



**VAN HALL
LARENSTEIN**

PART OF WAGENINGEN UR

**Towards Comprehensive Approach to Address HIV/AIDS
Education in the Curriculum of Teacher Training Institutions in
Mozambique**

A Research project Submitted to Van Hall Larenstein University of Applied Sciences in
Partial Fulfilment of the Requirements for the Degree of Master of Management of
Development (MoD), Specialization in Rural Development and HIV/AIDS

By:

Susana Helena Baúle

September 2009

Wageningen
The Netherlands

© Copyright Susana Helena Baúle, 2009. All rights reserved

**Towards Comprehensive Approach to Address HIV/AIDS Education in the
Curriculum of Teacher Training Institutions in Mozambique**

A Research project Submitted to Van Hall Larenstein University of Applied Sciences in
Partial Fulfilment of the Requirements for the Degree of Master of Management of
Development (MoD), Specialization in Rural Development and HIV/AIDS

By:

Susana Helena Baúle

September, 2009

Supervisor:

Koos Kingma

Wageningen

The Netherlands

© Copyright Susana Helena Baúle, 2009 - All rights reserved

PERMISSION TO USE

In presenting this research project in partial fulfilment of the requirements for a Postgraduate Degree, I agree that the Library of this University may make it freely available for inspection. I further agree that permission for copying of this research project in any manner, in whole or in part, for scholarly purposes may be granted by Larenstein Director of Research. It is understood that any copying or publication or use of this research project or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University in any scholarly use which may be made of any material in my research project.

Requests for permission to copy or to make other use of material in this research project in whole or part should be addressed to:

Director of Research
Larenstein University of Professional Education
P.O. Box 9001
6880 GB Velp
The Netherlands
Fax: 31 26 36 15 287

ACKNOWLEDGEMENT

First of all, I would like to convey my sincere gratitude to the University of Maastricht in the name of Mr. Lou Snijders and the Mozambican Ministry of Education and Culture for financing me to attend the master course. My gratitude is also extended to my supervisor Mrs Koos Kingma, without her valuable suggestions, comments and guidance the following thesis would not be possible.

I acknowledge the support I had from the board of directors of Pedagogic University in Beira for allowing me doing this course despite the big gap I would live in the university.

To my friends and colleagues in ARD, whom I cannot mention all their names here one by one. I am grateful for the friendship, laughter, care and supports that we shared.

I am highly indebted to several individuals, staff of Van Hall Larenstein University who played a big role in facilitating administrative aspect of my Master Programmes.

I thank my mother and father Lopes Lapizeiro Paz Baule and Helena Moises for being such wonderful parents and my extended family: Manuel Jorge, Jose Paz, Samuel, Claudia, Zaida, Africa, Cindy, Gabi, Judite, Palmira, Lucas, Vasco, Rene, Claus, Deborah, Lora, Natasha, Janine, Helena, Tiwana, Iva, Sharlize and Joshua, I am also thankful to Luisa Sumana, Eliane Reis Antonio Cristo Madeira, Tiago Thendai, Luis Artur and Daniel Mate more than friends, they were brothers and sisters to me.

Finally, and most importantly, I thank God for seeing me through the all period of my Master Programme in Van Hall Larenstein University. All glory and honour be given to Him, Allah'u'Abha.

TABLE OF CONTENTS

PERMISSION TO USE	III
ACKNOWLEDGEMENT	IV
LIST OF TABLES	VII
LIST OF FIGURES	VII
LIST OF ACRONYMS	VIII
EXECUTIVE SUMMARY	IX
CHAPTER ONE: INTRODUCTION OF THE STUDY	1
1.1 An overview of the AIDS Epidemic Worldwide	1
1.2 Potential Role of the Education Sector in Responding to HIV/AIDS	2
1.3 Background of HIV/AIDS in Mozambique	4
1.4 Impact of HIV/AIDS on Education Sector in Mozambique	6
1.4.1 Impact of HIV/AIDS on Teacher	6
1.4.2 Impact of HIV/AIDS on students:	7
1.5 Response of the Education Sector in Mozambique	7
1.5.1 Teacher Training Institutions	9
1.5.2 Teachers Capacity Building	10
1.6 Problem Statement	11
1.7 Research Objective	11
1.8 Main research questions	12
1.9 Sub-question	12
CHAPTER TWO: LITERATURE REVIEW	13
Definition of concepts	13
Education	13
Curriculum	14
Conceptual Framework for Educational Response and rural development	15
Education and Curriculum	15
Education Systems	16
Teacher Training Institutions Response to HIV/AIDS	16
CHAPTER THREE: METHODOLOGY	20
Reason for choosing teacher training institute	20
Methods	20
Questionnaires	21
1.9.1 Limitations	21

CHAPTER FOUR: ANALYSIS AND DISCUSSION OF FINDINGS	22
1.10 HIV/AIDS Approach by Primary and Secondary School Teachers	22
1.10.1 Profile of Respondents	22
1.10.2 Teachers Knowledge about HIV/AIDS	22
1.10.3 Current Issues on HIV/AIDS education	24
HIV/AIDS and Teacher Training Institutions	26
Approach of HIV/AIDS in Teacher Training Institutions	26
Institutional Implications on integrating HIV/AIDS education in the curriculum of TTIs	27
CONCLUSIONS AND RECOMENDATIONS	29
Conclusions	29
Recommendations	30
2. REFERENCES	31
APPENDIXES	33
Appendix A: Inclusion of HIV/AIDS in official curriculum	
Appendix B: Approaches employed by Region – primary and secondary levels	
Appendix C: Teacher Profile, School Location, Gender and Age	
Questionnaire D	37
Questionnaire E	40

LIST OF TABLES

Table 1:	Prevalence Rates (%) among Pregnant Women (aged 15 – 49) by Region and National (2001 to 2007)	4
Table 2:	Conceptual Framework	15
Table 3:	The five essential components for a comprehensive education sector response	18
Table 4:	Teacher’s Knowledge about HIV/AIDS	22
Table 5:	Source of Information	23
Table 6:	Impact of HIV/AIDS on education	24
Table 7:	Time spent on HIV/AIDS per week	25
Table 8:	Easy issues to approach	25
Table 9:	Difficult issues to approach	25
Table 10:	Factors hindering teachers to approach HIV/AIDS	26

LIST OF FIGURES

Figure 1:	Consequence of HIV/AIDS for the education sector	5
------------------	--	---

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CNCS	Mozambique National AIDS Council
EFA	Education for All
HIV	Human Immunodeficiency Virus
MDG	Millennium Development Goals
NGO	Non-Governmental Organisation
PEN	Mozambique National Strategic Plan
PRSP	Poverty Reduction Strategy Plan/Paper
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly
UNESCO	United Nations Educational, Scientific and Cultural Organisation
HTTI	Higher Teacher Training Institutions

ABSTRACT

This research aims at analysing a Comprehensive Approach to Address HIV/AIDS Education in the Curriculum of Teacher Training Institutions in Mozambique. It starts by giving an overview of global AIDS Epidemic then followed by background of HIV/AIDS epidemic in Mozambique. It also describes the problem statement in regarding to the role that teacher training Institutions play on the fight against HIV/AIDS, thus reducing the children susceptibility to HIV infections and vulnerability to AIDS impact. The objective of the research is identify the training needs of in-service, pre-service and out-service teachers concerning development of competencies; knowledge, skills and attitudes for teaching HIV/AIDS education in primary and secondary schools and recommend strategies for bridging the gaps in the curriculum of teacher training institutions.

The research has concentrated only in the teacher training institutions for basic education; (PE I and PE II) and the higher teacher training institution (Universidade Pedagógica); (SE I and SE II) which is responsible for providing teachers for all levels of education including the basic education. The data were collected through questionnaires with the key informants in Maputo and Sofala provinces using statistical methods of analysis for in-service teachers of basic education and descriptive methods for TTIs.

The main conclusions that can be drawn are that the current approach used by teachers to address HIV/AIDS education is very weak. This is basically shown by the insignificant amount of time which is allocated in HIV/AIDS. Teachers seldom discuss HIV/AIDS. Lack of time and instructional materials are the main constraints that hindering factors in teaching HIV/AIDS.

The interviewees recognised the importance of including HIV/AIDS in the official curriculum of teacher trainings in order to fill the existing gap in the current framework. And aspects that factors and processes conditioning the causes and consequences of AIDS epidemic should also be addressed. However, there is no consensus regarding how should be integrated.

Teachers have recognised that HIV/AIDS have serious impact, which is shown by situations like death of teachers, students and problems of stigma and discrimination.

The curriculum education system should be revised in order to consider the delivery of HIV/AIDS aspects in a very systematic and consistent way.

CHAPTER ONE: INTRODUCTION OF THE STUDY

This document is a professional master thesis in fulfilment of the requirements for the degree of Master of Management of Development (MoD), Specialization in Rural Development and HIV/AIDS. The present chapter gives an overview of the AIDS epidemic worldwide and aims to illustrate how acute and pressing HIV/AIDS epidemic is and what governments worldwide are doing to mitigate its impacts. Further, it attempts to describe the impact of HIV/AIDS in Mozambique and the national response to it. Finally, the chapter describes the background of the study with respect to the contextualisation of the research problem, main research questions and the rationale behind the study.

1.1 AN OVERVIEW OF THE AIDS EPIDEMIC WORLDWIDE

“HIV/AIDS is unequivocally the most devastating disease we have ever faced, and it will get worse before it gets better”
Dr. Peter Piot, executive director of UNAIDS, November 2001

HIV/AIDS represents a serious threat and challenges to the world population health and to its development. Since the outbreak of the disease in 1981, more than 25 million people have died of AIDS related diseases. It is estimated that there were 33 million people around the world living with HIV in 2007 and that 2.0 million people died due to AIDS just in 2007 and by 2025 there will be 60.000 additional deaths worldwide, being 50 million of them in Africa (UNAIDS 2008:31:32).

Currently, women and children constitute the most vulnerable group to HIV/AIDS infections. According to UNDP (2001) women are biologically and socially at risk because they have less secure employment, are more likely to be poorly educated and have uncertain access to land, credit and education and the heavy workloads undermine the uptake of technologies and services. Women headed households are particularly vulnerable to HIV/AIDS as they are generally poor and have less control over productive resources. Thus, this group account for half of all people living with HIV worldwide. Children are, parallel to women, the most affected group. The number of children younger than 15 years living with HIV worldwide increased from 1.6 million in 2001 to 2.000 million and in 2007 alone 370.000 children younger than 15 years became infected with HIV (UNAIDS, 2008:33).

Although HIV/AIDS is found all over the world, not all countries are affected in a similar way, which means some countries are more affected than others. Sub-Saharan Africa remains the only region severely affected by the HIV/AIDS epidemic. Out of 33 million world population living with HIV/AIDS, Sub-Saharan Africa alone accounted for about 70% (22 million) in 2007 and nearly 60% of HIV infections in women and 90% on children under 15 years occur in this region (UNAIDS, 2008).

In absence of a cure, HIV/AIDS continuously undermine the development efforts of most developing countries, especially those in Sub-Saharan regions whereby the implementation of the Poverty Reduction Strategy (PRS) by governments is threaten by the pandemic (UNDP, 2001). Despite the efforts of governments, donors, private sectors, NGOs, stakeholders, HIV/AIDS is still devastating the quality of life, reducing life expectancy, alter the population structure and leaving families, communities under a miserable and unbearable poverty as they have to sell their possessions to meet the

costly additional expenditures caused by the epidemic. Grant (2005) suggests that poverty and HIV/AIDS are interrelated; poverty is a key factor in transmission and HIV/AIDS can impoverish people in such a way as to intensify the epidemic itself. Further, the relationship between ill health and poverty is complex and works in both directions: illness can cause poverty and poverty can contribute to poor health. HIV/AIDS adds to poverty by changing family composition and the way communities operate, affecting food security and destabilising traditional support systems.

Notwithstanding the global character of HIV/AIDS, Barnnet and Whiteside (2006:197) stress that HIV/AIDS hits severely the individual, household and community levels where the impact are felt first and worst. Within these levels indeed, the coping mechanisms will depend on the resources the affected have; rich people can afford the expenditures of treatment while the poor may find it extremely difficult to do so. In most of the times poor people may opt for selling their productive assets, make uses of the savings, withdraw children from schools, and reduce the number of meals. In a worse scenario when a family member dies (in particular the main breadwinner), it reduces the life's options of the households and in some cases the households may dissolve as the orphans children are likely to be taken away by their kin or foster families. Thus, the poor households and people are invariably the most affected by the epidemic.

