20 years to 60 years of age. Just over one third of the teachers (20%) came from urban areas, a quarter (27%) from semi-urban areas, and the remaining teachers were residing in rural areas. The respondents (100%) who participated in the study were primary school trained with the responsibility of teaching HIV and AIDS in just like other subjects in the school.

All the respondents (100%) had professional qualifications basically Certificate or Diploma in Education and PTL or PTH or degree. Teaching experience varied greatly among the teachers. Approximately one third of the teachers (27%) had very little professional experience, i.e. four years or less.

In terms of HIV and AIDS education and training, no one reported receiving some form of HIV training from college. However, 9% of the respondents reported exposure to HIV and AIDS workshops.

4.3 Research Results
The researcher analysed data using the qualitative approach. Emergent themes were highlighted and data were discussed at the same time. It is argued that in qualitative research, data presentation and data analysis occur at the same time (Murimba and Moyo, 1995). In the responses, teachers’ responses were coded as (T) while heads’ responses were coded as (H) to facilitate easy categorisation.
4.3.1 The extent to which teachers ensure quality teaching and learning of the HIV and AIDS programme

All the themes that came out under this research question are listed below and each theme was then discussed with reference to the data obtained from different sources. The following themes emerged from the above research question:

- Conceptions of teachers on the subject HIV and AIDS quality teaching and learning and quality of teacher pedagogy
- Lack of knowledge in the subject affects quality of teaching and learning
- Lack of training from the teachers’ colleges affects quality of teaching and learning
- Teachers lack confidence to teach the subject
- Conception of learners and learning
- Conception of teachers and teaching
- Teachers’ conception of the nature of content
- Quality of teachers leads to poor quality HIV and AIDS teaching
- Teaching experience affects quality of teaching
- Cultural practices affect the quality of teaching
- The taboo of talking about sex militates against quality teaching and learning
- Poor planning affects quality of teaching
- Lack of commitment by teachers affects quality teaching and learning
- Teachers’ low knowledge levels of the subject affect quality of teaching and learning
• Poverty strikes students and affects lesson attendance  
• Stigmatisation affects quality teaching and learning of the subject  
• The subject is taught by depressed teachers and some who are already infected  
• Lack of discipline among students affects quality teaching of HIV and AIDS  
• Peer syndrome affects quality of learning by students  

Conceptions of teachers on the subject HIV and AIDS affect quality teaching and learning and quality of teacher pedagogy  
Respondents were of the view that lack of knowledge and training negatively affects quality of teaching and learning of HIV and AIDS. 78% of teachers and 80% of school heads confirmed the position. The above findings are supported by respondents who had the following to say:

*T: The only training I got for teaching HIV and AIDS was through a workshop. As a practitioner, I need a lot of detail to support me to teach the subject effectively*

*T: Each subject has area has a specific and special way of how to teach it. Without the knowledge of how to teach it, the teaching would be poorly done and in some cases wrong approaches used*

*H: Dealing with teachers who are not trained in a particular subject is a problem, it really affects the quality of teaching*
Teacher pedagogy enhances quality service delivery of the HIV and AIDS programme. Lack of it adversely affects knowledge transmission and dissemination. Zimbabwean schools seem to have teachers who lack the mechanics of teaching the subject. To this end, quality is being compromised. Teacher training colleges seem to be doing very little to equip teachers with the requisite pedagogy of the subject. There appears to be an assumption that once teachers are given the training and support, they will become effective vehicles for contributing to the envisioned change (Visser 2004). This study indicates that such an assumption is not true. What is required is not training in general but specific training in a specific subject if quality service delivery is to be achieved. Teacher pedagogy plays a central role in effective teaching of any subject in the school curricula. Students depend much on the quality of teaching skills of the teacher. It is argued that quality education requires well-educated and trained teachers (Barrett, 2007).

In any profession there is a specialised professional knowledge that makes it unique and distinct from other professions. This also applies to the teaching profession. One of the characteristics of good teachers is that they possess a substantial amount of specialised knowledge for teachers known as pedagogical content knowledge, which is the intersection between pedagogy and content (Shulman, 1986).

Pedagogy, which has been the focus of most teaching research between the 1960's and mid 1980's (Grossman, 1990) consists of general knowledge, beliefs, and skills related to teaching. It includes knowledge and beliefs of learning and learners, knowledge of
principles of instruction such as small group instruction (Cohen, 1986), knowledge and skills related to classroom management and knowledge and beliefs about the aims and purposes of education (Grossman, 1990). The content is a discipline perspective, which is based on the breadth and depth of the subject matter (Shulman, 1986). It is the understanding of the organisation of concepts and principles a discipline (basic to the subject matter to be taught) and the strategies within the discipline to generate new knowledge. This area of teacher knowledge had been ignored until the 1980's (Shulman, 1986). It has been revealed that having a flexible, thoughtful conceptual understanding of subject matter is critical to effective teaching. Without it, quality teaching and learning of HIV and AIDS is compromised.

In short, Pedagogical Content Knowledge refers to how teachers blend content and pedagogy to determine the most effective means to teach particular topics or problems consistent with the students' interest and ability (Shulman, 1986). Teachers need to be aware of topics that are problematic for students (Shulman, 1986; Wilson, Shulman & Richert in Kitta (2004). Emphatically, Ball (1997) says, teachers need ways to see into the subject matter through the eyes, hearts and minds of learners. Their task is to transform the content in ways that make it accessible to students while maintaining its integrity (Ball, 1993; Lampert, 1992). Moreover, knowledge changes with time and context, so teachers must learn to adapt to changes.
Lack of knowledge in the subject

Respondents highlighted that teachers lack knowledge in the subject area. 78% of teachers and 82% of school heads raised such voices. They had the following to say:

*T: Subject knowledge is a pre-requisite for effective teaching and learning otherwise one would just be wasting children’s time.*

*H: Most teachers struggle to teach HIV and AIDS because of lack of knowledge*

The kind of content in the plan books observed showed that teachers lacked knowledge of the subject in all cases. Teachers’ knowledge of the subject matter is essential for effective classroom instruction (Sileo, 2005). In addition, they also need information regarding the (a) educational, psychosocial, and medical effects of HIV and AIDS on children and families; (b) universal precautions related to infection control in school settings; and (c) ethical and legal requirements for confidentiality. Moreover, teachers must understand students’ attitudes, beliefs, and perceptions regarding susceptibility to HIV infection and their sociocultural attitudes and values as a foundation for developing culturally and developmentally competent curriculum and instruction.

Lack of training from the teachers’ colleges

In their focus groups, respondents raised lack of training at the teachers’ college as a major limitation in the quality service delivery of HIV and AIDS in Zimbabwe. This is supported by demographic data which shows that there is not even one person who
received college training on teaching of HIV and AIDS. They lamented that lack of adequate skills in the implementation of HIV and AIDS programmes in colleges is a major challenge. Ideally, each teachers’ college should have a department which is responsible for teaching of HIV and AIDS programmes in the name of Life Skills and Orientation. Lecturers head the departments. They have one or two assistants. Discussions showed that training of college lecturers has been a major weakness in teachers’ colleges. College lecturers require training to enable them to acquire thorough knowledge on HIV and AIDS.

The Policy on HIV and AIDS for Teachers’ Colleges confirms:

Lack of qualified personnel for HIV and AIDS education has resulted in most colleges failing to put in place meaningful programmes. Student teachers are deployed without the necessary skills to handle HIV and AIDS education. There is need to introduce a format to train and prepare all stakeholders in HIV and AIDS education. Nurses and doctors affiliated to the colleges need refresher courses to prepare them to deal with HIV and AIDS (MOHTE 2004:5).

Currently, training programmes for lecturers are organised haphazardly and on ad hoc basis without thorough planning (Rembe, 2006). If lecturers who are supposed to train teachers also lack the mechanics of the subject, then one wonders what kind of quality service delivery is cascaded to the classroom practitioners.

Savolainen (2009) notes that teachers play an essential role in quality education and quotes McKinsey and Company who say: ‘the quality of an education system cannot exceed the quality of its teachers’. (p. 16) Studies suggest (Bailleul et al. in Donnelly, 2010) that the quality of the teacher contributes more to learner achievement than any
other factor, including class size, class composition, or background. The need for ‘high quality’ teachers equipped to meet the needs of all learners becomes evident to provide not only equal opportunities for all, but also education for an HIV and AIDS inclusive society. Reynolds (2009) says that it is the knowledge, beliefs and values of the teacher that are brought to bear in creating an effective learning environment for pupils, making the teacher a critical influence in education for HIV and AIDS inclusion and the development of the whole school.

The findings seem to indicate that inadequate teacher training and support is one of the primary reasons why quality teaching and learning and possible impact of HIV and AIDS education has been hampered. HIV and AIDS are topics that people generally find difficult to discuss, especially with young people and children. Teachers are no exception. Learners need to see the relevance of learning about HIV and AIDS for their own lives. This is an important reason why learning about these subjects requires active and participatory teaching-learning methods.

**Teachers lack confidence to teach the subject**

Respondents highlighted that teachers lack confidence to teach HIV and AIDS. 65% of the teachers and 80% of school heads raised the issue. They had this to say:

*T: It is true that teachers lack confidence and this is negatively affecting the quality of teaching the subject*
H: Yes, our teachers lack confidence in teaching the subject largely because they have not been trained in teaching it at college. More so, there are very few in-service training programmes to alleviate the problem

Lack of confidence in a subject is a weakness on the side of the teacher. If one is not sure about what to teach, how to teach and fail to break the matter into manageable components, this results in disengagement. A disengaged teacher lacks effectiveness in teaching. The reality of teachers is that they lack confidence in teaching HIV and AIDS and have not been fully prepared during initial training. The need for in-service training is therefore widely acceptable in schools (Walker, Green and Tilford, 2003).

Conception of learners and learning

Respondents seemed to indicate that teachers share different conceptions of the learners. 70% of teachers and 65% of heads indicated the position. The following quotations shed light:

T: Some students have negative attitudes towards the teaching of the subject due to church affiliations

T: The students feel that the use of condoms is a strong preventive measure

T: It looks like students do not see the impact of the epidemic and are never serious with the lessons
**T: Teaching does not stop people from engaging in sexual activities**

**H: Even some schools do not want the subject HIV and AIDS to be taught**

**H: Learners want this subject just for the purposes of sexual language**

**H: It looks like the belief system is affecting the learners**

Teachers seem to perceive learners as not being ready and keen to learn the subject. Such perceptions bring about inactivity in the class when the time comes to do the subject. Teachers would then prefer to let students complete their exercises for other subjects or teach concepts that were not understood in other ‘important’ subjects. A close analysis of the children’s exercise books showed that there is not even a written exercise in daily exercises or even in notebooks. This is pointing to a negative attitude by learners. This study contributes the issue of teachers’ conceptions of the learners and the learning process in the study of HIV and AIDS. Teachers' conceptions of learners and learning shape the kind of instruction they provide (Bruner, 1996; Loucks-Horsley et al., 1998). People share different views of learners. One perspective sees the student as an imitative learner, and focuses on passing on skills and 'know-how' through examples and demonstrative action (Kitta, 2004). This view, which is based on a behaviourist theory of learning, considers the learner's mind as tabula rasa (an empty container in which to pour knowledge). The proponents of this view (Bloom, 1956) emphasise talent, skills, and expertise, rather than knowledge and action.
In some contexts, behaviourism is used synonymously with 'objectivism' because of its reliance on objectivist epistemology. The objectivist approach in learning believes in the existence of reliable knowledge about the world and the learner's goal is to gain this knowledge, as transmitted by teachers (Gagne, 1967).

Current theories stress the influence of a student's prior knowledge, beliefs and attitudes on their learning (Cobb; Kieren and Steffe in Kitta, 2004). This view, which is labelled constructivism, contends that students actively construct meaning through interaction with existing knowledge and ideas provided by others students and teachers. Constructivists view students as bringing their own beliefs, ideas, and experiences, to the classroom, which in turn, actively affect how they understand and learn new materials. Students interact with others to make sense of experiences and phenomena, and then reflect on this process, reconceptualising their existing knowledge structures. Learning is thus perceived as a social process in which interaction with others is of prime importance. Through interaction with peers and teachers, students share their personal meanings and, based on this 'negotiation' process, reconceptualise their initial knowledge structures. The new knowledge's meanings to students depend on its context. Therefore, the social and cultural context of students should be an important part of the teaching and learning process (Kitta, 2004).

It is widely accepted that promoting student learning in a constructivist way requires teachers to adopt new pedagogical approaches (Loucks-Horsley et al., 1998; Putnam and
Borko, 2000). In other words, the conception of the teacher and teaching will be different from the traditional one.

