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**EDUCATIONAL LEADERSHIP:
A CASE STUDY OF PERCEPTIONS OF SECONDARY SCHOOL PRINCIPALS,
TEACHERS, AND STUDENTS OF THE LEADERSHIP ROLE IN HIV/AIDS
EDUCATION PROGRAMS IN ZIMBABWE**

A Thesis in Educational Leadership

by

Rosemary Musandipa

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The thesis of Rosemary Musandipa was reviewed and approved* by the following:

John W. Tippeconnic, III
Professor of Education
Co-Chair of Committee
Thesis Co-Advisor

Susan C. Faircloth
Assistant Professor of Education
Co-Chair of Committee
Thesis Co-Advisor

Roger C. Shouse
Associate Professor of Education

Michael P. Johnson
Associate Professor Emeritus of Sociology Women Studies and African and African
American Studies

Nona A. Prestine
Professor of Education
In Charge of Graduate Programs in Educational Leadership

*Signatures are on file in the Graduate School

Abstract

This study investigated four high school principals, eight teachers, and sixteen students' perceptions of leadership in HIV/AIDS education programs in Zimbabwe. The study concluded that HIV/AIDS education policies affected the broadness or how limited schools implemented HIV/AIDS programs in Zimbabwe. This research contributes to the work that has been conducted in HIV/AIDS education on leadership, policies, and practices in education to discourage or prevent the spread of HIV/AIDS.

Major findings of the study were: 1) the need to relinquish some of the control and authority by the Ministry of Education, Youth, Sports, and Culture to educators, 2) the need to formulate and implement broader based policies in order to incorporate more educational strategies, 3) the need to participate in more open dialogue among the different groups including school principals, teachers, parents, and their children, and 4) reconceptualizing HIV/AIDS as more of a social problem than completely an academic problem, which tends to limit strategies as well as discriminate against other segments of the general population.

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Chapter 1

Introduction

Approximately twenty years ago, the very first cases of Human Immunodeficiency Virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS) were reported around the world (Berhman, 2004). HIV weakens the infected persons' immune system and gradually destroys their defense mechanisms and ability to fight off infections or diseases. When that happens, people with compromised immune systems develop AIDS. A cure for HIV/AIDS has not been found, although some very strong drugs are being used to slow the virus (Bowen, 2004). These drugs do not work for everybody and are very expensive especially for Third World economies where HIV/AIDS has continued to wreak havoc. As a result, many strategies are being investigated to control the spread of HIV/AIDS worldwide.

Some of the best ways to prevent populations from contracting HIV/AIDS is protection, helping people to change risky behaviors, and engaging in educational activities that can equip people with the right knowledge and skills for coping with sex and sexuality issues (Runeborg, 2002). Young people, drug users, homosexuals, women, and the poor are among the most "at risk" populations; thus, it is paramount that they are educated and become equipped with the skills and the knowledge necessary to prevent the spread of HIV/AIDS.

Green (2003), Bowen (2004), Berhman (2004), and Green and McCreaner (1989) identified education as one way of preventing the spread of HIV/AIDS. In accordance

with such findings this study will investigate perceptions of secondary school principals, teachers, and students of the role of educational leadership in HIV/AIDS education programs in Zimbabwe. Particular attention will be paid to the educational strategies adapted and implemented into the Zimbabwe education system as a case in point. Results will be used to either support or contest some of the earlier findings in studies conducted by Green (2003); the National AIDS Council (NAC), United States Agency for International Development (USAID, 2004); the United Nations (1996; 2000); World Bank (2004); the World Health Organization (2000); and the Zimbabwe Human Development Report (ZHDR, 2003).

Background Information

According to some non-governmental organizations such as the United Nations (UN), World Health Organization (WHO), Joint United Nations Programs on HIV/AIDS (UNAIDS), and the United States Agency for International Development (USAID) who have all conducted extensive studies on HIV/AIDS, there is a need for HIV/AIDS education programs in schools. However, there are a number of obstacles that stand in the way of skills-based health education. Some countries have no policies on HIV/AIDS education, while other countries have policies specifically against HIV/AIDS education (Berhman, 2004).

At the level of individual schools, one major obstacle is that adults such as policy-makers, school principals, teachers, and parents consider the subject too sensitive for children or too controversial, and moreover perceived as “an affliction for those who

willfully violate the moral code, a punishment for sexual irresponsibility” (Berhman, 2004 p. 28). Another obstacle often encountered in schools is that the curriculum is already full; therefore, it is impossible for principals and teachers to find an appropriate time slot for HIV/AIDS education. Even when HIV/AIDS education is adopted in a school, often programs are rendered inadequate for some of the following reasons:

- HIV and AIDS education that is provided often deals with medical and biological facts and not with the real-life situations that young people confront in their daily lives (provides information instead of life skills).
- Only one option in terms of sexual behavior may be offered (for example, abstinence) regardless of the age of the students.
- Materials for teachers may not exist, and teachers may not be properly trained to organize classroom activities on sensitive issues of sex, sexual intercourse, use of condoms, and instilling better decision-making skills (Behrman 2004, p. 56).

The HIV/AIDS disease now exists in almost all countries of the world (UN, 1996). Approximately 60 million people worldwide have become infected with the virus and more than 20 million have already died. The majority (80%) of deaths are in Africa alone (UNAIDS, 2004). In the United States close to one million people are currently estimated to be living with HIV/AIDS. Despite the knowledge that has been gained over the past twenty years, people still contract the disease at alarming rates especially in the developing countries (WHO, 2003).

Multiple challenges remain in the areas of prevention, changing peoples' behaviors, care and treatment, research, infrastructure and capacity development as well as funding. Under these circumstances, the HIV/AIDS epidemic presents numerous political, economic, social, and scientific challenges not only to the United States, but all nations throughout the world (The Kaiser Family Foundation, 2004).

Green (2003) reported that globally the world has learned that if a country acts early enough, a national HIV/AIDS crisis can be averted and that a country with a very high HIV/AIDS prevalence rate will eventually stabilize, and the rate can be reduced through prevention strategies. According to UNAIDS (2004) this might indicate several things: a change in risky behavior patterns perhaps due to the fact that people have seen and known people who have been killed by AIDS or that strategies are beginning to have an impact.

Green (2003) further states that fear has been noted as the worst, and least effective way of changing people's behavior because by the time behaviors change large numbers of populations would have been placed at jeopardy. Educating youth by providing them with information only instills fear in them and does not bring about the desired timely behavioral changes. Thus, many countries and nations have adapted the life skills based education as one of the strategies in the prevention of HIV/AIDS. These forms of education target all ages of their populations, especially the youth, and they hope to equip students with skills rather than instill fear in them.