Recognising that HIV/AIDS represents a global threat, governments have committed themselves to take responsibility for implementing the national AIDS response. Initiatives on HIV mitigation comes now from all sectors of society such as government bodies, faith-based organisations, community groups, groups of people living with HIV, and other civil society organisations. The results of such initiatives vary across countries and regions. In Africa for instance, results are ambiguous with some with encouraging results and other with little or no progress at all (UNAIDS, 2004:17:18). The progress or lack of progress may lie in the diversity within the African countries; African continent encompasses 53 countries and numerous ethnic, religious and linguistic groups, whose respective boundaries rarely coincide, as well as a wide range of economic and political regimes UNAIDS (2005:13). Consequently, the response to the HIV/AIDS epidemic must be sought in this diversity. Similarly, the answers to the problem of HIV/AIDS should be seen from that diversity in terms of culture, religious belief, customs, economic and socio cultural context.

1.2 POTENTIAL ROLE OF THE EDUCATION SECTOR IN RESPONDING TO HIV/AIDS

Governments have recognised the role the education can play in reducing risk infection and the impact of HIV/AIDS (Hargreaves and Boler, 2006:32; World Bank, 2002:46). It is of global consensus that education is the most important tool to respond to the challenges caused by the epidemic as it plays an important role in shaping the attitudes, opinions and the behaviour of young people¹ especially the young generation known as “window of hope”. That means that schools have the potential to educate the young people towards behavioural change on HIV/AIDS and prepare them for life skills. Furthermore, education

¹ www.jamespot.com/a/126430-HIV-AIDS-Schools.html (Accessed 12 July 2009). Today's generation of school children have been born into a world where AIDS is a harsh, unavoidable reality - a situation that their time at school can help them to prepare for. As well as providing an environment in which people can be educated about AIDS, schools often act as a centre-point for community discussion and activity; as such, they can be a vital tool in monitoring the epidemic and coordinating a response to it. With a capacity to reach large numbers of young people with information that can save their lives, basic school education can have such a powerful preventive effect that it has been described as a 'social vaccine'.

can be an important force for addressing deeper socio-economic, cultural and development issues— gender inequalities, health challenges, poverty, social exclusion and stigmatization which altogether hamper efforts on mitigating HIV/AIDS. This means that educating the young generation, creates earlier awareness of the effects of HIV/AIDS on individual, households and communities' quality of life. For this, the Teacher Training Institutions (TTIs) that are responsible for preparing the young generation play a critical role in the fight against the epidemic. World Bank (2002:3) states that an educated population and work force are fundamental to national health and combined with sound macroeconomic policies, education is generally a key factor in promoting social well-being poverty reduction and HIV mitigation.

In order to fulfil these need of educating young children, 164 countries met in Dakar, Senegal for the World Education Forum. The purpose of the forum was to review the progress made since the World Conference on Education for All in Jomtien, Thailand in March 1990. Alongside the Millennium Development Goals Declaration, the states reaffirmed their commitment to Education for All (EFA) and in order to reach the universal primary education the states promised to ensure equal access to schools for girls and boys and to reach full primary education for all by 2015. Despite their willingness, HIV/AIDS epidemic is a major challenge to attain the EFA targets and the Millennium Development Goals because HIV/AIDS affects the functioning of entire education system (UNESCO, 2008:6). Therefore, achieving EFA and Millennium Development Goals requires developing and implementing comprehensive strategies that take into account the impact of HIV/AIDS on students, educators, educational institutes and education sector as a whole. This has been a new development in different countries worldwide. Some countries have already reviewed while others such as Mozambique are in the process of reviewing their curriculum in order to integrate HIV/AIDS related issues in the official curriculum (for a complete list of inclusion of HIV/AIDS in official curriculum See appendix A).

Like the general response to HIV worldwide, there is no a unique blue print for the incorporation of HIV/AIDS in the official curriculum. Various countries have applied different strategies to approach HIV/ AIDS education. The existing literature suggests that so far in Sub-Saharan Africa only Benin has managed to integrate HIV/AIDS education as subject that stands alone. Appendix B shows how countries have prioritised their response to HIV/AIDS. Apart from the curriculum, the education sector needs to endow teachers at TTIs with knowledge and skills to enable them to address HIV/AIDS education with their students. The figure 1.1, below illustrates the vicious cycle of the relationship between HIV/AIDS and education. If the education sector through its Ministry of Education (MoE) do not take appropriate measures to revert the HIV/AIDS epidemic, the results will be felt nationwide either through mortality, orphanage, declines and on the economic growth and limited resources to foster education and health care.

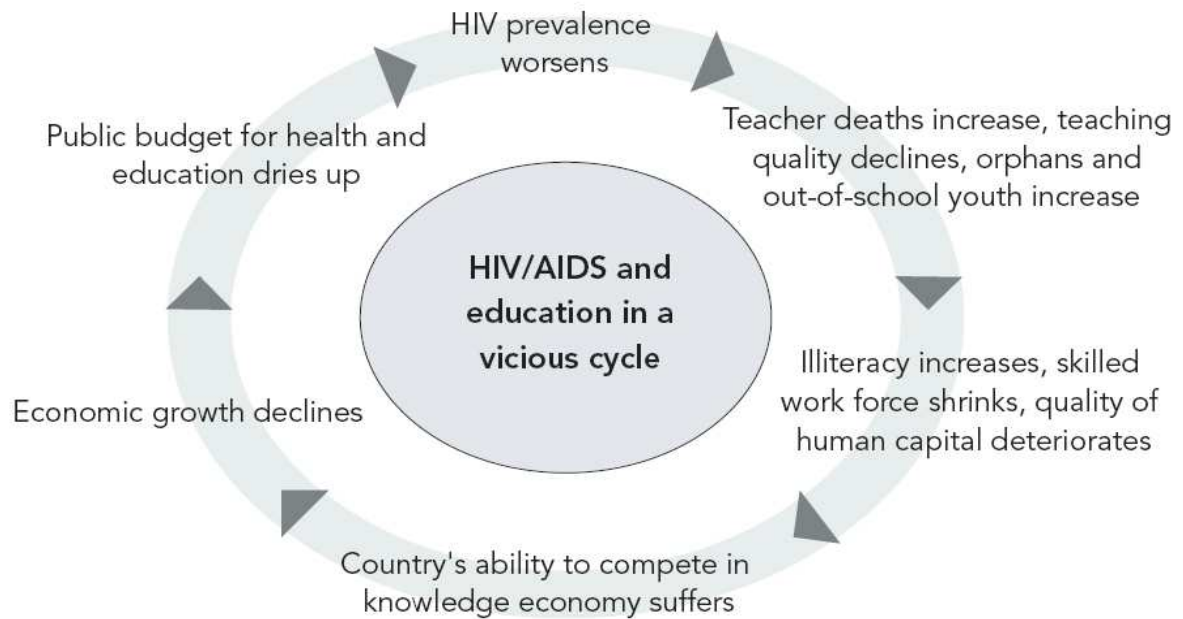


Figure 1.1: Consequence of HIV/AIDS for the education sector

Source: World Bank, 2002

1.3 BACKGROUND OF HIV/AIDS IN MOZAMBIQUE

Mozambique is a country in Southern Africa. It is a multicultural and linguistically very diverse country with a population of 20.530.714 million inhabitants (INE, 2007). 54% of the population in Mozambique live below the poverty line, surviving on less than US\$2 a day (UNDP 2008:78). Low/limited access to medical services, lack of education, inadequate sanitation, lack of access to potable water, socio-cultural factors, natural disasters and poverty are some of the barriers that causes disruption in economic growth and fuel the spread of HIV/AIDS.

The first case of HIV/AIDS in Mozambique was identified in 1986 in Cabo Delgado. Until the end of 1992 Mozambique recorded 662 cases of AIDS. Since then, the number of people infected with AIDS has grown consistently (CNCS, 2002:1). From 1992 the rate of HIV/AIDS increased dramatically, coinciding with the return of refugees from neighbouring countries followed the end of the war – countries that already has very high levels of HIV infection and established epidemics (Zambia, Malawi, Zimbabwe, South Africa and Swaziland) (Verde Azul Consultant, 2001:11). It is estimated that 500 new infections occur daily, which means that the number of people living with HIV have a tendency to increase. 90% of HIV infection in Mozambique occurs through heterosexual relations and the remaining 10% through vertical transmission, blood transfusion, use of syringes and other sharps with infected blood. The most vulnerable group are young people who become infected before the age 25 and many of them die before completing the 35. However, the introduction of antiretroviral drugs has increased the life of people living with HIV/AIDS (CNCS, 2007).

Currently, the national adult HIV/AIDS prevalence rate is estimated 16% distributed in an irregular way within the regions. The northern region accounts for 9%, the central region

18% and the southern region 21%. Data from 2007 surveillance shows that the northern and the central regions have stabilised in trend in the periods between 2004 and 2007. The same does not happen with the southern region whereby the trend shows an increasing in number of people infected between the same periods, from 19% to 21% respectively. Despite these disparities in trends of the epidemic, the impact is felt in every sector of society. It is worth mention that the national prevalence rates maintain a curve similar to the one observed in 2004; that means no remarkable changes have occur on the evolution of the epidemic during the periods 2004 to 2007. (See table 1 below).

Table 1.1: Prevalence Rates (%) among Pregnant Women (aged 15 – 49) by Region and National (2001 to 2007)

<i>Province</i>	<i>2001</i>	<i>2002</i>	<i>2004</i>	<i>2007</i>
Northern Region	7	8	9	9
Central Region	18	18	19	18
Southern Region	15	16	19	21
National Prevalence	14	15	16	16

Source: CNCS 2007

Due to the severity of HIV/AIDS pandemic, it is estimated that from 33 million people living with HIV/AIDS worldwide in 2007, 1.6 million people between the age group 15 - 49 are living with HIV/AIDS in Mozambique and current projections suggest that by 2010 the number of people infected will rise to 1.9 million (UNGASS, 2008:24). Out of the country's 1.4 million orphans in 2006, more than 420,000 have lost their parents to AIDS-related illnesses. As parents continue to die, the number of orphaned children is predicted to rise to 500,000 in 2010. Life expectancy is also expected to fall from 37.1 years in 2006 to 35.9 years by 2010². This means that the pandemic is striking at the most economically active age group of the population, with tragic economic, social and cultural consequences for the development and viability of Mozambique as a nation (UNDP, 2007:iii).

HIV/AIDS pandemic does not only affect people it also threatening the long achieved development by the government since the end of the war in 1992. In Mozambique, the majority of the population, 80%, lives in rural areas and subsisting on farming³. 54 % of the population lives under the national poverty line, 63% of rural children live in absolute poverty; and 34% of households are food insecure and face perpetual hunger⁴. HIV/AIDS is not just a health issue; it has a tremendous impact for socio-economic development of the country and it is one of the major threats to achieve the goals of Mozambique strategic plan and the commitment of the government to provide good quality of basic education for all children.

The Government is working towards the mitigation of the impact caused by HIV/AIDS. The government of Mozambique with the support from different stakeholders have developed many interventions to respond to challenges posed by HIV/AIDS epidemic. The most important step taken forward by the government was the establishment of the National Aids Council (CNCS) in 2000 with the responsibility to coordinate all activities related to HIV/AIDS and ensure that the activities planned are fully implemented. By doing so,

²<http://www.unicef.org/Mozambique/overview.html> UNICEF Mozambique-Overview-Mozambique at a glance (online) (accessed 10 July 2009)

³ <http://www.ruralpovertyportal.org/web/guest/.../tags/mozambique> Rural Poverty in Mozambique (accessed 10 July 2009)

⁴ <http://www.ruralpovertyportal.org/web/guest/.../tags/mozambique> Rural Poverty in Mozambique (accessed 10 July 2009)

Mozambique has adopted the “three ones” key principles, which called for one national AIDS coordinating authority, one action framework and one monitoring and evaluation system (UNAIDS, 2004:1). Further to this action, the bi-laterals, multi-laterals and non-governmental organisations (both national and international) have signed a code of conduct with this coordinating body. Initially this responsibility was coordinated by the Ministry of health with little involvement from other Ministries. The focus of action of the Ministry was centred on prevention campaigns. Information dissemination campaign through the mass media: community mobile brigades, radio, television, use of theatre; booklets, posters, pamphlets, bulletins, banners, budes, and free condom distribution were other means of preventive methods applied.