**Conception of teachers and teaching**

It was noted that teachers equate HIV and AIDS teaching with the way they teach other subjects. 90% of teachers and 95% of school heads concurred with the position. Teachers do not see anything special about HIV and AIDS teaching. Heads seem to see teachers as not making any difference during their teaching processes to show that it is a life skill subject. Respondents had the following to say:

*T: I do not think there is any specialised teaching required for the subject*

*T: Traditional methods of teaching can still be used to teach HIV and AIDS*

*H: In their schemes of work, there is no difference in teaching methodologies. It seems all the subjects are treated the same.*

*H: People are very much worried about the increasing rate of orphans and the death rate in the area, yet the subject is time-tabled. There are many questions raised on how the subject is being taught*

Teaching methods that are used by teachers make a revelation that they consider the teaching of the subject peripheral. There is no evidence of child centred methodologies
except in a very few cases where the devil’s advocate is used to teach students. Since the epidemic is fast ravaging society, there is need to adopt methods of teaching that are not traditional in any way. Conceptions about teachers and teaching shape the way professional development programmes are prepared. Teachers hold their own conceptions about teaching of HIV and AIDS. Very few studies have raised the issue of teachers’ conceptions about teachers and their teaching with particular reference to this subject. It is the findings of this research that is making a contribution to world of knowledge quality of service delivery of HIV and AIDS is likely to be affected by teachers’ conceptions about teaching.

In order to support students to construct their own knowledge, teachers are not expected to continue with their traditional role of transmitting knowledge. With a constructivist approach to teaching, teachers play the role of a "midwife in the birth of understanding" as opposed to being "mechanics of knowledge transfer" (von Glasersfeld, 1995). Teaching is not to dispense knowledge but to provide students with the opportunities and incentives to build it up (von Glasersfeld, 1996).

Teachers holding a constructivist view are expected to adopt a teacher-student interaction mode of instruction by creating a stimulating learning environment that allow students to explore and investigate as teachers act as facilitators (Gergen, 1995). According to Thompson (1992), problem-solving is central to teaching for constructivist teachers; purposeful activities stem from problem situations that require reasoning, creative
thinking, discovering, inventing, communicating, testing ideas, and gathering and applying information.

Teachers must also be aware that the practice of teaching is complex. They have to understand that teaching occurs in uncertain circumstances and requires constant decision-making. It encompasses deep, flexible knowledge and the ability to apply that knowledge to students, content, the curriculum, instruction, assessment, and the school and local communities (Fullan & Hargreaves, 1992; Loucks-Horsley et al., 1998; Shulman, 1987). Nevertheless, it is believed that teachers can practice in this way - in part by building on their own classroom experience and, in part, by learning from the collected wisdom of others (Loucks-Horsley et al., 1998). This will eventually help them become more effective teachers. Being an effective teacher is ultimately judged in terms of imparting knowledge and values that students can comprehend and relate to.

Effective teaching, according to Arends (1994), Stephens and Crawley (1994), and Loucks-Horsley et al., (1998) includes the following:

- making the subject exciting, and linking it, whenever possible, to issues students can relate to in their world;
- unashamedly loving the subject and getting the students to know that they love it;
- making complex issues understandable;
- listening to the students and thereby avoiding too much 'chalk and talk';
- setting work that the students can realistically handle; and
• realising that initial teacher training is only one phase of long-term professional development.

Teaching in a constructivist way depends on the teachers' conception of the nature of the content before they can help the students to learn it (Swafford, Jones & Thornton, 1997). Teachers have different conceptions about the nature of the subject matter that they teach.

**Teachers’ conception of the nature of content**

Respondents highlighted that teachers’ conception of the content of the subject is likely to affect the quality of teaching and learning of the subject. This position was confirmed by 65% of teachers and 86% of the school heads. They had this to say:

*T: The content for the subject is there in the policy document but truly I do not have time to go through it

*T: The content is not relevant for primary school pupils but for secondary students, tertiary and the community at large

*H: Part of the content is irrelevant for African societies

*H: This seems to be a mixed bag, what exactly do they want teachers to teach?
What is important to note is that for teachers to deliver the content of the subject HIV and AIDS effectively, they need to have clear conceptions about the nature of the content for that particular subject. It is argued that a person's understanding of the nature of the subject content shapes their view of how teaching should take place in the classroom (Hersh, 1986). Research indicates that teachers' conceptions about a subject influence their actions in the classroom (Pepin, 1999; Teo, 1997).

Quality of teachers leads to poor quality HIV and AIDS teaching

All the respondents admitted that the quality of HIV and AIDS teaching in Zimbabwean schools is very poor and weak. 100% of teachers and 100% of heads confirmed the position. Respondents were objective enough to take the position although it points to a weakness related to their practices. They mentioned several factors associated with this situation:

T: Inadequacy of text- and reference books

T: Lack of teaching materials

T: Poor school leadership

T: Low motivation

H: Lack of regular in-service education programmes
Some teachers failed in science their O level examinations, yet they are selected to go to colleges to study science which is the foundation for HIV and AIDS knowledge which they would ultimately teach.

This research points out that teacher quality is a strong factor in the teaching and learning process. Staff development is a key factor in improving the quality of teachers. Although literature points to the fact that quality is relative but this study clearly shows that when the process and outcomes of a teaching and learning process are observed, there certain benefits that must accrue to the recipient which any observer can coin as quality. Teacher quality points to things like possession of knowledge of a subject, type of training, training institution, motivation to teach, among others. To this end, the findings of this research bring the variable of teacher quality as bedrock in quality service delivery of the HIV and AIDS programme in schools. Quality teaching clears the roadblocks for pupils to travel in a smooth road. Quality teachers have all the makings of an effective teacher.

The respondents admitted that the quality of most teachers is poor, as they are both deficient in terms of subject matter knowledge and teaching skills. Poor teaching compromises standards. There is very little to expect from a poor quality teacher. Teachers are being rendered ineffective due to lack of proper training in teaching the subject. This emphasises the need for frequent in-service programmes. In the focus group discussions, respondents associated teachers' inadequate training to poor backgrounds, while some teachers come from good colleges, others are coming from poor ones. They
also admitted that teachers differ in their aptitude in science as the basis of HIV and AIDS. They indicated that instead of sending teachers for HIV and AIDS workshops, heads go there by themselves but never come and report back to the practitioners. Such a practice demotivates and demoralises teachers and a demoralised teacher is not an effective teacher at all. This research is on how quality assurance can enhance the service delivery of HIV and AIDS. To this end, it is pointing to the fact that poor quality teachers affect quality service delivery of the programme in schools. Lip-service implementation of the subject is being done at the expense of the learners.

The respondents also said that the quality of teachers differs from school to school. They argued that government schools tend to get qualified teachers. However, due to poor salaries and few incentives, their teaching quality has deteriorated in recent years, leading to poor achievements among pupils. Also some of them have moved to well paying private schools. Private schools, which pay well, employ qualified teachers. Those that cannot afford to pay higher salaries employ unqualified and under-qualified teachers. This compromises the effective service delivery of HIV and AIDS. This problem is more pronounced in the rural schools.

Duke in Kitta (2004) argues that for successful implementation of change, there should be good leadership, continuous staff development, talent diversity, a collaborative culture, flexibility and stability.
Teaching experience affects quality of teaching and learning of HIV and AIDS

When respondents were asked how lack of teaching experience in teaching HIV and AIDS affects the quality of teaching, they cited experience as a necessary condition in effective teaching of the subject. This position was confirmed by 76% of teachers and 63% of school heads. They had the following to say:

* H: Due to lack of experience in teaching HIV and AIDS, information delivery is not very suitable to real life situation

* T: The primary school still has those old teachers who lack the current pedagogical skills

* H: Even the novices who come into the school system these days are a problem, they need thorough training when they get to school

* T: When I heard some people saying that one learns to teach after training I thought they were not serious but then I have seen it by myself. I really need teaching experience to teach this subject effectively

In their focus groups, respondents also found that a lack of induction programmes for newly-employed teachers was linked to teachers' failure to teach a subject properly. They argued that, principally, a newly employed teacher is supposed to be under close supervision of an experienced teacher before he/she starts teaching per se.
Teaching experience is a new factor that is being brought into quality of service delivery of the HIV and AIDS. Very limited research has been conducted to examine whether experience in teaching a subject has a role to play in quality delivery of the subject under study. Experience in teaching could mean either experience in teaching HIV and AIDS or the number of years one has been in the field of teaching. In both ways, what is important is that one has to be able to handle students in relation to the subject matter effectively.

**Cultural practices affect the quality of teaching**

Respondents aired the sentiments that culturally, teachers feel ashamed when delivering sexual information to children. 69% of teachers and 67% of school heads confirmed the position. They had this to say:

*T: Culture affects the way we teach HIV and AIDS*

*H: The subject has a lot of sex language which teachers do not find easy to talk about all the time. Some teachers teach their children or relatives and it appears to be a taboo to talk about sexual issues openly.*

Culture is an umbrella concept embracing all the accepted traditional customs, moral attributes and behaviours practised by a particular group (Van den Aardweg and Van den Aardweg, 1988, p. 56). These findings seem to concur with what Mapolisa and Stevens observed. They argue that in many societies, there are cultural dictates for women to play a passive role in sexual interactions and strong social pressures for women and girls to
remain ignorant about sexual matters. Social norms requiring that women be virgins when they marry mean that girls may be especially afraid to ask for information about sexual matters as the impression created could be that they are sexually active (Mapolisa and Stevens, 2004, p. 18).

It is argued that teaching children about HIV and AIDS goes against the predominant view in most societies in which sex is a taboo topic that should not be discussed at any cost. Kelly notes that although educators are usually aware of the knowledge and information gap that exists between the home and the school, they are very often unable to make provision for it. A tension arises between how disease is interpreted in terms of values attitudes and beliefs in the home environment and the scientific way in which it is presented in the schools. At the same time, the nature of the disease is such that open discussion is tremendously important since it is the silence about the disease and its effects that facilitates its spread and leads to stigmatization. Some researchers therefore argue that education about HIV and AIDS and related areas should therefore not be seen as an “optional extra ... (but as) …a matter of life and death” (Kelly, 2002, p. 11).

A study carried out in Zambia also highlighted a lack of openness towards communicating about HIV and AIDS, with teachers declaring they felt uncomfortable talking about matters related to sex with their pupils, and thus engaging in selective teaching of topics. Chiwela and Siamwiza in Visser (2004) reported that teachers believe that young people who are exposed to sexual information will be more likely to engage in sexually permissive behaviour later on in life and thus argued against providing this
information. More recently, commentators such as Mbozi as quoted in Olugaa; Kiragub, Mohameda and Walli (2010), adds that there is evidence that some negative cultural beliefs, traditions and practices, which are deeply rooted in the social and sexual lives of most African ethnic groups, have also contributed to the transmission of the disease.

In such a scenario, teachers find it very difficult to operate effectively. They are likely to face resistance from the local community and parents. In Zimbabwe the Catholic Commission of Peace and Justice (CCJP), resisted the introduction of sex education in schools arguing that it is a violation of the moral values of society.

**The taboo of talking about sex militates against quality teaching and learning**

The key cultural belief and practice identified by educators as exacerbating the risk of AIDS infection in their communities was the taboo against speaking about sexual matters. 66% of teachers and 65% of school heads shared the same sentiments. They had the following feelings:

*T: How does my husband start to talk about sex with my daughter he teaches in a grade six class? Where will his senses be at that time? It is embarrassing. Oh no, what would he say, and how would she regard her father? A girl who listens to such talk is considered spoiled, immoral in our community. There are only specific times like when they are taught, but it is women to women or done by the auntie at home. (Voice of a female teacher)*
Talking about sex, especially with girls, is not allowed at all. It is not in our culture to do that, it is not allowed at all. Parents do not like it; they can even withdraw the child from the school.

Teachers seem to be overpowered by cultural beliefs and norms in their societies and hence this adversely affects quality teaching and learning of HIV and AIDS. In most African societies, the discussion of sex with young people, especially girls, is seen as indecent, unhealthy and unacceptable (Campbell and MacPhail, 2002; Oshi et al., 2005).

**Poor planning affects quality teaching and learning of HIV and AIDS programme**

Respondents raised the issue of poor planning as central to effective service delivery in the teaching and learning of HIV and AIDS. 71% of the school heads and 64% of teachers confirmed the situation. The following responses shed light:

*H: The subject is poorly planned*

*H: Lack of professional development in the subject is causing poor planning by teachers*

*H: Teachers are not taking the scheming and planning of HIV and AIDS seriously*

*T: We are just fulfilling the demands of the school that we need to plan the subject but a lot of pretence and lip-service is being done because in my case, I really do not know what to plan*
Proper planning is a necessary condition for effective teaching. Teachers’ records are the evidence for planning preparation. The observed records showed lack of planning of the subject, very little work written for the week and inadequate lesson plans for the term. For purposes of supervision, heads make an itinerary to ensure that each subject is supervised for purposes of quality assurance. In most schools, there were no timetabling of HIV and AIDS supervision. So in this case, both teachers and school heads do not plan to ensure quality teaching of the subject. Failing to plan the subject properly implies failing to teach it to the expected standard. If the tendency of scratching on the surface develops in terms of subject preparation, the whole system and aim of government policy would be crippled. What is important is to ensure that teachers have the necessary knowledge, syllabuses and text books so that proper planning is done.