HIV/AIDS Identification and Education in Zimbabwe

The HIV/AIDS first cases were identified in Zimbabwe in 1985 and found “fertile ground” in the form of social environment conducive to rapid spread (*Zimbabwe Human Development Report, 2003*). The historical template characterized by rapid social changes, economic changes, revolving morals (handed down from generation to generation), culture and traditions, gender inequalities, ignorance, and widespread poverty, are all factors conducive to the spread of this disease. Key factors in trying to combat the spread of the disease varied from use of condoms, random and selected use of the media, erratic educational campaigns; policies randomly aimed at poverty alleviation; and equal access to education; but none seem to have made positive impact. The problem has made policy makers, interest groups, communities, local school communities, parents, school administrators, and The Ministry of Education, Youth, Sports, and Culture appear to come together and seem to have started targeting both primary school and secondary school students through skills-based education.

The Zimbabwe Human Development Report (2003) found that there are two windows of hope for saving both primary school children and secondary school students from contracting the HIV/AIDS pandemic. The first window is for children between the ages of 5-14 as they are less likely to be infected with HIV. The second window is for the youth 15 to 20 owing to the fact that most youth (17% of the total infected population) in this age group are not yet infected, despite being a high-risk group. Furthermore, education is seen as helping to prevent the spread of HIV/AIDS. Green (2003) states that

a good education system is viewed as a key means of HIV/AIDS prevention, hence, the Zimbabwean government has invested in universal education from the ages of 5-20. Schools are supposed to offer students new knowledge and life skills, and keeping youth in schools allows them to escape the downward spiraling, vicious cycles of poverty and HIV/AIDS.

Statement of the Problem

Youth require good quality education and information about sexual behavior; however, many people today still fear sex education in schools will increase their sexual activity. The World Health Organization (2002) reviewed sex health programs in 68 countries worldwide and found that sex education programs do not increase sexual activity among the youth. On the contrary, sexual health education programs help delay the first intercourse and help young people protect themselves against HIV/AIDS. In 2000, the average age for teenage girls to start engaging in sexual activities in Zimbabwe was 15 years. Two years later by 2002, the average age had risen to 15 years nine months (ZHDR, 2003). Thus, based on such empirical evidence, it could be argued that sex health education is not detrimental in the prevention of HIV/AIDS (ZHDR, 2003).

Runeborg (2002) argues that whether adults like it or not sex will always take place when the youth get the urge for it and it is during these early maturing years that the first experiences usually happen. Runeborg (2002) further contends that sex and sexuality will influence the lives of teenagers as much as it does adults. The emerging sexuality during these years coupled with the lack of enabling education and information has made

young people more vulnerable to the disease (Runeborg, 2002). This troublesome situation has been made more difficult by the harsh environment of poverty especially in Africa that surrounds children and the discrimination that surrounds certain segments of societies.

According to Runeborg (2002), the UN (1998), and Bassett and Kaim (1996), in many societies men abuse girls because of ignorance. They believe that they cannot contract HIV/AIDS by having sex with virgins, or through having oral sex. This is a clear indication that there is a lack of knowledge and information about HIV/AIDS. Therefore, to prevent the spread of the HIV/AIDS, youth need to be exposed to issues of sex and sexuality through education so as to protect them and to be able to say no to abusive, misinformed men.

Runeborg (2002) further states that education empowers the youth to make decisions about when, how, and if sex should take place. Bassett and Kaim (1996) support the claim that young people—irrespective of sex, gender, color, class, or ethnicity—need safe and supportive environments in which they can talk freely and be informed about sex and sexuality. Thus, the HIV/AIDS era dictates that time is ripe for men, women, boys, and girls to mutually talk of their sexual emotions, respect their sexual partners, and be more open-minded on issues of different sexual orientations and the spread of disease.

Purpose of Study

The purpose of this study was to examine how high school principals, teachers, and students perceived their leadership roles in the HIV/AIDS education programs in Zimbabwe. The study examined how principals define their roles in HIV/AIDS education programs and compared these to how teachers perceived school principals as fully preparing them for the challenge of teaching sex health education in order to control the spread of HIV/AIDS. Furthermore, this study examined how teachers were perceived by students as effective leaders in the HIV/AIDS prevention programs in Zimbabwean secondary schools.

This study includes students' voices into the educational strategies that have, thus far, been espoused in Zimbabwe. For the educational strategies to be meaningful and benefit students, the researcher strongly believed that youth "voices" and "perceptions" had to be incorporated into the system to reflect what the youth believed works best for them. The "at risk" populations should perceive educational leadership as enabling them to discuss the use of condoms, perceive that leadership could be trusted when they have issues that required confidentiality, and most of all youth should not be afraid of reprisals when they are out of sync with tradition and popular cultural beliefs (UN, 2000; Runeborg, 2002; Chigwedere, 1995).

Traditionally young people learned about sex and reproduction from the extended family and social networks. Parents had very little to do with this education (Chigwedere, 1995). Zimbabwe is a multicultural and multiethnic society encompassing multiple views

on sex, sexuality, sexual orientation, reproduction, family planning, and gender roles. Diversity should be used to inform the future educational strategies. With current school programs that are highly uncoordinated, highly ethnically oriented, the youth remain limited in their appreciation of these variations; thus, they fail to participate/engage fully in their own education.

Some of the findings of this research would be used to inform local groups that provide education to include the students' voices. The traditional/conventional ways of doing things have not been having the desired impact. Thus, it is valid to take radical measures in order to make the youth change their ways of behavior. Leadership needs to be sensitive to the problems that put lives in jeopardy; voices of the youth are needed as they are the ones most at risk currently. Their participation should not be seen as upsetting the traditional ways of doing things, but as advancement towards their education and addressing current problems.

Research Questions

There were three main research questions and six sub questions.

School Principal Related Questions

1. What do school principals perceive as their main leadership role in HIV/AIDS education?
2. Do the leaders perceive themselves as providing teachers with the necessary training to enable HIV/AIDS education to take place in schools?

3. What have the leaders done to help their teachers to overcome their inhibitions regarding sex education?

Teacher Related Questions

1. What do secondary school teachers perceive as the main leadership role of the school principals in relation to HIV/AIDS education?
2. Do school teachers perceive the school principals as providing them with the necessary training and leadership for HIV/AIDS education to take place?
3. What have the school principals done to prepare their teachers for the teaching of HIV/AIDS education in schools?