To address HIV/AIDS at national level, the government launched a multi-sectoral approach whereby all sectors of society are called to respond the challenges and threats posed by the HIV/AIDS pandemic. The government designed and approved the first National strategic Plan on the fight of HIV/AIDS designated as PEN I for the periods 2000-2002. PEN I focused attention on the preventive measures. Currently the government is in its second phase of the National Strategic Plan for the fight of HIV/AIDS for the period 2005-2009 (PEN II 2005-2009). PEN II focuses on multisectoral actions and the following areas are of major concern: prevention, advocacy, stigma and discrimination, impact mitigation, research and coordination of national response. The advantages of multisectoral approach enabling all spheres of society to work together and maximise the use of resources in the fight against the HIV pandemic.

1.4 IMPACT OF HIV/AIDS ON EDUCATION SECTOR IN MOZAMBIQUE

There are many constraints laying ahead the educational sector. The AIDS impacts affects all education system; from the administrators’ staff to the junior staff, community involvement, students’ advice centre and the education sector’s research approach. In order to develop effective programs for mainstreaming HIV/AIDS on the education, it is relevant to discuss how HIV is impacting on the education sector and how it is influencing the supply and demand of quality of education. The death of a teacher for example, has implication on the education of school children and it also means a loss of experienced personnel and results in a longer term loss of institutional memory and undermines quality of education. In a simplified format, the impacts of HIV/AIDS on the education sector may be disentangled into impacts on teachers and on the students.

1.4.1 Impact of HIV/AIDS on Teacher

HIV/AIDS tends primarily to lead to increased teacher’s absenteeism. As a result, there is less time for teaching and there is a disruption of classes’ schedules reducing the quality and quantity of education. Other ways HIV/AIDS impacts on teachers includes according to the World Bank(2000:13), the following:

- ✚ Teachers with sick families take time off to attend funerals or to care for sick or dying relatives. In several countries head teachers have reported problems with female teachers, in particular, arriving late or leaving work early.
- ✚ Teacher absenteeism and non-performance are also a result of the psychological effects of the epidemic. The trauma can be devastating, with repeated episodes of grief and mourning. Teachers may be deeply affected by having to care for sick relatives and losing friends and family to AIDS, with the added financial burden of medical and funeral expenses.

- ✚ Teacher absenteeism due to prolonged illness or medical treatment increases the burden of other teachers who have to take extra classes. In some cases, the classes are left untaught. The continuous absence of a teacher from the class has negative effect as it reduces the quality of services delivered.
- ✚ The death of experience teachers has negative impact on the education sector as the system is obliged to replace the workforce with inexperienced and untrained teachers. Consequently reduce the quality of education delivered as well as affecting the EFA goals.

The only data available on the HIV/AIDS impact on the education sector in Mozambique were carried out in 2000 by Verde Azul Consultant LTD. According to the authors over the period 2000-2010, the AIDS epidemic is projected to result in the education sector losing some 17% of its staff. Across all levels, some 9.200 teachers will die, and an estimate 123 senior managers, planners and administrators will be lost. For each of these educators some eighteen months of productive work time will also be lost before they die (Verde Azul Consultant, 2001). Furthermore, by 2006 the MoE projected that HIV/AIDS would increase the costs of education by 5% (equivalent to 7 million dollars) while the number of orphan pupils would increase from 10% in 2006 to about 27% by 2015 (MEC, 2006:142). Those two figures are likely to represent an extra burden to the teachers.

1.4.2 Impact of HIV/AIDS on students:

HIV/AIDS has influence on students in a number of ways. Children who are born infected by the virus hardly survive to enrol in schools and those who do take time off to care for their family members who are sick or dying as a result of AIDS have frequent absenteeism and may end up by dropping schooling. There is indeed a gender issue regarding the impacts of HIV/AIDS on students; in times of reallocation of labour in an households afflicted⁵ by AIDS, girls are likely the first to be withdrawn from schools to respond to the immediate needs of these households (World Bank, 2005). Furthermore, poverty plays a role on how HIV/AIDS affects students. Poor households affected by HIV/AIDS are unlikely to continue support their children schooling through the payment of school fees, provide school materials and uniform.

1.5 RESPONSE OF THE EDUCATION SECTOR IN MOZAMBIQUE

The Ministry of Education and Culture (MEC) attributes the education sector the role of planning, coordinating, managing and developing activities under the education and culture, thus contributing to raising the patriotic conscience, to strengthen the Mozambican national unity. The mission is to provide access to quality of education services, with equity, forming citizens with self-esteem and patriotic spirit, able to intervene actively in the fight against poverty and promoting economic and social development of the country; equally, promote, coordinate, facilitate and harmonise the initiatives of various actors in the field of culture (MEC, 2006).

The former Ministry of Education (MINED) developed an Education Sector Strategic Plan (ESSP I) for the period 1999-2005. To address HIV/AIDS on the education sector, MINED developed a draft document to be presented at the Council of Ministry entitled "Elements

⁵ Afflicted household is a household in which one or more members is/are either ill or has/have died of AIDS related causes.

for a Policy of Ministry of Education in relation to HIV/AIDS⁶". The aims of the draft document is to provide a comprehensive framework to prevent and mitigate the impact of HIV/AIDS, thus creating the foundation for reducing the spread of HIV and contribute to the management capacity and mitigate the impact of HIV/AIDS on the education sector. This plan is in line with the National Response to the epidemic, defined by the Government of Mozambique through the National Strategic Plan to fight against HIV/AIDS (PENI).

The Ministry of Education and Culture (MEC) introduce the second Education Sector Strategic Plan (ESSP II) for the period 2006-2010/11. ESSP II lays out the Government's vision for the future of Mozambique's education system, and identifies the main lines of action to pursue in the short and medium term in order to realise the vision. It also provides a framework for decisions about the allocation of domestic resources and external assistance.

The ESSP II strategy is therefore designed to support the three key objectives of the Government's overall economic and social development policy:

- ✚ Reducing absolute poverty;
- ✚ Ensuring justice and gender equity; and
- ✚ Fighting the spread of HIV/AIDS and mitigating its impact

Therefore, for the interventions, MEC puts forward the following intervention that the education sector needs to consider:

- ✚ prevention which includes school health program, sexual and reproductive health and HIV/AIDS;
- ✚ care and support involve approaches to meet the physical, psychological and educational needs of infected and affected people with HIV/AIDS and;
- ✚ the fight against HIV/AIDS in the workplace ensure the protection of the rights and wellbeing of people living with HIV/AIDS (Activity in progress).

To undertake these interventions, MEC established a network of focal points for HIV/AIDS responses at various levels from provincial division of education to district levels. These focal points are responsible for coordinating and implementing the response of the education sector to HIV/AIDS. However these units are not functioning as desired or are not functioning at all due to lack of training, financial support and instructional materials on HIV/AIDS. Most of the activities in progress in few schools are ad hoc initiatives carried out by students with lack or little involvement at school level. There is still lack of awareness of the impact of HIV/AIDS at school level. It might be because HIV/AIDS is still regarded as a health issue. IATT (2008:1) states that "the key challenges in addressing HIV/AIDS continue to be the level of denial around the disease". Consequently there is lack of commitment from school managers. They do not recognise HIV/AIDS as an acute problem to be addressed with the participation of all school community. HIV/AIDS issues

Another important step took forward by MEC to fight against HIV/AIDS was the designing of the document about the "strategies of communication on HIV/AIDS" in 2002 with the objective to guide the development of communication activities for different target groups through various means of communication to prevent new infections among MEC's staff and school community; and build conducive environment for people affected by HIV/AIDS, (MINED, draft paper).

Very recently, MEC with support from UNESCO launched SAPE program, a program with aims to provide care and support to meet the physical, psychological and educational needs of students. The primary goal of SAPE is to ensure that children and young people acquire self-protection by building positive attitudes towards the various aspects of life.

⁶ Elementos para uma Política do MEC em Relação ao HIV/SIDA

The establishment of the program gives an opportunity for students and teachers who are strain by HIV/AIDS to get psychological help. Students and teachers affected by HIV/AIDS suffer physical and psychological stress that affects not only their performance but it affects as well the social interaction as they tended to be stigmatised and discriminated.

HIV/AIDS affect both teachers and learners equally. Staff members may be sick or have to attend to a sick family member. Irregular attendance of students has led to reduction in academic performance. Apart from physical pain, there is a psychological dimension of HIV/AIDS: the depression, stress and anxiety. Not only do depression, stress and chronic anxiety among affected staff and students impact on their performance, but on their social interaction as well.

ESSP II calls for a Multisectoral Responses from which 13 components are integrated to ensure the coherence, linkage purpose and priority, feasibility and financial sustainability. These include: primary education, non-formal and adult education, secondary education, technical vocational education, teacher training institutions, high education, distance learning, especial education, gender integration, school sports, school health care, school production and feeding as well as technology, information and communication.

1.5.1 Teacher Training Institutions

Mozambique has 20 teacher training institutions (not updated) around the country and a higher teacher training institution (Universidade Pedagogica) which has 8 delegations in some provinces of Mozambique. The teacher training institutions for basic education are under auspices of MEC while Universidade Pedagogica is an autonomous institutions training teachers for secondary education and higher education.

The education system comprises two subsystems general education which includes primary education and secondary education. The primary education which comprises 7 grades divided into two cycles. The first Primary education cycle (PE I) goes from grade 1 to 5 and second cycle (PE II) from 6 to 7. The official school age is 6 since 1993. The secondary education comprises 4-5 grades also structured in two cycles. First cycle of general secondary education (SE I) from grade 8 to 10 and second cycle (SE II) includes grade 11 and 12, the pre-university level.

The TTIs train students (pre-service) with 10 years of general education equivalent to secondary school which last for one year (10+1). At the end of training the teachers are qualified to teach both PE I and PE II. These institutions are supported by the government funds and get donor support. The pre-service teachers come from several provinces of Mozambique and are admitted on the basis of their performance in a competitive entrance examination.

There are currently approximately 60,000 primary teachers 1-7, and 8.000 (ES I) secondary teachers. But this number is insignificant taking into account the increased number of schools rehabilitated and constructed to accommodate children seek for basic education. It is stated the need, on an annual basis to recruit at least 2000 untrained teachers to fill the gap. At present the Ministry of Education tries to ensure that untrained teachers have at least 10th grade. According to MEC the shortage of qualified teachers is expected to get worse, for various reasons. It is appointed the economic growth has one of the barriers that take many teachers to leave education for better paid jobs, in addition, teachers accept non-teaching posts within the education system itself, in administrative areas in the provincial and district directorates. Finally, teacher attrition is likely to increase as a result of HIV/AIDS (MEC: 2006:44).

It is recognised the limitation of the education sector to provide salaries on time, especially for newly recruited teachers, leading them to abandon their posts or to give precedence to other non-teaching activities to guarantee an income for themselves and their family. Other forms of support for teachers in terms of supervision and assistance when moving to a different post are also often lacking. (ibid;45).

The curriculum reform undertook very recently in the country placed HIV/AIDS education as crosscutting issues for basic education and secondary education. However, TTIs lack the capacity to produce the desirable result because of its poor quality of human and capital resources, lack of training to address HIV/AIDS education.

All in all AIDS has caused a reduction of investment in training, education, staff development, and produced high levels of staff turnover

1.5.2 Teachers Capacity Building

Teachers are confronted with various challenges. As stated above HIV/AIDS education is considered crosscutting issues. As result teachers do not spend time to discuss HIV/AIDS with their students and above all it is considered as an extra activity. It is recognised that poor teacher training, insufficient materials, and lack of pedagogical support, teachers are poorly equipped to deal with some of the challenges that the system poses, such as the reality of mixed group teaching in large and in multi-grade classes, not having didactical materials, and of dealing with challenges such as gender disparities and HIV/AIDS (ibid;45).

Teachers are confronted with various challenges. As stated above HIV/AIDS education is considered crosscutting issues. As result teachers do not spend time to discuss HIV/AIDS with their students and above all it is considered as an extra activity. It is recognised that poor teacher training, insufficient materials, and lack of pedagogical support are challenges that teachers are daily confronted with. Teachers are crucial link in providing information about HIV/AIDS to young people. In order to provide the information teachers need to understand the contents attached to HIV/AIDS education. Furthermore, they need to acquire skills to do so. Building capacity for HIV/AIDS response is mainly composed of seminars which do not take place in regular basis and not all in-service teachers have opportunity to attend. In addition, the trainings focus on the dissemination of information not on building teachers competencies.

