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CONTEXTUALISING HIV AND AIDS EDUCATION: THE DILEMMAS FACED BY PRIMARY SCHOOL TEACHERS IN ZIMBABWE

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ABSTRACT

This study sought to investigate the dilemmas experienced by primary school teachers in Zimbabwe as they teach HIV and AIDS Education. Fifteen (7 females and 8 males) out of twenty nine (29) teachers enrolled for an in-service Bachelor of Education programme at Great Zimbabwe University and specialising in Social Studies participated in the study. Intensive task based interviews and focus discussions in which the participants articulated dilemmas related to the content taught and the methodology used in the context of the age, culture and personal circumstances of the learners as well as textbook analysis were used as the research instruments. Qualitative techniques were utilised to present, analyse and discuss the collected data. The major finding was that teachers face dilemmas as they want to 'tell it as it is' (which would entail delivering accurate and comprehensive information on HIV and AIDS, employing relevant methodology and using precise language) but at the same time being sensitive to the above contexts. The researcher concluded that the pandemic is too real and its effects devastating to allow these constraints to prevent effective delivery of HIV and AIDS Education. Teachers, pupils and communities should be bold enough to disseminate and accept HIV and AIDS facts as they really are if this scourge is to be effectively tackled.

Key Words: HIV/AIDS education, Dilemma, Context, Culture, Stigmatization.

INTRODUCTION

Zimbabwe is one of the countries in sub-Saharan Africa with a high prevalence rate of HIV and AIDS, with statistics showing that 1.8 million of the 12 million Zimbabweans were living with AIDS in 2004 [National Aids Council, 2004]. Although initially HIV and AIDS was perceived solely as a medical problem it has gradually become apparent that it is also a social problem as it affects those close to the infected in various ways such as providing the much needed care,

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financial, material and moral support. HIV and AIDS is also a developmental issue in Zimbabwe because the highest rate of incidence of HIV is among the 15-49 age group which is the most economically productive group (Shaffer, 1994).The prevention of the epidemic is therefore vital and education has been identified as a crucial intervention in addressing the HIV and AIDS problem.

HIV and AIDS Education in Zimbabwe is being provided within the framework of several strategies adopted to promote awareness and prevention of infection among young people and the general populace. These strategies include the introduction by government in 1999 of the National HIV and AIDS policy to guide and harmonise strategies and interventions to reduce the prevalence of the pandemic; the establishment of the National AIDS Council of Zimbabwe (NAC) to coordinate national policies and activities on the pandemic; and the formulation and implementation of several medium term and long term plans such as the National HIV and AIDS Strategic Framework of 2000 – 2004 and the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) of 2006-2010 to operationalize the 1999 policy. These efforts have provided a framework for a multi-sectoral approach in articulating targets for the national response to the pandemic.

The Ministries of Education, Sport and Culture, and Higher and Tertiary Education have adopted formal and informal interventions for promoting HIV and AIDS awareness and prevention among students at various school levels. Such programmes and activities include peer education and/or peer counselling designed to contribute to HIV and AIDS prevention, care and support; designing and implementation of the HIV and AIDS Education curricula for school children; and integration of life skills, reproductive health and HIV and AIDS Education into the school curriculum. In 1994, UNICEF and the Ministry of Higher Education and Technology incorporated HIV and AIDS Education into the Teacher Education curriculum with the aim of preparing the teacher trainees to disseminate accurate and comprehensive information about HIV and AIDS to pupils throughout the country. As part of the above efforts, HIV and AIDS Education was, in the same year, integrated into the primary school curriculum as a separate subject to be taught at grades 4-7 and was allocated one 30- minute lesson per week per class (Ndawi ,2002). Most of the children in the above grades are within the 5-14 age group which is considered as the 'window of hope' since they are the least likely to be HIV-infected. If they remain so, they would represent a generation that would be less ravaged by the AIDS epidemic than the present generation. The introduction of the subject at this level was also an acknowledgement that the impact of the HIV and AIDS pandemic on children is increasing as more and more of them are either infected or affected. USAID projections (Jackson, 2002) on the impact of the pandemic showed that by 2010, 34% of the children in Zimbabwe would have lost one or both parents through HIV and AIDS related illnesses. This would result in loss of social/family, economic and psycho-emotional 'safety net', stigma and discrimination and the resultant decreased access to education, healthcare and social services (Jackson, 2002). These negative effects were likely to manifest themselves in schools in one way or another. The goals of the HIV and AIDS Education therefore, would be to equip pupils with

knowledge and skills to protect themselves from being infected with the virus and to help reduce stigma and discrimination which are usually fuelled by ignorance and misinformation. (AVERT, 2011).

