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*Full Length Research Paper*

# **Exploring the practical experiences encountered by teachers in their implementation of Zimbabwe's primary school aids curriculum: A case study**

**\* Starlin Musingarabwi**

Midlands State University, P Bag 9055, Gweru, Zimbabwe

\* Corresponding Author's Email : [musingarabwi2000@yahoo.co.uk](mailto:musingarabwi2000@yahoo.co.uk)

Abstract

While teachers are strategically positioned to mediate school-based HIV/AIDS education interventions which provide information on HIV/AIDS to young people, how individual teachers experience the implementation of Zimbabwe's primary school AIDS curriculum in specific work conditions has seldom been questioned. This qualitative case study explores some of the practical experiences that 20 grade 6 primary school teachers encountered as they implemented the mandatory Zimbabwe's primary school AIDS curriculum. A purposive sample of 6 schools and 20 teachers was used from which 3 teachers were observed teaching 5 lessons each. Findings from data collected during lesson observations and semi-structured interviews revealed an admixture of positive and negative cognitive and emotional implementation encounters that prompted teachers to cope with the curriculum in complex ways. The study established some dilemmas that the teachers confronted in their enactment of this curriculum in the context of a myriad of curriculum implementation factors that played out on their work. For example choosing between discussing openly, sexually sensitive issues with students and omitting the issues in a bid to respect the cultural conventions of the community influenced teachers' work.

**Keywords:** Curriculum, HIV/AIDS curriculum, Curriculum implementation, Implementation factors, Educational change, HIV/AIDS interventions.

## **INTRODUCTION AND FRAMING OF THE STUDY**

Although measuring the concerns of teachers concerning the AIDS curriculum is outside the scope of this study, I employ one of the seven key assumptions of the Concerns-Based Adoption Model (CBAM) of educational change in undertaking this academic engagement. The assumption is that “Change is a highly personal experience.” In problematizing curriculum change, educational change leaders and researchers have often placed much more focus on technical issues such as funding, resources and materials and the nature of the learner, than on the personal experiences of the teachers, who happen to determine the success or failure of the change. In this vein, Rutherford et al. (1983) incisively underscore the importance of recognising the notion that change is a highly personal experience; that the personal feelings and perceptions, satisfactions, frustrations, motivations and experiences of teachers all play a part in framing and shaping their change efforts, and therefore matter. I adopt a global conception of teacher implementation as a process in which the personal dimension of educational change operates in conjunction with the context in which this change is attempted. For this reason, I take issue with curriculum managers, policymakers, and researchers who ignore a probe of the nuances of personal implementation experiences that teachers face during their practical contact with the HIV/AIDS curriculum in their classrooms.

### **Background**

The notion of education as a ‘social vaccine’ for arresting the spread of the virus (Wood and Hillman, 2008) among the youth underscores the importance of the responsibility placed on HIV/AIDS teachers in Zimbabwe - of mediating school HIV/AIDS interventions. However, Zimbabwe’s AIDS curriculum implementation efforts have had their fair share of challenges. The ineffective implementation of the school AIDS curriculum in several primary and secondary school AIDS curricula has been widely acknowledged in sub-Saharan Africa (Mugimu et al., 2010; Panchaud et al., 2004; Rooyen et al., 2009). Research evidence attests to difficulties that most teachers confront in articulating the learner-centred, participatory methodology emphasised in this curriculum whose main focus is to develop life skills among youth. Through key participatory teaching methods such as role play, poetry, drama, song, picture codes, case studies, letters to the editor, group discussions, debates, surveys, Zimbabwe’s primary school AIDS curriculum involves the learners in dialogical educative encounters (which they lack in the home) where they freely and openly share HIV/AIDS issues among themselves in a classroom setting (MoESC, 2009). Dialogical educative encounters in HIV/AIDS lessons are those learning experiences that engage learners in communicating HIV/AIDS issues among themselves through mostly, active verbal interactions inherent in the participatory methods that involve a lot of talking, in order for the learners to acquire HIV/AIDS information and life skills. While the spread of HIV/AIDS has reached pandemic proportions, not much nuanced research evidence is available on how individual teachers experience the implementation of Zimbabwe’s primary school AIDS curriculum in specific work conditions. Against the background that many teachers seem to be reluctant to implement the HIV/AIDS curriculum (Mugweni, 2012), several studies merely

focused on classroom practices at the exclusion of cognitive and affective experiences that may affect HIV/AIDS teachers.