Literature points to the need for professional development to meet proper planning needs. Professional development can help overcome shortcomings that may have been part of teachers’ pre-service education and keep teachers abreast of new knowledge and practices in the field. This on-going training for teachers can have a direct impact on student achievement. Case studies from Bangladesh, Botswana, Guatemala, Namibia and Pakistan have provided evidence that on-going professional development, especially in the early years after initial preparation and then continuing throughout a career, contribute significantly to student learning and retention (Craig, Kraft and du Plessis in UNICEF, 2000).
Lack of commitment by teachers affects quality teaching and learning

Respondents noted that teachers lack commitment in teaching the subject HIV and AIDS and this affects quality teaching and learning. 60% of teachers and 66% of school heads raised the issue. They had the following to say:

H: HIV and AIDS is taught in passing

H: Teachers do not teach the subject as per time table

H: Teachers seem to comply to the teaching of HIV and AIDS lessons just to fulfil policy demands and meet supervision requirements

T: When grade seven results are out, districts make an analysis of results and if your school is the bottom ten, you are in trouble with both the district office, the regional office and even the parents. So one really has to commit oneself in the four areas that are examinable

T: To tell a parent that your child is not able to write a composition or to comprehend a passage but has knowledge of HIV and AIDS, I think you will be in trouble. I just do not commit myself to that subject

The findings seem to indicate that there is a lot of lip-service that is being done in terms of subject delivery. Lack of teacher commitment is coming out as an important variable
affecting quality teaching and learning of the HIV and AIDS programme in primary schools. Some teachers lack time because of other commitments outside school business. It is argued that efficient use of school time has a significant impact on student learning (UNICEF, 2000). Teachers’ presence in the classroom represents the starting point. Committed teachers are seen through the way they teach, preparation of matter and media, time they spend focused on relevant matter, among others. The emphasis of teacher commitment as a critical determinant of the quality of education is very much in keeping with the government's policy on prioritising quality education in the primary school. The findings seem to mirror research findings from an American study.

A study of science teacher’s intentions to teach about HIV and AIDS in the United States (Lin and Wilson in Visser, 2004) found out that teachers’ attitudes towards teaching HIV and AIDS was the most significant of various factors examined in predicting intentions. Other important predictors were teachers’ knowledge of HIV and AIDS, more positive attitudes towards teaching about HIV and AIDS, less negative social influence from principals and other managers, and availability of resources. Teachers with higher intentions were also found to be less embarrassed talking about sexual subject matter.

**Teachers’ low knowledge levels of the subject affect quality teaching and learning**

Respondents were of the view that teachers teach using assumptions because they lack knowledge. 87% of the teachers and 96% of the heads shared this view. Respondents had this to say:


**H: Lack of knowledge of the subject affects the teaching of HIV and AIDS as the teacher might not know what to teach**

**T: Lack of knowledge results in some teachers ignoring the teaching of the subject**

**H: Teachers do not know what to scheme because they lack information**

**H: Even their teaching is poor because they lack information**

This study brings out clearly that teachers have very little of what to teach as regards HIV and AIDS. If any, it is through their own efforts to look for information from the internet or some other sources. Knowledge for teaching a school subject cannot be obtained through such means but through syllabuses and relevant textbooks and some other sources just come in to supplement the recommended books. If teachers lack knowledge of what to teach, then the subject cannot be effectively taught.

The above findings seem to mirror what previous research established. Silin in Mwebi (2007) found out that teachers were in a “quandary” and “silence” when required to teach HIV and AIDS in American schools. Just as these American teachers, Kenyan teachers believed they did not possess adequate knowledge to teach the subject matter of HIV and AIDS. It is suggested that AIDS-related knowledge is still incomplete, and full of misconceptions (Eskander et al., in Surgevil and Akyol, 2011, p. 467).
Similar findings were made in Kenya and in India by Action Aid. One of the most relevant of these studies is a recent study by Action Aid as quoted by Visser (2004) on the difficulties of communicating about HIV and AIDS in schools in Kenya and India. This study established that many teachers engage in selective teaching of HIV and AIDS topics, leaving out sensitive and sexually explicit material and presenting the content in an overly-scientific manner. Selective teaching appeared to be a particular problem in rural areas with teachers appearing to be teaching some lessons on HIV, but exercising their own judgment in which messages should be taught or not. The report highlights as possible reasons for this situation lack of training, lack of confidence and responsibility, gender issues, low priority in the curriculum to these lessons, and the wider crises in education which is perpetuated by poor conditions in schools, low salaries and other factors.

**Poverty strikes students and affects lesson attendance**

Respondents felt that the quality of teaching and learning of the subject is likely to be affected by poverty among students. 100% of teachers and 100% of school heads confirmed the position. The following sentiments shed light:

*T: Poverty affects student attendance to lessons*

*H: Poverty leads to early indulgence in sexual activities*
If a student is suffering from hunger, the concentration span is likely to be affected and even if the teacher teaches seriously, that information is never grasped because the child fails to listen due to hunger. In view of the above notions, therefore, poverty adversely affects the quality of teaching and learning of the subject. If children have already indulged into sexual activities in the early years in order to get money to survive, they would not benefit much from lessons which all for abstinence. Similarly, there are schools that are situated in areas with poor harvests and in such environments, poverty results in children failing to attend lessons. The information that is taught about HIV and AIDS at school will be missed and this is likely to affect behaviour change among such students.

Poverty usually involves a judgement of basic human needs and is measured in terms of resources required to maintain health and physical efficiency. The following reasons for studying the problem of poverty:

- it is important to study the profound damage poverty inflicts on the individual that suffer from it;
- hungry children cannot learn properly and malnourished adults cannot work productively; and
- the presence of poverty in many societies is often an indication of a deeper structural problem.

Poverty in HIV and AIDS-affected families is directly associated with quality of learning and educational outcomes (Robsona and Kanyanta, 2007).
Feldman, Manchester and Maposhere (2002) argue that poverty makes households less able to deal with the effects of HIV as it undermines their capacity to provide for nutrition, health and other needs related to HIV and AIDS.

**Stigmatisation affects quality teaching and learning of the subject**

It was noted that stigmatisation affects quality teaching of HIV and AIDS. 63% of teachers and 59% of heads confirmed the position. The respondents had this to say:

*H: There is a lot of stigmatisation which results in some children falling out of school*

*T: Most students have negative attitude towards the subject*

*T: Some students do not want to freely discuss the subject*

The word stigma is of Greek origin and referred to bodily signs designed to expose something unusual and bad about the moral status of the signifier (Goffman as quoted by Mpofu, 2003, p. 59). The ancient Greeks placed a high value on physical perfection, which to them symbolised moral purity and the ability to contribute to the material and ideological culture. Persons with physical disabilities were seen as morally soiled, much like slaves, traitors and criminals. To this end, physical markers have remained pertinent to stigma since ancient Greece. As such, research evidence shows that individuals exposed to persons with physical disabilities are more anxious, uncertain and uncomfortable interacting with them (Siller as quoted by Mpofu, 2003) interactions with
persons with disabilities tended to be shorter and less genuine in content. Any signs or characteristics, which (correctly or incorrectly) identify a person as being HIV positive, are referred to as markers (Goodall; Riet, O’Neill and Killian, 2011). These notions have been carried and cascaded from ancient Greeks to the present day. Students are likely to dislike the infected and affected and this is taken as a physical marker to stigmatise them in the school environment, be they teachers or other students. Lack of knowledge surrounding HIV and AIDS, as well as the harmfulness of stigma related to HIV and AIDS are cited as one of the major contributors to stigma construction (UNAIDS, 2008).

As a result of stigmatisation, individuals or groups may accept that they deserve to be treated poorly and unequally, leading to self-stigma. This form of stigma is manifested in many ways including self-hatred, feelings of shame, guilt and fear among persons. Some students who come from homes where there are infected people are likely to be stigmatised and this affects their learning. They lose interest in the subject the moment teachers introduce the subject. Similarly, infected teachers are also likely to be stigmatised and might feel threatened to teach the subject. Failure to teach the subject results in pupils lacking information about behaviour change.

Stigma related to HIV and AIDS is usually connected to the belief that HIV and AIDS is transmitted through inappropriate, morally and culturally unacceptable behaviour such as prostitution, extra-marital sex or illegal misconducts such as administering of drugs (Mousa and Kipp, 2004).
The subject is taught by depressed teachers and some who are already infected

It was raised by respondents that the quality of teaching HIV and AIDS is affected by the fact that some teachers are already infected and are really depressed as a result of this. Their teaching is done with low spirit because they feel that they are not worth the state. 60% of the teachers and 90% of the school heads raised the issue. The following sentiments shed light:

*T: Some of us are already infected and this gives us very low spirit to teach the subject*

*H: Teachers normally want to be role models and the fact that some of them are infected poses problems in teaching the subject effectively*

*H: You notice that some teachers are totally depressed and to teach effectively, there are doubts*

An analysis of schemes of work and plan books showed that very little is prepared to teach the subject. In some cases, one sees a sentence written as the plan for the week. HIV and AIDS infected individuals often experience depression because they feel that they have lost so much in life and they themselves are to blame for it. The following factors all serve to increase depression among people and similarly, teachers:

- the absence of any cure and the resulting feeling of powerless;
- knowing others who have died of AIDS;
- the loss of personal control over their lives; and
• self blame and feelings of guilt (Dyk, 2001, p. 258).

It is argued that people who are depressed display the following patterns:

• have a negative view of the world;
• have a negative view of oneself; and
• have a negative view of the future (Beck as quoted by Van den Aardweg and Van den Aardweg, 1988, p. 78).

An additional complicating factor is that teachers are feeling the strain of the pandemic too, and according to some sources are being disproportionately affected by it (Coombe and Kelly in Visser, 2004).

Lack of discipline among students affects quality teaching of HIV and AIDS

The respondents highlighted that teaching about sexuality and HIV and AIDS was a threat to classroom discipline and order. It could be because open (cross-generational) communication about sexuality in a more objective and informative way is uncommon, and there are most probably jokes, taboos, slang expressions and swear words referring to sex and sexuality. 65% of teachers and 57% of school heads shared these sentiments. They had this to say:

T: It is very difficult to have a balance between the necessary discipline and have order in your class. The language that is used causes pupils to behave differently.
H: Yes, students must feel free to express themselves but there must be boundaries. The problem is that once teachers become strict, students lose interest in the subject and stop contributions.

Failing to compromise on discipline issues affects the quality service delivery of HIV and AIDS. Teachers face problems on how best to control the language that might be used by some students during the lesson. In such a case, some teachers might end up skipping the subject to avoid disciplinary problems.

Peer syndrome affects quality of learning by students

Concerning how peer influence affects quality learning, respondents were of the opinion that the peer influence incites negative behaviour among students and they disregard information disseminated. 54% of teachers and 57% of school heads raised the issue. Respondents had this to say:

T: The epidemic is on the increase because some students do not want to change their behaviour. Some elders take it to be their culture of marrying many wives and this becomes difficult to convince the child at school that the practice is dangerous

H: The peer syndrome and the use of ARVs increases the spread of the epidemic

Pupils have friends inside and outside the school who influence their behaviour. If these friends negatively influence the pupils, they keep on entangled in cycle of bad behaviour
which spreads the epidemic. This would mean that when teachers teach the subject, they would not listen and to make matters worse, there are no tests or exercises where the teacher can assess understanding.

4.3.2 How the availability of teaching and learning resources ensure quality teaching and learning of the HIV and AIDS programme

All the themes that came out under this research question are listed below and each theme was then discussed with reference to the data obtained from different sources. The following themes emerged from the above research question:

- The subject lacks learning and teaching material and equipment
- Lack of textbooks for the HIV and AIDS programme for students and teachers impact negatively on quality teaching and learning of HIV and AIDS
- Even the syllabus is not available in the schools and you see what it means
- Lack of exposure to media
- Lack of ICT to enhance learning

The subject lacks learning and teaching material and equipment

Respondents raised the issue that the subject lacks teaching and learning material. As such, it becomes the task and responsibility of the teacher to source for these. 76% of teachers and 65% of school heads confirmed the position. They had this to say:
**T:** There is too much burden left to the teacher to look for resources in the name of being resourceful. Yet, the truth is that some teachers do not see the rationale for taking such a stride.

**T:** The HIV and AIDS policy or syllabus lacks detailed information.

**H:** Schools are not doing enough to provide quality equipment and material for teaching the subject.

**H:** Given the option to make an order of equipment and material for teaching at the beginning of the year, any school head would find himself or herself not considering HIV and AIDS subject. This is really a problem and I do not know how to solve it. What is interesting is that even teachers do not press orders for such equipment when making their yearly budgets. School committees, it is even worse. You cannot convince them. There is need for a shift in thinking.