It can be concluded that there is a lack of systematic program training of teachers in the issues of HIV/AIDS, sexual and reproductive health and also lack of appropriate materials to include HIV/AIDS in school curriculum. Curriculum Reform

The process of curriculum reform started in 2004 with the review of the curriculum of basic education which integrate HIV/AIDS in life skills and have prevention and transmission, and stigma and discrimination as the thematic areas within the curriculum. In secondary education the implementation of the new curriculum started in 2008 and HIV/AIDS integrated in biology subject from grade 9 to 12. Unfortunately the curriculum of TTIs was not revised yet. This is to say that institutions responsible to prepare pre-service and in-service teachers are not ready to deal with HIV/AIDS education themselves. Thus one question remains, how can teacher training institutions prepare pre-service and in-service teachers if the institutions themselves are not ready to do so? HIV/AIDS calls for a review in a curriculum of TTIs in order to accommodate topics of HIV/AIDS. HIV/AIDS need a more holistic approach that link biomedical to economic and socio cultural aspects.

1.6 PROBLEM STATEMENT

Looking at trends, it is observed that the infection rates continue to increase in incidence despite all efforts taken by governments to mitigate the impact of HIV/AIDS pandemic. Education is one of the major tools to address the problem of HIV/AIDS epidemic. The education sector has the potential to provide the knowledge, skills and attitudes for building the human capital which is needed for socio economic development. Moreover, the education sector could be a strategic point to exploit opportunities for prevention of HIV spread among young people and build their resistance to impact of AIDS and resilience to getting infected by HIV.

Resistance is the ability of an individual to avoid infection; or characteristic of a community which due to economic or social parameters is less prone to have a high number of HIV infected people, (Müller, 2005:18).

Resilience refers to “active response of infected persons that enables them to avoid the worst impacts of AIDS at different levels, or to recover to a level accepted as normal; or response of a community to avoid the worst impact and mitigate successfully”, (Müller, ibid:18).

Furthermore, education equips young people with invaluable tools to increase self-confidence, social and negotiation skills to improve earning capacity and family well being, to fight poverty and to promote social progress. And “it also calls for expanded action to HIV/AIDS information and education – at the core of this provision are teachers” Ramos, (2007:9).

However, teachers who are trained by teacher training institute (TTIs) in Mozambique lack knowledge, skills and attitudes on how they could educate school children and young people on HIV/AIDS prevention, and mitigation. This is attributed to the fact that TTIs do not currently have HIV/AIDS as a subject in its teachers training curriculum so as to equip teachers with HIV/AIDS knowledge, skills and attitudes that enable to transfer this knowledge, skills and attitudes to students. On the basis of this HIV/AIDS knowledge gap among the graduating teachers at the TTIs, this research is proposed to explore ways of integrating HIV/AIDS education in the curriculum of teachers training institutions in Mozambique as a way to prepare teachers to confront teaching in the context of HIV/AIDS.

1.7 RESEARCH OBJECTIVE

The present thesis aims at achieving the following objective:

To identify training needs of in-service⁷ pre-service⁸, out-service⁹ teachers concerning development of competencies (knowledge, skills and attitudes) for dealing with HIV/AIDS in primary and secondary schools and recommend strategies for bridging the gaps in the teacher training curriculum.

⁷ IN-SERVICE TEACHERS REFER TO TEACHERS WHO ARE ALREADY TEACHERS AND THEY ARE PERFORMING THEIR DUTY

⁸ PRE-SERVICE TEACHERS REFER TO STUDENTS WHO HAVE ENROLLED IN TTIs TO BECOME TEACHERS

⁹ Out-service teachers refer to teachers who have interrupted their teaching career to continue with further studies

1.8 MAIN RESEARCH QUESTIONS

What are the main competencies teacher training institutions need to build among students trainees to address HIV/AIDS in primary and secondary schools?

1.9 SUB-QUESTION

- ❖ What knowledge, skills and attitudes do teachers have about HIV/AIDS?
- ❖ What HIV/AIDS education is currently been given by teachers to their students?
- ❖ What has been done so far at TTIs regarding to HIV/AIDS?
- ❖ What are the constraints /hindering factors to integrate HIV/AIDS in the teacher training curriculum of TTI?
- ❖ What are the implications of integrating HIV/AIDS education in the curriculum of teacher training institutions?

CHAPTER SUMMARY

The chapter has provided an overview of HIV/AIDS impacts worldwide with particular reference to Mozambique and the different strategies governments and other stakeholders are carrying out to mitigate the impacts. Mozambique remains a worldwide poor country and HIV/AIDS appears to severely threaten development efforts underway. Nearly 500 new infections with HIV/AIDS occur every day and thousands of people die annually due to HIV/AIDS related diseases. This results in loss of human capital, labour force and an extra burden for the households, communities and the country as a whole. to revert the scenario the chapter have suggested that teacher training institutions should attempt to review their curriculum to integrated HIV/AIDS education. This includes epidemiological perspective such as prevention and behaviour change as well as economic and socio cultural aspects. The establishment of a support service in schools to cater the needs of students is also needed.

CHAPTER TWO: LITERATURE REVIEW

This chapter analysis the existing literature regarding to the education sector response to HIV/AIDS. Attention is particularly paid to the teacher training institutions capacity building to address HIV/AIDS; the conceptual framework represents the education sector response to HIV/AIDS.

“Education is the most powerful weapon you can use to change the world.” It is also a weapon that the world cannot do without in the fight against HIV/AIDS. Education saves lives. And ignorance is lethal” Nelson Mandela¹⁰

2.1 DEFINITION OF CONCEPTS

The information concerning the incorporation of HIV/AIDS education in the curriculum of TTIs is very scarce. Emphasis has been put in the integration of HIV/AIDS in the official curriculum of primary and secondary schools but less attention has been paid to the integration of HIV/AIDS in the curriculum of teacher training institutions in Mozambique. Before looking at the role of education in preventing and mitigating the impact of HIV/AIDS, there is a need to understand the concept of education itself and the curriculum attached to it. How Education and curriculum are interrelated.

A list of definitions is presented to illustrate different emphases in the definition of education and curriculum. The purpose of this list is to demonstrate the existing diversity of the use of these terms despite some aspects being commons and in the context of HIV/AIDS tends to have its own meaning.

2.1.1 Education

Nowadays it is generally accepted that education takes place anywhere at any moment in the life of an individual; within the family, community, at school, professional life, religious. As Piletti (2002:11), stated “Education should not be confused with schooling because the school is not the only place where the teaching and education take place. Education can take place where there are no schools”.

From this derived the fact that education is delivered by many agents, formal or informal, to people of different age. The modern means of communications contributes greatly to the changing in the meaning of education, traditionally seen as a “process of transmission of cultural heritage to the new generations” Marques (2000:54).

According to Golia (1999:13) “education consists in the appropriation of a set of basic knowledge and the development of skills and attitudes considered as needed for the survival of a person and that constitute an essential basis for pursuit of further studies”.

¹⁰ 10 [www.docstoc.com/docs/.../Learning-to-Survive%5B1%5DGlobal campaign for Education, Learning to Survive: How Education for All Would Save Millions of Young People from HIV/AIDS](http://www.docstoc.com/docs/.../Learning-to-Survive%5B1%5DGlobal_campaign_for_Education,_Learning_to_Survive:_How_Education_for_All_Would_Save_Millions_of_Young_People_from_HIV/AIDS), June 2004 (accessed 29 July 2009)

Therefore, Matsuura, K (2004:13), the Director-General of UNESCO has defined education on prevention broadly as “offering learning opportunities for all to develop the knowledge, skills, competencies, values and attitudes that will limit the transmission and impact of the epidemic, including through access to care and counselling and education for treatment. UNESCO also seeks, through improved prevention and planning, to limit the impact of HIV/AIDS on the education sector, thereby preserving the core functions of the education systems”. For the purpose of the study the definition by Matsuura, K. is broad in scope as it includes the competencies needed to equip teachers to be well prepared to impart knowledge with the students.

2.1.2 Curriculum

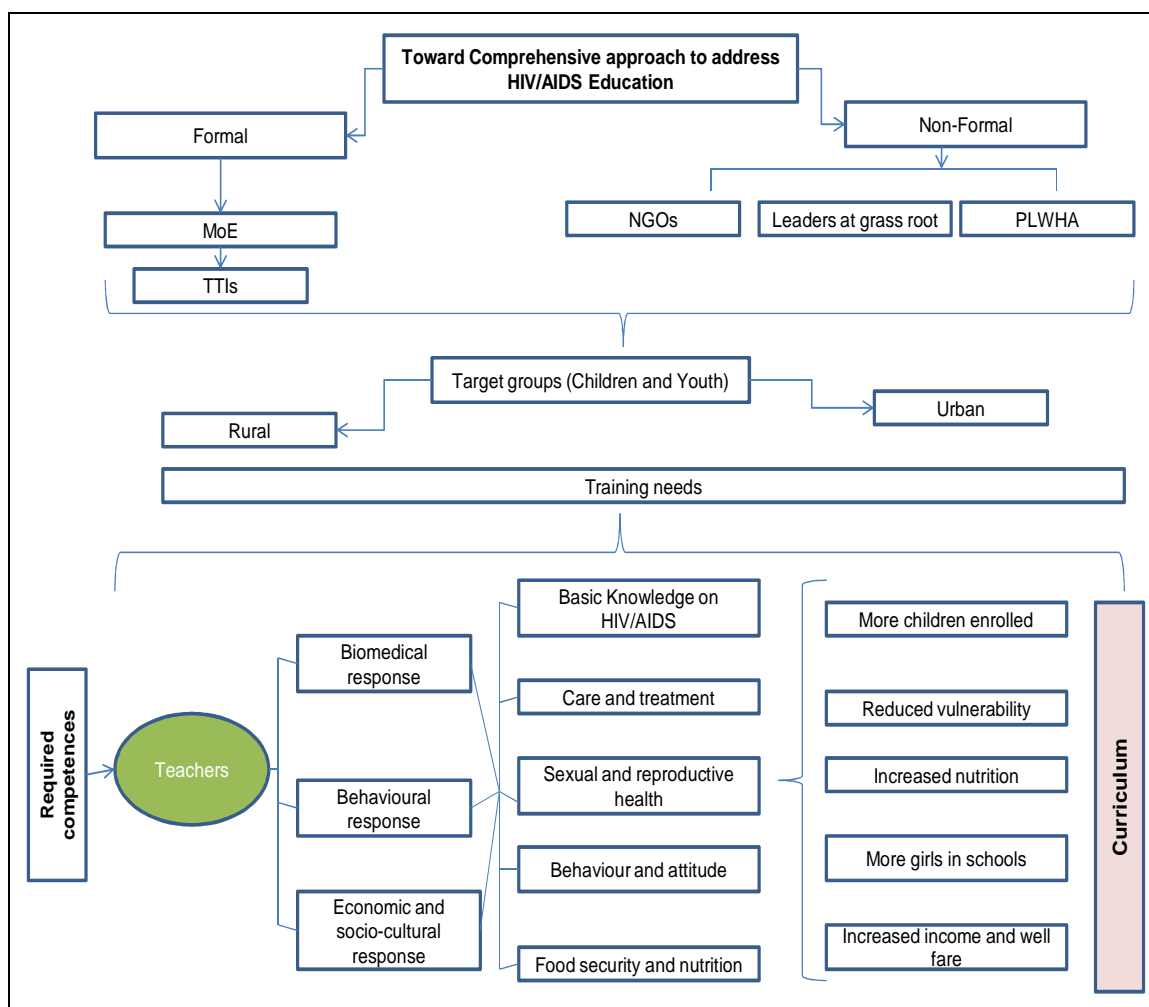
Currently there is no clear cut definition of curriculum. The definition varies with the concepts that the researcher or practitioner uses in his/her curricular thinking and work. Different authors have different perspectives on the definition of curriculum.

Piletti (1999:51),’ curriculum is “the content to be learned, throughout the children’s schooling life, and is transformed only during the experiences the children lives around it”. In addition, “it can be considered as curriculum the experiences through which children achieve their self-fulfilment and, at the same time, learn to contribute to the construction of better communities and of a better future”. In sum, curriculum “refers actually to life and the entire school programme, including extra-curricular activities that are important for the children personality formation” (ibid.:52). This view is supported by the International Bureau of Education (IBE, 2006:2) that defines curriculum as a term used to refer to the existing contract between society, the state and educational professional with regard to the educational experiences that learners should undergo during a certain phase of their lives. Both definition put emphasis on the final output of the learning process, acquisition knowledge, skills and attitudes.

In the point of view of Marques (2002:41), “curriculum is considered as a course study plan, a set of teaching programmes and the set of proposed and achieved learning, in order to achieve the purposes of a course or education plan. It is also a set of teaching plans, conceived and defined by central authorities, with compulsory fulfilment in the whole public schools system(ibid.:43).