## **LITERATURE REVIEW**

### **The socio-cultural and emotional complexity in which HIV/AIDS teachers operate**

Broad contextual factors embedded in the political, social and economic arenas account for the kind of conditions in which HIV/AIDS teachers mediate policy. Anthropologically speaking, teachers operate in a cultural community, with its own norms, values, attitudes, beliefs, and practices (Katsinde et al., 2007). To illustrate this critical point, Kincheloe (2008) states that: *any attempt to understand the circumstances of the teacher should realise that a relationship exists between school programmes and the contours of the society and culture in which the schools are located.* In underscoring the significant influence of the broad contextual factors on teachers' enactment of HIV/AIDS school programmes, the concern about the possibility of teaching content and activities that conflict with community, cultural or religious practices, norms and values (Wood et al., 2008) represents the delicacy of the socio-cultural cosmology in which HIV/AIDS teachers operate. Research evidence clearly illustrates how the HIV/AIDS subject as a widely contested knowledge area represents collisions of ideas on several issues among many people in a given socio-cultural setting. For example, conflicting views regarding sources of authoritative knowledge about HIV/AIDS, sexuality, health, and illness, exist among various people with interests in education, coupled with emotions that the collisions evoke (Baxen et al., 2009; Lesko et al., 2010). Consequently, socio-culturally defined epistemic beliefs, i.e. is beliefs about the nature of knowledge, that various HIV/AIDS school education stakeholders hold on worthwhile education for young learners in this area have often shaped teachers' cognitive sense-making and the "what" of teaching in this area (considerations pertaining to content) quite significantly. Bhana (2009) identifies the terminology in which the HIV/AIDS policy messages are explained as one of the primary sources of controversy that promotes collisions of ideas and evokes emotions among various policy actors. When historical and cultural discourses that govern what is "acceptable" and what is "not acceptable" to discuss with young learners and what learners may and may not say during HIV/AIDS lessons are considered HIV/AIDS teachers find themselves operating in a volatile socio-cultural environment. Research indicates that in many African countries, such as South Africa, teachers have been threatened with censure by parents, and in some cases dismissal, for using terms considered to be cultural taboo, such as "penis", "vagina", and "condoms", with young children (Helleve et al., 2009; Oluga et al., 2010). In view of the above challenges, teachers have had to selectively teach those HIV/AIDS policy messages they interpreted as being culturally more permissible for parents and the community.

### **Difficulties teaching the curriculum: the knowledge deficiency problem**

An understanding of the challenges and the opportunities that teachers face can be extended through an elaborate analysis of the cognitive and affective aspects of teachers, which serve as a lens through which they filter their implementation of an HIV/AIDS curriculum. The possession of the requisite skills and knowledge by

HIV/AIDS educators is a *sine qua non* for effective mediation of the HIV/AIDS curriculum interventions. Research evidence points to a major challenge of lack of adequate and appropriate knowledge and skills to handle a complex HIV/AIDS curriculum (De Lange et al., 2008; Helleve et al., 2009; Lesko et al., 2010; Mugimu et al., 2010). According to Wood et al. (2008), owing to teacher intellectual deficiency of this curriculum, the start of the cognitive difficulties that teachers face is their failure to deconstruct the integrated nature of the HIV/AIDS curricula. Teachers tend to focus not so much on the social, political, economic and cultural forces acting on the HIV/AIDS crisis as on the biomedical aspects of HIV/AIDS. Several researchers support Wood and Daniels's (2008) view that the approach of most HIV/AIDS teachers to the curriculum is reducible to a piecemeal, reductionist conception which emphasises the biomedical aspects at the expense of a holistic approach that encapsulates other essential features (Bhana, 2009; Lesko et al., 2010; Wood et al., 2010). Undoubtedly, for a teacher to be able to cope with the sensitivity, the complexity, and the tabooed nature of HIV/AIDS issues related to sexuality and entrenched socio-cultural practices, a reasonable depth of understanding of the subject matter and pedagogy is needed. We advocate for the capacitation of teachers with technical skills through learning synergies in the context of communities of practice (COPs) or continued professional teacher development (CPTD), for collaborative cognitive sense-making. CPTDs in the form of staff development workshops in and/or outside schools afford teachers the opportunity to enhance their cognitive sense-making of the HIV/AIDS curriculum and to utilise their strengths and complement each other's skills and knowledge to reflect and broaden their pedagogical perspectives (Steyn, 2011). Through this they can develop a common theoretical base for responding effectively to educational policy (Coburn et al., 2006; Edwards, 2012).