From observation of charts in the classrooms, it was noted that there are no HIV and AIDS charts in most classrooms on display. This research seems to be pointing to a variable that is useful in the quality service delivery of HIV and AIDS, that of lack of teaching and learning materials. Several studies have looked at the impact of lack of teaching equipment and material but this was done in other subjects. This study points to how lack of equipment and material adversely affects quality teaching of HIV and AIDS.
In practice it is impossible to teach children about HIV and AIDS in classrooms that lack the essential ingredients for successful teaching and learning about any subject (Global Campaign for Education, 2004, p. 5). It is argued that students’ learning, performance and achievement are highly influenced by the availability of adequate teaching and learning resources (Babyegeya, 2011).

It is argued that some education systems face “wholesale systemic decay”. Most children in certain African countries have no textbooks, while school buildings are often inadequate with overcrowded classrooms. Schools lack the basic educational resources that can make instruction effective and productive (Bush and Oduro, 2006).

The above findings are consistent with those from Kenyan school leaders. The respondents were required to indicate the challenges they faced in provision of teaching and learning resources for AIDS education. The main challenges cited by the head-teachers were inadequate content in the curriculum, inadequate curriculum materials and financial constraints. During the interviews the head-teachers added that the components integrated lacked specific topics and objectives for the infused areas and were too minute, scattered and with no specific reference materials. Other challenges included bureaucracy in acquiring AIDS materials, lack of co-operation from teachers, lack of current literature on AIDS and accountability for reading materials (Kwedho, Simatwa and Ondigi, 2010).
Lack of textbooks for the HIV and AIDS programme for students and teachers affect quality teaching and learning

Respondents raised the issue of textbook unavailability as a dominant factor that negatively impacts on the quality of teaching and learning of the HIV and AIDS programme. 87% of teachers and 76% of school heads confirmed the position. They had this to say:

T: The subject has no text books. The books that one finds are not relevant to the Zimbabwean situation. There is need for authors to write books that are relevant to the country and the learner

T: The ‘Let’s Talk about AIDS’ text books that you find in schools are not useful at all. They are content deficient and lack clarity. Such books serve to give problems to the teacher who ends up without information to teach

H: There are no textbooks for students and teachers to use

H: Books are important because they raise teachers and students’ knowledge levels. Their unavailability is really worrisome. Teachers operate like empty vessels and what more do we expect from students in such a scenario.

From the observations made in most schools that were visited, in the classrooms, most subjects have textbooks that have children can read and comprehend. Most schools have books entitled ‘Let’s talk about AIDS’. World Bank as quoted in Mupa and Chabaya
(2011) argues that books are effective in raising test scores. It further argues that where there are really no learning materials in schools, virtually no learning takes place. On the same note, Mutumbuka as quoted in Mupa and Chabaya (2011) notes that the formula of having someone else read to you does not provide pupils with the opportunity to understand concepts and learn effectively. The tendency by most teachers will be to give a student who is good at reading the chance to read to others who just sit in stoic ignorance and sometimes never follow the story. No doubt, lack of the opportunity to read will negatively affect the quality of learning by students.

The above findings seem to mirror research findings from Zambia. Two separate qualitative studies by Chiwela and Mwape and Molambwe as quoted by Visser (2004) of Zambian teachers and HIV and AIDS clearly reveal that most teachers in that country have neither been trained to deal with HIV and AIDS nor have they been provided with teaching and learning materials. As a result, teachers are not sufficiently knowledgeable on the topic to be able to pass on correct and complete information to students. Teachers were also not aware of the need to use extra-curricular activities to teach HIV and AIDS instruction and when questioned about this they generally indicated that they did not see extra-curricular activities as a viable channel for teaching about HIV.

**Even the syllabus is not available in the schools and you see what it means**

Respondents raised the unavailability of the syllabus document as a major drawback in providing quality teaching and learning of HIV and AIDS. 90% of teachers and 88% of school heads confirmed the position. They had this to say:
T: I have never seen a syllabus for HIV and AIDS ever since I started teaching

T: What kind of a document does it look like?

T: I am told there is a grade four syllabus from the CDU but I have never seen that

T: Go and check with ZIMSEC maybe you can get it

H: We have tried with BSPZ, Regional offices and the likes but we did not see any

H: There seems to be no definite answer as regards its availability but what we need to underscore and emphasize is that planning and teaching of the subject is strongly affected by lack of the syllabus.

The syllabus is basis upon which all teaching and learning of a subject is based. Its unavailability means there is no direction in teaching. The syllabus grades the content according to grade level. This study shows that such a document does not exist in schools for the subject under study and if it available, only a few have seen it for use. What is interesting is that the Curriculum policy of 2002 mandates grades 4 to 7 to teach a 30 minutes lesson every week on HIV and AIDS. An analysis of school master time tables and teachers’ timetables show that the subject has a slot on weekly basis. This study brings the contribution that for effective teaching of HIV and AIDS, a syllabus document
for each grade level has to be availed by the Curriculum Development Unit otherwise there is no teaching of the subject. On average, there are 13 weeks in a school term which amounts to 39 weeks in a year. In terms of lessons, it means 39 lessons per year. If all this time is subjected to the teacher to deliver whatever he or she thinks to be relevant, then people are experimenting with lives of society. Quality is compromised and in fact, we cannot expect any behaviour change among all of society.

MOESC outlined the strategic goals and objectives of the HIV and AIDS and Life Skills Education Strategic Plan as to (MOESC 2002:6):

- effectively coordinate the response of the education sector to the HIV and AIDS epidemic;
- provide up to date and relevant information on prevention, impact mitigation, care and support to children (including orphans, street children and those with disabilities), youth and adults that instil values and attitudes leading to positive behaviour change and a reduction in the incidence of HIV and AIDS and STIs;
- contribute to the reduction of the incidence and prevalence of HIV among MOESC personnel, students, pupils and the youth;
- strengthen the management and mitigation of the impact of the epidemic on individuals particularly children (orphans and vulnerable children), youth and MOESC personnel;
- establish school-community partnership in HIV and AIDS education, prevention and care; strengthen capacity building and support initiatives with a view to strengthen HIV and AIDS prevention and impact mitigation in the MOESC; and
• effectively monitor and evaluate the MOESC’s response to the HIV and AIDS epidemic.

The goals and objectives are quite clear and relevant but they lack the syllabus document to do it right first time. Teachers cannot implement the goals without proper direction from the authentic and researched syllabus document.

**Lack of exposure to media**

Respondents were of the view that lack of exposure to media affects the quality of teaching and learning of HIV and AIDS. 87% of teachers and 79% of the school heads raised the issue. They had the following to say:

*T*: Our students lack exposure to the global village

*T*: Media is lacking for students to learn effectively

*H*: Most of the rural schools lack even televisions to make children see what is happening out there

*T*: This is a net world where students can link with other students elsewhere and find how they manage the epidemic. That would make learning very interesting.
These findings are congruent with what Mitra and Sar kar (2011) found out in India when they carried out a research on gender inequality and the spread of HIV and AIDS. They argue that exposure to any kind of media enables the general population to understand and be aware of the prevalence of HIV and AIDS, the way, the virus is contracted, and possible methods of prevention and treatment of the disease. Watching television at least once a week is the most common method of exposure to HIV and AIDS information.

Mass media exposure has also been linked to behavioural intent and behaviour. MacIntyre et al. as quoted by Visser (2004), in their study of condom use among men in Uganda, Kenya and Zambia, found that men in Kenya and Uganda who listened to the radio on a daily basis were significantly more likely to report behaviour change than those who did not listen (this relationship was not significant, however, for Zambia). Karlyn as quoted by Visser (2004) found a similar relationship in a study of radio exposure in Mozambique, where adults who recalled the campaign messages were almost twice as likely to try to change their behaviour as those who did not recall these same messages. Interestingly, this study included a measure of self-efficacy to measure intent to carry out the targeted behaviour after exposure to a certain message.

**Lack of ICT to enhance learning**

Respondents were of the opinion that lack of ICT affects quality teaching and learning of HIV and AIDS. 67% of teachers and 55% of school heads shared the same sentiments. The following statements shed light:
T: Schools lack the necessary ICT to make teaching and learning of the subject more effective

T: An important aspect of schooling is to enable students to enter new knowledge worlds – the world of ICT

H: Active learning could have been promoted if there were Computers to access relevant and current information for the subject

H: Effective teaching and learning requires the teacher to scaffold learning. Teachers should provide activities and structures of intellectual, social and emotional support to help learners to move forward in their learning so that when these supports are removed the learning is secure. The best way to scaffold learning is the use of ICT in teaching HIV and AIDS.

Learning in classrooms is mediated by tools and artefacts. These include books, film, objects, language and people. In the twenty-first century, ICT has an especially prominent, and growing, role. Quality learning requires attention to be paid to the relationships between the use of new technologies and subject matter, the nature of the learner, and approaches to teaching and assessment. Schools have been told to use more Information Communications and Technology (ICT) in education (James and Pollard, 2006).
4.3.3 How leadership ensures quality teaching and learning of the HIV and AIDS programme

Several themes were generated from the above research question. All the themes that came out under this research question are listed below and each theme was then discussed with reference to the data obtained from different sources. The following themes emerged from the above research question:

- Lack of management support
- Lack of autonomy/work discretion by most school heads
- Deficient leadership professional development
- Heads lack basic training in leadership development
- Ineffective leadership supervisory practices and lack of commitment
- Heads lack knowledge of HIV and AIDS Education
- School committees force their beliefs into the school system
- Heads lack time due to varied roles
- Heads do not act as advocates
- Heads do not organise in-service training for teaching of HIV and AIDS
- Heads fail to work as visionary leaders
- School heads do not facilitate effective communication of HIV and AIDS information
- Heads fail to work as team leaders
- School leadership is not doing a quality service for effective teaching and learning of HIV and AIDS
- **Lack of professional capacity**

**Lack of management support**

Respondents pointed out lack of management support as a factor that militates against quality teaching and learning of the subject. From the findings of this study, 62% of teachers and 59% of school heads affirmed that there was no management support across the education sector in the teaching of HIV and AIDS. They had this to say:

*T: The implementation of this subject is crippled by lack of management support from the top*

*T: Even the school heads are not highly supportive of this programme because they do not even supervise the teaching of the subject*

*T: I do not remember any day when the head observed a lesson on HIV and AIDS in my class and produced a critique*

*H: Support is lacking across the education sector*

This scenario no doubt slows the behaviour change effort. Management support, relates to the willingness of managers to facilitate necessary resources, staff meetings, workshops and provide textbooks for effective teaching and learning of the subject. Support is a condition that promotes student success. Research points to three types of
support that promote success: academic, social, and financial (Tinto and Pusser, 2006). The South African Task Team on Education Management (Department of Education, 1996, p. 27) stressed that management is important because it provides a supportive framework for teaching and learning:

Management in education is not an end in itself. Good management is an essential aspect of any education service, but its central goal is the promotion of effective teaching and learning. The task of management at all levels is ultimately the creation and support of conditions under which teachers and their students are able to achieve learning. The extent to which effective learning is achieved therefore becomes the criterion against which the quality of management is to be judged.

Lack of autonomy/work discretion by most school heads

In this study it has been established that the aspect of lack of autonomy or work discretion is reflected among the employees. This finding was raised during focus group discussions. Workers ought to have discretion to the extent that they are able to make decisions about performing their own work in the way that they believe is most effective. If school development committees override the powers of the head and direct him or her on what to purchase in terms of textbooks and other learning resources, some subjects they do not see as important are likely to suffer. Organisations ought to allow employees to make decisions about their work process and avoid criticizing employees for making mistakes when being innovative. Employees and management must be willing to take a risk and have a tolerance for failure should it occur. This finding is consistent with those of Quinn; Kanter; Bird, Sykes and Block as quoted by (Ayiro, 2010) who found that entrepreneurial firms allowed autonomy of work in their organisations.
**Deficient leadership professional development**

In the focus group discussions, very few of the school heads indicated that there have been opportunities for professional development intended for their leadership response to HIV and AIDS. Heads expressed commitment to HIV and AIDS professional development, but no reference was made to practical contribution in this regard.

They raised some important considerations for effective teaching of the subject:

- *assign a veteran head to assist the new appointees;*
- *provide manuals for new heads;*
- *ensure a smooth transition by involving the outgoing head;*
- *orient the new head to the school and its community;*
- *encourage networking with other heads;*
- *encourage heads to allow their deputies to “shadow” them to gain experience;*
- *visits to other schools; and*
- *provide courses in educational management.*

This research deals with quality assurance on the teaching and learning of HIV and AIDS in primary schools. During the time when the research was carried out, there were newly promoted deputy heads in the primary schools and most of them reported lack of in-service training in the new positions. Lack of leadership training is likely to affect the quality of service delivery of the subject. Leaders find it very difficult to supervise teachers on subjects they are information deficient.
There is little evidence of formal induction occurring in almost all African countries. As Kitavi and van der Westhuizen (1997, p. 260) put it, “too often, and without consideration, principals in developing countries are tossed into the job without pre-service training, without guarantee of in-service training, and without support from their employers”. They report that most experienced principals overcame their problems through trial and error. However, “beginning principals in developing countries need well-structured induction strategies that will make them effective and efficient educational managers. Without special attention to the entry year problems of beginning principals, other attempts at improving the quality of education in developing countries may yield few results.”