CONCEPTUAL FRAMEWORK FOR EDUCATIONAL RESPONSE AND RURAL DEVELOPMENT

Table 2: Conceptual Framework



2.1.3 Education and Curriculum

In short curriculum and education are interrelated. Education, especially the formal encompasses transmission of knowledge and learning about skills and develops certain attitudes. To achieve this, a curriculum must be in place. Curriculum refers to a set of courses or contents taught in schools. Curriculum and education constitute the both side of the teaching and learning processes. Curriculum involves various stakeholders in determining what should be the courses or contents to be taught in schools.

2.1.4 Integration of HIV/AIDS in the curriculum

UNAIDS (2005) states that “the critical feature of mainstreaming is to take account of an organisation’s mission, mandate and comparative advantages¹¹ and relate these to the direct and indirect aspects of the epidemic.

¹¹ “comparative advantage” to refer to the greater ability which an institution has in responding to a certain problem, or providing a certain service, over other institutions, as determined by its experience, mandate, and capacity (Holden, 2005)

Table 2 describes the conceptual framework of the research. First of all, it shows the key role played by education in mitigating HIV/AIDS impact and reduces vulnerability of children and young people to the AIDS impact. It also describes the competencies that TTIs need in order to deal with HIV/AIDS related issues in their daily work. More specifically the framework deals with the following aspects:

2.1.5 Education Systems

Education can be formal and non-formal. The difference between the two education approaches is shown by the framework and it can be explained by the actors involved. But for the sake of this research, the non formal education will not be addressed in this study. For example in Mozambique, formal education is basically provided by MEC which is the major provider of teachers for basic education and HTTI (Universidade Pedagogica) for secondary education. In brief, formal education takes place in a school based and provided by skilled teachers¹². In general, classrooms have the same students and same teachers everyday. Classroom activities can last several days. Classroom-based teachers have a certain level of training in educational philosophy, effective teaching strategies, classroom management and content. Teachers need to meet educational standards and stick to a specified curriculum which can make it difficult to integrate issues such as HIV/AIDS Even so, it is not impossible to try and integrate these issues due to the current situation.

2.1.6 Teacher Training Institutions Response to HIV/AIDS

Education and HIV/AIDS are interrelated. Education can increase the resistance of children and young people to HIV infection. While HIV/AIDS if not well address can increase the risk of contracting the infection. HIV/AIDS is interfering in the core business of the education, It is the role of Ministry of Education to ensure that comprehensive approach to mainstreaming HIV/AIDS in the education sector programmes taking into account the underlying causes of vulnerability to HIV infection and the longer term consequences of AIDS is a crucial step towards addressing the epidemic, (UNESCO, 2008:1). TTIs are the key elements to address HIV/AIDS education as their role is to enhance in-service, pre-service and out-service teachers' capacity with knowledge, skills and attitudes. These teachers are responsible for the physical welfare and education of a large number of children and young people. To achieve this there is a need to re-think on the role of TTIs, particularly, in the context of HIV/AIDS. There must be a commitment and a will to change. TTIs must be learning organisation which have to adapt themselves to the new demand of education that is posed by HIV/AIDS pandemic. This can be achieved by developing effective strategies to deal with HIV/AIDS in the institutions by designing policies that integrate HIV/AIDS in the curriculum of TTIs, at the same time provide support services to cater the needs of students and staff.

12 www.sil.org/.../FormalVersusNonformalEducation.htm - Formal versus nonformal education 1 Oct 1999 ... There is a continuing debate in some circles about the relative merits of **formal** and **nonformal education**. This debate may impact your work ... (accessed 06/09/09)

In the centre of education, there are children. Evidence suggests that a “primary group for HIV/AIDS education are children and young people and that HIV/AIDS education should definitely be part and parcel of the school curricula in order to contribute meaningfully to the fight against HIV/AIDS, especially among the school-aged children” (IBE 2005:3). Children are everywhere. They are both in rural and urban areas and they need to be targeted despite different levels of needs. For example, children and young people in urban areas have access to broad means of dissemination of information about HIV/AIDS such as radio, television, brochures, pamphlets, booklets and have a chance to interact with adults (teachers, parents, friends and others) to discuss HIV/AIDS. However rural areas lack of these means of dissemination of information in one hand and cultural barriers deep rooted limit the discussion of sensitive issues such as HIV/AIDS and sexual and reproductive health.

The impact of HIV/AIDS differs relatively when analysing children and young people in rural and urban areas. In rural areas the impact tends to be relatively high. Several factors contribute for this scenario. First, in rural areas, more that 85% of the population depends on farming, and they cyclically deal with problems of food security and nutrition. Therefore, children suffer from malnutrition which affects their performance and decrease regular attendance at school. Usually children from affected families in rural areas are more vulnerable to AIDS impact because the living conditions of these households are very poor which also increases the children and young people susceptibility and vulnerability.

Parents fail to meet the cost of school fees, provide school materials and uniform as result parents withdraw the children from school. In case of sickness children are taken out from school to take care of sick parents, particularly girls who are usually responsible for home base care. Thus remain illiterate and without access to information which would allowed them to protect themselves. HIV/AIDS increases number of orphan children. The death of the main breadwinner after a long period of illness leave the family under extreme poverty as the family assets were sold to meet the cost of medicine and funeral. The social cohesion is overwhelmed. Without any other livelihood option, Girls tend to involve themselves in a risk environment such as intergenerational sex or involved in prostitution as copy strategies while boys tend to be involved in activities to generate income or migrate into the city looking for a better job. Bicego, et al (2003:56) states that “the content of education needs to be redesigned to meet different needs of children who lost their parent(s), due to AIDS. Orphans are less likely to attend school regularly and more likely to fall behind or drop out, compromising their abilities and prospects”. In contrast, urban children and young people have more access to information and opportunity to interact with various people who can provide information on HIV/AIDS.

Therefore, to build students’ resistance to HIV/AIDS several competencies are required in fighting against HIV/AIDS. Students need to be endowed with the knowledge, skills and attitudes in order to know how to prevent themselves and others of getting infected. Education is viewed as “knowledge transfer and skills enhancement which offer a powerful means of counteracting HIV/AIDS and helping sustain livelihoods” (McPherson, 2005). These competencies are grouped according three types of responses, namely, biomedical, behavioural and economic and socio-cultural. The first two are addressed to direct response to HIV/AIDS and it has been the approach widely used to respond to AIDS impact in schools with children and young people. Nevertheless, HIV/AIDS impact goes beyond prevention. Prevention aims at informing people how they should go to protect themselves, it cannot overcome deeply-rooted societal causes of susceptibility. Similarly, treatment, care and support programmes can reduce the impact of AIDS on affected households, but cannot address the underlying reasons for their vulnerability Holden (2005).

Economic and socio-cultural aspects deserve special attention. HIV/AIDS should be addressed holistically. This is to say the health, economic and socio cultural aspects should be seen as a component of a whole. According to Holden (2005) “if we are to contain the pandemic, we need to address the development-related causes and effects which fuel it”. Under such context HIV/AIDS appears to be a multisectoral problem requiring multisectoral response. This implies that HIV/AIDS needs to be mainstreamed amongst different government institutions.

It said a critical feature of mainstreaming is to take account of an organization’s mission, mandate and comparative advantages¹³ and relate these to the direct and indirect aspects of the epidemic.

It is relevant for students and teachers to know what are the causes and consequences of HIV/AIDS, what does it imply to live in a household affected by AIDS. In short a livelihood framework is important to understand strategies applied by affected household to survive.

In order to deal positively with daily challenges of HIV/AIDS teachers need to be also trained. Teachers at TTIs need to be endowed with knowledge, skills and attitudes enabling them to address HIV/AIDS education with their students. “Education empowers individuals with appropriate skills to receive and act on knowledge including knowledge about HIV/AIDS and protect themselves against infection”. (World Bank 2005:3). In doing so, teachers trainees will contribute to reduce the vulnerability of children and young people, more children enrolled in schools, reduction premature marriages, intergenerational sex reduced, girls will be in position to negotiate safe sex and being able to say no. An educated person has a chance to get a job.

Mainstreaming HIV/AIDS takes different forms. Some authors claim that mainstreaming presupposes strong advocacy with different top managers of different institutions whose actions impacts responses to HIV/AIDS. According to Smart and Kutengule (2003) claims that mainstreaming includes: understand HIV/AIDS as a development issue, Commitment and active support of decision-makers, Clearly defined objectives for mainstreaming of HIV/AIDS, Knowledgeable, compassionate and skilled staff, Expertise and support is available and made use of, Sufficient allocation of resources (financial, human and technical) and Willingness to learn, reflect and share experiences. UNAIDS (2008) gives an overview of the different components of mainstreaming HIV/AIDS which is presented on the table 2 below. In short the table suggests that mainstreaming involves actions into five major domains for an effective mainstreaming would require working on all of them at same time.

Table 3: The five essential components for a comprehensive education sector response

<p>1. Quality Education, including Crosscutting Principles</p> <ul style="list-style-type: none"> • Rights-based, proactive and inclusive • Gender responsive • Culturally sensitive • Age specific • Scientifically accurate 	<p>2. Content, Curriculum and Learning Materials</p> <ul style="list-style-type: none"> • Specifically adapted and appropriate for various levels – primary, secondary, tertiary, vocational, formal and non-formal • Focused and tailored to various groups including children/orphans and vulnerable children (OVC), young people out of school,
---	---

¹³ “comparative advantage” refer to the greater ability which an institution has in responding to a certain problem, or providing a certain service, over other institutions, as determined by its experience, mandate, and capacity

	<p>people with HIV, minorities, refugees and internally displaced persons, men who have sex with men, sex workers, injecting drug users, prisoners</p> <ul style="list-style-type: none"> • Prevention knowledge, attitudes, and behaviours covering sexual transmission, drug use including injecting, and other risk factors • Focused on stigma and discrimination as well as care, treatment and support
<p>3. Education Training and Support</p> <ul style="list-style-type: none"> • Teacher education, pre- and in-service, including modern and interactive methods • Non-formal educators, including young people leaders, religious leaders, traditional healers • Support groups - mentoring, supervision, positive teachers, etc. • School and community linkages • Educational support materials 	<p>4. Policy, Management and systems</p> <ul style="list-style-type: none"> • Workplace policies • Situation analysis/needs assessment • Planning for human capacity, assessment and projection models • Strategic partnerships, including coordination, advocacy and resource mobilisation • Monitoring, evaluating and assessing outcomes
<p>5. Approaches and Illustrative Entry Points</p> <ul style="list-style-type: none"> • School health • Life skills • Peer education • Counselling and referral • Communications and media • Community-based learning and outreach • School feeding • Adult education and literacy • Greater involvement of people living with HIV/AIDS (GIPA) 	

Source: UNAIDS (2006:14)

In order to deal positively with HIV/AIDS in rural areas, teachers at TTIs need to be endowed with knowledge, skills and attitudes enabling them to address HIV/AIDS education with their students. Education empowers individuals with appropriate skills to receive and act on knowledge including knowledge about HIV/AIDS and protect themselves against infection (World Bank 2005:3). The core skills and knowledge to be passed to the students are presented on the figure 3 above and includes biomedical, behavioural and economic and socio-cultural aspects.

By doing this, teacher's trainees will contribute to reduce the vulnerability of children and young people and lead to more children enrolled in schools, reduction premature marriages, intergenerational sex reduced, girls will be in position to negotiate safe sex and being able to say no. Further it will ultimately lead to less infection, more labour, adequate food security and an overall household well being. The children and young people are tomorrow futures, so there is a need to protect them from being infected otherwise the country will be ripped for its future human capital.

CHAPTER THREE: METHODOLOGY

The present chapter focuses its attention on the methodologies applied to carry out the research. It describes the rationale behind the choice of TTIs with special attention being paid to public Teacher Training Institutions (TTIs) and higher teacher training institution (HTTI). For an easier analysis of the research, the vocational training institutions, private schools and technical schools are not included in this survey. The chapter also explains the methods used for gathering information. The survey results aim at exploring ways to integrated HIV/AIDS education in the curriculum of teacher training institutions.