### **Teachers' opportunities and challenges in enacting the HIV/AIDS curriculum**

The opportunities and challenges that HIV/AIDS teachers encounter on personal and professional levels of their work engender critical cognitive and emotional dimensions that affect their engagement in the curriculum reform agenda and are germane to their psychological dispositions to this sensitive curriculum. The emotional dimension of educational change that the Concerns Based Adoption Model (CBAM) phenomenological approach (the conception of educational change as a subjective individual enterprise) emphasises has been documented as an important yet unexplored aspect in the teaching and learning of HIV/AIDS. Scholarly accounts have detailed the emotional effects of the HIV/AIDS crisis on teachers, on both a personal level and a professional level, and they have highlighted how these aspects impact their functioning, both as ordinary persons and as professional HIV/AIDS teachers. The challenges, ambiguities, uncertainties, and paradoxes associated with successfully implementing an emotive educational change such as the HIV/AIDS curriculum require serious recognition of the fact that teachers do not objectively engage in interventions, devoid of feelings, emotions, values, beliefs, and sensitivities (Branson, 2010). Fullan's (2001) portrayal of a balanced perception of the emotional effects of educational change illustrates the inevitable subjective nature of educational change, which is consistent with the phenomenological lens which we utilise in this study. Fullan (2001) states that: *change is a double-edged sword. On the one side, exhilaration, risk-taking, excitement, improvements, energising; on the other side, fear, anxiety, loss, danger, panic.* There is a dearth of literature and research evidence which points to positive implementation experiences that, on a professional level

HIV/AIDS teachers enjoy when teaching about HIV/AIDS. Mugweni (2012) observes that if teachers have a positive understanding of their capacity to teach a new curriculum as a result of levels of preparation, this shapes their ability to understand and implement a particular policy reform. Mugweni's (2012) observation resonates with survey findings of South African teacher confidence and comfort in teaching HIV/AIDS (Helleve et al., 2009). It revealed that those teachers who reported positive experiences with the curriculum had received formal pre-service training and had several years of teaching the HIV/AIDS curriculum. Findings of a survey conducted by Deuschlander (2010) on teachers' lived experiences with the implementation of HIV/AIDS programmes in selected South African schools revealed that some teachers had positive experiences with regard to the implementation of the programmes. The positive regard that the teachers held about the importance of HIV/AIDS preventive education for the youth and the availability of human and physical resources in their schools were reported as positive and edifying developments (Deutschlander, 2010). Studies have shown that teachers who are not properly capacitated with the materials and resources to handle the complex HIV/AIDS curriculum face serious implementation challenges and experience a general sense of despondency. In a study conducted in sampled schools in South Africa, Rooyen et al., (2009) found that teachers who were not adequately trained and supported with resources, knowledge, collegial support, and support from parents in their teaching about HIV/AIDS showed weak commitment to the task. In the same study those teachers who were supported with resources to implement the curriculum expressed willingness and motivation to teach it. Adding to the enormity of teachers' implementation challenges regarding support is policymakers' imposition of multiple demands on HIV/AIDS educators, resulting in unrealistic expectations (UNAIDS, 2009), and work overload (Mugweni, 2012). According to UNAIDS (2009) statistical research is often silent about the burnout that HIV/AIDS teachers have to contend with in the face of an already overloaded school curriculum. In this vein, HEAIDS (2010) and Kelly (2007) observe that owing to the overcrowded existing school curricula, there tends to be insufficient time for and marginalisation of HIV/AIDS education in schools. The above examples point to the emotional and psychological challenges that are brought to bear on teachers' personal and professional identities in a world where the HIV/AIDS crisis has reached pandemic proportions.