This argument also applies in South Africa. It is argued that in many instances, head teachers come to headship without having been prepared for their new role. As a result, they often have to rely on experience and common sense. However, such are the demands being made upon managers now, including head teachers, that acquiring expertise can no longer be left to common sense and character alone; management development support is needed (Tsukudu and Taylor in Bush and Oduro, 2006).

**Heads lack basic training in leadership development**

Respondents raised the issue that HIV and AIDS is not being effectively taught because heads lack basic training in the subject and in school leadership in general. 66% of the teachers and 68% of the school heads raised the issue. They had this to say:
T: Heads lack training in basic leadership skills

T: What is interesting is that some school heads are just appointed and do not get any form of training in order to run school programmes effectively

H: Once you become appointed to the post you become excited but when changes in the school are demanding, one realises the need for training

H: After being appointed to the post, there was no training to accompany that

H: You know, it is now more than thirty years since I left teacher training college. Some of these newly introduced subjects are out of my touch. To make matters worse, when the subject was introduced, there no workshops in this cluster to open up our minds. It becomes difficult to make meaningful supervision in an area in which you are blind.

H: I was appointed all of a sudden to be the head, which I was not expecting. I did not know many things involved in it.

Bush and Jackson (2002, p. 408) observe that “training in many countries is not a requirement for appointment as a principal and there is still an (often unwritten) assumption that good teachers can become effective managers and leaders without specific preparation”. The complex and varied demands now made of school heads are encapsulated by Shields.
Educational leaders are expected to develop learning communities, build the professional capacity of teachers, take advice from parents, engage in collaborative and consultative decision making, resolve conflicts, engage in educative instructional leadership, and attend respectfully, immediately, and appropriately to the needs and requests of families with diverse cultural, ethnic, and socioeconomic backgrounds. Increasingly, educational leaders are faced with tremendous pressure to demonstrate that every child for whom they are responsible is achieving success (Shields, 2004, p. 109).

Ineffective leadership supervisory practices and lack of commitment

Respondents pointed to lack of effective supervision and lack of commitment by the head as a factor affecting the quality of teaching of the subject. 65% of teachers and 60% of the heads confirmed the position.

*T: Monitoring is needed to ensure that the information is imparted and to check that some teachers who are religiously inclined do not thwart the policy objectives

*T: School leadership is not monitoring the teaching of the subject at all

*T: School leadership is doing nothing. In fact, it serves to embarrass positive students and teachers in the school

*H: School leadership lacks expertise of supervising the subject. As a result, they avoid making lesson observations for that subject and in that way, the subject suffers guidance
There was overwhelming concurrence on the part of the respondents that the school head has the responsibility to take a leadership role in response to the HIV and AIDS epidemic in their school communities. The majority of heads acknowledged the imminent destructive impact of HIV and AIDS. They also acknowledged that schools are complex, integrated organisations managing fast changing issues and situations, and in order to find ways of enhancing education, schools need a more collaborative, integrative and less hierarchical organisation. The leadership role of the principal was the most significant role highlighted by all the respondents regarding the management of HIV and AIDS or any other important matter that have a bearing on the school.

The respondents indicated that heads should exercise their knowledge of HIV and AIDS and all representation, planning, decision making, coordination, resource development, service provision and related functions through their leadership role. The majority of heads commented on external factors relating to HIV and AIDS that have an impact on schools, such as the need to create visible leadership, and to build partnerships with other institutions, both educational and non-governmental. Then there is the need to balance all of this with their roles within the schools: leading their schools, and building partnerships within the school. In addition to this, the perception of what skills are needed in order to be a successful head is changing. Currently, the majority of school heads do not have basic HIV and AIDS leadership training.
In the light of quality assurance on the service delivery of HIV and AIDS, respondents associated leadership with various roles they need to play. From the descriptions of the respondents’ experience and perceptions, the following roles of the school heads emerged as being significant, and inform us what it means to be a school leader leading HIV and AIDS issues: educator, advocate, visionary, facilitator, team leader, role model, and resource manager.

School supervision requires legitimacy and authority. Some scholars, including Sergiovanni and Starratt in Lee, Ding and Song (2008), refer to various sources of authority such as bureaucratic, personal, technical-rational, professional and moral authority. They go on to argue that supervision is a moral activity in which teachers are empowered and schools function as communities of learners and moral agents.

**Heads lack knowledge of HIV and AIDS Education**

All respondents considered that it was essential to have ‘cutting edge’ knowledge for school heads about HIV and AIDS, and about the effect the epidemic could have on the school, on its mission, its culture and its needs. This kind of knowledge would help further the leadership of the schools’ mission. A comprehensive, well-grounded knowledge and view of HIV and AIDS, as well as relevant strategies to address HIV and AIDS issues, are deemed crucial in order to balance the specialised HIV and AIDS knowledge and the leadership response in the school community. This knowledge would assist HIV and AIDS teachers in making the transition from general to specific needs, as
well as from vision to reality. Respondents highlighted that not only the learners and teachers but also parents have indicated that they also expect, at some time or other, to be taught by the school head. School heads often find themselves having to respond to sensitive issues such as HIV and AIDS. One school head commented that, in numerous parent meetings, he often felt like a grandfather teaching parents how to deal with sensitive issues. All the respondents concurred that heads should possess a comprehensive knowledge of HIV and AIDS.

School committees force their beliefs into the school system

It was noted that some school communities are infested with diverse church teachings, some which encourage having many wives. In such cases, teachers find it very difficult to spread information concerning one partner. Respondents felt that school leaders should act as educators during parents meetings so that they inculcate values relevant to behaviour change. School heads have less control over church schools. If the church has a different teaching about the epidemic, the school head and teachers cannot do anything in terms of teaching the subject HIV and AIDS. No resources for such a subject would be bought if its teaching is considered a taboo. The school leaders should be enlightened as to its implications for education and its potential to affect the school community. All this is pointing to the importance of leadership commitment towards effective teaching and learning of HIV and AIDS in schools.

At school, issues pertaining to HIV and AIDS should not restricted to the curriculum, but extend to its potential effects and responses within the school community. Many teachers
wanted their school heads to educate the staff members about constructive management styles suitable for integrating the complexity of the issues surrounding HIV and AIDS into quality education and collaborative decision-making processes. The majority of respondents want the school heads to lead the school in defining its needs regarding HIV and AIDS by extending their role to participating in HIV and AIDS activities.

**Heads lack time due to varied roles**

Respondents were of the feeling that school heads lack time due varied responsibilities. 78% of teachers and 92% of school heads raised the point. They had this to say:

*T: Some school heads are full time teachers over and above taking the leadership position. In the morning the head is busy attending parents, visitors and even staff and students’ problems. While he or she is doing that, the class remains unattended to and you see the problem*

*H: The formula of being a school head and a teacher at the same does not work. Considerations have to be made to ensure that one has a special type of responsibility. After attending to problems in the morning, one is expected to teach full time. It is the tendency that when one gets to the classroom, he or she is already tired. If it were the matter of being tired, that would be better, but because one would be behind the schedule and is likely to omit some of the lessons he or she considers not important.*
H: I have 678 pupils in my school with only fourteen teachers. I am handling grades 4 and 5. Quite recently, one of the teachers fell sick and I had to handle that class too. So one person handling three classes and doing administration at the same time...how can I be effective? The other teacher is on leave and no replacement has been made. Our grade seven results were not quite pleasing here and parents complained strongly. I definitely have to attend to this problem. All this is pointing to the head and yet I am also a class teacher.

Subject importance in schools is judged by whether it is examinable or not. If some teachers realise the head himself or herself is not teaching HIV and AIDS, they also copy without any element of fear. If heads get occupied with various management and administrative duties, the teaching of some subjects, especially non-examinable subjects like HIV and AIDS is compromised. It is argued that principals are not conceptualising their role as “leaders of learning”. Given the radical changes in school governance and management, it is understandable that principals wish to give priority to financial and staff management, and to relationships with school governing bodies. However, school improvement ultimately depends on school leaders accepting their responsibility for developing learning (Oplatka (2004, p. 434).

In a study in Kenya, the head teachers were asked to indicate the challenges they faced in the supervision of the teaching of AIDS education. The challenges that faced the head-teachers in supervision of AIDS Education were the infusion of AIDS Education, Stigmatization, Time limitation, negative cultural practices and legal issues pertaining to
confidentiality. They explained that infusion presented other challenges such as lack of teacher capacity for effective coverage and irrelevance in some subjects. During interviews they explained that stigmatization was worse where a teacher or student was known to be positive but had neither declared their status openly nor even confided in the head teacher. On time limitation, the head teachers argued that increased demand for performance relocated AIDS education to the periphery as they (head teachers and teachers) were more concerned about their school and subject mean scores respectively. Other minor challenges cited by head teachers were negative attitude of some students towards AIDS education, Infrastructure such as power supply and lack of space, lack of cooperation from teachers and lack of cooperation from the school environment. During student interviews, those in schools which had electricity had seen videos on HIV and AIDS while those without power indicated they had never seen. The head teachers pointed out that they had limited control over what the students did after school (Kwedho, Simatwa and Ondigi, 2010).

Heads do not act as advocates

The majority of respondents see the role of the school head as an advocate in so far as the head has to recommend and/or support the HIV and AIDS cause. Respondents stated that it was essential that heads have an integrated overview of the schools’ response to HIV and AIDS as a planned series of actions. What they would advocate for would differ from school to school. An advocate generally has a planned series of actions in mind when responding to certain purpose. A major role of the head as advocate regarding HIV and AIDS is that of being an agent for change in the general operations of the school. Many
Heads are currently dealing with change in their schools by working with staff on how to do things differently, drawing attention to the school’s broader mission and what the benefits of united responses ought to be. This should be the same with bringing in changes in the service delivery of HIV and AIDS.

Heads do not organise in-service training for teaching of HIV and AIDS

It was raised by the respondents that heads do not organise in-service training for HIV and AIDS teaching and learning. 77% of teachers and 65% of school heads raised their concern on the issue. They had this to say:

*T: Heads may prefer to see themselves as just administrators and not as facilitators of learning and you know, this affects the service delivery of the subject*

*T: It is our custom to have demonstration lessons and in-service training courses in the teaching of various subjects in the curriculum but we have never done this for HIV and AIDS.*

*H: Yes, it is true that we are pressurised to hold in-service training centred on subjects that we might term core. This is because of the examination system which emphasizes on pass rate.*

*H: it is true that we make very few lesson observations in this subject*
The heads as the instructional leaders, together with the deputy and senior teachers, should take major responsibility for in-service training of teachers within their schools, through regular observations of teachers and organisational workshops, to foster communication between teachers on professional matters and to address weaknesses (Republic of Botswana as quoted by Bush and Odura, 2006, p. 371). The above findings seem to mirror research findings in literature. As noted above, policy prescriptions are not always fulfilled in practice. Pansiri’s (2006) research with 240 teachers shows that 70 per cent say that they receive constructive feedback on their teaching but 71 per cent add that members do not give demonstration lessons or provide coaching on how to handle certain topics. He concludes that there is an urgent need for Ministry of Education to develop an in-service module for teachers on instructional leadership.

**Heads fail to work as visionary leaders**

In their discussions, respondents pointed out that some heads fail to work as visionary leaders. They do not respond to future needs of the students and the community. Such practices do not take the school and the students anywhere in terms of quality teaching of the subject for behaviour change among students. Respondents felt that school heads are supposed to be in the role of thinking beyond the immediate. They must look to the future and explore ways of developing educational advantages for their schools. School heads should try to envision with their colleagues the possible quality service delivery of HIV and AIDS in their school communities.
School heads do not facilitate effective communication of HIV and AIDS information

Many respondents reported that they viewed facilitating communication, providing information, providing continuity, achieving the school’s mission, collaborating, facilitating integration of diverse points of view and networking as vital aspects of the role of school heads in providing quality service in managing HIV and AIDS issues. One of the roles of the head is to integrate divergent views of the staff, learners and the parents in the wider school community.

Many respondents remarked on how the role of the school head is to facilitate continuity, and not dictate issues that are insensitive to the school culture. When dealing with teachers and parents, who are unaware of the implications of HIV and AIDS, the head should facilitate attainment of the school’s vision by communicating the complete and holistic approach and drawing attention to the school’s mission. Often it is regarded as the head’s duty as school leader to facilitate staff HIV and AIDS development and training. Facilitating staff development among teachers is a quality issue that enhances effective service delivery of the subject.