Student Related Questions

1. What do secondary school students perceive as the major leadership role of their teachers in relation to HIV/AIDS education?
2. Do students perceive their teachers as providing them with skills and knowledge necessary to prevent the spread of HIV/AIDS?
3. What have the teachers done to equip their students with the necessary skills to make better decisions when dealing with their sexuality?

Significance of Study

The question that had not been addressed was whether secondary students perceived the skills-based health education programs as impacting sexual behaviors positively. The challenges facing children growing up in the 21st century, especially the poorest and most underprivileged children living in low-income countries are greater than

ever. Millions of children are affected by problems of poor nutrition, infectious diseases, inadequate access to clean water and sanitation, violence, and the ever-increasing threats and burdens of living with HIV/AIDS (United Nations, 2000). They face the problems of having parents gradually disintegrate, and are themselves at the risk of getting infected (UN, 2000). Implementing strategies that impact students' sexual behaviors positively should be one of the main concerns for education. Counting and including student voices should be used to assist in examining educational strategies that would work best to combat the malady. UN (2000) argued that the ultimate goal should not be only reduction in rates of infection, but total eradication of the disease.

There is no denying the fact that young people need to be equipped with the knowledge, attitudes, values, and skills that would help them face these challenges and support them in making healthy life-style choices as they mature (WHO, 2003). For effective methods to be implemented educators need to have feedback on how youths perceive the mechanisms applied. In addition, they need to be responsive to the feedback (WHO, 2003).

Most studies conducted thus far lack the voices of the youth on how they perceive the education they receive, either as helping them in making better sexual decisions or changing behaviors. Adults need to realize that what they consider the normal ways of life are placing the youth at risk; hence, change is imminent. Sex talk and indulging in sex should not be viewed as being cheap, but the ability to be aware of the super force of sex and sexuality is necessary (Runeborg, 2002), in order to enable youth to protect themselves when the need arises.

Definition of Terms

For the purpose of this investigation, the following terms defined below were adapted:

- a. Leadership: Taylor (1996) defines leadership as the ability to influence others to get things done. The three important factors in this definition are power (influence), interpersonal (others), and goal achievement. Any organization's goals are realized through the leadership's capability to influence others to realize the goals through a shared vision.
- b. Life-skills based health education: education that combines learning experiences and promotes the acquisition of new knowledge and attitudes as well as the skills to change sexual behaviors.
- c. Political leadership: the personal responsibility taken by secondary school teachers and school principals to change the students' risky sexual behaviors.
- d. Responsibility: "it does not only lie with the elders in our countries or with those who have been appointed or elected to do a particular job—it lies with each of us individually" Dalai Lama (Read, 2004).
- e. Sex education: enables youth to communicate, to listen, to negotiate, to ask for, and identify sources of help and advice that can be applied in terms of sexual relationships.

Summary

Chapter 1 introduced what HIV/AIDS is and the background to the spread of the pandemic internationally and particularly in Zimbabwe. It provided a rationale for HIV/AIDS education in schools as well as highlighted the benefits of education. The research questions I used to solicit information were outlined, as well as the definition of terms as they pertain to this particular study.

Chapter 2

Literature Review: HIV/AIDS Education

Chapter 2 will review literature related to the HIV/AIDS pandemic worldwide, highlight the statistics of infection, in all regions, and discuss the rationale for the study's focus on perceptions of leadership roles by secondary school students, teachers, and principals. Furthermore, the chapter will provide a brief account of the educational strategies that have been implemented in Zimbabwe, the leadership roles, and how effective they have been in controlling the pandemic. Lastly, this chapter will demonstrate the need for program leadership especially in HIV/AIDS education programs in secondary schools.

Worldview on the Spread of HIV/AIDS

The most recent statistics of HIV infection in the world are highlighted in Table 1; the causes of infection vary from region to region. Among the high-income nations HIV/AIDS infections have historically been concentrated principally among injecting drug users and gay men, and this is largely still where the main thrust of the epidemic lies. However, in several Western European countries a significant proportion of new HIV/AIDS diagnoses (59% more, overall, between 1997 and 2001) is occurring through heterosexual intercourse. According to Behrman (2004) and The Kaiser Family Foundation (2004), these nations suffer from the belief that HIV/AIDS is something that

affects other people and believe the affliction is for those who willfully violate the moral code; thus, they perceive HIV/AIDS as a punishment for sexual irresponsibility.

Table 1

HIV/AIDS Statistics in the World

Consideration	Number/Percentage
Adults age 15-49 with HIV/AIDS, 2005	38,000,000
New HIV infections, 2005	4,900,000
Adult prevalence (%), 2005	1.1
Women age 15-49 with HIV/AIDS, 2005	17,500,000
Children with HIV/AIDS, 2005	2,300,000
AIDS orphans (ages 0-17), 2003	15,000,000
AIDS deaths, 2005	3,100,000

Source: UNAIDS (2006).

Consequently, education tends to encourage abstinence rather than skills-based sex health education programs.

Sweden currently has one of the lowest rates of HIV/AIDS infection in the world. According to the Swedish Institute for Infectious Disease Control, the rate of new HIV/AIDS cases in Sweden rose by 48% during the first half of 2001. Thus, the disease has not stopped gathering momentum, and is now being transmitted to more than just men who have sex with men and drug users but heterosexual women as well.

The diversity of the HIV/AIDS epidemic seems greater in Asia than in Africa but appears to be more recent in origin (UN, 2002). According to the UN (2002) report, some Asian countries lack accurate systems for monitoring the spread of HIV/AIDS yet half of the world's population lives in Asia. Thus, it should be realized that even small differences in the absolute numbers of people infected can make huge differences in the infection rates. The epidemic in Asia has ample room for growth due to the sex trade, extensive use of illicit drugs, and high migration and mobility rates within and across borders. Currently the number of people living with the illness in Asia is approximately 8.2 million, of whom 1.2 million acquired the illness in 2004 (The Kaiser Family Foundation, 2004). Still the numbers getting infected every year have not been reduced and the pandemic seems to be gathering momentum since it was discovered more than 20 years ago.