### **Teachers' ways of coping with challenges in mediating the HIV/AIDS policy**

In the context of the dearth of the necessary implementation support and teacher non-involvement in the development of the HIV/AIDS curriculum materials, teachers often become overwhelmed with the mandatory obligation to interpret and enact the HIV/AIDS curriculum. Confronted with these complex challenges teachers respond to the curriculum policy in complex ways in order to cope with their work. Some of the main challenges that teachers have had to contend with are the operational and conceptual constraints that they experience in teaching the AIDS curriculum. In the light of the inadequacy of curriculum materials, a lack of knowledge of the content and pedagogy that teachers experienced, teachers generally coped by actively resisting the curriculum, by ignoring it or subverting it (Mugweni, 2012). Oginga et al., (2014) survey on factors influencing the teaching of HIV/AIDS in some primary schools in Kenya revealed that 48.4% of teachers responded to the shortage of curriculum materials by resorting to improvisation. Mupa (2012) interviewed some primary school teachers on the planning and teaching of the AIDS curriculum and found that, in the face of inadequate materials and

working knowledge teachers admitted “appearing to be planning and teaching” and “just planning and teaching for the sake of fulfilling the school demands.

## **THE BROAD RESEARCH QUESTION**

My interest in establishing the practical experiences faced by teachers in implementing the AIDS curriculum is guided by the broad research question “How do Grade 6 teachers currently teaching the AIDS curriculum experience its implementation?”

### **Goals of the study**

The study sought to address the following goals:

1. To describe the practical experiences of grade 6 Zimbabwean teachers with the implementation of the AIDS curriculum
2. To identify and describe the ways in which the teachers coped with any negative experiences encountered by the teachers as they implemented this curriculum.

## **METHODOLOGY**

Since my main interest was the exploration of meanings of participants concerning the processes entailed in their natural settings (Creswell, 2005; Punch, 2009), I preferred the qualitative techniques of lesson observation and interviews. I employed the inductive content-analysis method of data analysis, using ideas borrowed from the grounded theory approach of analysing qualitative data so as to discover theoretical patterns and categories embedded in the research data on the lived experiences (Creswell, 2007) that teachers encountered in the enactment of the AIDS curriculum in classrooms I engaged in the content analysis procedures of (a) perusing each transcript for a broad picture of the data, (b) writing down hunches in the margins, (c) open coding, (d) clustering and collapsing codes carrying related meanings into themes, and (e) categorising the themes for conceptualisation.

### **Sampling**

For uniformity of interpretation (Punch, 2009), the study employed purposeful homogeneous sampling, where participants with similar traits were involved (Creswell, 2005; Punch, 2009). Thus, twenty Grade 6 class teachers (n=20) regarded as the best AIDS teacher-educators and who are actively involved in teacher development in HIV/AIDS teaching were chosen from a total of six schools. The schools were of various economic standings in terms of resources and materials from Gweru Urban and Lower Gweru Rural school districts.

### **Ethical considerations**

I obtained ethical clearance and permission to conduct this study from the Research Ethics Committee (REC-H) of Nelson Mandela Metropolitan University. I then sought informed permission to conduct the study in

schools from the Zimbabwean managements of education, namely provincial education directors, school district educational managers, and school heads. The participants were asked to participate voluntarily in the study and to exercise their right to withdraw from the study at any time if they wished to do so. To ensure confidentiality of information the researcher undertook not to disclose information supplied by the participants (Guthrie, 2010). For anonymity, fictitious names or pseudonyms and interview codes were used to disguise participants' names (Drew et al, 2008; Guthrie, 2010).

### **Issues of validation**

The credibility of this study was enhanced by field notes and audiotape recordings of the interviews. The trustworthiness of data was attained through methodological triangulation (Leedy et al., 2008), detailed, dense descriptions and member checks with participants for their inputs and for checking for accuracy (Creswell, 2007). Audiotape recordings and field notes that captured objective, descriptive information and reflective notes for analytical issues served as an audit track to further enhance the credibility of the study.

## **RESULTS AND DISCUSSION**

This discussion of themes addresses the research goal To describe the experiences of teachers with the implementation of the AIDS curriculum.