Heads fail to act as team leaders

The majority of respondents insisted that the head should have a coherent vision of how issues surrounding HIV and AIDS fit into the school’s agenda. While planning itself fulfils a visionary role, the logistics of bringing together the right persons, developing a plan, and following through with the plan, implementation, with the help of subordinates,
is a team leadership role. The majority of respondents claim that as a team leader the head should act as co-ordinator, by soliciting persons’ dreams, getting them on a wish-list, having the people set the HIV and AIDS priorities, then coordinate and pull everything together.

If leaders or school heads agree with the change, they will create conditions for synergistic power leading to the creation of a climate in which the organization’s collective consciousness prepares for change, and thus students and teachers are motivated to change. Berman and McLaughlin (1977) found that projects or innovations having the active support of school heads are the most likely to fare well. School heads’ agreement and actions serve to legitimate whether a change is to be taken seriously and to support teachers both psychologically, and with resources (Fullan, 2001).

**School leadership is not doing a quality service for effective teaching and learning of HIV and AIDS**

Respondents were of the opinion that school leadership is not doing much to enhance quality service delivery of HIV and AIDS. 70% of teachers and 58% of school heads confirmed the position. They had the following to say:

*T: We always request for materials to use for teaching this subject but in vain*

*T: I think school leadership does not worry about the teaching of this subject*
School leadership is not doing anything much to ensure that the subject is taught. It could be caused by the fact that heads lack knowledge and training in the subject.

They simply ignore the subject area.

We are under pressure of reviving a lot of things in the school so it is a matter of priorities.

School leadership no longer refers only to officially designated positions; instead it has become a collective construct that can be distributed among teachers and support staff through the cultivation of relationships and networks. It is argued that if schools are to become better at improving student learning they must nurture opportunities for teachers to innovate, develop and learn. In other words, student outcomes are more likely to improve when leadership is distributed throughout the school and its community and when teachers are empowered in areas they believe are important (Jacobson, 2011).

The head plays the most crucial role in ensuring school effectiveness but without the necessary skills, many heads are overwhelmed by the task (The Commonwealth Secretariat in Bush and Oduro, 2006). Despite the importance of the principalship, the means by which most principals or heads in developing countries are trained, selected, inducted and in-serviced are ill-suited to the development of effective and efficient school managers (Kitavi and van der Westhuizen, in Bush and Oduro, 2006).
In Kenya, the head teachers were asked to indicate the challenges they faced in evaluation of the teaching of AIDS education. The major challenges that faced the head-teachers in evaluation of AIDS Education in order of significance were lack of AIDS education objectives in the syllabi of subjects, increased demand for performance in service subjects and inadequate curriculum materials. During interviews they explained that the teachers’ schemes of work, requisitions and hence tests were usually closely tied to the objectives (Kwedho, Simatwa and Ondigi, 2010).

**Lack of professional capacity**

It was raised by most respondents that school heads lack professional capacity. 87% of teachers and 65% of school heads raised the issue. The following sentiments shed light:

*T:* What we see are novices in the field who lack professional capacity and competence in terms of quality supervision. Some of these heads seem to be new in the field and still need a lot of leadership practice. Subjects like HIV and AIDS need people with the ability to make proper judgements in terms of teaching skills, practical knowledge acquisition by pupils and the ability to assess the teacher’s lesson notes.

*H:* let me admit that some school heads lack the professional capacity to handle the subject HIV and AIDS. They lack fairness and firmness, tolerance, patience, commitment to work
In the absence of professional capacity among the school heads, there is very little meaningful learning that goes on in the classroom. Professional capacity refers to the ability to manage pupil assessment, knowledge of teacher appraisal techniques, knowledge of pupil teaching techniques, skills for teaching adults, ability to vet teachers’ lesson notes, knowledge about leadership, skills for managing people, acquisition of higher academic knowledge, ability to counsel (Odoro, 2003, p. 211).

4.3.4 The extent to which the quality of the curriculum fosters knowledge and skills necessary for behaviour change

Several themes were generated from the above research question. All the themes that came out under this research question are listed below and each theme was then discussed with reference to the data obtained from different sources. The following themes emerged from the above research question:

- **Quality assurance on curriculum design for organised content**
- **Time allocation for the subject is just 30 minutes per week and this shows that the CDU is not serious at all**
- **Curriculum with irrelevant content**
- **The idea of allocating too much time to other subjects means CDU does not realise that a nation can not have mathematicians who are already positive**
- **Lack of curricular time**
- **Curriculum is defined during workshops for some other ministries**
- **Lack of supervision fails curriculum implementation**
• Lack of cross-curricular learning or subject integration
• There is lack of relevant policies to deal with the teaching of the subject
• The curriculum policy that we use allocates only 30 minutes for the subject per week
• Composite classes pose problems in subject implementation
• CDU lacks grade level policies that guide what to teach
• Many teachers fail to interpret the syllabus content
• HIV and AIDS is not an examinable subject

Quality assurance on curriculum design for organised content
Respondents raised the issue that the content being taught is quite disorganised to the students. 73% of teachers and 51% of school heads confirmed the position. They had this to say:

T: The CDU has done nothing in terms of dispatch of HIV and AIDS information and teachers are just as dry as islands yet they should be the source of information

T: We need organised content in order to teach effectively

H: Due to unavailability of relevant content from the CDU, teachers teach whatever they come across
Morris and Scott (2005) argue that without the support of schools and school heads, all curriculum reforms initiated by the governments in the 1970s and 1980s were just “symbolic”, and few real changes would occur. It is argued that the purpose of quality assurance of course design is to:

- ensure that quality education is being offered;
- ensure internationally recognised academic standards are being achieved;
- equip students to manage their own learning and development throughout life; and
- provide students with knowledge and skills that are relevant to their lives (Bates, Nabwera and Purnell, 2006).

Time allocation for the subject is just 30 minutes per week and this shows that the CDU is not serious at all

Respondents highlighted that the time available for HIV and AIDS as a newly introduced subject or innovation to stem the epidemic from society is too little. Of the respondents, 71% of teachers and 82% of the school heads confirmed the lack of time for the incubation of innovative ideas on enhancing quality teaching. They had this to say:

T: We cannot perform miracles considering the time allocated to the subject

H: Time controls everything
H: This is an innovation which requires adequate time to teach students and eventually change their behaviour patterns

H: Those who design the curriculum policy should have considered time allocation

The above findings seem to mirror what Rayners (2007) found out when he carried out a study in South Africa on the leadership role of principals in managing HIV and AIDS at schools. He found out that the majority of HIV and AIDS co-ordinators as well as principals listed time shortage as a challenge as it impeded their or their staff’s ability to interact, learn new things, anticipate problems, make decisions using optimal information, and integrate HIV and AIDS issues into other learning areas. They maintained that, as the increasing educational demands are becoming disproportionate to the limited staff available, the time that the staff has available for developmental activities becomes limited. One principal pointed out that, making decisions using too little information due to the time factor, and feeling pulled in too many directions, made him have doubts about the quality of the decisions he has to make regarding HIV and AIDS issues.

The fostering of new and innovative ideas requires that the individuals have time to incubate these ideas. Organizations must moderate the workload of people, avoid putting time constraints on all aspects of a person’s job and allow people to work with others on long-term problem solving. Evidently HIV and AIDS is taken on as a secondary function by most teachers and school heads. Resources (which include time) and their availability
are critical. Employees must perceive the availability of resources for innovative activities as Von Sykes and Block; Hisrich and Peters; Sathe; and Kanter in Ayiro, (2010) advocated.

Curriculum with irrelevant content

Respondents felt that the curriculum seems irrelevant to the needs of students and society. Whoever determines what is to be taught should make a needs analysis and find out what exactly is missing or must be taught in schools. 86% of teachers and 80% of the school heads confirmed the position. The head who stated that HIV and AIDS were not burning issues voiced what the majority of respondents said,

T: Everyone seems to be sick and tired of hearing about HIV and AIDS. That goes for me as well

H: It is important to make a needs assessment before instructing people to teach a subject so that content becomes relevant and closes the need gap

However, the majority of respondents indicated that although people have heard about HIV and AIDS they do not comprehend what the epidemic entails. . This finding is in line with what Miremba (2002:300) found in Uganda: “To the majority, the AIDS curriculum delivery was not interesting, the content irrelevant, and its programme aims were thus undermined.” Quality content refers to the intended and taught curriculum of schools. National goals for education, and outcome statements that translate those goals
into measurable objectives, should provide the starting point for the development and implementation of curriculum (UNICEF, 2000). In a study in Kenya, the problem of inadequate curriculum materials hampered successful implementation of AIDS education (Kwedho, Simatwa and Ondigi, 2010).

The idea of allocating too much time to other subjects means CDU does not realise that a nation cannot have mathematicians who are already positive

It was raised by the respondents that time allocated for the subject is too little considering that it is a life subject. 65% of the teachers and 54% of school concurred with the position. They highlighted the following issues:

\textbf{T: People seem not to realise that HIV and AIDS is equally important}

\textbf{H: Time allocation for the subject seem to be minimal}

Respondents seem to indicate that what is more important is to consider the health of person first and other subjects come later. It is therefore important that the subject is considered crucial so that effective learning can take place.

As HIV and AIDS is often just added to an already crowded curriculum, lack of time allocation or too little time allocated is worrisome. Too little allocated time is also important as HIV/AIDS also requires an interactive approach that can hardly be used if only one period is available (UNESCO, 2004).
**Lack of curricular time**

Respondents echoed the sentiments that most teachers lack time to research on the subject and thus lack time to devote themselves to the curricular. 53% of teachers and 75% of school heads raised the point. The following sentiments shed light:

*T: We lack internet facilities and how can we research on the area for more details?*

*H: Teachers often lack the curricular time*

*H: Teachers routinely do not even get the information,*

The task for teachers is, however, daunting from various perspectives. Teachers often lack the curricular time and orientation to adequately address the issue within schools (Kelly in Vissa, 2004). In addition, studies have also shown that most teachers routinely do not even get the information, training or support that they need in order to be able to implement their work. Teachers often rely on rote learning, which promotes an academic/overly scientific interpretation of the subject without ensuring that students have a true understanding of the factors that affect transmission of the disease and which still leaves them relatively unequipped to prevent becoming infected.
It seems the curriculum is defined during workshops for some other ministries

Respondents raised the issue of lack of workshops particularly for the Ministry of Education and yet it plays a key role in the implementation of the national HIV and AIDS policy. 56% of teachers and 55% of school heads raised the issue. Respondents said the following:

*T: What is surprising is that there are several workshops that are facilitated for other ministries and very or none for the Ministry of education. Rural teachers need that service since they are the source of information in the remote communities. On the same note, it is only after a heads’ workshop that we here of what we are supposed to teach. We wonder why the workshops for the heads are the points where the curriculum for the subject is made known to professionals without providing the actual syllabus*

*H: teachers always demand for a curriculum from us as school heads but we have never seen these. We only get some information to share when we get to workshops*

Since teachers are found even in the most remote areas of the country where no other government staff can be found, it makes sense that they should therefore play a key role in enhancing awareness and in providing children and the community at large with vital information and skills in combating HIV and AIDS (Visser, 2004).
Lack of supervision fails curriculum implementation

Respondents raised the issue of supervision as a cornerstone for curriculum implementation. 65% of teachers and 57% of school heads confirmed the position. One of the respondents had this to say:

*It is very unusual to see our head in the school. He is always out pursuing his business issues. He is a rare commodity in the school and to make matters worse, the deputy head has a class which he cannot leave to carry supervision of the curriculum subject like HIV and AIDS. Monitoring that was done by external supervisors like DEOs was better because school heads would be found at school and thus supervise the teaching of all school subjects. Sometimes you are just called in the office to sign for a lesson report that was never observed. You wonder how the curriculum can be implemented in such a scenario.*

Curriculum implementation cannot be achieved unless it has been made possible through the supervisory function of the school head. The head does this through:

- deploying staff;
- allocating time to subjects taught at the school;
- providing teaching and learning materials; and
- creating an atmosphere conducive to effective teaching and learning.

It is the responsibility of the head to monitor and guide curriculum implementation through ensuring that schemes of work, lesson plans and records of marks are prepared regularly. The head maintains a school tone and culture that create the climate of social
responsibility. Effective curriculum implementation does not take place in a school where the head is incapable of executing supervisory functions (COL, 2000).

Lack of cross-curricular learning or subject integration

In their focus group discussions, respondents raised the issue of lack for cross curricular learning. A close look at plan books and schemes of work showed that there is very little integration of HIV and AIDS with other subjects, if any. Subject integration helps students to understand information better. In real life, the learning experiences of students transcend the boundaries of knowledge domains. Cross-curricular learning allows students to see things from multiple perspectives and helps them to integrate knowledge from different subjects and apply what they have learned in daily life (Cheung and Wong, 2011).

