

Impact of life skills training on hiv and aids prevention

[Sport & Tourism](#)



**ASSIGN
BUSTER**

This was a qualitative research where data about the implementation were gathered through interviews and focus group discussions with school principals, teachers and students. A sample of 4 principals, 8 teachers and 64 students was used in the study. Students were assessed on knowledge, attitudes, perceptions and behaviour. Results showed that students exhibited high levels of knowledge of HIV and AIDS issues but their behaviour remained incongruent with this knowledge.

The study also revealed that effectiveness of this prevention strategy is reduced due to teachers' perception of this part of the curriculum as secondary, since they concentrate on examinable courses. From the research it was evident that limited resources and conflicting goals in the education system had a negative impact on the programme. The research made clear the need to make the teaching of life skills more practical by exposing students to real life situations through linkages with HIV and AIDS organizations working within the community.

Key Words: Life skills, Evaluation, Behaviour Change, BACKGROUND AIDS is amongst the leading causes of deaths worldwide and has had insurmountable negative effects on countries, in the socio-cultural, economic and political domains. Different countries have employed different strategies in an effort to combat the devastating effects of HIV and AIDS. Some of these strategies include increased condom availability and use, promotion of abstinence and life skills training amongst the youth in schools and communities.

According to The Global Working Group on HIV and AIDS (1998; 8) since HIV infection is invariably the result of human behaviour, change in behaviour has long been understood as essential to curbing the spread of 1 infection. This assertion is corroborated by Gachuhi (1999; iv) who argues that in the absence of a cure, the best way to deal with HIV and AIDS is through prevention by eveloping and/or changing behaviour and values.

V prevention nas been approached from ditferent angles; most countries nave used primarily or at least included HIV awareness and education as a strategy to combat HIV with the aim of changing people" s perceptions and attitudes as these ultimately influence their behaviour. Therefore the ultimate goal is then to catch them young and create an awareness that can help eradicate the spread of HIV and AIDS. Zimbabwe is amongst the countries that undertook a behaviour change based approach to HIV prevention. As cited on the National AIDS Council (NAC) website ? the Behaviour ChangeCommunicationprogramme started in 2006 after a Comprehensive Review of Behaviour Change as a means of preventing sexual HIV transmission in Zimbabwe. A National Behaviour Change Strategy was then developed after this review with the aim of addressing the major ways of HIV transmission in this country. " It is assumed that between 80 and 90% of infections are due to sexual transmission. Hence, promoting the adoption of safe sexual behaviours remains at the heart of HIV prevention in Zimbabwe (SAfAIDS, 2013).

Zimbabwe" s focus was on primary prevention of HIV through behaviour change strategies. It has since recorded a decrease in HIV incidence. In <https://assignbuster.com/impact-of-life-skills-training-on-hiv-and-aids-prevention/>

1997, an estimated 29% of adults were living with HIV in Zimbabwe. One decade later in 2007, that number had fallen to 16%. HIV prevalence in Zimbabwe declined from 23.2% in 2003 and even further to 14.3% in 2009. (UNFPA, 2008). Different scholars and analysts have attributed this decline to various factors, resulting in a debate.

One such analyst from News From Africa propounded that "The behavioural changes associated with HIV reduction" mainly reductions in extramarital, commercial, and casual sexual relations, and associated reductions in partner concurrency" appear to have been stimulated primarily by increased awareness of AIDS deaths and secondarily by the country's economic deterioration. Others have suggested increased mortality due to poor health service delivery (Leach-Lemens; 2012). There is consensus however that there is indeed a reduction in HIV prevalence in Zimbabwe and that there are indications of behaviour change. The authors conclude that these "findings provide the first convincing evidence of an HIV decline accelerated by changes in sexual behaviour in a southern African country." (Gregson et al; 2010). Gachuhi (1999; 10) asserts that young people offer a window of hope in stopping the spread of HIV/AIDS if they have been reached by Life Skills Programmes. This assertion brings out the importance that is placed in a country's youth as it represents the country's future.

Zimbabwe as a nation identifies with this perspective and has found it laudable to invest in the future of its youth by making it a target group for HIV prevention education. However, the youth are faced with several challenges that also make them vulnerable to HIV. Kalanda (2010; 169)

asserts that young people have demands and challenges due to their physiological, psychological, social and economic situations. Among these demands and challenges are peer pressure into drug and substance abuse, early sexual debut leading to sexually transmitted diseases (ST's) including HIV.

