TRINITY CHIKWANDA

5. HIV AND AIDS AND TEACHER EDUCATION IN ZAMBIA

INTRODUCTION

The identification of education as the single most important weapon to fight the spread of HIV and AIDS by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS, 2001) and World Bank (2002) prompted the Ministry of Education in Zambia to make HIV education an integral part of the education curriculum at all institutions of learning in general and at colleges of education in particular.

This chapter examines the factors influencing education instructors' understanding and delivery of HIV information to education students and how education students internalize and value this information. HIV education has proved to be necessary and beneficial in providing the requisite knowledge and skills required by education students to manage their vulnerability to the pandemic. However, I argue that the HIV education offered at the college of education studied in this chapter, especially in classroom teaching, is inadequate and has thus failed to adequately prepare teachers to teach about HIV/AIDS. This failure is a result of the interaction of sociocultural, institutional, and multiple identity factors.

This study was carried out at one of the ten government-run boarding colleges of education located in a peri-urban setting in the northern part of the country. The college is located in the provincial headquarters, about 2.2 kilometers from the central business zone. The college is therefore advantageously positioned with easy access.

CONTEXT

Zambia is one of the countries in southern Africa with a high HIV prevalence rate, 13.3 percent (Ministry of Health, 2015). The negative impact such a situation has on the development of the country led the Zambian government to look for more cost-effective measures to address the pandemic. It adopted a multi-sectoral and multi-faceted approach to mitigating the pandemic (Ministry of Education, 2003). To this end, the institution of the National HIV/AIDS, Malaria, and Tuberculosis Council and the introduction of workplace framework policies in all line ministries provided information on how the pandemic has been addressed at all levels of society (Ministry of Education, 2003, 2006, 2008).

Apart from this, the Zambian government in general and the Ministry of Education in particular embraced the notion of education as a "social vaccine"

A. Breidlid et al. (Eds.), Perspectives on Youth, HIV/AIDS and Indigenous Knowledges in Africa, 61–76.

(World Bank, 2002) and responded by making HIV education an integral part of the school curriculum. This was followed by introducing many HIV prevention programs in all institutions of learning.

The backdrop to this action was the understanding that education offered either in or outside schools is likely to equip young people with knowledge about HIV and AIDS and skills essential for HIV prevention (UNESCO, 2007; Ministry of Education, 2008). It was also envisaged that, with increased information, knowledge, and awareness, educated young people's behavior will change faster in terms of delaying their sexual debut, reducing the number of partners, increasing condom use, and any other action that may lessen the risk of infection (Vandermoortele & Delamonica, 2000; Kelly & Bain, 2005). This chapter demonstrates that, in order for behavior change to take place, HIV/AIDS knowledge has to include factors that explain why it is difficult for people to change their behavior (Jackson, 2002; Baxen & Breidlid, 2004).

HIV education was initially introduced and implemented in basic schools, where children under 14 (considered the "window of hope") were located. The description was premised on the assumption that the group seemed to give hope of an "HIV-free generation" (World Bank, 2002; Ministry of Education, 2008), and was not yet infected—thus, if provided with requisite knowledge and skills, they would learn to protect themselves from HIV infection (UNESCO, 2004) and live AIDS-free lives, thereby giving hope to the nation.

The inclusion of HIV education in colleges of education came after the realization that teachers' implementation of HIV education was inadequate and superficial, arising from teachers' lack of knowledge and skills due to inappropriate training in HIV education (Salmi, Kanyika, & Malambo, 2000). It was presumed that provision of knowledge and skills, and inculcation of positive attitudes and values in those graduating from colleges, would enable them to convey the same attitudes and skills to their learners upon becoming teachers (Kelly & Bain, 2005). In addition, consideration was made of pre-service teachers as a vulnerable group between 20 and 24 years old—the age globally regarded as susceptible to HIV and needing HIV education themselves (Bennell, 2003a). With the experience of premature deaths among newly graduated teachers in their productive years, when their services were in high demand, as evidenced by the statistics—from 680 deaths in 1996 to 2000 in 2001 (Ministry of Education, 2003; Kelly, 2008)—HIV education in colleges was made mandatory. The proliferation of teachers' deaths, which had never occurred in such numbers before the advent of AIDS, was attributed to AIDS (Kelly, 2000).