There is lack of relevant policies to deal with the teaching of the subject

Respondents highlighted that there are no relevant policies to deal with the teaching of HIV and AIDS. 83% of the teachers and 67% of heads confirmed the position. They had the following to say:

T: I am not aware of any policy document as regards HIV and AIDS

T: Policy documents that relate to this subject are a rare commodity in schools

T: It is difficult to tell whether they are educational policies or health policies
T: Policies need to be subject specific for relevance to prevailing realities in society

H: Policy awareness and availability is generally limited, patchy and varied in schools

H: There exist weak policy advocacy, dissemination and distribution strategies.

It is argued that policy about lives cannot be blind to life. HIV and AIDS policy in Zimbabwean primary schools is starkly out of tune with realities prevailing in schools. Teachers are being called to implement a policy that conflicts with their personal situations. The thrust of the argument is that while the HIV and AIDS policy is about bodies and about emotions, it is blind to the bodies and the emotions of those implementing it (Machawira and Pillay, 2009).

The curriculum policy that we use allocates only 30 minutes for the subject per week

The various policy documents clearly pronounce the rights of children and the obligation of teachers to create an AIDS-free generation and to assist children affected by the pandemic. From the documents, the role of teachers emerges as that of ‘facilitators’ and ‘mediators’ of the learning process. The policy documents can be understood to reflect the voice of the main political actors within the educational discourse in Zimbabwe – that is, the Ministry of Education, Sport and Culture. They are not in any way spelling out clearly the content that has to be taught at each grade level. The documents are therefore indicators of the value system operating within the Ministry of Education, Sport and
Culture in Zimbabwe and they represent a powerful voice within the educational discourse where teachers operate. The education policy documents confront teachers with descriptions of functions, regulations and expectations on how to conduct their job. It is these messages from policy makers, which are transmitted through policy, that determine the curricula messages that filter down to the classrooms. What surprises is that subject matter is not clearly specified.

**Composite classes pose problems in subject implementation**

Respondents raised the idea of composite classes as a factor militating against quality teaching of HIV and AIDS. 56% of teachers and 54% of school heads raised the issue. The following sentiments shed light:

*T: Composite classes are really a problem in our education system. A teacher is asked to take two grades, for example, grade four and five. It becomes difficult to plan different material for the two classes. The teacher is required to scheme and plan differently for the two grades but you teach the students in the same room. This kind of teaching was never taught at college and it really kills one’s enthusiasm to teach. When it comes to the teaching of HIV and AIDS, such subjects, you know, you do it lackadaisically.*

*H: teachers find it very difficult to effectively teach all subjects when handling a composite class. Some subjects are ignored because the head cannot be everywhere all the time.*
Tekleselassie (2002, p. 60) refers to the “overload” of heads and teachers. Overload in this case affects quality service provision. Many, if not most teachers, use classical, teacher driven pedagogical approaches, especially when they need to manage large and/or multi-grade classrooms. When the curriculum is overcrowded, teachers will also be less inclined or able to take the time to facilitate active learning activities on HIV and AIDS. The subject may be skipped altogether if there is no specific time allocation and if it is not made examinable. The highest quality teachers, those most capable of helping their students learn, have deep mastery of both their subject matter and pedagogy (Darling-Hammond in UNICEF, 2000).

**CDU lacks grade level policies that guide what to teach**

An analysis of documents revealed several things. This analysis of documentation from the Ministry as a key player in the education sector was important as it proffered an understanding of the expectations placed on teachers by the school authorities, the government and the international community. The most significant of the policy documents is the Chief Education Officer’s Circular Number 16 of 1993 (Government of Zimbabwe 1993a). This circular is the first document that introduces the teaching of HIV and AIDS in schools. It emphasises why HIV and AIDS education should be taught in schools, how and when it should be taught and who should teach it. According to the circular, HIV and AIDS education shall be taught to children from Grade 4 to Grade 7 once a week using one 30 minute lesson and at secondary school level using one 40 minute lesson. Schools were also encouraged to integrate HIV and AIDS in other subjects wherever opportunities arise.
Many teachers fail to interpret the syllabus content

Respondents raised the issue that many teachers find it difficult to interpret the content in the HIV and AIDS policy document. This circular and subsequent circulars clearly outline the expectations placed on educators in order for them to fulfil their role as facilitators of the learning process. The documents are punctuated with statements such as, ‘Teachers are expected to use participatory and learner-centred methodologies…’ (Government of Zimbabwe 1993a, 2) and ‘Heads and teachers are also expected to assist children affected by the pandemic’ (Government of Zimbabwe 2003a, 3). Similarly, the Zimbabwe National Behavioural Change Strategy for the Prevention of Sexual Transmission of HIV (2006–2010) places an emphasis on the role of schools in HIV prevention for pupils:

Schools will therefore be equipped to promote life and negotiation skills as well as educate about all effective HIV prevention methods including abstinence, faithfulness and condom use (Government of Zimbabwe, 2006, p. 19).

HIV and AIDS is not an examinable subject

Respondents raised the issue that HIV and AIDS is not an examinable subject and this has a negative bearing on its teaching. 67% of teachers and 73% of school heads confirmed the position. The following quotations shed light as regards testing and evaluation of the subject:
T: One cannot waste time teaching a subject that is not examinable. Schools are appraised according to results so it is the objective of every teacher to teach examinable subjects. Most people consider the teaching of such a subject as time wasting.

H: Since HIV and AIDS is not an examinable subject, teachers tend to lack interest in it.

H: There are no exercises that are given in most cases.

T: Examinations do not include the subject content directly.

T: Weekly tests are not given as done in other subjects.

T: Monitoring and evaluation of the subject is weak.

In a school system, emphasis is placed on examinable subjects. The ranking system that is done contributes towards the teaching of subjects that are examinable mainly at the expense of other subjects.

In a research carried out by UNESCO (2004) in various countries in the world as regards quality teaching of HIV and AIDS, it was found out that many countries for which data were available indicate that HIV and AIDS education is mandatory, but that only few have made it an examinable subject. When it is mandatory and examinable, it is within a much larger subject area, which reduces the likelihood of being taught and evaluated, or
makes teaching very likely to be limited to very basic factual knowledge. As a consequence HIV and AIDS education teaching may be given a low priority in schools.

4.4 Summary
This chapter has looked at the presentation, discussion and analysis of data. Several themes were presented and percentages were given to support that. The constant comparative method was used to present and analyse data at the same time to facilitate easy interpretation. In the chapter it has been noted that the four variables under study, that is, teachers, school leadership, curriculum and resources need the synergy of quality assurance so that continuous improvement in the teaching of HIV and AIDS is realised. These variables are the pillars of the education system and in line with the systems thinking of quality assurance, close interaction of these subsystems is imperative to stem the HIV and AIDS pandemic from society. The next chapter will look at summary, conclusions and recommendations.
CHAPTER 5: SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter draws together key ideas, lessons and questions from the study. It is divided into three sections; summary of key ideas from each chapter; summary of main findings and recommendations.

5.2 Thesis Summary
The first chapter covered the background to the study and the context to the problem. It introduced the key concepts of quality assurance in the service delivery of HIV and AIDS. The chapter situated quality assurance within the HIV and AIDS context of primary schools in Zimbabwe and situated teaching or school experience within that. The chapter also identified the statement of the problem, the research questions and objectives, the purpose and assumptions of the study, the significance and delimitation of the study and how the study is organised.

Chapter two covers review of related literature. The following aspects are discussed; the concepts quality assurance, HIV and AIDS in primary schools, quality assurance management systems in schools, internal and external quality assurance practices in primary schools. The chapter discussed a theoretical framework of systems theory of Senge (1990) in quality assurance and the theory of Health Belief Model of behaviour change in HIV and AIDS. The second part of the review of related literature addressed
the research questions. This part covered the extent to which teachers enhance quality service delivery of HIV and AIDS, how leadership enhances quality service delivery, how the quality of the curriculum enhances service delivery and how the availability of resources enhances quality teaching and learning of the subject. The chapter also explored a range of quality assurance practices in the teaching and learning of HIV and AIDS in schools.

The third chapter of the study presented the methodology used in the study. It discussed the interpretivist theory, ethnographic research design and outlined the population, sample and sampling procedure of the study. In all the data collection procedures validity, credibility and ethical considerations were detailed.

The fourth chapter dealt with data presentation, analysis and interpretation. The first part presented data on the biographical characteristics of respondents. The second part presented data and analysed data using the constant comparative method where findings were presented and discussed at the same time. The discussion reflected on the need of continuous improvement for quality service delivery of HIV and AIDS in Zimbabwe.

**Findings**

- Teachers lack understanding of the subject HIV and AIDS and lack quality teaching and learning skills and pedagogy
- There is lack of knowledge in the subject and this affects quality of teaching and learning
• Teachers lack education and training from the teachers’ colleges and this affects quality of teaching and learning

• Teachers lack confidence to teach the subject

• Teachers’ conception of the nature of content is unclear

• Poor quality of teachers due to lack of education leads to poor quality HIV and AIDS teaching

• Teaching experience affects quality of teaching

• Cultural practices affect the quality of teaching

• The taboo of talking about sex militates against quality teaching and learning

• Poor planning affects quality of teaching

• Lack of commitment by teachers affects quality teaching and learning

• Teachers’ low knowledge levels of the subject affect quality of teaching and learning

• Poverty strikes students and affects lesson attendance

• Stigmatisation affects quality teaching and learning of the subject

• The subject is taught by depressed teachers and some who are already infected

• Lack of discipline among students affects quality teaching of HIV and AIDS

• Peer syndrome affects quality of learning by students

• The subject lacks learning and teaching material and equipment

• Lack of textbooks for the HIV and AIDS programme for students and teachers impact negatively on quality teaching and learning of HIV and AIDS

• Even the syllabus is not available in the schools and there is a scramble for it

• Both teachers and learners lack of exposure to media
• Schools lack ICT to enhance learning
• There is lack of management support for quality teaching of the subject
• Some school heads lack of autonomy/work discretion to buy materials
• There is deficient leadership professional development
• Heads lack basic training in leadership development to man the subject
• There are ineffective leadership supervisory practices and lack of commitment
• Heads lack knowledge of HIV and AIDS Education
• School committees force their beliefs into the school system
• Heads lack time due to varied roles
• Heads do not act as advocates
• Heads do not organise in-service training for teaching of HIV and AIDS
• Heads fail to work as visionary leaders
• School heads do not facilitate effective communication of HIV and AIDS information
• Heads fail to work as team leaders
• School leadership is not doing a quality service for effective teaching and learning of HIV and AIDS
• Heads lack of professional capacity
• There is lack of quality assurance on curriculum design for organised content
• Time allocation for the subject is just 30 minutes per week and this shows that the CDU is not serious at all
• Curriculum has irrelevant content
• The idea of allocating too much time to other subjects means CDU does not realise that a nation cannot have mathematicians who are already positive

• There is lack of adequate curricular time

• Curriculum is defined during workshops for some other ministries and is not known by school practitioners

• Lack of supervision fails curriculum implementation

• Lack of cross-curricular learning or subject integration is causing poor teaching

• There is lack of relevant policies to deal with the teaching of the subject

• The curriculum policy that is used allocates only 30 minutes for the subject per week

• Composite classes pose problems in subject implementation

• CDU lacks grade level policies that guide what to teach

• Many teachers fail to interpret the syllabus content

• HIV and AIDS is not an examinable subject

5.4 Conclusions
The need for quality assurance ensuring effective teaching and learning of HIV and AIDS has been emphasized by both teachers and school heads as the practitioners. What is important, however, is to ensure that quality assurance is used as the synergy to provide continuous improvement among the four variables under study which include teachers, school heads, the curriculum and teaching and learning resources. Quality assurance in this case has to be used as a torch light to point to areas that need improvement in terms of teachers, school heads, curriculum and resources so as to improve service delivery of
HIV and AIDS. Improvement in these areas would result in behaviour change among learners whilst they are still young. This study was guided by the conception systems theory of quality assurance in schools and it reveals that there is need for all of these variables to work closely so that there is quality service delivery of the HIV and AIDS programme in schools. Quality assurance was used to mean systems, processes and practices to assure accountability, control, compliance and improvement in the service delivered. The main conclusions of this study can be summarized under four headings: quality assurance on teachers; quality assurance on leadership, quality assurance on curriculum and quality assurance on resources.

5.5 Quality assurance on the extent to which teachers ensure quality teaching and learning of HIV and AIDS in primary schools

With regard to how quality assurance can improve teachers’ teaching and learning of HIV and AIDS in primary schools, the study concludes that:

- Teachers have poor pedagogy of the subject and this affects quality teaching and learning of HIV and AIDS. That lack of knowledge of the mechanics of the subject negatively affects quality of teaching and learning of HIV and AIDS.
- Teachers lack training of HIV and AIDS. Unlike other subjects in which they received basic training at the college, teachers did not receive any form of training in the subject. This raises doubt in terms of quality teaching and learning of the subject.
- Teachers conceive learners as people who have negative attitudes towards the subject. Such conceptions affect the way teachers teach the subject.
• Teachers conceive HIV and AIDS content as irrelevant, mixed up and inadequate. This raises questions on the way they teach the subject in the classroom.