3.1 REASON FOR CHOOSING TEACHER TRAINING INSTITUTE

HIV/AIDS education is integrated in the curriculum of primary schools and secondary schools, however nothing is defined about the institutions responsible for delivering that education, which means, HIV/AIDS education is not part of the curriculum of teachers training institutions. TTIs have a role to play in preventing and mitigating the effects of HIV/AIDS by endowing teacher trainees with knowledge, skills and attitudes to deliver HIV/AIDS education of quality to their trainees; in turn the teacher trainees will be able to cope with different situations that confront their daily lives either inside or outside the class, what fits in the definition of curriculum by Piletti and IBE- UNESCO who state curriculum as contract between society, the state and educational experience with regard to the educational experiences that students should undergo during their lives.

Having this picture in mind the researcher seeks to integrate HIV/AIDS education in the curriculum of teacher training institutions regarding the contribution the TTIs can give in reducing both the risk of HIV infection and reduce students' community vulnerability to AIDS impact.

The rationale behind the choice of TTI lie in the fact that:

- i) TTIs aim at training teachers for primary and secondary schools as it is suggested, students at this level represents a window of hope;
- ii) the HTTI provides teachers for all level of education; (primary education, secondary education; technical and professional education; higher education as well as provide extension education with link to rural development);
- iii) the HTTI provides in-service trainings for people who are already teachers who wish to upgrade their level of education; and pre-service trainings for those who wish to embrace the teaching career

3.2 METHODS

The research work was based on two moments; desk study through the literature review and interviews with the key informants. Questionnaires were designed in English than translated into Portuguese language then distributed to teachers in primary and secondary schools, and TTIs. The institutions participating within the serve were from public schools funded by the government.

The research was carried out through a desk study where a number of documents were analysed to obtain an insight on which extent the education sector is impacted by

HIV/AIDS and how the education respond to those challenges. Additional relevant information was obtained through websites research in the internet.

3.3 Questionnaires

3.3.1 Sampling Criteria

The participants in this research work were teachers from TTIs, pre-service teachers, in-service teachers, out-service teachers, school managers, educational planners and students' representatives. These informants were randomly selected to fill in a questionnaire. The questionnaire was sent by email to a contact person whose role was to print the questionnaires and distribute them to the interviewees and afterwards collect and post them back. There were two types of questionnaires for different target population, that means, questionnaire for in-service teachers in primary and secondary schools and for TTIs involving (teachers from TTIs, pre-service and out-service teachers; teachers, managers, educational planners and students' representatives). Regarding to the fieldwork the contact person received instructions about the procedures to take with questionnaires.

Questionnaires for in-service teachers in primary and secondary schools were distributed in both rural and urban areas. The questionnaires assessed the conditions in which HIV/AIDS education takes place. Questionnaires for TTIs were sent through email also to a contact person with the aim of distributing them to the target interviewees and the answers were supposed to be sent back electronically, but not all questionnaires were received due to internet constraints. The questionnaires for TTIs involved the perception of teachers of TTIs; out-service teachers, pre-service teachers, schools managers, educational planners about their opinion on the integration of HIV/AIDS education in the curriculum of TTIs and the inclusion of impact of HIV/AIDS; causes and consequences - the livelihood framework on education.

With regard to the number of respondents, initially it was planned to work with 60 target population, but only 51 questionnaires were returned, these included:

- ✚ 38 from primary and secondary schools
- ✚ 13 from teacher training institutions

3.3.2 Limitations

First, financial constraints made it impossible to conduct a field work research which would have allowed the researcher to interview various informants directly, thus gain a broad insight of what is really going on or happening in school settings concerning how TTIs respond to HIV/AIDS impact. In addition, fieldwork would have given a chance to access important documents in the Ministry of Education and Culture of the country in study.

Second, very few information related to incorporation of HIV/AIDS education in school curriculum is available what caused constraints in the study's progress.

Third problem was poor internet services did not allow to receive the feedback on time.

Finally, due to time constraints questionnaires were not tested for further improvement.

CHAPTER FOUR: ANALYSIS AND DISCUSSION OF FINDINGS

The chapter shows the most important results obtained from teachers' questionnaires from schools both primary and secondary, in rural and urban areas. The results are presented using the descriptive analysis using table of frequencies. As for teacher training institutions' questionnaires, the results are presented in a qualitative analysis.

4.1 HIV/AIDS APPROACH BY PRIMARY AND SECONDARY SCHOOL TEACHERS

4.1.1 Profile of Respondents

The research was conducted in 4 schools: 2 primary and 2 secondary; located in rural areas; and other two (one primary and one secondary) located in urban areas. The schools involved within the research are from Maputo province. As it can be seen, from the 38 teachers interviewed 40% are from primary school and 60 % from secondary school. From the total number of 38 teachers, 16 were female and 22 were male. The average in terms of age is 37 years old with a minimum of 28 and a maximum of 50. Concerning to the teaching experience, the average level is 4 (See Appendix C). From these total numbers of interviewees the following aspects were analysed:

4.1.2 Teachers Knowledge about HIV/AIDS

The results from Table 4 below, shows that all interviewees have knowledge about HIV/AIDS. Different source of information allow teachers to access the knowledge. Radio has been mentioned by all teachers, followed by friends, television and community (table 5). However, teachers have mentioned to have knowledge of HIV/AIDS it is not clear what knowledge do they possess. Although they have mentioned having knowledge about HIV/AIDS, the level of interaction within school environment seems to be lower, since approximately 70% of interviewees have said not having opportunity of participating in training courses organised at school level, which could allow them to increase the level of interaction. It is suggests that interventions on education through HIV/AIDS and sexual reproductive health at school level by enhancing teachers' background have demonstrated a significant impact.

Table 4: Teacher's Knowledge about HIV/AIDS

		Knowledge about HIV/AIDS	
		Yes	Total
Teacher profile	Primary	15	15
	Secondary	23	23
	Total	38	38

Table 5: Source of Information

Item	Source of information				Total - frequency	Total - percentages
	Yes	%	No	%		
Radio	38	100,0	0	0,0	38	100,0
Newspaper	27	71,1	11	28,9	38	100,0
Television	28	73,7	10	26,3	38	100,0
Course organised by the school	12	31,6	26	68,4	38	100,0
Fellow teachers	19	50,0	19	50,0	38	100,0
Friends	30	78,9	8	21,1	38	100,0
Community	26	68,4	12	31,6	38	100,0
Others sources	16	42,1	22	57,9	38	100,0

4.1.3 Impact of HIV/AIDS on Education

Another relevant issues arose about HIV/AIDS in schools, is the extent people become aware of the impact. Therefore, questions with the aim of assessing if the interviewees are conscious about HIV/AIDS were addressed. From the table5, it can be noticed that teachers have lived with the problem of HIV/AIDS in school which is shown by about 60% knowing colleagues who died due to AIDS, 53% includes absenteeism due to prolonged illness.

HIV/AIDS affects both students and teachers. As result of a death or absence of a teacher increases the burden of other teachers who have to take extra classes to meet the school programmes. Teachers take time to take care of sick family members. In addition, the school has to rely on untrained teachers to cover the gap. Teachers also have information regarding the impact of HIV/AIDS on their students. Irregular attendance of students has led to reduction in school performance. HIV/AIDS does not only affects people health but also their social interaction. Since both students and teachers may suffer from stigma and discrimination.

It has become evident from the results of the study that there is a certain denial among teachers that HIV/AIDS is real problem at their schools. This is observed through the percentage of teachers who fell systematically ill or died due to AIDS epidemic, table 6. The results indicate that 58% said HIV/AIDS does not constitute a problem. There is still secrecy, shame and fear to admit the school is impacted by AIDS epidemic. Similarly, 58% of teachers said the school does not have a department or section to support the needs of staff and students. Taking into account the incidence of cases of absenteeism either from the side of teachers or students support service is important to be in place to cater the needs of both groups. Notwithstanding the fact that 42% said they have a department for support service, it is doubtful if the department is being used since people who do make use of these services tend to be associated with HIV/AIDS, thus they end up also being discriminated.

Table 6: Impact of HIV/AIDS on education

Item	Yes	%	No	%	Total - frequency	Total - percentage
Know a colleague/teacher who is HIV positive	12	31,6	26	68,4	38	100
Know a colleague/teacher who died due to AIDS	22	57,9	16	42,1	38	100
Know a student who is HIV positive	8	21,1	30	78,9	38	100
Know a student who died due to AIDS	7	18,4	31	81,6	38	100
Know positive students suffering from discrimination	7	18,4	31	81,6	38	100
Know positive teachers suffering from discrimination	11	28,9	27	71,1	38	100
Know teachers who are absent due prolonged illness in the last 2 years	20	52,6	18	47,4	38	100
HIV/AIDS is a problem in the school	16	42,1	22	57,9	38	100
Department/ Section to support staff and students in all aspects	16	42,1	22	57,9	38	100

4.1.4 Current Issues on HIV/AIDS education

In previous section, it was observed that teachers mentioned to have knowledge on HIV/AIDS. However, when analysing the time they spent discussing these issues one can realise the time spent to discuss HIV/AIDS related issues is very limited (Table 7). To be more specific, for instance, 42% of teachers have mentioned that normally do not approach HIV during week classes, few of them only spend less than 10 minutes, and 18% more than 40 minutes per week. Considering the time teachers spend discussing HIV/AIDS issues it raises the question whether teachers really have knowledge about HIV/AIDS and what kind of knowledge they possess. This situation, apparently suggest a need of establishing as other topics or subjects a policy, especially considering the current trend in terms the problem of HIV/AIDS and mechanism of integrate HIV/AIDS education in the curriculum of teacher training to build their capacity to address HIV/AIDS education.

The fact that teachers spent few times discussing HIV/AIDS suggest that there is no interaction among the students, teachers and the staff. It also suggests that the school does not organise trainings for turnings which could allow teachers to gain competences on how to address HIV/AIDS education. There is a need of TTIs review their curriculum in order to integrate HIV/AIDS education in the curriculum of TTIs.

Table 7: Time spent on HIV/AIDS per week

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid none	16	42,1	42,1	42,1
Less = 10 minutes	15	39,5	39,5	81,6
more than 40 minutes	7	18,4	18,4	100,0
Total	38	100,0	100,0	

Besides time spent on issues regarding HIV/AIDS, two open questions were addressed in order to assess what might constitute easy and hard issues (tables 8 and 9). Concerning to easy issues, the interviewees mentioned aspects such as fidelity, abstinence, Voluntary Counselling and Testing (VCT), sexual relations, use of condoms and relationship in general. On the other hand, concerning to hard aspects they have mentioned the use of female condom, sexual relations, pregnancy, abstinence, stigma and discrimination. The fact that interviewees spent less time discussing HIV/AIDS AIDS in class with their students and lack of training on HIV/AIDS related issues might have limited them on identifying both easy and hard issues. Lack of discussion of HIV/AIDS issues in class increases the children and young people vulnerability to HIV impact. There is a need to address HIV/AIDs in order to increase the students' resistance to HIV

Table 8: Easy issues to approach

Easy Issues to address	Frequency	%
Fidelity	7	18,4
Relationship	4	10,5
Sexual relations	4	10,5
VCT	4	10,5
Abstinence	8	21,1
Use of condoms	15	39,5

Table 9: Difficult issues to approach

Hard Issues to address	Frequency	%
Sexual relations	14	36,8
Pregnancy	4	10,5
Abstinence	8	21,1
Use of condoms	8	21,1
Stigma and discrimination	3	7,9

4.1.5 Limiting Factors for Teachers in Approaching HIV/AIDS

Since teachers spent little time addressing aspects regarding HIV/AIDS, it is with great relevance to understand the factors limiting them. Among several aspects as shown in table 8, schools are faced with a number of challenges in addressing HIV/AIDS. Lack of time and lack of instructional materials have been mentioned by the majority, although knowledge per se does not constitute a constraint. Lack of instructional materials is also related to lack of training. This might suggest a rethinking process within education framework. Although 26% defended the inclusion of HIV/AIDS as specific subject in school, apparently this is not the vision shared by the majority of teachers. Finally, it has been highlighted from the table that school is a suitable place to approach HIV/AIDS.

Table 10: Factors hindering teachers to approach HIV/AIDS

Item	Yes	%	No	%	Total - frequency	Total - percentage
Limited knowledge	8	21,1	30	78,9	38	100
Lack of time	19	50,0	19	50,0	38	100
HIV must be included in specific subject	10	26,3	28	73,7	38	100
Overburden curriculum	12	31,6	26	68,4	38	100
Lack of training in HIV/AIDS issues	15	39,5	23	60,5	38	100
Lack of academic material	19	50,0	19	50,0	38	100
Fear of approaching sensitive issues such as stigma and sex	7	18,4	31	81,6	38	100
Lack of support from school boards	7	18,4	31	81,6	38	100
School seen as not suitable place		0,0	38	100,0	38	100

4.2 HIV/AIDS AND TEACHER TRAINING INSTITUTIONS

In order to explore the current situation regarding methodologies used in dealing with HIV/AIDS within Teacher Training Institutions, some interviews were carried out through with different stakeholders such as teachers, in services, pre-services, out-service (5), managers (2), education planners (2) and student representatives (4). The findings are discussed below.