The measures taken by the Ministry of Education were laudable in that it was envisaged that adequately trained teachers can be instrumental in enhancing HIV and AIDS awareness and in addressing sociocultural practices that promote unsafe behaviors, thereby influencing appropriate transmission of life skills (Nzioka & Ramos, 2008; Ramos, 2006). The college studied thus embarked on transmitting HIV information through sports, drama, debates, seminars and workshops, talks by guest speakers, weekly campaigns featuring T-shirts (with slogans about HIV and AIDS), and weekly discussions with peer educators from Student Partnership

Worldwide (an NGO working with the Ministry of Education to provide HIV education in institutions of learning). These activities were carried out in tandem with classroom teaching.

Given the background to the study, how effective is the teaching of HIV content to students? Moreover, how effective are HIV programs outside the classroom in equipping education students with appropriate knowledge and skills to minimize their own vulnerability as well as to equip those they will be teaching after graduation with the skills, positive attitudes, and values to avoid contracting HIV?

METHODOLOGY

The nature of this study required understanding and interpreting what was being said and done, and so the research was carried out in a qualitative paradigm. This paradigm was favored based on the critical analysis that the research question required: understanding the phenomenon from the participants' experiences and in a natural setting (Bryman, 2004). As one type of qualitative approach, an exploratory case study design was also favored. According to Yin (1989, p. 12), a case study is "an empirical inquiry that investigates a contemporary phenomenon within its real-life context, when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used." An exploratory case study here refers to a research procedure aimed at developing a working hypothesis from an operational point of view (Kothari & Garg, 2014). This type of design offers room for flexibility in discovering ideas and insights for considering various aspects of the problem studied. The choice of case study design allowed an in-depth and fairly long-term examination within a real-life context (Yin, 1994; Cohen et al., 2007). The exploratory case study was preferred because of its flexibility and adaptability to change as situations arise (Robson, 1993). Most importantly, however, the design was purposely adopted because it allows multiple data-collection techniques in order to fully understand what was taking place (Yin, 1989).

The choice of the college was prompted by the impression given by the Ministry of Education that the college was doing well in HIV education, based on the survey conducted by CHANGES 2, a non-governmental organization (NGO) working in partnership with the Ministry of Education to strengthen HIV education at colleges of education. Moreover, although the college is in a peri-urban setting, it is located in one of the rural provinces of the country. The college examined is similar to the college where I teach in terms of its size and the composition of ethnic groups, and this made it familiar to me as a researcher and suitable for research. At the time of the study, the college had 116 students (and an enrollment capacity of 300), or 49 women and 67 men with 38 staff members (32 men and six women).

Sampling was mainly done using purposeful sampling. Research participants were selected from education instructors themselves, education students, and administrators from both the college and Ministry of Education headquarters. Thus, the study engaged 25 education instructors (21 men and four women), 50 students (25 women and 25 men), two top management leaders in the college, one senior

education officer, who was a focal point person at the Ministry of Education headquarters in charge of HIV education in colleges, and one Student Partnership Worldwide peer educator that was at the college at the time of study. The participants were involved in the research at various levels using various data-collection methods: some were engaged in interviews, others in answering open-ended questionnaires, and some in focus group discussions. The choice of participants was made with the help of the college's HIV focal point person. The selection of participants was based on the positions, status, and roles they had in relation to HIV prevention programs at the college. Hence, both education instructors and education students were purposely included in the research as members of the HIV committee. Others were members of the Education Study Area and Social, Spiritual, and Moral Education members with HIV and AIDS topics in their syllabus. The two top leaders were involved because their positions meant they were expected to be the focal point persons for HIV programs at the college, although the position was given to one lecturer. Other members were also HIV-related personnel in their individual capacities at various places of work.

The data were collected using five kinds of data-collection instruments: 1) open-ended questionnaires, 2) one-on-one interviews, 3) focus group discussions, 4) observations, and 5) document analysis. Questionnaires were distributed to education instructors and education students. No names were recorded on them, although age was recorded. The use of questionnaires as the first strategy offered random insight into what education instructors thought about how they were conducting HIV education at the college. The method gave lecturers a chance to evaluate their own classroom teaching of HIV-related content as well as other extracurricular HIV programs at the college. The in-depth interviews were also conducted at various times of the 3-month research period, from July to October 2008, while I was on site. The use of in-depth interviews allowed me to probe, illuminate, and confirm what was being said there and then. By noting respondents' comments, facial and body expressions, tone of voice, gestures, and level of cooperation, I was able to obtain information not gathered in the questionnaires (Sidhu, 2003).