• Due to lack of in-service training and professional development in the subject, there are poor quality teachers teaching the subject. This finding points to poor teaching as well since there is a deficiency in subject matter and teaching skills.

• Subject delivery is weak due to lack of induction and teaching experience in the subject.

• Cultural practices in the school environments affect quality teaching and learning of the subject. Teachers feel ashamed to deliver sex information sometimes to their own children they teach. Some cultures do not want their children to talk about sex issues in the early years since they take it as a taboo. In such a scenario, teachers find it extremely difficult to teach the subject effectively.

• It has been established that teachers do not take the subject seriously as shown in their schemes and plan of work. If there is poor planning then there is likely to be poor service delivery.

• Quality teaching and learning is affected by poverty that strikes students. If students go hungry most of the time, their attention span is likely to be affected. Students’ concentration is affected and this affects the resultant product in terms of behaviour change.

• Self-hatred that results from stigmatisation results in both teachers and students loosing interest in the subject.
• Due to the fact that some teachers are already infected, they are already depressed. As a result, their teaching is done in low spirit, they are disengaged and a disengaged teacher is not effective at all.

• Peer influence affects quality teaching of HIV and AIDS. Peers incite bad behaviour and influence other students to disregard information that is taught. This results in slow behaviour change patterns or resistance to engage in productive learning activities.

• Teachers lack time to research on the subject because they are pre-occupied with other duties. So lack of teaching material is not solved and this promotes teaching of irrelevant facts.

5.6 Quality assurance on how leadership ensures quality teaching and learning of HIV and AIDS in schools

• There are no support services for leaders in the form of in-service workshops, handbooks or guides and assessment forms to support mentors. This casts doubt on the provision of quality teaching and learning of the subject for continuous improvement.

• School heads themselves do not give adequate support for the effective implementation of the programme.

• Heads lack autonomy to carry out school activities especially in church school where the school authorities regard sex education as a violation of moral rights. In such cases, it becomes difficult to purchase materials for the teaching of HIV and AIDS.
• Heads do not sufficiently supervise the subject and if not closely supervised, the subject suffers a natural death.

• School heads lack commitment to the teaching of the subject because they do not supply materials

• Heads lack knowledge of the subject

• School communities affect quality service delivery due to cultural differences

• Heads do not advocate for the programme

• Heads do not have a vision about HIV and AIDS

• Heads do not facilitate and provide information about HIV and AIDS

• Heads are failing to act as team leaders to spearhead its teaching and fail to develop plans for the implementation of the subject

5.7 Quality assurance on how the quality of the curriculum fosters knowledge and skills for behaviour change among students

• Content is disorganised and there is no coherence of the subject matter. This results in teachers failing to see the sequence.

• Time allocation for the subject is too little to make an impact on behaviour change.

• Curriculum is not known to many teachers

• There are no syllabuses available for ease of use by teachers

• There is no subject integration

• There are no relevant policies to deal with the subject

• There are no grade level syllabuses and policies to influence effective teaching
• HIV and AIDS is not an examinable subject

• Curriculum implementation is not supervised

• Curriculum content is irrelevant

5.8 Quality assurance on how resource availability can ensure quality teaching and learning of HIV and AIDS

• There are no adequate teaching and learning resources to effectively deliver the subject

• Syllabuses are not available for use in the schools

• There is lack of exposure to media like radios, televisions and internet facilities to link with the outside world for more information

• There are no textbooks relevant to teach all the grades in the primary school

5.9 Recommendations
In the light of the above conclusions, a number of recommendations were made.

This study has delved into how quality assurance enhances the quality teaching and learning of HIV and AIDS in primary schools. It, therefore, provides learning points for consideration by school practitioners as well as academics doing research in the field. Recommendations are divided into two: those relating to quality assurance activities and those relating to further research.
5.10 For improving the quality of teaching and learning of HIV and AIDS in primary schools in Zimbabwe

It is recommended that:

- The four sub-systems of the education system which include, among others, teachers, school leadership, curriculum and teaching and learning resources should be improved through the synergy of quality assurance as continuous improvement in order to build positive behavioural patterns in students and eventually in all of society.

- School heads should supervise the lessons for HIV and AIDS so that teachers can take it seriously.

- The Ministry of Education should make the subject examinable so that teachers and school heads take its teaching seriously.

- An effective curriculum has to be designed for primary schools that is capable of fighting the HIV and AIDS pandemic.

- In order to do it right first time, close interaction of these sub-systems is encouraged for the achievement of quality education and effective teaching and learning of HIV and AIDS.

- Monitoring and evaluation of the teaching and learning of the subject is imperative so that quality is achieved and hence behaviour change among societal members.

- The Curriculum Development Unit should involve teachers in the research, development and diffusion of HIV and AIDS information to improve ownership of the programme and not centralize it.
• Curriculum content should be made relevant in order to meet the needs of the learner and society.

• The Ministry of Education should inject more resources to improve the quality of teaching and learning of HIV and AIDS programme in order to serve society.

• HIV and AIDS curriculum policy documents and syllabuses should be made accessible to all teachers for ease of use.

• The Ministry of Education should carry out staff development programmes for teachers as the people on the ground for capacity building

• Case study videos can improve the teaching and learning of HIV and AIDS

• There is need for awareness programmes for teachers, heads and pupils

• Learners need interaction with HIV positive people in order to help them to be aware of the realities of the epidemic

• Each school should have an HIV and AIDS resource teacher for grades four to seven who is fully trained in the subject

• There is need for involving the church and the parents to cut across culture differences and value system

• Colleges need to educate and train teachers in the subject

• Workshops for both teachers and heads are useful for continuous improvement in teaching the subject.

• Leadership should show commitment by providing adequate resources and close supervision for effective implementation of the subject.

• Establishment of Communities of practice offers a form of social structure that can take responsibility for fostering learning, developing competences and
managing knowledge. One of the main purposes of a community of practice is establishing the common baseline of knowledge in that subject area. By ensuring that this is well understood, people can focus their creative energies on more advanced issues.

5.11 For further research
It is recommended that:

Further research can look at enhancing quality teaching and learning of HIV and AIDS in tertiary institutions in Zimbabwe so as to improve the quality of the teacher produced from the colleges for effective implementation in schools. More research is needed therefore, into the forms of initial and in-service preparation that best prepare teachers and other educators for their work, the most effective ways of supporting and sustaining the teacher workforce, and the strategies that prove most effective (both in and out of school) in promoting risk and vulnerability reduction.
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308


311


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334
APPENDICES

APPENDIX A: QUESTIONNAIRE & INTERVIEW GUIDE FOR SCHOOL HEADS

Dear Respondent

I am Paul Mupa, a student of the Zimbabwe Open University reading for a Doctor of Philosophy degree. The research thesis reads: **Quality Assurance on the service delivery of the HIV and AIDS programme in Primary Schools in Zimbabwe.**

You have been sampled to respond to this questionnaire and your cooperation is greatly appreciated. You need not write your identification and information obtained will be dealt with in strict confidentiality. For protection against harm, you are allowed to withdraw even during the process. You are requested to answer the questions in full and as frankly as possible and return the questionnaire in a short space of time. Thank you very much in advance for your cooperation.

**Demographic data of respondents**

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1. How prevalent and problematic is HIV and AIDS in your school community and what is your school community’ approach and strategy for managing HIV and AIDS?

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2. Is there any legislation and curriculum policy guiding your HIV and AIDS teaching and in your opinion how effective is it in bringing behaviour change in society?

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3. What is the impact of your own career development, personal and professional identities on your leadership role in HIV and AIDS teaching and learning?

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4. How do you comprehend and respond to this leadership role at your school while dealing with the complexity, speed and magnitude of changes in school leadership?

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5. What are your perceptions of your leadership role in building school vision and goals regarding what teachers may be able to do in terms of quality service delivery of HIV and AIDS if they work together as a team?

6. How do you stimulate your followers to feel and act like leaders and give them a sense of overall purpose for their leadership role in managing HIV and AIDS, to be innovative and creative to question assumptions, reframe problems and approach old situations in new ways?

7. How do you pay special attention to individual needs and expertise, and provide the necessary resources to support individuals implementing the school’s HIV and AIDS programme?

8. How do you rate the quality of teaching of HIV and AIDS in your school and do you think students are gaining any knowledge on HIV and AIDS?

9. To what extent is the curriculum relevant in stemming the HIV pandemic from society? Do you think the Curriculum Development Unit (CDU) has done enough homework for knowledge dissemination of this subject? What policy improvements can be made?

10. What are your actual leadership challenges raised by managing HIV and AIDS issues in your school community?
11. What do you think are the leadership dynamics of successful HIV and AIDS management? What kind of transformations have you witnessed or enabled?

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12. What are possible strategies you can suggest for effective leadership of HIV and AIDS management with the sober realities of making change happen in practical terms? What kinds of transformations have you witnessed or enabled?

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13. What deficiencies do you notice in your staff as regards quality teaching of HIV and AIDS from your supervisory practices? What kind of school preparedness do you think schools need for quality teaching and learning of HIV and AIDS?

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14. Do you think there is need to monitor the teaching of HIV and AIDS in schools? Give reasons for your answer.

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15. How do you rate your students’ attitudes towards the subject HIV and AIDS?

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Dear Respondent

I am Paul Mupa, a student of the Zimbabwe Open University reading for a Doctor of Philosophy degree. The research thesis reads: **Quality Assurance on the service delivery of the HIV and AIDS programme in Primary Schools in Zimbabwe**.

You have been sampled to respond to this questionnaire and your cooperation is greatly appreciated. You need not write your identification and information obtained will be dealt with in strict confidentiality. For protection against harm, you are allowed to withdraw even during the process. You are requested to answer the questions in full and as frankly as possible and return the questionnaire in a short space of time. Thank you very much in advance for your cooperation.

**Demographic data of respondents**

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</table>
1. Have you been trained in teaching HIV and AIDS? How does lack of knowledge and training in the subject HIV and AIDS affect the quality of teaching pedagogy?

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2. Is the HIV and AIDS syllabus user friendly in your lesson delivery processes?

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3. Why do you think the HIV and AIDS epidemic is still increasing and yet the subject is taught in schools?

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4. In your opinion, do you think school leadership is doing a service for quality delivery of HIV and AIDS?

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5. What deficiencies do you notice in teachers as regards quality teaching of HIV and AIDS?

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6. Do you think there is need to monitor the teaching of HIV and AIDS in schools? Give reasons for your answer.

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7. What recommendations would you make for quality service delivery of HIV and AIDS in schools?

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8. How prevalent and problematic is HIV and AIDS in your school community and how do you rate your students’ attitudes towards the subject HIV and AIDS?

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9. Do you think the Curriculum Development Unit (CDU) has done enough homework for knowledge dissemination of this subject? What policy improvements can be made?

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10. What kind of school preparedness do you think schools need for quality teaching and learning of HIV and AIDS?

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11. Which legislation and policies are guiding your HIV and AIDS teaching?

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12. What do you think are the teaching dynamics of successful HIV and AIDS management? What kinds of transformations have you witnessed or enabled?

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13. What strategies can you suggest for effective teaching of HIV and AIDS with the sober realities of making change happen in practical terms? What kinds of transformations have you witnessed or enabled?

14. Do you think schools are providing quality services as regards the teaching of HIV and AIDS with the aim of stemming the epidemic from society?

15. Does your school head supervise HIV and AIDS lessons and do you think this is enough to enforce curriculum implementation?
APPENDIX C: DOCUMENT ANALYSIS

The following documents were analysed:

1. Students’ exercise books
2. Supervision itinerary
3. Supervision reports
4. Textbooks used
5. Syllabus documents
6. Teachers’ scheme and plan of work
7. Test record books
8. Records of AIDS Action clubs
9. Media used for teaching and learning
10. Technology used for teaching and learning
APPENDIX D: Letter of Permission to carry out research in Primary Schools in Zimbabwe from the Secretary for Education: Ministry of Education, Arts, Sports and Culture.

Ref. C/426/3

Ministry of Education Sport, Arts and Culture
P.O Box CY 121
Causesway
Zimbabwe

- Mr Paul Mapa
- Zimbabwe Open University

Re: PERMISSION TO CARRY OUT RESEARCH

Reference is made to your application to do research in the Ministry of Education, Sport, Arts and Culture institutions on:

Quality Assurance in the Service Delivery of HIV and AIDS Programme in Primary Schools in Zimbabwe

Permission is hereby granted. However you are required to liaise with the Provincial Education Director responsible for the schools from which you want to research.

You are also required to provide the Ministry of Education, Sport and Culture with the final copy of your research since it is instrumental in the development of Education in Zimbabwe.

C. Mazonde
For: SECRETARY FOR EDUCATION, SPORT, ARTS AND CULTURE
List of Tables

Table 1 Demographic data of respondents

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