Traditionally, matters of sexuality were addressed within the context of cultural structures such as the extended family in which aunties, uncles, grandparents and others would counsel the children. However, with westernization of African societies and the resultant pressures on the family institution, most of these structures have been weakened. The teacher, therefore, has to handle sex education and other social issues that would usually have been considered to be beyond the school's mandate. How well the teacher performs this role within the framework of a society ravaged by the pandemic, thus making the subject sensitive, and again, in the context of a culture in which open discussion of sex related issues is a taboo, is the focus of this research.

The Research Problem

This study sought to explore the dilemmas that constrain the effective delivery of HIV and AIDS education in Zimbabwean primary schools. In particular it examined the role of the context or settings within which the subject is being taught in creating dilemmas for teachers who are the implementers of the HIV and AIDS Education curriculum. More specifically the study attempted to address the following questions:

- To what extent does the context within which HIV and AIDS Education is being taught create dilemmas for its delivery?
- What is the nature of the dilemmas that primary teachers experience in delivering HIV and AIDS Education?

Purpose of the Study

Studies which have been carried out in Zimbabwe so far have tended to focus on the socio-economic impact of HIV and AIDS on children[Gaidzanwa, 1998; Chidakwa and Majoni, 2004; and Matshalaga, 2004], issues of knowledge and awareness of the pandemic [Katsinde and Katsinde, 2007; Ndlovu and Sihlangu, 1990] and curriculum development in AIDS Education [Ndawi, 2002; and Dzvimbo, et al 1992]. But there has been limited research on the implementation of the HIV and AIDS curriculum in the classroom although the teachers are considered to be key players in promoting HIV and AIDS awareness. It was the purpose of this study to shed light on the dilemmas faced by teachers in the process of implementing this curriculum.

Theoretical Framework

The study was informed by Lampert's (1990) notion of teaching as a dilemma-ridden activity. A dilemma presupposes two choices that are equally significant and that present problems in decision-making. Teaching dilemmas are inevitable since teachers have to cope with the diverse and sometimes conflicting demands of the profession. Lampert argues that teaching is complex

and multidimensional and hence teachers need to be active decision makers who determine their own priorities rather than merely being implementers of standard directions, plans and routines. The complexity of teaching is also highlighted by Ball (2000) who observes that teachers make significant decisions progressively throughout each lesson. Ball further argues that an extensive repertoire of pedagogical representations, as conceived by Shulman (1986), is not sufficient for teaching since there is no repertoire of representations that could possibly suit all the possible teaching contexts.

The realization that teaching is a complex activity has resulted in one of the most significant advances in thinking about teaching in recent years in which teaching is being regarded as a reflective practice (Lerman,2004). Reflective practice offers a view of how teachers act in the classroom as informed, concerned professionals and how they continue to learn about teaching and about learning, about themselves as teachers, and about their pupils as learners (Pollard, 1997). It encourages and creates the notion of an autonomous, emancipated teacher who is not dominated by defined procedures in choosing the way he or she wishes to conduct the classroom interactions, nor by self-interests of some university based researchers in defining what constitutes valid teaching. Consequently reflective practice would call for teachers with a propensity to be reflective along King and Kitchener's (1994) model of intellectual development which, among other things, requires that knowledge be understood contextually and that evidence in support of that knowledge be continually open to re-evaluation.

More recently Machawira (2006) conceptualized a teacher who is expected to teach sensitive issues to learners as an 'emotional actor'. This implies that when a teacher is teaching sensitive, topical issues such as HIV and AIDS in the classroom, (s)he finds it difficult to separate his/her emotional reactions to the issue under discussion from the focus of the discussion. For the purpose of this study the researcher made the assumption that issues dealt with in HIV and AIDS Education are sensitive. But, at the same time, teachers cannot avoid talking about them. Hence, they are likely to experience some dilemmas when teaching the subject. It was further assumed that the teacher would have to make choices in terms of what content on HIV and AIDS to expose to pupils and which methods (including the language) to use and this process would be dilemma ridden.