### **Teachers' experiences an admixture of positive and negative implementation encounters**

Confirming Fullan's (2001) assertion that, "Change is a double-edged sword, on the one side, exhilaration, risk-taking, excitement, improvements, energising, on the other side, fear, anxiety, loss, danger, panic", findings of this study established an admixture of positive and negative affective experiences teachers grappled with as they enacted this curriculum.

**Some positive implementation encounters:** During interviews 14 teachers reported that they encountered a sense of satisfaction from teaching those topics that they perceived as easy and using some participatory methods well such as discussion and role play. They reported that as a result of the rudimentary knowledge that they had acquired during their pre-service training and the few, irregular staff development seminars they had attended in their respective schools, they were able to use some methods provided they conducted the lessons largely in the pupils' mother tongue. In addition, several teachers felt that they enjoyed the opportunity to consult health workers and acquire some materials and knowledge. The research participants Ellen, Charles, Trenance and Fabion enjoyed assistance with the teaching of their lessons from the local resource persons. All the participants were positive about the presence of young teachers whom they consulted for latest ideas on implementing this curriculum. These findings are consonant with Mugweni's (2012) observation that if teachers have a positive understanding of their capacity to teach a new curriculum as a result of levels of preparation this shapes their ability to understand and implement a particular policy reform. The findings also resonate with findings from Deutschlander's (2010) study which revealed that those teachers who reported positive experiences with the curriculum had higher chances of committing themselves to its implementation than those

who experienced negative feelings. The substantive findings above seem to confirm the notion that teacher implementation of a curriculum is indeed a personal subjective enterprise that can be punctuated with pleasant implementation experiences that the HIV/AIDS educators can enjoy. They seem to suggest that how teachers encounter pleasant moments in the implementation of this often complex curriculum is dependent upon a teacher's individual interpretation and negotiation of the curriculum and on the kind of teacher implementation support that they receive within the broader ecological milieu of a particular school and the community in which they operate.

### **Several negative implementation encounters**

***Teachers experienced conceptual constraints with the curriculum:*** On account of their insufficient knowledge of the curriculum due to inadequate pre- and in-service teacher preparation, most teachers in this study experienced a number of conceptual constraints as they implemented this curriculum. Eight teachers said that they felt frustrated at their attempts to interpret the curriculum. One of them retorted thus: *I end up sometimes having an attitude, because I think this subject is very difficult. That affects me a lot.* This supports the observation that lack of capacity is a serious problem that has often hamstrung school HIV/AIDS education interventions for teachers (Lange et al., 2008; Theron, 2008; UNAIDS, 2011). Teachers reported difficulties interpreting and operationalizing certain participatory methods, life skills and themes into teaching due to perceived lack of clarity of the elements. This finding contradicts findings of a study conducted by Rooyen et al., (2009) where those teachers who were provided with support to clarify the implementation requirements and in the form of resources reported that they had the motivation and commitment to teach the curriculum. The possibility of superficial classroom practice and ineffective student learning arising from such conceptual constraints cannot be overemphasised. The inadequacy of curriculum materials compounded teachers' negative cognitive encounters by imposing on them a sense of cognitive discomfort. For instance, Stella et al., reported that at times in their different schools they ran out of content during lessons, owing to the availability of a few curriculum materials with scant information. To underline the magnitude of a lack of curriculum materials one teacher stated: *It was not very easy, because, as you can see ...it is very difficult to scheme without a syllabus or a teacher's guide.* These findings share similarities with findings of a study undertaken by Van Rooyen and Van den Berg (2009) which revealed that HIV/AIDS educators who were not adequately trained and supported with resources experienced serious implementation problems.