It is in the continent of Africa that the impact of HIV/AIDS virus has been most severe. The epidemic has been perpetuated through lack of proper prevention strategies, lack of medication, and the vicious cycle of poverty, which has wreaked havoc on the continent. In the early 1980s Green (2003) found that the spread of the disease was mostly through heterosexual relations and the trend has not changed even now (UN, 2002). The percentage of women infected is higher than that of men because of women's biological formations. Altogether, there are now 16 countries in Africa in which more than one-tenth of the adult population aged 15-49 is infected with HIV/AIDS. In Botswana a shocking 37.5% of adults are now infected with HIV, while in South Africa 20.1% are infected, up from 12.9% just three years ago. With a total of 5 million infected

people, South Africa has the largest number of people living with HIV/AIDS in the world. In Zimbabwe about 33.7% of the adult population has HIV/AIDS (UN, 2002).

UN (2003) and WHO (2003) report that rates of HIV/AIDS infection are still increasing in many countries in Sub-Saharan Africa. An estimated 3.1 million people in this region were infected in 2003, the most recent year for which data are available. This means that there are now an estimated 25.4 million people living with HIV/AIDS in Africa alone (The Kaiser Family Foundation, 2004). In this part of the world, particularly, women are disproportionately at risk as they are economically dependent on men and traditions continue to subject them to these subordinate positions. As the rate of HIV/AIDS infection in the general population rises, the same patterns of sexual risk behaviors result in more new infections simply because the chances of encountering an infected partner become higher (Green, 2003).

Why Focus on Youth

After the first HIV/AIDS cases were reported slightly more than 20 years ago the world started looking for someone to blame (UN, 2000; Behrman, 2004). The first culprits were men who had sex with other men, then came the drug addicts, the commercial sex workers, unfaithful husbands and the list goes on (Behrman, 2004). Finally, in the late 1980s HIV/AIDS was acknowledged as an illness that affected heterosexual people; by then the illness had already taken its toll (Behrman, 2004). More studies now indicate that people most at risk are youth as well as women. Educational programs and interventions are being advocated for the world to control the spread of the

disease, especially in the Third World countries (UN, 2000; Green, 2003; Berhman, 2004; UNAIDS, 2004; WHO, 1998), and that they should target youths from 15–24 years.

During my personal interview with The AIDS Project Case Manager (PCM) of State College on October 20, 2003, she indicated that the naiveté of the youth makes them a high-risk group, as they are not sure what contributes to the spread of the disease. The youth are naïve as to what people with HIV/AIDS look. They think HIV/AIDS cannot be spread through oral sex (PCM, 2003) and are not sure how to define risky sexual behaviors; thus, they are largely vulnerable (UN, 1998). Runeborg (2002) attributes the youths' vulnerability to the fact that many young people cannot talk about HIV/AIDS either at home or in the community, nor can they talk about the risk behaviors that can lead to HIV/AIDS infection; thus, they are rendered the most vulnerable.

Studies (UN 1996; 1998; 2000) assert that in many countries contraceptives are mostly restricted to married women and couples (very typical in Zimbabwe), and young people are reluctant to talk about sex to doctors or nurses, either out of embarrassment or because they are worried that confidentiality will not be respected. Young people may feel equally uncomfortable talking to their parents due to some cultural constraints and parents in turn may also be embarrassed or lack the confidence to discuss the subject with their children (Green, 2003). Under such circumstances chances are high that youths will get infected due to unrecognized exposure, restrictive policies, and inhibitions of culture and traditions.

Internationally, young people aged 15-24 comprise about 20% of the world's population yet they comprise about 60 per cent of all new HIV/AIDS infections every year (WHO, 2002). Dr. Thoraya Obaid of the United Nations Program Fund Association (UNFPA) in his (2002) address to Religious Women Leadership referred to the HIV/AIDS pandemic as the largest "earthquake" in the history of human kind. A billion young people aged 15-24 worldwide are beginning their reproductive time every year and yet they are the group most at risk. In his presentation, Dr. Obaid revealed that six young people are infected every minute worldwide with the HIV/AIDS virus.

The UN (2002) reported that in some of the poorest countries in the world, especially in Africa, the impact of the virus has been most severe. Altogether, there are now 16 countries in Africa in which more than one-tenth of the adult population aged 15-49 is infected with HIV/AIDS. In seven countries, all in the southern cone of the continent, at least one adult in five is living with the virus (The Kaiser Family Foundation, 2004). The problem now is not who to blame for the pandemic but rather how to prevent the spread of the disease, especially among the youth who are the world's future leaders.

These statistics demand that drastic measures be taken to combat the spread of this fatal epidemic among many nations, with a strong emphasis on Africa and other countries of the Third World. Education has been used to eradicate illnesses before, for example, helminthes and cholera (UN, 1996). Confronted with this pandemic nations feel education can be instrumental and the best strategy in the prevention of HIV/AIDS. Research by the World Health Organization (2002) reviewed sex health education

programs in 68 countries worldwide and found that sex education does not increase sexual activity among the youth. On the contrary, sexual health education programs help delay the first intercourse and help young people protect themselves against HIV/AIDS. In Zimbabwe in 2000, the average age for teenage girls to start indulging was 15 and two years later 2002 the average age had risen to 15 years nine months. The Minister of Health and Child Welfare, Dr. Parirenyatwa, in his address during the launch of the Chitungwiza Community Partnership (2002) acknowledged that even though the nine months might be a very small a margin, to Zimbabweans it was a very important step in the fight against HIV/AIDS. It indicated a good start.

Dr. Parirenyatwa perceived this behavior change as a positive step towards achieving one of the goals of skills-based health education programs in Zimbabwe, and appropriately a good start only, and should not be the ultimate goal. Some of the goals of the skills-based sex health education should include acquisition of skills and knowledge necessary to cope with and survive the vicious cycle of HIV/AIDS, make youth better able to make decisions, enable them to avoid risky behaviors, and have the ability to access protection without discrimination.

The Zimbabwean Context of HIV/AIDS

The first cases of HIV/AIDS were identified in Zimbabwe in 1985 and found “fertile ground” in the form of social environment conducive to rapid spread (Zimbabwe Human Development Report, 2003). The historical template was characterized by rapid

social and economic changes, revolving morals, cultural traditions as well as mobility rates, gender inequalities, and widespread poverty, which are all influence factors conducive to the spread of this terminal illness among the Zimbabwean population. Key factors in trying to combat the spread of the disease have varied from the use of condoms, random and selected educational campaigns, use of the media, policies aimed at poverty alleviation as well as equal access to education, but none seem to be making positive impact (ZHDR, 2003). Since 1992 policymakers, interest groups, communities, the private sector, the local school communities as well as the Ministry of Education, Youth, Sports, and Culture and the AIDS Council started targeting youths in school, primary school children as well as secondary school students.