METHODOLOGY

The qualitative research paradigm was adopted for this study mainly because it contributes to a better understanding of social realities (Flick et al, 2004). The participants were 15 (7 females and 8 males) of the twenty nine undergraduate in-service students majoring in Social Studies, at Great Zimbabwe University. All the participants were practising primary school teachers from the country's different provinces who had taught HIV and AIDS Education at that level. They would therefore be talking from experience. As Social Studies majors, the participants would be in a position to articulate their dilemmas perhaps more explicitly than students specialising in other

disciplines. It was assumed that, firstly, they would have a better capacity to support the HIV and AIDS Education programme in primary schools in comparison to their counterparts who are majoring in other subjects in terms of content knowledge and classroom competences. Secondly, they were considered to be able to convey the message in a culturally acceptable manner since they are better equipped to deal with sensitive issues. It was hoped that their appreciation of these issues would enable them to inform this study on the dilemmas encountered by primary school teachers in teaching HIV and AIDS Education. Given the sensitivity of the subject, it was important to work with people who were willing to participate in the study to ensure that the researcher would get reliable and valid data.

The data for the study were collected using task-based interviews as well as from an analysis of the textbook on HIV and AIDS used at primary school level in Zimbabwe entitled *Letstalk : An AIDS programme for schools*. The primary purpose of the interviews was to learn about these teachers' thought processes and capture instances when they had conflicting but valid viewpoints or approaches to the teaching of issues in HIV and AIDS Education. Because it was long and demanding for participants, the interviews were conducted in two sessions, each lasting about two hours. Interviews in the first session were task-based. According toWilkerson and Lang (2004), task based interviews involve a problem solver, the participating teacher in this case, and the interviewer, interacting in relation to one or more tasks introduced to the problem solver by the interviewer. The tasks and questions in the interviews were grounded in scenarios of classroom teaching. The participants were presented with scenarios constructed out of common tasks of teaching HIV and AIDS related issues. The teachers were then asked how they would react to each scenario. The second session involved all the fifteen (15) participants in focus discussions. One of the goals of focus discussions is to maximize the scope of topics and to give discussants an opportunity to invoke points of view that had not been anticipated (Flick et al, 2004). Hence, issues raised in the earlier interviews were revisited to clarify the grey areas as well as to explore the issues further.

The main goal of the analysis of the textbook *Lets talk: An AIDS programme for schools* was to establish what dilemmas were likely to be presented by the content covered as well as the methodology suggested by the book in the light of the contexts within which HIV and AIDS Education is being offered.

Findings

From the task-based interviews, focus discussions and textbook analysis, it became clear that the teachers who participated in the study had experienced two main dilemmaswhen teaching HIV and AIDS Education namely content and pedagogicalas detailed below.

Content Dilemmas

During the interviews, the participants were presented with possible classroom scenarios and then asked how they would handle pupils' reactions to the content of the lessons and how they would proceed with the lessons thereafter. One scenario required the teacher to imagine two lessons on the concepts, 'how HIV is spread' and 'the symptoms of AIDS'. As part of the exposition during the lessons, the teacher cites sexual intercourse and having several partners as some of the ways through which the virus spreads, and wasting away as one of the symptoms of AIDS. On each occasion, some pupils giggle looking at John who recently lost parents through presumed AIDS related illnesses. The research participants were then invited to comment on these lesson developments.

The participants indicated that they had taught pupils who were in one way or the other affected by the HIV and AIDS pandemic. They were aware that talking about HIV and AIDS often resulted in the affected pupils being isolated and possibly excluded from interaction with their peers. They were also cognisant of the fact that the trauma arising from AIDS related experiences could be psychologically devastating for the learners and negatively impact on their learning capacity. All the participants however, were of the view that they should relate their teaching to the learners' everyday experiences. They strongly felt that it was important to incorporate HIV and AIDS Education into the primary school curriculum with a view of imparting the knowledge, skills and attitudes that would help promote safer sexual behaviour in learners. Furthermore, the participants thought that all learners should be accorded their right to correct and complete information. However, the participants had experienced problems related to teaching the correct content without embarrassing or alienating the infected and affected children in the class. The extract below highlights the magnitude of the dilemma as perceived by one participant:

> *I know I have to teach the facts as they are, giving appropriate examples from the learners' everyday experiences but by so doing I feel bad lest the affected child thinks that I am talking about her/him, and as a result the child might not participate in class and might be withdrawn. On the other hand if I trivialize the content I would have this feeling that I have not been fair to the class because learners have the right to know the correct information concerning HIV and AIDS.*

The above extract shows that the teacher faces serious problems in trying to divorce the AIDSlessons from some of the learners' own experiences so as to avoid alienating the affected learners. However it is practically impossible to separate HIV and AIDS Education issues from the realities of life. Another participant felt that in a scenario where the content being taught is too sensitive for some affected learners the only option for the teacher would be to stop the lesson. He argued that

> *by continuing with the lesson I would be nagged by the feeling that I am not being sensitive to the affected children's needs and that I am not doing enough to protect them from further embarrassment.*

The other concern expressed by the participants was their inability to foster the right attitudes towards the affected learners among the unaffected. The latter tended to be reluctant to associate with the affected children as a result of ignorance mainly on the methods of transmission of the virus as they feared they could get the HIV virus too through sharing certain items such as utensils, toilets, etc.

Another scenario demanded the participants to imagine that they were teaching a grade 7 class about the causes of HIV and AIDS and methods of preventing the spread of the HIV [the latter would include the use of condoms and abstinence]. In addition to it being a class of young children, one of the pupils in the class could be a close relation of the teacher, for example, a daughter. The participants were then asked how they would proceed with the lesson and what language they thought would best communicate the message.

In the majority of cases, the participants reported that the dual role the teacher has in the classroom presents a dilemma. In addition to the professional role, the teacher is also in *loco parentis*. In this role of a substitute parent, it is culturally a taboo for the teacher to discuss issues of sexuality with young pupils. Culturally, that subject is best handled by aunties and uncles as they would have the correct register. Most participants thought that teaching about reproductive health could be misconstrued by the community as promotion of promiscuity among young children. They noted that the teacher could not afford to be seen to be enthusiastic about teaching HIV and AIDS Education and to demonstrate a lot of knowledge and skills on the subject for fear of being labeled as being loose, immoral, *talking from experience* and not being compliant with cultural expectations on issues of sexuality. As a result the participants said they found themselves 'forced' to appear less knowledgeable than they really are and thus short-changing the learners in terms of the much needed knowledge and skills. The participants were generally agreed that there is no way the influence of culture on how one teaches could be ignored and one participant called this *the practical reality*. In order to evade this problem and to be culturally compliant, participants indicated that they would compromise the content by not teaching it in detail.

Most participants indicated that the teacher also experienced difficulties in an attempt to reconcile indigenous knowledge explanations and Western scientific explanations of the subject. It was reported that while it is educationally sound for a teacher to build onto the child's previous knowledge brought from home in lessons, the two systems of knowledge mentioned above are sometimes contradictory in their explanation of certain phenomenon. For example, while indigenous knowledge could attribute the causes of HIV related illnesses to witchcraft, Western scientific explanations would ground these in the presence of the HIV in the body of the ill person and its effect on the immune system. So the teacher would experience problems with how to reconcile the two knowledge systems and ensure that the pupils got the correct perspective on the subject.

Pedagogical Dilemmas

On the issue of what methodology to employ in the delivery of content, the participants were aware that the subject calls for use of participatory methodology such as discussions, role play, drama, debate, brainstorming, projects and demonstration and that these methods were meant to result in behavioural and attitudinal change. However participants indicated discomfort with some of these methods as they were not too sure of their effectiveness with young children. Some of these methods demand higher order skills that may be too difficult for these young children for example, role reversal after a role play session. The teachers reported that their pupils were usually reluctant to participate in discussion or role play in matters related to sexuality. As a result teachers were 'forced' to use the lecture method against their own belief that participatory methods were better. Also, the participants preferred to use resource persons to teach lessons that involved demonstrations of what would be talked about and thus maintain a morally clean record.