A review by UNICEF (2000) found that life skills education is effective in educating youth on alcohol, tobacco and other drug abuse, nutrition, pregnancy prevention and preventing ST's including HIV. Moya (2002) states that research demonstrates that possessing life skills may be critical to young people's ability to positively adapt to and deal with the demands and challenges of life. According to Kalanda (2010: 172) the objective of Life skills and HIV and AIDS education is to empower pupils and their teachers with life skills for HIV prevention, sex and sexuality issues.

This coincides with the research conducted for The Global Monitoring Report ? Youth and Skills: Putting education to work" which shows the importance of investing in life skills education in school to ensure children have the confidence and negotiating skills to say no to sex and negotiate condom use. Objectives of the study The study seeks to evaluate the implementation of the life skills and HIV and AIDS education programmes in schools as stipulated by the Ministry of Education? The study also seeks to assess the contribution of these life skills training programmes in Zimbabwean schools to HIV prevention.

It aims to assess the levels of knowledge about HIV and AIDS, risk perception, attitudes and behaviour of the students in these schools.

<https://assignbuster.com/impact-of-life-skills-training-on-hiv-and-aids-prevention/>

Challenges that present drawbacks in the implementation of these programmes will hopefully be unearthed as well. 3 Research Questions 1. How is Life skills and HIV and AIDS education perceived as part of the curriculum by both teachers and students in schools? . Is the programme achieving its desired goals of increasing knowledge and decreasing risky behaviour? 3.

Do the teachers assigned for life skills and HIV and AIDS education have the necessary training and material to use in the teaching of this part of the curriculum? 4. What are the challenges faced by the teachers in imparting life skills and HIV and AIDS knowledge? Participants / Sample The sample used in the study consisted of 4 principals, 8 teachers and 64 students. Purposive sampling was used for the selection of principals and teachers for the study from the respective schools. Selection of principals was automatic as the principal of each of the four schools was involved while 2 teachers were selected from each of the four schools.

The criterion used to select these teachers was that they were the ones responsible within the school for Life skills and HIV and AIDS education. The students were selected using stratified random sampling; 16 students from each school, 8 from each of the forms four and six as they are about to leave school and enter "the real world". There was an equal representation for both male and female student participants in the study. Data collection instruments The study employed interviews and focus group discussions as data collection instruments.

Interviews were held with the principals and teachers while data from students was generated through focus group discussions. Data Collection Procedure Interviews were held individually with each of the principals and teachers in a bid to maintain confidentiality and promote openness especially since some of the issues could be considered sensitive. Each principal availed time to the researchers for the focus group discussions to be held. The two researchers alternated in the facilitation of data generation from the interviews with the other researcher recording the proceedings.

Focus group discussions were conducted for each of the four schools for the sake of convenience and ease of access to the students. Two focus group discussions were held at each of the four schools; one for the girls facilitated by the female researcher and the other one for the boys facilitated by the male researcher. This allowed for free participation and contribution by students as they identified with a facilitator of their gender. Data analysis Data was analysed thematically according to the main ideas emerging from the interviews and focus group discussions.

RESULTS AND DISCUSSION Results: Demography of participants The students who participated were in forms four and six and with an age range of 16 - 18 years. The sample in terms of gender was comprised of 32 female students and 32 male students. For the principals 3 were male whilst one was female. They all had a first degree as their minimum level of education. All the teachers had a Diploma in Education as their minimum qualification. In addition to the diploma, 5 of the teachers also had a first degree.

Knowledge about HIV and AIDS issues

The students exhibited high levels of knowledge about HIV and AIDS issues. Most students were aware of the possible methods of transmission of HIV. They were able to correctly answer questions on methods of preventing HIV transmission even including ideas of their reliability for example highlighting the disadvantages of condom use even going into an interesting debate about the feasibility and challenges of consistent condom use in or out of marriage. The students indicated that they knew that the best method of prevention from the virus was abstinence before marriage.