The ZHDR (2003), like WHO (2004), found that there are two windows of hope for saving both children and youths from contacting the AIDS/HIV pandemic. The first window of hope is for children between the ages of 5-14 as they are less likely to be infected with HIV/AIDS. The report advocates that education on HIV/AIDS before the children reach the peak vulnerable years will protect them. However, personal experiences can be presented that indicate that some children are now living beyond the age of five as earlier found through research.

The second window of hope is for the youth 15 to 24 owing to the fact that most of youth (17% of the total infected population) in this age group are not yet infected despite being a high-risk group. According to the UN (2000), a good education system is viewed as a key means of HIV/AIDS prevention; hence, the Zimbabwean government invested in universal education from the ages of 5-18. Schools are supposed to offer

students new knowledge and life skills, and keeping youth in schools allows them to continue to acquire this knowledge and life skills that will help them escape vicious cycles of poverty and HIV and AIDS to become the future productive workforce the countries need.

Zimbabwe as a signatory of the United Nations Declaration of Human Rights and during the Rights of the Youth Forum held in Edinburgh, Scotland (1997) a declaration was agreed on that all youth regardless of sex, color, sexual orientation, and mental or physical ability have rights as sexual beings. One of the declarations was that the youth have the right to know about sex, contraceptives, Sexually Transmitted Infections (STIs) and HIV/AIDS as well as the right to health care that is confidential, affordable, and of good quality. The latter elements of the declaration might not be possible to realize in Zimbabwe due to the weakened economy but education is an empowering tool in the preservation of its clientele. Education seems to enjoy the support of parents, policy makers, religious groups and other interest groups in the country.

Why Education Matters

In the early days of the epidemic, HIV/AIDS prevention work was done at a high profile, national level in many high-income countries (The Kaiser Family Foundation, 2004). As a result, education has already been proved to be effective and necessary, both for people who are infected and not infected with HIV/AIDS, to empower them, and to protect them from HIV/AIDS (The Kaiser Family Foundation, 2004). During the 1950s Sweden organized a comprehensive sexuality education, and that quickly became the

mainstream in the Western World (National Center for Health Statistics, 1988). Studies concluded that educators should be value-neutral meaning that teenage sexual activity is inevitable; thus, they need to be taught other life skills and not just to abstain.

This is one of the fundamental premises, which causes many kinds of problems, that educators are not value-neutral regarding sex. However, in terms of sex education, personal values do not exist as far as sexual activities as the consequences involve others, such as partners, children, family, or even community (Bear, 1982). In fact, many philosophers, theologians, and ethicists hold that values can be known to be true or false, right or wrong, not just for the individual making the value claim but in a more general sense affects others as well. In the case of utilizing the abstinence-only policy in HIV/AIDS education, that is limiting to the strategies and skills imparted onto youths.

Concerning sexual activity, the youth may not have enough reasons to judge what they should do and nor wisdom to predict what may really happen (Bear, 1982). Bear (1982) contends that it is ethically irresponsible leaving teenagers who do not have adequate knowledge to prevent various kinds of dangers to their discretion of choosing their values. On the other hand, Runeborg (2002) asserts that knowing about teenage sexual activity is inevitable; therefore, adults should make it possible for young people to have open sex education in schools.

Reports such as the UN (2000), WHO (2002), and USAID (1998) all contend that most comprehensive sexuality education should emphasize two aspects: abstinence and mutual monogamy. However, what makes it difficult to promote abstinence is that it entirely relies on the couple's willpower. The partners must be able to resist having sexual

intercourse (*The Macmillan Health Encyclopedia, 1993*). Furthermore, the abstinence approach should be comprehensive involving educators, parents, philosophers, religious leaders, medical experts, psychologists, policy makers, and communities—a consensus that is usually hard to get. Approached in such demanding fashions, education may fail to arm youths with the skills necessary to control the spread of the disease. This study further contends that besides teaching abstinence only, HIV/AIDS education should be able to equip youths with skills necessary to prevent further spread of the disease, improve young people's decision-making skills, enable them to use protection, and ultimately take responsibility for their actions or inactions.

According to the *World Bank Report (2002)* education promotes six of the eight Millennium Development Goals: reducing poverty, achieving universal education, improving gender equality, reducing infant and child mortality rates, improving maternal health, and lowering the prevalence of HIV/AIDS. Another World Bank Report (1999) provided evidence that education for both boys and girls provides protection against HIV/AIDS infection. While primary education provides youth with the information, secondary education provides youth with the necessary decision-making skills, and brings about the necessary behavior changes that grant both sexes the opportunities to become economically viable and independent. Furthermore, instruction on the prevention of HIV/AIDS is crucial as multiple United Nations reports for the past 20 years indicate that millions of young people today are ignorant or have misconceptions about the spread and management of HIV and AIDS.

Data from the late 1980s and early 1990s indicates that evidence emerged showing the correlation between levels of education and the rates of infection (UN, 1998; 1994; 1996; WHO, 2000). Early on, education programs seldom included the HIV/AIDS prevention strategies, as knowledge was lacking. Currently, more studies have revealed that with more education people are likely to adopt safer behaviors and vice versa (Gregson, Waddell, & Chandiwana, 2001). The impact of education on behavior change is highly noticed among the youth with higher levels of education, which might be a correlation between sex education and levels of education.

Kaim and Bassett (1996) argue that despite the increased knowledge of the past 20 years, gaps still exist and these gaps might be detrimental to the good work being initiated the world over. Ignorance or denials regarding how parents are dying are prevalent among the Southern African youth. Perceptions that all HIV/AIDS positive people show symptoms are common in South Africa; generally girls are less informed than boys regarding these issues. Education is one of the most important tools for reducing the socio-economic vulnerability of women and girls. It helps in reducing the poverty, contributes to gender equality and female empowerment, and addresses the human rights issues.

Education has the capacity to reach large numbers of school aged youth who are the most at risk. Consequently, informing and educating them before they indulge in risky behaviors is extremely important. It is this window afforded by access to education that policy makers and all educational leaders should grab and adopt prevention strategies that can keep the youth from indulging in sexual behaviors at an early age. Through

education, young people can avail themselves of abilities such as negotiating for safer sex, the ability to make better decisions, the ability to develop better human capital for any given nation, and the ability to help and respect one another in relationships.

A recent World Bank (2003) report of 24 developing countries shows that nine countries were on the track to achieving universal primary education by 2015. The benefits of education would be most prevalent in Africa where the youth are most at risk due to poverty, lack of equal access, and the unstable economies, as well as the negative impacts of HIV/AIDS.