On which language to use in the teaching of HIV and AIDS Education, the participants appreciated the importance of teaching certain important issues in one's mother tongue (L_1) to enhance understanding which would not be the case if a second language (L_2) was used. However, they were of the view that in using L_1, the teacher was likely to use 'taboo words', terms that could be deemed as 'vulgar' and culturally unacceptable especially in the classroom situation. According to one participant,

> *there is always a discomfort associated with ChiShona words when talking about reproductive organs… I would end up not going deeper with the content to avoid discomfort.*

The teacher would thenbe forced to use euphemisms, metaphors, colloquial expressions and slang in talking about HIV and AIDS which could be misunderstood by the learners or which could dilute or distort the information.

Textbook Analysis

An analysis of the book on HIV and AIDS Education used at primary school level in Zimbabwe,*Lets talk : An AIDS programme for schools*, reveals the possibilities of the dilemmas experienced by teachers by raising issues related to content (knowledge, skills and attitudes of the teachers) as well as pedagogy (methodology) to be used as shown below:

In terms of **knowledge, skills and attitudes of the teacher,** the programme emphasizes that for maximum effectiveness the teacher needs:

- accurate, complete/comprehensive knowledge about HIV and AIDS, how it is transmitted and how it can be prevented. (By inference, such knowledge must be made available to the pupil)

The possible dilemma: how much of this knowledge should/could a teacher expose the pupils to WITHOUT infringing on their cultural values and dictates?

- to deal with his/her own feelings and opinions about HIV and AIDS, the infected, the affected, human sexuality and sexual behaviour

The possible dilemma: the teacher may feel strongly (perhaps because of his/her religious background or other beliefs) about some issues pertaining to the subject and maintaining a neutral position becomes a problem.

- to recognise the different stages of sexual development and experience of the pupils ,for example, some may not be interested in sexual matters while others may have had some sexual experiences

The possible dilemma: how far should the teacher go? Too much information could alienate those who are not interested while too little may be inadequate for those already involved in sexual activities.

- torecognise the wide range of experiences with and feelings towards people with HIV and AIDS that the pupils may have.

The possible dilemma: in an effort to give support to affected pupils or prevent stigmatisation, the teacher may seem to be personalising issues and attempts to help may result in more harm than good.

In terms of **methodology**, the main concern of the programme is with behavioural change:

- pupils are invited/required to examine and evaluate their own and others' behaviour which would help them and others to avoid HIV infection

The possible dilemma: Evaluation is a high order skill which is difficult to exercise especially for primary school pupils. In an effort to overcome this difficulty, the teacher could end up lecturing. Balancing lecturing and assisting pupils to make their own evaluation may be difficult.

- to empower pupils to change their behaviour and that of others, pupils need to participate actively in the learning process

The possible dilemma: to participate actively pupils must possess correct information. The pupils may have misconceptions while the teacher may have lot of relevant real life experiences as well as specialist knowledge on the subject. Can the teacher assume the role of a facilitator and watch the pupils go astray?

DISCUSSION

The teachers who participated in this study seemed to be quite aware of the fact that they have an important role to play in disseminating correct and complete information about HIV and AIDS to pupils in order to empower them to protect themselves from infection. They also seemed to be aware that the 5-14 age group, who are the pupils mainly at primary school level and who have the least prevalence of HIV infection, should, ideally, be kept free of the virus. This goal would be achieved by communicating the relevant knowledge, engendering appropriate values and attitudes as well as building personal capacity among learners to maintain or adopt behaviour that would minimise or eliminate the risk of becoming HIV infected (Kelly, 2002).

However, it would seem that in delivering HIV and AIDS Education lessons, teachers are required to make choices between equally important and at times conflicting options and thus experience a number of dilemmas. The information about HIV and AIDS must be conveyed to the pupils in a way that is culturally and age appropriate and within the setting of a society that has been severely affected by the epidemic. This presents challenges for teachers and more so because AIDS is generally associated with issues of sexual intercourse, morality and death which makes it a taboo topic that is so sensitive that many people cannot discuss it openly (Parker, Aggleton, Attwell, Pulerwitz& Brown 2002; Singhal& Rogers, 2003).