4.2.1 Approach of HIV/AIDS in Teacher Training Institutions

The interviewees consisted of people from TTIs: teachers, student's representatives, school managers and planners, in-service teachers, out-service and pre-service teachers. The interviewees were questioned about their level of knowledge about HIV/AIDS and the sources of information. All interviewees revealed to have general information about HIV/AIDS. The main sources of information are radio and television, what is explainable

by the fact that interviewees have easy access to these means of communication, which are less time consuming rather than reading a newspaper, for example.

When asked about training in schools, debates among teachers and students, they mentioned that these are not deeply explored as means of knowledge transmission. This suggests an existence of a certain gap since radio and television are means of mass communication which by definition they only allow to cover many people but not to discuss issues deeply. Moreover the means of mass communication are very poor in terms allowing interactions which are relevant, especially for sensitive issues like HIV/AIDS and its related topics. In addition not all information that is trustful in some cases is misleading.

4.2.2 Institutional Implications on integrating HIV/AIDS education in the curriculum of TTIs

The idea behind this section was to assess the kinds of interventions which could contribute to an integration of HIV/AIDS issues in the education programs. Therefore, the interviewees were asked about the need of integrating aspects of HIV/AIDS in the official curriculum of TTIs and if affirmative how should be done. For all interviewees, it was a consensus that HIV/AIDS should officially be integrated in the curriculum of TTIs. However they do not share common views in terms of how should it be done.

First, they were asked if HIV/AIDS should be integrated in the curriculum as a subject that stands on its own¹⁴, integrated in a specific subject¹⁵, integrated as a cross curricular¹⁶ issues, infused¹⁷ throughout the curriculum, extra-curricular¹⁸ and other options. Some interviewees suggested the option of being an independent subject (stand alone), and other defended the idea of cross curricular. The benefit of this approach it allows HIV/AIDS to be addressed in full such as any other subject in school curriculum. However due to the constraints in the curriculum it seems that there is no room to accommodate the subject.

Second, they were asked if in case of integrating, school should have specific staff to teach HIV/AIDS. The majority suggest that a specific staff should be allocated and the minority do not share this option. The advantages of allocate a specific teaching staff it is to ensure that information delivered to TTIs is from a trusty source. Also it will increase awareness of students, teachers and staff.

Third, interviewees were asked to provide their opinion concerning the weight which HIV/AIDS should have relatively to others subjects. The majority has the opinion that HIV/AIDS should have the same weight as other subjects taught in TTIs.

Fourth, it was assessed if the subject of HIV/AIDS should be compulsory. They all share common view that should be integrated as a compulsory subject, which apparently shows a certain commitment and awareness about the severity of the problem. All interviewees did not agree with the idea of infusing subject. In fact if it is infused would probably reduce the

¹⁴ STAND ALONE SUBJECT MEANS LABELED AND INCLUDING ALL CORE ASPECTS OF HIV/AIDS

¹⁵ Specific subject means a subject that contains most of core aspects of HIV/AIDS education

¹⁶ Cross-curricular issue means integrated in a few existing subjects clearly defined and containing most of core aspects of HIV/AIDS education

¹⁷ Infused throughout the curriculum means integrated in most/all subjects included in the curriculum, with or without any specific mention of HIV/AIDS (optional)

¹⁸ Extracurricular activities which take place in school playground but not necessarily as part of the school activities

attention which is expected to be given to the subject. This is the case of the higher teacher training institute (Universidade Pedagógica) whereby the idea of infusion has been implemented but resulting in a lack of commitment for addressing HIV/AIDS by the majority of teachers.

Finally, the interviewees were asked to express their opinions regarding the need of change concerning the approach of HIV/AIDS issues in TTIs. All interviewees have emphasised that there is a need of change in terms of approach. To give the rationale, they based on the negative impact of HIV/AIDS. They revealed having knowledge of students and teachers who died and/or suffer from stigma and discrimination, problems which could be mitigated by a serious interventions such as in school curriculum, in addition they have mentioned the need to look at HIV/AIDS as a development issues. Current approaches tend to focus on direct response to HIV/AIDS therefore, UNAIDS (2005) states that mainstreaming HIV/AIDS includes these direct efforts but also critically addresses the underlying causes of vulnerability to HIV infection and the longer term consequences of AIDS”.

CHAPTER FIVE: CONCLUSIONS AND RECOMENDATIONS

This chapter gives conclusion and recommendations based on the discussion and findings from the research. How the teacher training institutions respond to HIV/AIDS impact as a way to prepare primary and secondary teachers to address to HIV/AIDS related issues in their class.

The objective of the present study was to identify training needs of in-service pre-service, out-service teachers concerning development of competencies (knowledge, skills and attitudes) for dealing with HIV/AIDS in primary and secondary schools and recommend strategies for bridging the gaps in the teacher training curriculum. In order to achieve this objective an assessment of the available knowledge, skills and attitudes within teachers at primary and secondary schools from rural and urban areas have been done. The assessment also involved TTI's. Besides knowledge, aspects regarding current approach in education system, main constraints about the incorporation of HIV/AIDS in the curriculum were analysed. Moreover, an analysis related the possibility and implications of integrating HIV/AIDS in the Curriculum including aspects about how the processes should be implemented were done. Finally, it has been analysed the general impact of HIV/AIDS as a component which should be included in the school curriculum. The conclusions and recommendations are described below.

5.1 CONCLUSIONS

From the findings it is possible to conclude that teachers have knowledge about HIV/AIDS. However it was not possible to assess what kind of knowledge they do have. Apparently they have a very general information about HIV/AIDS, which is shown by their little effort and contribution in teaching or organising sessions regarding HIV/AIDS. More than 80% of teachers do not spent more than 10 minutes per week discussing HIV/AIDS issues. The most used sources of information are radio, friends, television and newspaper. Besides friends, the others basically provide general information.

The current framework in terms approaching issues regarding HIV/AIDS within education sector is weak. This is basically shown by the insignificant amount of time which is allocated in HIV/AIDS. Teachers seldom discuss HIV/AIDS in informal situations (20 % in the sample). As part of the content or specific subject they almost do not approach HIV/AIDS issues.

Two main constraints constitute barriers in teaching HIV/AIDS. First is time which is not allocated and second is the lack of instructional materials. These constraints support the above statement that the current framework is weak. Moreover, they support the argument that they only have general information.

The consensus is that HIV/AIDS should be included officially in the school curriculum to fill the existing gap in the current framework. However, there is no consensus regarding how should be integrated, in terms of staff to teach and relation with other subjects.

Teachers have recognised that HIV/AIDS have serious impact, which is shown by situations like death of fellow teachers, students and problems of stigma and discrimination. However, they have no knowledge on impact beyond aspects related to diseases and deaths.

5.2 RECOMMENDATIONS

In the light of the discussions and conclusions containing within the report concerning the development of competencies for teaching HIV/AIDS education of standard quality in primary and secondary schools and bridging the gap in the teacher training curriculum, the following are the recommendations:

- ✚ The curriculum education system should be revised in order to consider the delivery of HIV/AIDS aspects in a very systematic and consistent way.
- ✚ The revision of the curriculum education system would become efficient by considering the integration of HIV/AIDS as an official subject. However, further studies are recommended in order to deeply explore and understand how HIV/AIDS should be integrated.
- ✚
- ✚ Teacher trainees' knowledge and skills on HIV/AIDS be built in order for them to be able to effectively impart same to students and also be able to handle the often delicate and difficult situations associated with people with HIV.
- ✚ In the process of revising the curriculum education system, if such decision is taken, issues regarding impact should deserve special attention.
- ✚ Mainstreaming HIV/AIDS in curriculum of TTIs by addressing the underlying causes of vulnerability to HIV infection and the longer term consequences of AIDS
- ✚ Time spent in HIV/AIDS should be increased, and also teachers should be equipped in terms didactic and academic background.
- ✚ TTIs should develop HIV/AIDS policies to provide the needed framework for institutionalisation and integration of HIV/AIDS into the academic curriculum
- ✚ Management and leadership should accord HIV/AIDS the required attention and commitment in order to ensure active and collaborative involvement of all stakeholders
- ✚ Teacher training institutions must take in hand the responsibility of mainstreaming HIV/AIDS in the whole institutions by establishing a policy to cater the needs of the education professionals and those of the students

5.3 Recommendations for further studies

Besides studies concerning how HIV/AIDS should be integrated, it would be worthwhile considering studies in other to explore aspects like attitudes since the present study did not allow the researcher to observe and live the situation in the field.

REFERENCES

Barnett, T. and Whiteside, A. (2006) *AIDS in the Twenty-First Century Disease and Globalisation*, 2nd, Great Britain, Palgrave Macmillan

Bicego, George, et al. (2003). "Dimensions of the emerging orphan crisis in sub-Saharan Africa." *Social Science & Medicine* 56: 1235-1247

Global Campaign for Education (2004) *Learning to Survive, How Education for All Would Save Millions of Young People from HIV/AIDS*

GOLIAS, Manuel, *Educação Básica: Temáticas e conceitos*, edit. escolar, Maputo, 1999

Holden, Sue (2004) *Mainstreaming HIV/AIDS in Development and Humanitarian Programmes*, Oxfam

Hargreaves, J.; Boler, T (2006) *The Impact of Girls' Education on HIV/AIDS and Sexual Behaviour*

MARQUES, Ramiro, *dicionário de Pedagogia*, Presença edit. Lisboa, 2002

McPherson, Malcolm F. (2005) *Asset Preservation in African Agriculture in the Face of HIV/AIDS: The Role of Education*

MEC (2006) *Elementos para uma Política do MEC em Relação ao HIV/SIDA*, Quarta Versão do Esboço, MEC

Mocambique. Conselho Nacional do Combate ao SIDA (2004) *Plano Estratégico Nacional do Combate ao SIDA 2005 – 2009*

Muller, Tanja R. (2005) *HIV/AIDS and Human Development in Sub-Saharan Africa; African women in agriculture and environment*, AWLAE Series n^o3, Wageningen Academic Publishers

PILETTI, Claudino, *Did. Geral*, edit. Atica, 23 Edição, São Paulo, 2002

Republic of Mozambique/ National AIDS Council (2008) *Universal Declaration of Commitment on HIV/AIDS – Mozambique Progress Report for the United Nations General Assembly, Special Session on HIV/AIDS*

República de Moçambique (2006/2011) *Plano Estratégico de Educação e Cultura (2006/10/11) Fazendo da Escola um Polo de Desenvolvimento Consolidando a Moçambicanidade*

UNAIDS (2008) *Report on the Global AIDS Epidemic*

UNAIDS (2006) *EDUCAIDS Towards Comprehensive Education Sector Response: A Framework for Action*

UNAIDS (2005) *AIDS in Africa: Three Scenarios to 2025*

UNAIDS (2005) Mainstreaming HIV/AIDS in Sectors and Programmes; An Implementation Guide for National Response

UNAIDS (2004) Report on the Global AIDS Epidemic

UNAIDS (2004) "Three – Ones" Key Principles: "One Coordination of National Responses to HIV/AIDS, Guiding Principles for National Authorities, and their Partners"

UNAIDS Interagency Task Team on Education. 2003. *HIV/AIDS and Education: A Strategic Approach*. Paris: International Institute for Education Planning (IIEP)/ UNESCO.