Why Schools are Important

Many young people cannot talk about HIV/AIDS neither at home nor in the community (Runeborg, 2002), nor can they talk about the risk behaviors that can lead to HIV/AIDS infection. In many countries family planning clinics are mostly restricted to married women and couples, and young people are reluctant to talk about sex to doctors or nurses, either out of embarrassment or because they are worried that confidentiality will not be respected (ZHDR, 2003). They may feel equally uncomfortable talking to their parents, and their parents in turn may also be embarrassed or they might lack the confidence to discuss the subject with their own children.

However, most young people do attend school at some point, and school is an entry point where these topics can be addressed. The potential strengths of a school setting are that children have a curriculum, teachers, and peer groups. Furthermore schools can teach them not only information, but also equip them with skills necessary to

control the spread of the illness. Schools can also help to shape attitudes, change behaviors, encourage mutual respect and open their minds to other sexual orientations.

On the other hand, according to The Kaiser Family Foundation (2004) even when HIV/AIDS education is provided in a school, it is often inadequate for one or more of the following reasons:

- HIV and AIDS education is often provided that deals only with medical and biological facts and not with the real-life situations that young people find themselves in.
- Only one option in terms of sexual behavior may be offered (for example, that of abstinence) regardless of the age of the students.
- Materials for teachers may not exist, and teachers may not be properly trained to organize classroom activities on sensitive issues.
- No education is provided on referral services, such as further information and skills training, counseling, and youth-friendly STD services

An education that prepares the youth to deal with their sexuality and provide them with necessary skills should, therefore, be able to avoid at least three or four of the above obstacles.

A Zimbabwean Example

Since 1993 most schools in Zimbabwe have had compulsory weekly lessons on life skills and HIV/AIDS for all students from grade 4 (9-10 year olds) upwards. Booklets for students and teachers are designed for each grade and address four main themes:

relationships, growing up, life skills and health (Ministry of Education, Youth, Sports and Culture, 2003). Topics range from discussions on gender roles and rape, to coping with emotions and stressful expectations. In the classroom, self-esteem and assertiveness are encouraged, and role-playing suggests ways to respond to peer pressures. In addition to using booklets in the classroom, students also conduct projects in the community. All materials are reviewed and approved by a committee that includes the National AIDS Council; the Ministry of Education, Youth, Sports, and Culture; as well as representatives from the major religious denominations in and out of Zimbabwe.

However, studies in Zimbabwe indicate that there is no strong political leadership regarding the skills based health education programs (ZHDR, 2003). There is awareness of the programs undertaken but the general consensus seems to imply that there are few real leaders willing to educate the youth through adapting new leadership styles. Educational leaders seem not to be opening up to the personal responsibility to encourage mature and respectful relationships between boys and girls (ZHDR, 2003). Teachers still continue to view girls as the ones who are in control of their sexuality; hence, they are blamed for poor judgments instead of being equally to blame or equally responsible. As a result, females carry the burden of being the gatekeepers (see page 32).

Why Leadership Matters

Taylor (1998) defines leadership as the ability to influence others to get things done. The three important factors in this definition are power (influence), interpersonal

(others), and goals. A school principal as an instructional leader is supposed to realize school improvement by the way s/he sells the school mission and goals to his/her subordinates. Any organization's goals are realized through the leadership's capabilities in influencing others to envision the goals through a shared vision. However, this is a more traditional definition of leadership and this study would like to combine it with Kofi Annan's definition in his address at the 2004 International AIDS Conference that leadership should recognize that HIV/AIDS is different kind of disease and should, therefore do things differently. Coupling this together with the feminist perspective on leadership that advocates for dislocating the popular ways of doing things (Narayan, 1997) would be the form of leadership that would be able to address the issues of HIV/AIDS. Hence, the argument that we are faced with the epidemic of HIV/AIDS, leadership should not only be able to influence others to achieve certain goals but should try other strategies that might help promote the course of education. These might include the students' perceptions of the leadership role, steering clear of the zones of discomfort, and trying different strategies that would benefit the skills-based health education programs.

School leadership is crucial in ensuring that youth learn in supportive and encouraging environments about their growing up and all the pains associated with that (Green, 2003). Without a school principal's support programs tend to be ignored by teachers as the principals' support authenticates and validates the importance of programs. School principals continue to set the benchmarks for achievement, selling the school vision, and communicating the goals to teachers, even giving the necessary

training (Reinhartz & Beach, 2004). Therefore, discipline is well maintained with a culture that enforces measures against those who indulge in disruptive behaviors for both boys and girls without discrimination. Reinhartz and Beach (2004) advocate that school leaders develop environments that are conducive especially to support girls' development and protect them as equal human beings. This helps foster trusting relationships with their teachers and ultimately promotes gender equity with girls being encouraged to take leadership positions.

This study will examine the teachers' perceptions of leadership provided by school principals as to whether it encourages or inhibits the teachers' abilities to teach issues of health and sexuality effectively. Teachers' perceptions will be used to examine whether school principals are providing the necessary environments, setting the expectations necessary for the skills-based health education programs to succeed for both sexes, and enforcing measures against those who seem disinterested.

Teachers as Leaders

According to Murphy (1998, p. 655), assuming that change comes only from individuals in top positions "ignores the invisible leadership of lower-level staff members." Murphy (1998) advocated that teachers should be recognized for their positions and abilities to influence students. While studies of educational leadership have focused on leaders in administrative positions, recent studies are focusing on teachers as leaders (Bellon & Beaudry, 1992; Wasley, 1991).

Teachers are the most important resource given to any school and are central to educational improvement (Rebore, 2001). This is because teachers interact with students on a daily basis and are in constant contact with students more than any adults. Teachers, students, and resources are the three elements that are always interacting; hence, the prerequisite of these enables effective learning to take place. Teachers can be a lot of things rolled into one for the students and they need to realize this role. Teachers need to understand their students' sexual feelings, the importance of their ability to discuss freely without inhibitions, and the importance of the students trusting their teachers (Runeborg, 2002; UN, 2000; Kaim & Bassett, 1996).

Johnson (1975) argues that teachers should endorse new roles and responsibilities, and be provided time and resources to implement reforms. Schools depend on cooperation and interdependence among staff members, so plans for comprehensive change must be consistent with existing norms (Johnson, 1975). Altogether there should also be supportive conditions such as leadership among teachers and administrators, labor-management cooperation, and willingness on the part of administrators to cede some of their authority to teachers.