The content of HIV and AIDS Education in Zimbabwe is outside the cultural dictates of the Shona people amongst whom the study was conducted. As noted Mashiri et al (2004,p.224),

> *issues regarding death, sex and sexuality are largely taboo among the Shona society, barring open dialogue on the subject…a competent Shona speaker is therefore aware of speaking norms that prohibit verbal references to certain words or historical events whose direct verbalisation could unleash forces of instability or stir grief.*

Many teachers and pupils may therefore be embarrassed and uncomfortable to talk about sexually related issues in public because of their cultural background that considers these issues to be taboo. The question that arises then is: how would theteacher communicate the 'unspeakable' without infringing on the cultural dictates but at the same time ensuring that the necessary information, which is one of the cornerstones for the prevention and control of HIV and AIDS, has been provided? Also, culture demands that a parent does not discuss issues of sexuality with children. Thus, the teacher, who is in *loco parentis,* may not be able to competently discuss the cultural taboos with the children and at the same time retain dignity and integrity as a parent.

HIV and AIDS is associated with fear and stigma, hence Steinberg (2008) calls it a story of shame which those who are affected or infected would want to remain private and ensure that no one else witnesses their shame. According to Parker et al (2002) and Singhal& Rogers (2003), stigma is equally central to the AIDS challenge as the disease itself as it hampers the effectiveness of HIV intervention programmes. A source of HIV and AIDS related stigma is the association of the epidemic with sexual immorality as well as fear of infection by the HIV virus. In many communities, those who are perceived to have HIV or AIDS are shunned and gossiped about. While education is regarded as a powerful tool in the fight against the pandemic, it is also one of the areas where HIV and AIDS related stigmatization and discrimination has been well documented. Parker et al (2002:5) state that "children associated with HIV through families have been stigmatized in educational settings in many countries". The stigmatizing incidents include being teased, gossiped about by classmates and exclusion of HIV positive children from collective school activities. It has been noted elsewhere that HIV and AIDS Education may have the negative effect of further increasing stigma and discrimination towards HIV positive people if care is not taken to ensure that information is not presented in such a way that it instills fear in pupils. All

these issues raises questions about the relevance of the curriculum and how the teacher could communicate the content about HIV and AIDS without invoking shame and stigma amongst the affected and infected children in class, without touching on their personal circumstances. Should the teacher choose to circumvent around sensitive content in order to protect the affected or infected children? Would this not be short-changing the pupils who would benefit from the comprehensive information? In discussing/ teaching/ learning about HIV and AIDS, are the affected or infected children not likely to be further unsettled, threatened and alienated and thus demotivated to attend school? How does the teacher deal with the attitudes of pupils who may subject those affected or infected to stigma and discrimination? All these questions point to dilemmas that the teacher has to contend with in handling the subject.

What about in a situation where the teacher is personally infected or affected by HIV and AIDS, would (s)he be able to teach the subject in a detached manner without allowing her/his own experiences to cloud the real issues? According to the Zimbabwe Teachers' Association ([ZIMTA], 2002), teachers, soldiers and the police are the three top groups of professionals in Zimbabwe with the highest prevalence of HIV. Performing the task of educating pupils about HIV and AIDS and at the same time coping with the challenges of the epidemic at personal level is difficult. Such challenges include fear of isolation which has been noted to be particularly strong among teachers who live and work in small communities where confidentiality is problematic (Coombe, 2002).

The need to reconcile indigenous knowledge systems and scientific explanations without subordinating any of the two knowledge systems but at the same time giving the correct perspective on the subject could be a challenge for the teacher. In order for information to have a practical impact on a person's behavior, it must be relevant and take into account what that person already believes in (Vass, 1986). The learners come into the classroom with a variety of experiences from what they have gone through in their own environment at home, in school, in their own individual circumstances. Where such information contradicts that which comes from other knowledge systems another teaching problem or dilemma is created. The teacher has to decide the extent to which the earlier form of knowledge reinforces or undermines what (s)he is trying to achieve and which knowledge system the teacher and the pupils should use.