***Teachers experienced uncertainty due to lack of knowledge-related implementation support:*** This study also established that teachers expressed a sense of uncertainty about some curriculum elements due to the perceived knowledge vacuum and associated teacher isolation. These problems emanated from the inadequate teacher learning infrastructures such as staff development workshops. One teacher emphasised the inadequacy of continuous teacher preparation opportunities towards the curriculum when she said: *When we attend those life skills workshops...you see the problem is you are called once, next time another group is called. So I think they should be continuous, these life skills workshops, there should be continuity, development.* This scenario contradicts the importance that Steyn (2011) places on the value of teacher learning opportunities when he proffers the view that collaborating teachers can utilise their strength and complement each other, thereby broadening their perspectives. Additionally, teacher learning opportunities that



promote some interface between policy designers and teachers could also go some way towards attaining the kind of mutual adaptation, i.e. a negotiation of meanings and trade-offs between designers and teachers that potentially results in teacher applications which are closer to policy prescriptions.

**Teachers experienced some dilemmas:** In this study, the daunting emotional experiences that teachers faced arose from dealing with language sensitivities which ultimately manifested in selective teaching of content. In some lessons observed of their teaching, several teachers' negative feelings with this curriculum were exacerbated by their difficulty to openly discuss sex and sexuality issues with their classes, particularly in front of a "visitor", or a "stranger". To confirm her uncompromising stance in this regard, a female teacher made reference to her historical and socio-cultural, as well as religious, background when she contended: *I think the way that we were brought up, even in our culture or in our religion, we believe that these topics are taboo.* Teachers seemed to be responsive to the deeply embedded cultural norms and values of the communities in which they served by avoiding explicit use of sexuality terms, which they conceived of as contravening the community's culture. This supports Kincheloe's (2008) view that teachers should be wary of the demands of propriety of the community in which their schools are located, and Baxen et al., (2008) view that HIV/AIDS and sexuality issues represent a widely contested knowledge area that invokes collision of ideas and emotions. In this regard, most teachers were exposed to the tension between their obligation to impart the content as expected by policy designers, and the compulsion to respect the cultural scripts of the community. Thus as these teachers operated in their classrooms to steer the discourses on HIV/AIDS issues with their learners, their encounters with the curriculum illustrated the extent of the implementation challenges and dilemmas that they had to grapple with.

**Teachers experienced work overload and burn out:** Twelve teachers also complained about the burnout that they experienced due to work overload. Lesson observation data from the classrooms of three participants confirmed the multifarious tasks that teachers performed with classes of up to 50 pupils on average, with charts on about 11 different subjects that these HIV/AIDS teachers taught displayed on walls. In addition, in the lessons observed teachers grappled with making pupils understand the core messages of this curriculum in view of poor English usage. Furthermore, in the context of intense classroom pressures, the teachers believed that they had to contend with what they considered to be inevitable but difficult-to-deal-with language sensitivities in AIDS lessons. Research participants Stella, Freddie, Sandra, Michelle, Adris, Norman, Charles, Ellen, Kevin, Omen, Lash and Glenda felt that the policy mandating teachers to teach all subjects imposed a heavy work overload on teachers, given the time constraints arising from an already oversubscribed school curriculum. Michelle intimated that her natural interest in this curriculum and her zeal to implement it were dampened by a lack of resources, "classroom press" that is, too many classroom teaching responsibilities, and a lack of time. The evidence confirms Heaids's (2010) and Kelly's (2007) observation that owing to the overcrowded existing school curricula, there tends to be insufficient time for and marginalisation of HIV/AIDS education in schools.

**Teachers experienced some operational constraints which played out on their adaptation of the curriculum:** The interviews revealed that teachers operated in the absence of any form of knowledge-improving learning opportunities. Lack of information support from local institutions, a lack of staff development

workshops, and a shortage of curriculum materials also played out negatively on them. Further aggravating negative experiences of teachers with the content and pedagogy of the curriculum was the non-availability of textbooks and teachers' guides. For instance, several teachers personally experienced the challenge of using inadequate supplemental materials such as textbooks, to mutate "an already poorly developed curriculum". They felt that this made the teasing out and formulation of subject matter a daunting intellectual task. This is confirmed by their sentiments that some topics were quite difficult and that they experienced a partial clarity of the curriculum. During his contact with the curriculum, Adris experienced implementation challenges of a cognitive nature as he dealt with the content of the curriculum. He found it difficult to articulate content in lessons in the absence of back-up curriculum materials that clarified and simplified guidelines for practical teaching. According to Adris, his possession of skeletal content knowledge sometimes made him run dry of subject matter during lessons, resulting in poor lesson preparation and presentation. Thus, non-availability of informative textbooks compromised Adris's clarity and depth of comprehension of the curriculum, and disabled him from appropriately interpreting the syllabus and "breaking down matter into teachable units for the grade taught." These findings concur with the findings by Rooyen et al., (2009) which revealed that teachers who were not adequately trained and supported with resources, knowledge, collegial support, and support from parents in their teaching about HIV/AIDS expressed general frustration with and weak commitment to the task.