Three focus group discussions were also conducted with students: one for men only, another for women, and a third comprising both men and women. A fourth focus group discussion was conducted with education instructors, both men and women. This method was favored because it is a powerful means of investigating complex issues that cannot be discussed in face-to-face interviews or on questionnaires. The method permitted multiple and contrasting perspectives to be contested, and it encouraged participants to defend and clarify their views (Bryman, 2004). During the study I assumed the role of a participant observer for 3 months while I was engaged in teaching. Observation was thus performed using the prepared predetermined observation guide. Observation was advantageous as a data-collection strategy for understanding critical issues that could not be verbalized (Ogula, 2003). The strategy supplemented and consolidated data already collected through other strategies.

While on site, I observed classroom teaching in some study areas and sensitization programs conducted by Student Partnership Worldwide peer educators, who carried out many of the class programs. Other areas of attention included everyday events such as how both lecturers and students talked about HIV and AIDS, how they treated those known and suspected to be HIV-positive, and the behavior of both students and lecturers. I was also on the lookout for the availability of HIV and AIDS posters and reproductive health posters at the college. Finally, in document analysis, the college HIV and AIDS workplace policy was analyzed as well as other HIV and AIDS literature available at the college.

Data analysis took place simultaneously with data collection using an iterative approach (Yin, 1994). Responses were categorized according to keywords; concepts emerged and were then analyzed manually. The ethical principles of research were upheld. The research was authorized by Oslo University College and cleared by the University of Zambia Ethics Committee. Permission was also sought from the school principal where the research was conducted. Moreover, the elements of confidentiality and privacy of participants were strictly followed, and anonymity was guaranteed by not disclosing the name of the institution or using any names to refer to respondents.

The research was framed in socialization theory because much of what was being sought had to do with how both education instructors and education students had been socialized, as highlighted by the theoretical framework in the next section.

THEORETICAL FRAMEWORK

The critical analysis of how HIV education was being conducted at the college studied required locating the study in socialization theory. Socialization is the process of transforming people into social beings through interaction with each other in a particular environment (Fulcher & Scott, 2007). This transformation occurs through mastering skills, acquiring knowledge and values, and assuming roles appropriate to ones' position in a particular group or society (Michner & Delamater, 1999). Socialization in general terms encompasses learning culture, which is no longer restricted to a geographical setting, but extends to embrace various discursive fields and common interests (Baxen, 2006). Culture involves learning beliefs, behavior, knowledge, sanctions, values, norms, and goals that act as benchmarks in the life of a particular group of people (Tanner, 1997). The definition implies that culture is not inherited, but is learned and constituted by members of a particular group through their actions and networking with others. Culture is not exclusive of others; it borrows from and is influenced by other cultural practices and beliefs (Shorter & Onyancha, 1998).

More central to cultural socialization and significant to the study is sex and gender socialization, which orients members in their sex and gender roles. Through gender socialization, people acquire behavior and attitudes appropriate for each sex, with each sex learning what it means to be either a boy or girl and a man or

woman (Henslin, 1996). Gender socialization conveys masculine and feminine discourse content to members, leading to gender identities appropriate to each group. The thrust of gender socialization in relation to the study lies in the two phases of socialization (i.e., primary and secondary), which continue to create a culture of silence on sex issues and pose challenges regarding who should provide sex education, even in the college context (Shtarkshal, Santelli, & Hirsch, 2007).

Most important to the study is the development of identities. As people socialize with others, they create their own personal identities. Through their interaction and networking with others, education instructors come to define and understand who they are in relation to others, which has culminated in the development of their personal identities, or self-identities (Giddens, 2001, 2006; Fulcher & Scott, 2003, 2007). The discussion of identity formation in this study followed the sociological perspective, which discusses identity formation as a product of socialization. Identity formation occurs as one interacts with the environment and the structures one finds oneself in (Stryker, 1980). Through daily interpersonal networks within a distinct structure, in this case the college environment, lecturers enact their social identities. Social identity is the characteristics or labels that are attributable to an individual by others to indicate who that person is in relation to others that share the same attributes (Giddens, 2001; Fulcher & Scott, 2007). This explanation depicts social identity as placing people in cohorts based on common characteristics of members, such as age, gender, religion, or culture. The implication is that education instructors do not belong to one group of social identities, but instead have multiple identities and hence oscillate from one identity to another based on the roles attached to the identity and the context. As Fulcher and Scott put it:

> We can behave as one kind of person at work, another at home and yet another at a party because we interact with different people in each setting. In each setting we present a self that conforms to the expectations of the particular audience and of which we think the audience will approve. (Fulcher & Scott, 2003, p. 134)

The situation has repercussions on how education instructors negotiate within the multiple identities while conducting their duties as HIV educators because often their personal identities conflict with their social identities, hence affecting the effective delivery of HIV content. This scenario is clarified by the findings and discussion presented in the next section.

FINDINGS AND DISCUSSION

The education students' and education instructors' understanding of HIV and AIDS centered on the unprecedented social problems of the disease, which negatively impacted society and thus imposed social and economic burdens on the lives of the infected and affected. Such an understanding compelled the college management to initiate HIV education prevention programs aimed at equipping education students with knowledge, skills, positive attitudes, and values to help

them cope and avoid contracting HIV, as well as to mitigate the impact of the epidemic on the college community.

The examination of the HIV education programs conducted at the college in general and in classroom teaching in particular highlighted the lack of proficiency by education instructors in transmitting HIV education to their students. Investigations into the causes of this lack of proficiency revealed myriad factors, answering the main question of the study, which was to determine which factors shaped education instructors' delivery of HIV education to their students. The factors highlighted, and themes including sociocultural factors, multiple identity factors, and institutional factors as impediments to effective delivery of HIV education, are discussed below.

Sociocultural Factors and HIV Education

This study understands culture as a way of life of a given society consisting of beliefs, customs, values, norms, traditions, and overall social organization (Tanner, 1997). The findings on cultural teachings and practices highlighted both positive and negative consequences on how education instructors reacted to HIV information. Cultural practices that encouraged abstinence and faithfulness to one's partner, and that discouraged premarital and extramarital sex, were appreciated as good tools in enhancing HIV prevention education. Cultural practices that condoned polygamy, sexual cleansing (i.e., the requirement for a widow to have sexual relations with a relative of the dead spouse to exorcise his ghost), multiple extramarital relationships, and cross-generational and transactional relationships, which some lecturers in the college subscribed to, were reported by lecturers as contributing to more HIV infections and thus compromising the efficacy of culture in HIV prevention education (Ramos, 2006).

Nonetheless, the role of culture in HIV education was contested. It was argued that moral decay and Western culture, which has been embraced by the Zambian people, has more of a negative impact than cultural practices that, it was pointed out, happened once in a while and are not dangerous if the people concerned were HIV-free. These ideas were expressed by one male lecturer as follows:

> The exposure to television, Western dress, and the idea of having boyfriends and girlfriends where premarital sex is taking place, which is a Western phenomenon, is worse than polygamy or sexual cleansing. Besides, polygamy where all parties are faithful is not dangerous. And sexual cleansing, if the couple is not infected, is also not dangerous.

The lecturers' ideas were in line with Gausset's (2001) ideas that underpinned the Tonga practice of polygamy: that whether people practice polygamy or monogamy does not matter; what is important is fidelity or the practice of safer sex in an extramarital relationship. Ignoring traditional moral codes through enticing dress by young people, indulging in premarital sex, and cohabiting with women with Western cultural orientations were considered to make young people more susceptible to HIV infection than cultural practices (Dyk, 2001; Bennell, 2004).

The scenario affected and shaped the way lecturers and students responded to HIV education.

In addition, the cultural teaching that still considered discussion of sex issues between adults and young people and parents and children as taboo (Simpson, 2000; Chiwele & Mwape, 1999) continued to pose challenges on who should provide sex education between parents and teachers (Shtarkshall, Santelli, & Hirsch, 2007). Both lecturers and students repeatedly echoed that "sex issues were not discussed between elders and young people." The culture of silence perpetuated by such teaching, it was noted, made lecturers feel uncomfortable discussing HIV issues with students, thus hampering effective communication of HIV information to education students. Therefore, conflict between traditional and modernity discourses, in which HIV education is framed, predisposed and restricted lecturers when delivering HIV education. Lecturers reacted by practicing selective teaching or glossing over pertinent content of the topic, as other studies have noted (Nzioka, Korongo, & Njiru, 2007; Ramos, 2006; Bennell 2003a). Nonetheless, the unprecedented devastating impact of HIV and AIDS on lecturers' families and the operations of the institution have led to some changes, although at a slow pace, in abandoning some practices and teachings to embrace modernity, which required a change in the manner of addressing the pandemic, as other researchers have noted (Bennell, 2003a, 2003b; Kelly, 2008; Ramos, 2006).