Runeborg (2002) asserts that by realizing all the aspects of their leadership teachers are taking responsibility in helping students make informed decisions, address their problems constructively, and provide students with positive role models. UN (2000; 2002), Runeborg (2002), Kaim and Bassett (1996), and WHO (2000) concur that the role of teachers in the sex health education programs can never be overemphasized as they still have to encourage students to have mutually respectful relationships, encourage

students to work collaboratively, motivate girls to excel, and use the human rights and issues of equality for students to see each other as equal and valued members of society now and later as adults.

All these teacher responsibilities would not be feasible unless teachers receive proper training and in-service to manage the new roles as skills-based health educational leaders (Hord, 2004). Teachers' training or in-service programs should provide some gender-based courses that promote awareness of how teachers perpetuate negative stereotypes about male and female behaviors (Reinhartz & Beach, 2004). During their training teachers should be made aware of the ethical issues of confidentiality that come with being leaders of the skills-based health education programs. At the same time, they should be taught how to handle and engage in discussions of what responsible sexual behavior is, not to undermine girls' self-confidence. There is also need for dismantling the stereotypes of men (see page 29) being the ones responsible for all decisions including sexual decisions (Narayan, 1997).

A Gallup (1995) survey found that a large teacher-training program helps prepare serving teachers as well as students at teacher training colleges. Even though teachers may not get respect in the classrooms, according to the survey, 86% of students at secondary level reported to phone pollsters that school teachers are "very important" to a good society. In this context it is safe to say human sexuality is a very delicate matter; however, teachers have a duty to let students know what is true or not, and what is "the safest" as compared to the "not so safe"—for the sake of students and also the hopeful future of nations (Davis, 1996; Davies, 1999; hooks, 1994; Narayan, 1997).

Students' Perceptions of Leadership

Though students will be last in this discussion, this should not disparage their contributions to the end results of this study. Students' role in leadership is strongly perceived as equal to teachers, as there would be no schools without students and vice versa. In the present world children live in, they are called on to play leadership roles that they have not been prepared for. Thus, incorporating them into the school leadership positions would prepare them for these roles (Runeborg, 2002; UN, 2000). Consequently, this study argues that students should be actively involved as they will be the ultimate beneficiaries of these skills-based health education programs in Zimbabwe and the world over. The youth know the topics that are important to them and how they can best be presented. Who could best be involved in improve the life skills needed to survive HIV/AIDS than youths themselves (UNICEF, 2002; 2003)?

Good results have been observed from peer education programs (ZHDR, 2003). So including student's perceptions would be of benefit. A study in Britain showed that a boy who came out as HIV positive in 1991 provided the much needed model and more students started coming forward for testing (The Kaiser Family Foundation, 2004). The same thing happened when in the USA Magic Johnson came out as HIV positive in the early 1990s. People who might not have thought themselves vulnerable revised their behaviors, and started testing. Thus, peer education should not be given a secondary role to the conventional methods of teaching.

Youths need to be recognized for the key leadership roles they play as they are filling those positions left vacant by their parents through HIV/AIDS (ZHDR, 2003; UN, 1998; UNICEF, 2000). The young people will be the ones to revitalize the hopes of the future; consequently, in collaboration with their teachers they should be actively involved in the skills-based health education programs. It should be understood that on a daily basis some of the youth are dealing with HIV/AIDS issues ranging from newborn babies to young adults. They nurse their siblings and parents and provide material and emotional. Taken in this context their perceptions would provide necessary insight to the school leadership as to where effects should be changed so as to provide them accommodation (UN, 2002; 2001; 2004).

HIV/AIDS Education Programs in Zimbabwean Secondary Schools

Zimbabwe initiated the AIDS Action Program in 1992 in collaboration with the Ministry of Education and Culture and United Nations International Children's Education Fund (UNICEF). The program targets all students and teachers in primary (grades 1-6) and secondary (grades 7-12) secondary. The aim is to develop the students' problem solving skills, decision-making skills, and risk averting skills. More than 6000 teachers from 2000 schools have been trained. This literally means that just a third of all the teachers have been trained; hence, it is assumed that teachers are not familiar with the new participatory techniques of teaching and find topics of sex and HIV/AIDS rather embarrassing and hard to teach.

Another new strategy introduced to secondary schools (grades 8-10) was the Auntie Stella health education packs. The packs consist of education cards with questions and answers that address students' concerns and gaps in knowledge on sexual issues and HIV/AIDS. The students analyze the behaviors and participate in exercises to devise action plans for behavioral change and risk deduction. However, this was a pilot study conducted in only eight secondary schools. Pending the results of the findings of the pilot study, the program would be expanded to the national level. Here already a discrepancy exists—the training of teachers has not been matched to the needs of the students. If teachers find it hard to discuss issues of sex and HIV/AIDS with primary school students, how free will they be to tackle this sensitive issue with teenagers?

A third program introduced to Zimbabwean schools was the Focusing Resources on Effective School Health (FRESH) approach which is a partnership of the World Health Organization (WHO), UNICEF, United Nations Educational Scientific and Cultural Organization (UNESCO), and Education for All (EFA) was launched in 2000 and this program utilizes the skills based approach to HIV/AIDS prevention. FRESH ensures:

- Better educational outcomes
- Good health while children are of school going age
- Improved social equity
- Linkages to resources for health, education, and nutrition to the school.

The main aim for FRESH is to improve learning and education outcomes by enhancing the health of schoolchildren by providing useful planning frameworks to help countries

develop health components within their national education programs. At the same time the target is keeping more children in schools so as to benefit the most from the school interventions.

Peer Education

This has been a component of HIV/AIDS education in most schools for the past decade. The youth are more comfortable discussing issues of HIV/AIDS with their peers than with teachers and counselors. They feel they are operating at the same level. There are neither power relations nor cultural fears of discussing issues they cannot talk about with people in positions of authority. There are probably still elements of both although not as extreme as with elders, who maybe more likely to hold “outdated” cultural beliefs. Nevertheless even among youth there must be some who are attached to moral systems that would make it difficult to talk about sex.

Research also indicates that these programs are helping school health programs in many countries. The number of students who have been reached through peer education programs has increased substantially in many countries. Findings of research conducted by WHO (2000) underscores the need to integrate peer education programs with other interventions and emphasize the need for educator training. One of the findings of the study was the impact HIV/AIDS education has on the change of behavior for the youth.