Basic knowledge about the nature of HIV and AIDS, transmission and prevention appeared to be at their fingertips but when broadened to other areas of sexual reproductive health the level of knowledge significantly reduced. Students were not aware of measures that could be taken to protect their reproductive organs. Boys were better aware of male circumcision because of the national campaign advocating for male circumcision. Even girls were aware of the advantages of male circumcision. Very few (17%) of both boys and girls were aware of procedures such as PAPANCOU for the screening of cervical cancer.

Most students were also not well versed with strategies and precautions to be taken during home based care of HIV positive individuals citing that they had never had to deal with an ill person on a personal level. Only a few (36%) had had personal contact and real life experiences of helping to take care of or live in the same household with an HIV positive individual. They agreed though that most did have relatives infected by HIV. Very few

students knew what life skills were and what the advantages of learning them were.

The few who knew life skills indicated that they had learnt them in other settings that were not school. They also indicated that their knowledge of life skills was minimal and they were not confident that other could apply these skills to the extent of claiming to possess them. Most of them could only name at most two life skills. Behaviour A significant portion of the students (35%) indicated that they were sexually active whilst 80% indicated that they knew at least one friend who was sexually active amongst their friends of school-going age.

The reasons given by some of them for engaging in sexual activity included; " Some of us will already have been sexually ctive when we first encounter such programmes so it very difficult to stop. Some have tried to do so but still find themselves engaging again. One feels bad during the period that we will be learning these things but once we finish and with time the feeling fades away. And also it is difficult to convince your boyfriend about such things as abstaining that you would have learnt at school. Some of those who said they were not sexually active stated that they did however fondle with their boyfriends but did not engage in intercourse. Despite displaying knowledge about male circumcision only 5% ot the boys admitted to having been circumcised. They acknowledged the importance but cited that they just had not gotten round to getting it done though they intended to do so. The principals indicated that the number of female students dropping out of

school due to teenage pregnancies had decreased significantly over the past ten years.

They indicated that the mean number of drop outs was now 2 per year as compared to the 7-8 of previous years. Students' perception of the programme The majority of students (90%) viewed the programme as insignificant citing that even their teachers did not take it seriously. They conceded however that the material they could potentially learn from the programme was important. They stated that given the pressure they sometimes faced with balancing school work and responsibilities or chores at home there was very little time to concentrate on non-examinable courses, especially since they were approaching final examinations (Ordinary Level).

They argued that there was no reason for them to focus on such a course when everywhere they went they also heard about HIV and AIDS. One student said " Why would I risk failing the important subjects that have to do with my future by concentrating on a subject that I won't even be examined on and will not help me to get a place at high school, university or even a job. There is no job where they will ask you if you did life skills. " Another student said: " Those who are interested in such things join the AIDS club, that is why it is there. The study revealed that the programme was indeed viewed as being of slight importance. The students also highlighted that it was boring and a waste of time because most of what they learnt about HIV and AIDS they already knew and was like revision to them. Teachers' perceptions of the programme The interviews also revealed that teachers

thought that the Life skills and HIV and AIDS education programme was minor as compared to the core subjects they taught. So minor in fact that the implementation of this programme was entirely at the discretion of the teacher assigned to do so.

If the teacher chose not to there were no repercussions on their part. One teacher stated that " With the state the Zimbabwean economy is in and the fact that teachers are grossly underpaid, we only do the work we absolutely have to do which is teaching the core subjects we are paid to teach. Life skills and HIV and AIDS are extra-curricular and not as important because no one will assess whether you have taught it or not whilst our teaching of core subjects will be reflected in the students' results after examinations. " The study revealed that 7 out of the 8 teachers (87. %) interviewed admitted to never having taught the module seriously as they were not motivated enough to try and change the status quo. The teachers intimated that their perceptions of the programme were also influenced by their administration's attitude towards the programme. They argued that if the administration was not taking the programme seriously who were they to do so? Challenges faced by teachers in the implementation of the programme Teachers highlighted a number of issues that according to them hindered the effective implementation of the Life skills and HIV and AIDS programme in their schools.

They cited the shortage of or entire lack of material to use in the teaching of Life skills and HIV and AIDS. They mentioned that the only material available was for example a chapter on reproductive sexual health in a biology

textbook where they mention HIV and AIDS in passing. They argued that this was not sufficient to comprise a comprehensive syllabus for the entire programme. Life skills were even more challenging to teach as there was no material available and the teachers themselves were not well versed with them.