Moreover, the notion that sex issues are not discussed between adults (lecturers) and young people (students) based on the age difference can be contested. It was noted that students' ages ranged between 19 and 24 years, a period when all students had reached puberty. Puberty is an entry point to adulthood and the commencement of sex education in the Zambian context. Shunning such teaching based on age differences by lecturers was simply a weakness on their part and thus affected HIV education at the college. Correspondingly, the same cultural teaching was also contested by students, who questioned how similar information about sex and reproductive health was delivered in other subjects, such as science and home economics: "How do they [lecturers] teach about reproductive organs in science? They mention everything, what's the difference with HIV and AIDS?" This was a perplexing paradox that can only be explained when one looks at how multiple identities within one person allows him or her to act and behave differently in various discursive spaces (Fulcher & Scott, 2003). This is discussed below.

Education Instructors' Multiple Identities and HIV Education

The exploration of how gender identity impacted education instructors' delivery of HIV education indicated that sexual socialization of both lecturers and students was at work and had repercussions on their roles as HIV educators. The socialization in masculinity and femininity roles that both groups received shaped how information was transmitted by lecturers and reacted to by students. The masculinity discourse conditioned men to be more knowledgeable and experienced in sexual matters and dominant sexual actors (Moerschbacher et al., 2008), whereas the femininity discourse conditioned women to be submissive, passive,

and ignorant sexual actors (UNAIDS, 2008; Jackson, 2002). Regarding HIV education, such orientation shaped the way information was relayed and reacted to, with male students being somewhat free to discuss sexual matters in class and the opposite with females. The situation made HIV education bleak.

It was also argued by both students and lecturers that the disparity between sexual socialization given in the home and at school negatively impacted both education instructors' and students' creation of self-identities and adversely affected the lecturers' transmission and students' reception of sex information. The clash between home and school discourses inhibited open and in-depth discussion of HIV education, thereby working against the intended purpose of HIV education. Most important was the issue of gender and how it affected HIV education. The findings of this study on how gender influenced HIV education elicited discordant responses, with some education instructors claiming to be comfortable and open when conducting education on HIV-related topics. However, many responses illuminated the challenges that both men and women experienced when performing their work as HIV educators and inadequacies in the way that HIV education was being conducted. The following observation by one female lecturer (other lecturers were in agreement) during a focus group discussion illustrates the point:

> In the past sexual issues were not discussed in public in a mixed group; there was a time when young people were taught about sex issues. Some adults of the same sex were appointed to teach the new initiates and the teaching was done in seclusion. The idea of mixing males and females when discussing sex issues in public makes HIV education difficult.

The teaching of HIV education content to a mixed group in a public forum like a classroom by education instructors ignored the cultural dimension, which prohibits discussion of sex issues between adults and young people of the opposite sex openly. The situation, it was observed, created discomfort in both education instructors and education students. It was reported that female students reacted passively during HIV education, especially by male lecturers. This situation was attributed to their feminine socialization, which taught women to be ignorant about sexual matters (Jackson, 2002; Ratele & Duncan, 2003). The sexual and gender socialization of lecturers and students and the classroom environment, which did not take into account the social context in which HIV information is negotiated, contested, and reconstructed, therefore undermined the significance of HIV education offered.