UNDP (2001) HIV/AIDS Implications for Poverty Reduction

UNDP (2007) Mozambique National Human Development Report 2007 – *Challenges and opportunities, The Response to HIV/AIDS*, SARDAC

UNDP (2007/2008) Human Development Report, Fighting Climate Change: *Human Solidarity in Divided World*,

UNESCO (2006) Manual for Integrating HIV/AIDS Education in School Curricula, 3rd version Completely Revised, IBE

World Bank (2005) The Global AIDS Programme, Accelerating the Education Sector Response to HIV/AIDS in Africa: A Review of World Bank Assistance

World Bank (2002) Education and HIV/AIDS: The window of Hope, Washington, DC, World Bank

Verde Azul Consultant, Ltd (2000) Assessment of the Impact of HIV/AIDS on the Education Sector in Mozambique, Maputo

Elsy, R. S.; Kutengule (2003) Mainstreaming HIV/AIDS in Practice: A Toolkit with a Collection of Resources, Checklists and Examples on a CD Room for SDC and its Partners (Online) Available at www.deza.admin.ch/ressources/resource_en_24553.pdf - (accessed 06/09/09)

www.ine.gov.mz/o_ine/legislacao/despachos/d_ine_msau Portal – gov. mz Instituto Nacional De Estatística E Ministério Da Saúde Portal de Estatísticas de Moçambique: i. PIB(2008) PIB Cresce 6.7%; ... ainda que as condições existentes no Ministério da Saúde area de estatística, - (accessed 01/08/09)

www.sedos.org/english/kelly_1.htm - M.J. Kelly - What HIV/AIDS Can Do to Education, and What Education ... The Correlation between HIV Infection and Level of Education Through its sexual health and HIV/AIDS programmes, the school should also seek to ... integrating reproductive health and HIV/AIDS education into the school curriculum ... specific interventions, 27 reported that HIV/AIDS and sexual health education ... (accessed 11/08/09)

unesdoc.unesco.org/images/0015/001586/158671e.pdf - Mainstreaming HIV in education: 2008 (assesses 2/09/2009) PDF/Adobe Acrobat - needed. álnáfact, áhavingáoneádesignatedáindividualá ... and improved education sector responses to HIV/AIDS. It is convened by UNESCO ...

APPENDIXES

Appendix A: Inclusion of HIV/AIDS in official curriculum

Region	Primary level	Secondary level	HIV/AIDS not included	In the process of including HIV/AIDS	No detailed data available
Sub-Saharan Africa (n=18)	(n=15) Benin Botswana <i>Cameroon</i> Kenya Lesotho Malawi Mozambique <i>Namibia</i> Nigeria South Africa Swaziland <i>Tanzania</i> <i>Uganda</i> Zambia Zimbabwe	(n= 15) Benin Botswana <i>Cameroon</i> <i>Ghana</i> Kenya Lesotho Malawi <i>Namibia</i> Nigeria South Africa Swaziland <i>Tanzania</i> <i>Uganda</i> Zambia Zimbabwe		Both levels <i>Angola</i> Secondary level Mozambique	Primary <i>Ghana</i> Both levels <i>Senegal</i>
East Asia / the Pacific (n=11)	(n= 6) Cambodia India <i>Indonesia</i> <i>Philippines</i> Thailand Vietnam	(n= 7) <i>Brunei</i> Cambodia India <i>Indonesia</i> <i>Philippines</i> Thailand Vietnam	Primary level: <i>Brunei</i> Myanmar	Both levels: <i>Mongolia</i> <i>China</i> <i>Malaysia</i> Secondary level: Myanmar	<i>Brunei</i> <i>Malaysia</i>
Latin America / Caribbean (n=7)	(n=4) Bahamas Brazil Colombia <i>Haiti</i>	(n=5) Brazil Chile Colombia <i>Haiti</i> Peru	Primary level: Chile Peru El Salvador Secondary level: El Salvador		

Sources: official curriculum and syllabi, country reports and regional reviews

NB: For countries in italic secondary sources (country reports and regional reviews) were used

Appendix B: Approaches employed by Region – primary and secondary levels

Region	Stand alone	Main carrier	Cross - curricular	Infused	Extra curricular*	No detailed data available or unclear
Sub-Saharan Africa (n=18)	Primary Benin	Primary Nigeria South Africa <i>Uganda</i> Zambia Zimbabwe	Primary Angola** Lesotho Malawi Mozambique Namibia Swaziland	Primary Botswana <i>Kenya</i>	Primary Botswana Mozambique Namibia South Africa Swaziland <i>Uganda</i> Zambia	Primary <i>Ghana</i> Both levels <i>Cameroon</i> <i>Senegal</i> <i>Tanzania</i>
	Secondary Benin	Secondary <i>Ghana</i> Namibia Nigeria South Africa <i>Uganda</i> Zimbabwe	Secondary Angola** Lesotho Malawi Swaziland Zambia	Secondary Botswana <i>Kenya</i> Mozambique**	Secondary Botswana Mozambique South Africa Swaziland <i>Uganda</i>	
East Asia / the Pacific (n=11)		Primary <i>China**</i> <i>Indonesia</i> <i>Malaysia **</i> Vietnam	Primary Cambodia		Primary <i>Indonesia</i>	Primary <i>Philippines</i>
		Secondary <i>Brunei</i> <i>China**</i> <i>Indonesia</i> <i>Myanmar**</i> Vietnam	Secondary Cambodia <i>Malaysia**</i> <i>Philippines</i>		Secondary <i>Indonesia</i>	Both levels India <i>Mongolia**</i> Thailand
Latin America / Caribbean (n=7)		Primary Bahamas Chile Colombia	Primary Brazil		Primary Bahamas	Both levels <i>Haiti</i>
		Secondary Bahamas Chile Colombia Peru	Secondary Brazil			

Sources: official curriculum and syllabi, country reports and regional reviews

* extra curricular activities are mentioned here only when mentioned in the curriculum framework or by other

official documents of MOE as being part of HIV/AIDS education. Extracurricular activities are in general not

carried out by school staff, are not taking place during the school schedule, although they may make use of the

school premises.

** HIV&AIDS education is in the process of being included in the curriculum

NB: For countries in italic, secondary sources (country reports and regional reviews) were available and used

Appendix C: Teacher Profile, School location, Gender and Age of respondent

Table 1.0 Teacher profile

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Primary	15	39,5	39,5	39,5
Secondary	23	60,5	60,5	100,0
Total	38	100,0	100,0	

Teacher profile * School location Crosstabulation

Count

		School location		
		rural	urban	Total
Teacher profile	Primary	7	8	15
	Secondary	3	20	23
	Total	10	28	38

Table 1.3 Gender of Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid female	16	42,1	42,1	42,1
Male	22	57,9	57,9	100,0
Total	38	100,0	100,0	

Table 1.4 Descriptive Statistics

	N	Minimum	Maximum	Mean
Age	38	28,00	50,00	36,7632
Teaching experience	38	2,00	4,00	3,7895
Valid N (listwise)	38			

Appendix D

Survey for Primary and Secondary school Teachers on their point of view about HIV/AIDS in the teaching and learning process

The international master student of Van Hall Larenstein with specialization in Rural Development and HIV/AIDS at the moment is writing a thesis on "Towards Comprehensive Approach to Address HIV/AIDS education in the Curriculum of Teachers training Institutions". Based on the sampling you have been chosen to participate by answering the following questionnaire. I guarantee the confidentiality of the information you provide and I appreciate in advance for your collaboration.

Section A: General Information

1. Sex of respondent: Female Male
2. Age
3. Level of education _____
4. Years of teaching experience?
5. District where the school is located: Rural Urban
6. Do you have knowledge on HIV/AIDS? Yes No
7. What is your source of information of HIV/AIDS? Put a tick where appropriate
 - a) Radio
 - b) Newspaper
 - c) Television
 - d) Trainings in the school
 - e) Fellow teachers
 - f) Friends
 - g) Community
 - h) Others, please specify _____
- a) Do you teach in a: Primary Secondary school

Section B: Teaching conditions

8. Do you discuss HIV/AIDS issues in your class? Yes No
9. If you discuss HIV/AIDS issue with your students, at what moment do you discuss it? Put a tick where appropriate.
 - a) Beginning of the lesson before talking about the main topic of the lesson?
 - b) As the content of the lesson?
 - c) As an issue arisen during the lesson?
 - d) In an informal setting outside the class?
 - e) Other, please specify _____
10. If HIV/AIDS issues are discussed in class, how often do you discuss per week?

11. How long does the discussion last?
12. What topics do you find easy to discuss with your students? List at least 3 topics.
 - a) _____
 - b) _____
 - c) _____

13. What topics do you find difficult to discuss with your students? List at least 3 topics.

- a) _____
- b) _____
- c) _____

14. How do you teach HIV/AIDS in class? Put a tick where appropriate

- a) Role-play
- b) Lecturing
- c) Theatre
- d) Open discussion
- e) Use someone experience
- f) Others, please specify _____

15. Are students being evaluated on HIV/AIDS issues? Yes No

16. What factors can limit teachers to discuss about HIV/AIDS issues in their classes? Put a tick where appropriate

- a) Lack/limited knowledge about HIV/AIDS.
- b) Lack of time.
- c) HIV/AIDS should be part of specific subjects.
- d) Overburden curriculum.
- e) Lack of teachers' training on HIV/AIDS related issues.
- f) Lack of instructional materials.
- g) Fear to approach sensitive issues such as sexuality and stigma.
- h) Lack of support from school management.
- i) School is not the right place to discuss HIV/AIDS related issues.
- j) Believe that discussing HIV/AIDS in school will have influence on learners' behaviour.
- k) Others, please specify. _____

Section C: Teacher Training Conditions

17. Have you ever attended any training on HIV/AIDS? Yes No

18. If you attended, what was the training about? Put a tick where appropriate

- a) Prevention (mode of transmission)
- b) Voluntary Counselling and Testing (VCT)
- c) Care and treatment
- d) Stigma and discrimination
- e) How to live positively with HIV/AIDS
- f) Sexual and reproductive health
- g) Others, please specify _____

19. Do teachers regularly have training for straightening the capacity building on HIV/AIDS? Yes No

20. Are the teachers being evaluated in the way they deliver HIV/AIDS in class?
Yes No

21. If instructional materials are available, are they in a comprehensible language for the teachers? yes No

22. Do you receive support from the school managers in case facing problems to address HIV/AIDS education with your students? Yes No
23. Have you ever asked the school managers to provide a teacher training on HIV/AIDS education for teachers? Yes No
24. Do you think the education sector should change the way HIV/AIDS education is being approached? Yes No
25. Do you think HIV/AIDS should be part of teacher training institutions?
Yes No
26. Besides looking at HIV/AIDS in the point of view of health issues, do you think that HIV/AIDS should also be addressed in a development perspective?
Yes No

Section C: Impact of HIV/AIDS on Education

For the next questions put a tick where appropriate

27. Do you know a fellow teacher who is HIV positive? Yes No
28. Do you know a teacher who has died of AIDS? Yes No
29. Do you know students who are HIV positive? Yes No
30. Do you know students who have died of AIDS? Yes No
31. Do HIV positive teachers experience any kind of discrimination? Yes No
32. Do HIV positive learners experience any kind of discrimination? Yes No
33. Are there cases of teachers who are absent due to prolonged illness in the last two years? Yes No
34. Do you think HIV/AIDS is a problem in your school? Yes No
35. Any other information do you want to add? _____

Appendix E

Survey for Teacher Training Institutions with the aim of understanding their opinion about the integration of HIV/AIDS education in Teacher Training Institutions

The international master student of Van Hall Larenstein with specialization in Rural Development and HIV/AIDS at the moment is writing a thesis on "Towards Comprehensive Approach to Address HIV/AIDS education in the Curriculum of Teachers training Institutions". Based on the sampling you have been chosen to participate by answering the following questionnaire. I guarantee the confidentiality of the information you provide and I appreciate in advance your collaboration

Section A: General Information

1. Sex of respondent: Female Male
2. Age
3. Level of education _____
4. What is your occupation? a) In-service teacher in TTI
b) Pre-service teacher c) out-service
5. Do you have knowledge on HIV/AIDS? Yes No
6. What is your source of information of HIV/AIDS? Put a tick where appropriate
 - a) Radio
 - b) Newspaper
 - c) Television
 - d) Trainings in the school
 - e) Fellow teachers
 - f) Fellow students
 - g) Friends
 - h) Community
 - i) Others, please specify _____

Section B: Incorporation of HIV/AIDS in the Curriculum

7. Do you think HIV/AIDS should be integrated in the curriculum of teacher training institutions? Yes No
8. If yes, how HIV/AIDS should be integrated in the curriculum of teacher training institutions?
 - a) Subject on its own
 - b) Integrated in one main subject
 - c) Cross-cultural issue
 - d) Infused
 - e) Other, specify _____
9. If integrated, HIV/AIDS should have its own teaching staff? Yes No
10. If integrated, HIV/AIDS should grant the same weight as any other main subject. Yes No
11. If integrated must be a compulsory subject? Yes No
12. If integrated should HIV/AIDS have its on teaching staff? Yes No
13. Do you think that teacher training institutions should change the current approach about HIV/AIDS should change? Yes No

14. Besides looking at HIV/AIDS in the point of view of health issues, do you think that HIV/AIDS should also be addressed in a development perspective? Yes
No

15. Any other suggestions? _____