### **Teachers adopted complex coping strategies**

To address my interest in identifying and describing some of the ways in which the teachers coped with the negative implementation experiences as they enacted this curriculum, we delineate this broad theme.

**Selective teaching of content:** In order to deal with the difficulties in interpreting and operationalizing certain participatory methods, life skills and themes into teaching due to perceived lack of clarity of the elements teachers in this study coped by skipping some topics and elements perceived to be difficult, and engaged in irregular teaching of the curriculum. In consonance with this finding, Mugweni's (2012) study illustrates the inevitable curriculum resistance that some teachers showed by subverting some curriculum specifications or ignoring the curriculum. This tended towards superficial classroom practice and ineffective student learning. In several lessons observed, teachers' confrontation with the curriculum engendered challenging cognitive sense-making experiences of grappling with the intellectual tasks of rephrasing questions and allowing pupils to use vernacular owing to poor proficiency in English. These strategies posed the danger of distorting the meanings of policy messages thereby causing curriculum deterioration. In addition, a key finding involved teacher negative experiences when dealing with topics that evoked sensitive language usage. Consequently there was selective teaching of content. This negatively impacts successful policy enactment. The implication is that increased continued teacher preparation to equip teachers with cognitive and emotional intelligence to handle such precarious issues is quintessential for effective practice.

**Personal intuition and improvisation:** A key finding in this study was inadequate curriculum materials which led many teachers to employ the coping strategies of consulting resource persons, using personal intuition and improvising the materials to conduct teaching, in their unique school contexts. Stella resorted to improvising by using textbooks from other subjects and using her initiative, to produce a "sensible" AIDS scheme/plan. In one

lesson observed she used the Grade 6 Environmental Science textbook to extract teaching matter, and also formulated tasks for learners on her own for some topics. In some lessons observed, Ellen formulated intuitively her own pieces of knowledge as written work tasks for her learners. She claimed that the paucity of curriculum materials consistent with the curriculum specifications caused her to have a fuzzy understanding of the content and pedagogy of the curriculum. To address this problem, Ellen solicited some AIDS charts and pamphlets from a local clinic health worker and sought her own ways of making children understand the subject matter. This strategy to make do with policy response seems to be reducible to what Mugweni (2012) calls' "forced compliance" to implementation of policy, simply using any coping strategy for the sake of merely fulfilling the mandate. The findings on improvisation concur with those of Oginga et al., (2014) in which teachers improvised materials to make up for their paucity. This has implications on the effectiveness with which the mediation of the curriculum policy messages is communicated to the learners.

## **CONCLUSION**

By implication, the above evidence points to the complex web of cognitive and emotional experiences that HIV/AIDS educators encountered in the implementation of this sensitive curriculum. It can be concluded from the evidence in this study that the challenges, opportunities, and strategies that these teachers encountered and adopted to enact this curriculum were so complex that they cannot afford to be ignored. Delicate socio-cultural cosmologies in which the communities valued their own demands of propriety imposed difficulties on teachers in this study thereby frustrating their educational change efforts. From the presence of a few positive implementation encounters that the teachers reported in this study, a lesson to be learnt is that granted the necessary capacitation and support, teacher change efforts can be more meaningful and beneficial to the HIV/AIDS vulnerable youth. The findings of this study also confirm the fact that in the face of the multiple challenges that teachers confronted as the frontline users of the mandatory HIV/AIDS curriculum they personally employed complex strategies for coping with their work. These were mostly in ways that were potentially inimical to meaningful student learning of this sensitive but critically important curriculum. It is therefore imperative for educational change leaders to provide facilitative implementation support to the teachers and to probe the on-the-ground- experiences that they encounter for effective HIV/AIDS preventive education messages to find expression in the classrooms.

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