Subsequently, the marital status of lecturers and their roles as mothers and fathers as well as identities they held negatively affected HIV lessons. Male students' responses on questionnaires pointed out that "it was culturally wrong for HIV issues to be discussed with female lecturers considered to be our mothers." HIV education included topics such as reproductive organs and methods in which HIV is acquired, which are not traditionally suitable for discussion with a lecturer of the opposite sex because of their roles as parents. Schools are reproductions of community teachings and practices, and are thus affected by community expectations. The cultural teaching that lecturers have internalized and subscribe

to, which prohibits parents of the opposite sex from discussing sexual issues with children, thus tended to inhibit lecturers' efforts to openly and freely discuss HIV issues with education students (Ramos, 2006; Salmi et al., 2000)

Moreover, the married lifestyle of education instructors was seen as more of a hindrance than the marital status itself. Some education instructors, it was reported, were polygamous and had multiple relationships, a situation that appeared to compromise their roles as HIV educators. Their indulgence in such practices created a guilty conscience, which constrained them from speaking out against HIV and AIDS. One male lecturer in a focus group discussion pointed out that "if you're not guilty of what spreads HIV, you find it easy to discuss such issues with students but, when you're in it, it becomes difficult." Therefore the married lifestyle of lecturers seemed to determine how effectively a lecturer could articulate issues of HIV and AIDS. However, the credibility and trustworthiness of the one passing on the HIV information mattered more than the marital status and roles one held at the college and in society (Boler, 2003).

In terms of religious discourse at the college, all participants claimed to be Christians. The religious groups and churches that the college lecturers and their students belonged to advocated abstinence, being faithful to one's partner, and monogamy as important values in preventing and mitigating HIV and AIDS. Contrary to this view, lecturers produced discordant responses on condom use. The discussions highlighted negativity on teaching about condom use as a prevention strategy, which they claimed promoted promiscuity. One male lecturer argued that:

> Allowing condom use will increase promiscuity. The fact that somebody is hungry doesn't mean that he should look for food anywhere, even in rubbish pits. So we can't say that, since promiscuity is there, people should be encouraged to indulge in it by allowing them to use condoms.

The lecturers' ideas blended with Jackson's (2002) assertion that condoms, whether used by men or women, were associated with distrust and suited for casual or commercial sex rather than steady loving relationships.

Despite working in a secular institution where they are obliged to present the government curriculum, the lecturers' subscription to their church's teaching, which favors abstinence as opposed to condom use, conflicted with the government's stance on condom use as one strategy for HIV prevention and management. Many lecturers expressed discomfort talking about and demonstrating how to put on condoms despite students already being sexually active and in need of such information to save themselves from infection. It was also noted that promiscuity was there even when lecturers were reluctant to teach students to use condoms, as one male education instructor alluded:

> If churches condemn condoms premised on the argument that they promote promiscuity, the fact is that promiscuity is already there even when church members are not using condoms, so why not open up so that people can be spared from contracting HIV by using condoms.

In view of such sentiments, one can agree with Baxen and Breidlid (2009), who argue that use of condoms is not a liberation ideology but rather a facilitation based on the understanding that sexual behavior change takes a long time and is difficult to achieve for those already sexually active.

The findings further highlighted double standards of lecturers in behavior and teaching. It was reported during lecturers' focus group discussions that some lecturers used condoms in their extramarital relationships whereas at the college they encouraged students to abstain. The situation was a serious obstacle to management of the pandemic and HIV education in general. The discussion also pointed out the double standards of lecturers in performing their roles as HIV prevention facilitators. It came to light that in their churches some lecturers had HIV education responsibilities toward their youth, which they performed very well, including talking about condoms and sex issues, and yet they were failing to do the same at the college. This scenario reflected the multiple identities lecturers had, which enabled them to act in a particular way in one context and restricted the same activity in another context (McNamara, 1997).

In addition, lecturers as professionals understood themselves as people endowed with knowledge and skills acquired from training, which gave them a certain status and prestige above other people in society. Nevertheless, the professionalism of lecturers was contrary to the expectations of the college due to their failure to offer HIV education adequately and competently (Nzioka et al., 2007). Their epistemological and pedagogical deficiency prompted them to avoid offering HIV education, thereby downplaying the essence of HIV education. As reported by students, lecturers avoided teaching HIV topics under the pretext that students' knowledge of the topic was high and that students were suffering from knowledge fatigue. The point to remember, however, is that information was being delivered to different cohorts of students. Moreover, education instructors felt constrained in handling HIV issues due to their perception that HIV and AIDS are moral issues that have nothing to do with them as professionals. Observations of HIV lessons revealed that some lecturers did not provide coherent information of appropriate depth. There was also selective teaching of HIV and AIDS content in their areas of specialization, as other researchers have alluded to (Ramos, 2006; Boler et al., 2003; Nzioka & Lucinda, 2008). This is attributable to reasons mentioned earlier: religion, culture, lack of a capacity to teach about HIV and AIDS, and so on.