The question of the nature of the language to employ in delivering HIV and AIDS Education has generated some debate (Bwanali, 2008 &Miti, 2008). One school of thought argues for use of direct language that would facilitate the communication of the intended message and would enable people to make informed decisions on how to protect themselves against the pandemic. The implication of this line of argument is that, in the classroom situation, using indirect, diplomatic devices of communication (i.e. employing linguistic disinfectant) in place of real, well known but culturally sensitive terms may result in some pupils losing out as they could fail to understand the newly and conveniently created vocabulary or jargon. The other school of thought prefers the use of indirect and sober language that is sensitive to cultural and religious norms. They argue that HIV

and AIDS Education should ensure that sensitive information is disseminated to appropriate people at the appropriate time using the right channel so that some groups are not offended by the content (Miti, 2008) and where violating the linguistic taboo could invite discrimination and stigmatisation. Balancing the views of the two schools of thought in the course of delivery of HIV and AIDS Education is therefore a difficult feat to achieve.

Participatory methodologies are considered to be appropriate in HIV and AIDS Education because of their capacity to remove the fear element which surrounds the pandemic and the reluctance among young people to discuss the subject with adults (Singhal& Rogers, 2003). The main goal of the participatory approaches, according to Paiva cited in Singhal and Rogers (2003:232), would be"to create a generation of sexual 'subjects' who could regulate their sexual lives as opposed to being objects of desire and the sexual scripts of others". The same author defines a sexual 'subject 'as

> *...one who engages consciously in a negotiated sexual relationship based on cultural norms for gender relations; one who is capable of articulating and adopting safe sexual practices with pleasure in a consensual way; and one who is capable of saying 'no' to sex*.

A sexual subject who is a product of participatory methodologies, would therefore be an empowered individual in various respects. Participatory methods would equip the learner with the information, skills and confidence to ask questions and enable them to take action with regard to their own lives and those of others. The said approaches would foster a sense of common experience among pupils. However, use of participatory methodologies presents other problems. First, because issues of sexuality are culturally sensitive, children experience problems with discussions, debates and brainstorming and may not participate adequately. As noted by UNICEF (1993), one of the most difficult things to achieve with discussion on sexual issues is participation from participants. Faced with non-participation by children, teachers could be forced to resort to non-participatory methods. Second, the skills demanded of pupils by participatory methods might not be practical for lower grades, for example, such activities as identifying problems, discussing solutions, planning and carrying out effective action programmes may be difficult for them. Consequently it is difficult to effectively employ participatory methods in teaching the subject.

Yet another dilemma that may arise pertains to the capacity of teachers to handle HIV and AIDS Education. Because of the limited time allocated HIV/AIDS lectures in colleges (about 2 hours per week), teachers emerge from training with limited knowledge on HIV/AIDS issues despite of the pivotal role they should play in disseminating the message (ZIMTA, 2002). Other authorities also confirm that most teachers do not get the knowledge, training and support they need to implement the HIV/AIDS curricular (Malambo, 2000; Kelly 2002; Action Aid, 2003) and this makes the delivery of HIV and Education in schools problematic.

Balancing the act of telling it as it is (as the teachers know it should be told) on one hand, and being sensitive to the culture, personal circumstances and age of learners and as well as not implicating one's self is, what the teachers mainly are finding difficult to do. They have found it difficult to take cognisance of the contexts in which the subject is being offered without compromising its content and methodology. If the group of teachers that participated in this research study, which was majoring in a subject that should help learners to deal with social issues, still found it difficult to teach HIV and AIDS Education effectively and without evoking conflicting concerns, the problem should be even greater amongst their counterparts in the schools who have not had as much potentially useful exposure.

CONCLUSION

The picture that emerges from this study is that new demands have been placed on schools and teachers in Zimbabwe as a result of the HIV and AIDS pandemic. In addition to their traditional role, teachers are now expected to disseminate messages related to AIDS prevention, promote compassionate and caring attitudes towards people living HIV and AIDS as well offer counseling and advisory services. However, in fulfilling this mandate, teachers experience a number of dilemmas relating to the context/environment within which HIV and AIDS Education is being offered. The subject is being offered within in an environment that has been devastated by the epidemic and significant numbers of children in the primary school classroom are either infected or affected and therefore have been personally touched by it. It is also being offered within the context of a conservative culture in which it is anathema to openly discuss issues of sexuality, death and many others. These contexts create dilemmas for teachers in the delivery of comprehensive and accurate information about the pandemic, choice of methodology and language for the lessons as they have to be sensitive. However, because of the severity of the impact of the pandemic on young people, it is imperative that teachers, pupils and communities be bold enough to disseminate and accept HIV and AIDS facts as they really are if the scourge is to be effectively tackled.

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