Teachers highlighted that the HIV and AIDS part of the programme was easier to teach since most people had the knowledge and they had been exposed to the subject matter at their teachers' colleges. However life skills were a different matter and they did not have the adequate knowledge about life skills and how to teach them to their students. This presented a challenge in the effective implementation of the programme as teachers tended to focus on the part they were confident about; HIV and AIDS.

They conceded that life skills and HIV and AIDS education were an important part of the curriculum but argued that they did not have enough time to teach these as the core subjects and extra-curricular activities such as sports and clubs took up all the students' time. Life skills and HIV and AIDS education was therefore relegated to the AIDS club, membership of which was optional for students. Teachers cited that even the administration viewed the programme as secondary such that if one tried to teach it seriously and request the material to teach it they were viewed as embarking on a futile attempt to try and change the status quo.

They said the schools' administrations were of the perception that there were better things to spend the schools' resources on than the life skills programme. The principals indicated that the resources available to their

<https://assignbuster.com/impact-of-life-skills-training-on-hiv-and-aids-prevention/>

schools were inadequate and they had to make difficult decisions in order to uphold the integrity and quality of their schools and these included prioritising the core subjects since they were examinable and had direct impact on the schools' performance rating.

Discussion: This paper evaluated the implementation of the life skills and HIV and AIDS programme in Zimbabwean schools based on a number of factors; the expected outcomes of increased knowledge levels and decreased risky behaviour, indicators of behaviour change and perceptions of the programme which would affect acceptance by students and implementation by teachers. Though knowledge levels on basic HIV and AIDS knowledge was high they are still not high enough.

This concurs with the research conducted for The Global Monitoring Report ? Youth and Skills: Putting education to work" which states that tests in fourteen countries in South and East Africa (including Zimbabwe) showed that only 7% of school children in the regions have the desired level of knowledge on HIV and AIDS; and just 36% have even the minimum level of knowledge. Students' knowledge of life skills is even lower indicating that life skills and HIV and AIDS issues are not being taught well if at all in these schools.

Perhaps even the knowledge of HIV and AIDS issues was not as a result of the programme but other sources external to the school. The fact that teachers consider life skills and HIV and AIDS education as extra-curricular indicates that it is side-lined when it should be considered core. Even the

students do not attach much value to it citing that it does not assist them to secure a place for further education or a Job.

This is without realizing that some people with very good educational qualifications are failing to secure good Jobs due to ill health as a result of bad decisions resulting from a lack of life skills. A major lack of motivation is evident when teachers indicate that they only do what they are paid for. Perhaps even the core subjects are not being taught well for this reason. Incentives have been introduced in schools to attempt to address this lack of motivation but even then these are viewed as inadequate and are different from school to school.

Life skills and HIV and AIDS education is perceived by all; administration, teachers and students, as extra-curricular and therefore not very important requiring only a minimal perfunctory browse. If this is how the programme is viewed by the intended implementers there is no way it will be effectively implemented. Concerning teacher formation and development in the context of HIV/AIDS Chamba (2011) suggests that teachers have to be trained in life skills HIV-AIDS education prevention in order to teach HIV- AIDS and also to protect themselves from HIV infections.

Recommendations to improve on implementation of programme The modules on life skills and HIV and AIDS should be made examinable so as to be taken more seriously by both the teachers and the students. 9 The programme should also include the involvement of the students in HIV prevention initiatives through organisations working within the community so

as to give them a more practical bearing of the issues they learn instead of them remaining abstract ideas.

Students should be exposed to real life situations where they actually come to a realization of the effects of HIV and AIDS so as to realize the importance of what they learn. This programme should be planned in such a manner that it runs continuously from primary school into secondary school so that life skills training and HIV and AIDS education are not a once off event but a continuous process providing the necessary reinforcement and revision where necessary. Teachers need to be adequately trained to teach life skills and HIV and AIDS related issues.

The programme needs to be supported practically at all levels, that is the provision of resources by the Ministry of Education and each school administration, consistent evaluation of the programme so as to ensure that it is being implemented as best as is possible. Parents should be involved so that the children are provided with consistent, noncontradictory information and are supported in the endeavour to change or develop healthy sexual behaviours.