Furthermore, the lecturers' engagement in sexual relationships with female students, as reported by some students, compromised their status as role models for students and disqualified them from offering effective HIV education (Chiwele & Mwape, 1999; Munachaka, 2006; Nzioka et al., 2007). One female student respondent argued that:

> We can't consider our tutors to be role models. When they fail to discuss such issues with us and indulge in what spreads HIV, that means they're not role models. We've come here to learn from them, how we should go and teach, but they're not showing us how we should go and present to our pupils in the field and how to behave.

The picture portrayed in this quote shows negativity and the inability among such lecturers to offer HIV education in the classroom. It also creates apathy among students, who do not take lecturers seriously when such topics are discussed.

It was also noted that HIV-positive status as an identity of some lecturers restricted them from discussing HIV topics. They felt inhibited and embarrassed to talk about such topics because of the general association of HIV and AIDS with promiscuous behavior. One male lecturer wrote "How can I talk about what is affecting me?" This statement elicited the challenges infected lecturers went through when called upon to integrate HIV education into their lecturing. The findings indicated that three to four lecturers were HIV-positive and yet none had openly declared their status, as other researchers have pointed out in other contexts (Nzioka et al., 2007; Ramos, 2006). Stigmatization and discrimination were reported by both students and education instructors to have hindered these lecturers from declaring their status, although the extent of stigmatization and discrimination could not be established. Lecturers' non-disclosure of their HIV status deprived the college of potential role models of people living with HIV and AIDS, who can be instrumental in mitigating and preventing the spread of HIV and AIDS (Kelly, 2008, UNAIDS, 2008).

The foregoing discussions show that the influence of sociocultural and multiple identities of education instructors shaped how lecturers conducted their HIV education lessons in class, which was weak and did not help education students a great deal. These factors interacted with institutional factors, as discussed below.

Institutional Factors and HIV Education

The analysis of what has been put in place to facilitate effective classroom HIV education showed that the college enjoyed full financial and material support from the top management and had put adequate structures in place to facilitate effective HIV education. However, inefficiency and lack of planning by those responsible hampered effective transmission of HIV information to education students. The head of the college alleged that "none of those with responsibility are planning or organizing anything for the college." These sentiments depicted the shortcomings of the committee tasked with running HIV and AIDS matters at the college. Moreover, lack of a proper curriculum design for this type of education and treatment of HIV education as a crosscutting issue that can be integrated into study areas (Ramos, 2006) deprived HIV education of the status and importance of standalone subjects, and made its integration optional for many lecturers. One female education instructor said during an interview: "I only introduce HIV information in the last five to ten minutes of the end of the lesson." This underrates the importance of HIV education in the institution.

The refusal by the Ministry of Education to give HIV education a slot on the timetable due to a congested curriculum and the idea of making it non-examinable except for a few questions that are part of standalone subjects rendered the subject insignificant, as Ramos (2006) also observed in her study of another college in Zambia. The argument is that the broad syllabuses for various study areas pose

challenges for completing them and thus leave no room for integrating HIV and AIDS lessons. The Ministry of Education (1992, p. 27) postulated that "the curriculum suffers from being overloaded, new materials or areas of learning are being added periodically, but are not fully integrated into the curriculum." This scenario, it was observed, had increasingly encouraged lecturers and students not to give HIV education the attention it deserved, thereby undermining the intended purpose of this aspect of education. Moreover, lack of knowledge of how to integrate HIV topics had adversely perpetuated ineffective delivery of the HIV materials to students (Nzioka et al., 2007; Ramos, 2006).

The Ministry of Education nonetheless responded to the challenge of integration by introducing the Teaching in the Window of Hope (TWP) program initiated by Community Health and Nutrition, Gender and Education Support 2 (CHANGES 2) a non-governmental organization that partnered with the Ministry of Education to improve integration of HIV content into normal lessons. CHANGES 2 did not achieve much. Lecturers condemned its donor-driven tag, which, it was noted, aroused negativity in them based on their experiences of the non-sustainability of donor-driven programs. The analysis of CHANGES 2 activities highlighted failure to equip lecturers with skills and knowledge of how integration should be performed and in what topics due to inadequate training, as observed in other studies (Nzioka et al., 2007; Boler, 2003; Ramos, 2006). The "casket model" of training that CHANGES 2 used, which involved training a small group of lecturers and then tasking them to go and train others, was rudimentary and inadequate (Ramos, 2006). The situation attracted negativity from lecturers, especially when those trained were ineffective in training others. Lecturers ignored the program because they were not involved in designing it, but were only asked to implement it. These ideas reflected the Ministry of Education's cultures, which always treat teachers as implementers of programs already planned (Baxen, 2006) with no need to decide what could be best for them, and this made the programs fruitless.

On the one hand, the lecturers' lack of in-depth training in interactive methodologies appropriate for effective HIV education (Nzioka et al., 2007) had negative repercussions on HIV education at the college. Interactive methodologies allowed students to be engaged with the material presented and freely discuss and express their views without reservation. This encouraged students to be fully involved in the learning process. The insufficient training lecturers received in interactive participatory methodologies, which is premised on the understanding that people learn well when they participate (Dyk, 2001), made the lecturers use the "banking system" of teaching as opposed to a practice (Freire, 1978) in which education students engage in dialogue and reflections, and can take action accordingly. It is therefore evident that the lack of training in interactive methodologies resulted in haphazard presentations of material, leading to the failure to deliver HIV information adequately (Nzioka & Ramos, 2008). Observations of lessons conducted by lecturers and Student Partnership Worldwide sessions revealed that both were using the banking system (i.e., giving information using question-and-answer, lecture, or group-work methods). These methods bored

students, who participated less and often avoided such lessons, leading to poor preparation.

On the other hand, the lack of training in HIV interactive methodologies worsened when there was insufficient material with HIV information (Bennell, 2004; Nzioka et al., 2007). The findings exposed a lack of books and other related materials such as posters and brochures in strategic areas, such as the staff room, classrooms, and assembly hall. The few available books were kept in the focal point person's office and not available to others. However, although there were few books, the college had some resources where such materials could be accessed. The head of the school argued that there were other sources where information could be found. He mentioned places in town that were networking with the college, the Student Partnership Worldwide resource center, and internet services that had been installed in the college as sources of information on HIV and AIDS that could be accessed by education instructors. Lack of initiative to look for materials on HIV and AIDS on the part of lecturers exacerbated their lack of knowledge on the topic and thus affected how HIV education was delivered.

Furthermore, haphazard monitoring and evaluation mechanisms as quality-control measures at the college overshadowed the transmission of HIV education (Ramos, 2006; Nzioka & Ramos, 2008). The findings brought to light the inability by the HIV committee to coordinate and monitor HIV activities at the college. The situation contributed to ineffective provision of quality-control of HIV education, thus rendering HIV education ineffectual. In addition, the intermittent visits by external monitors, including people from the Ministry of Education headquarters, Student Partnership Worldwide, and CHANGES 2, did not have a serious impact on the college. The discussions with lecturers and the principal highlighted that each monitoring group had its own agenda and purpose and hence their findings did not trickle down to improve the college's operations. Members of the committee also expressed ignorance of having been given this task. This situation had led to the ad hoc delivery of HIV education and thus contributed to its ineffectiveness.

CONCLUSION

The study foregrounded education instructors' and education students' understanding of HIV and AIDS. Clearly, the enormous challenges related to the pandemic have not been seriously addressed and the multiple factors discussed above weaken the efficacy of HIV education offered at the college.

The research established that internalized sociocultural teachings and practices that lecturers and students both subscribed to have repercussions on education instructors and thus influence their performance of duties as HIV educators. These practices and teachings interact with education instructors' self-identities and social identities, which condition them to behave in a particular way in one context and differently in another context. Such conditionings constrain them from offering open and in-depth HIV information at the college context, whereas they are able to do so in other contexts, such as the church. The situation compromises and makes

HIV education offered at the college weak, not addressing the HIV pandemic seriously.

The study has therefore added to the knowledge about college teaching of HIV/AIDS by confirming that it is not only sociocultural teachings and practices, multiple identities, or institutional aspects, but a combination of all these factors (Boler, 2003; Kelly, 2008; Bennell, 2004), that contribute to the ineffective transmission of HIV information to education students.

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