Significance of Skills-Based Health Education

Education seeks to go beyond the provision of just information on sex, sexuality, sexually transmitted diseases, HIV and AIDS but to bring about behavioral change (Hubley, 2000). The programs aim to help youth develop the knowledge, attitudes, values, skills, awareness, critical thinking skills, decision-making and interpersonal skills.

- School-based HIV/AIDS prevention life skills approaches to health are effective.
- Behavior change is possible when focused on specific behavior goals and aligned to proper training and support for teachers.
- Program impact occurs slowly but significant change eventually takes place.

Though progress might be slow and small numbers impacted, it must be emphasized that in the worst affected regions these relatively small numbers and slow changes could save millions of lives of children. There is a significant lack of empirical evidence on the success of the skills-based approaches in Africa; hence this study would provide the much-needed evidence for educational policy makers.

Most of the responses to HIV/AIDS education have been reactive rather than proactive; have been implemented on a small scale, and weakly integrated into the education of all youth. Strong political and educational leadership and commitment is key to addressing these shortcomings. Teachers who have been over-burdened by heavy workloads, who are not committed, who are uncomfortable, uneasy and poorly informed have rendered prevention messages ineffective.

Summary

This chapter highlighted the rationale for educational leadership in HIV/AIDS education and the need for teachers to be good followers as well as implementers of the HIV/AIDS prevention programs. The world perspectives on HIV/AIDS education and the Zimbabwean emphasis were elaborated on. Literature contributed to students' perceptions of leadership and these are important as education targets young people in the prevention of HIV/AIDS.

Chapter 3

Research Methodology

The purpose of this study was to examine how high school principals, teachers, and students perceived the leadership they either provided or received in the skills-based health education programs in Zimbabwean secondary schools. The study examined whether school principals perceived themselves as providing generous leadership to enable effective teaching of HIV/AIDS education through their teachers. It further examined whether teachers perceived school principals as fully equipping them with necessary skills and preparations for the challenge/s of teaching sex health education in order to control the spread of HIV/AIDS. Lastly, the study examined whether students perceived teachers as equipping them with skills and knowledge necessary to prevent the spread of HIV/AIDS among today's youth.

Research Methods

Three main questions used to conduct the research were: 1) What do you as school principal perceive as your main leadership role in the HIV/AIDS education? 2) What do you as a schoolteacher perceive as the main leadership role of the school principal in the HIV/AIDS education? and 3) What do you as a student perceive as the main leadership role of your teacher in relation to HIV/AIDS education? Sub-questions were also used to solicit more information (see Appendices C, D and E) as necessary.

This was a phenomenological study of HIV/AIDS Education in secondary schools of the Marondera East Region in Zimbabwe (See Figure 1). I chose a phenomenological study as it is considered to be a suitable approach to answer the research questions because “a phenomenological study is a study that attempts to understand peoples’ perceptions, perspectives, and understandings of particular situation” (Leedy & Ormond, 2001, p.153). In the study school principals, teachers, and students narrated their training, teaching, and learning experiences in relation to HIV/AIDS education programs in different schools. Their perceptions of their involvement in the educational program are supposed to benefit the sexual behavioral changes that are necessary if programs are to be responsive to the needs of the students.

A phenomenological perspective also includes a focus on the life world, openness to the experiences of the subjects, a primacy of precise descriptions, attempts to bracket foreknowledge, and search for invariant essential meanings in the descriptions (Kvale, 1996). This study intended to tap into the training, teaching, and learning processes and meanings that principals, teachers, and students made of the HIV/AIDS education programs in Zimbabwe in order to give meaning to the sexual behaviors of the youth in the prevention of HIV/AIDS.

Figure 1
Map of Zimbabwe and its Neighboring Countries



Source: Magellan (1997).

According to Kvale (1996) phenomenology was founded as a philosophy by Husserl at the turn of the century and further developed as a philosophy by Heidegger. The subject matter of phenomenology began with consciousness and experience, and then expanded to include the human life world by Heidegger and to human action by Sarte. With the focus of the interview on the experienced meanings of the subjects' life world, phenomenology appears relevant for clarifying the mode of understanding in this research (Kvale, 1996). In the same context Maxwell (1996) states that 'research design is like a philosophy of life: no one is without one but some people are more aware of theirs, and thus, able to make more informed and consistent decisions' (p. 46). Basing my study on these premises I wanted to find out whether there are certain philosophies that school principals and teachers were bringing to the HIV/AIDS education programs or whether they had nothing to contribute at all.

This was a case study of four secondary schools in Marondera School District of Zimbabwe (one urban and one rural) studying the phenomenon of HIV/AIDS. Case studies just like phenomenological studies (Kvale, 1996) start with the consciousness and experiences of the human world; thus, it is the realization of the problems and the reaction to the problems of HIV/AIDS prevention that this study sought to understand in Marondera. Data for the study were collected through interviews conducted with school principals, teachers, and students within the Marondera School District of Zimbabwe.

The study intended to do what Denzin and Lincoln (2000) refer to as "studying things in their natural settings and attempting to make sense of, or interpret the phenomenon in terms of the meanings people make" (p. 3). The study was interested in

the perceptions of the subjects' lived and learned worlds (who were the secondary school principals, teachers, and students), how they attempted to describe in detail the contents, the structures of their consciousness to grasp the qualitative diversity of their lived and learned experiences and explicated their own meanings in relation to the HIV/AIDS (the phenomenon) education programs in schools (Leedy & Ormond, 2001).

Study Sample

Patton (2002) stated that the extent to which a study is broad or narrow depends on the purpose, the resources available, the time available, and the interests of those involved. In accordance with this assumption the available resources limited me to a large extent as a foreign graduate student. However, Bogdan and Biklen (2003) support purposeful sampling as they argue that purposeful sampling ensures that the characteristics of the subjects in the researcher's study appear in the same proportions that they appear in the total population. The study, therefore, ensured participants were represented purposefully according to characteristics such as gender, years of experience, school location, and learning capabilities.

School Principal Participants: Among school principals, the study interviewed four principals with at least five to ten years of school leadership, two males and two females, from both urban and rural schools. The school principals interviewed had spent at least two years as school principals at the same school.

School Teacher Participants: I interviewed eight high school teachers (four males and four females) from four secondary schools (two urban, two rural) intentionally identified through their number of years of experience teaching HIV/AIDS education in Marondera School District of Zimbabwe. The participants in this category had at least a minimum of two years of teaching HIV/AIDS health education at the same school (uncertified teachers were automatically excluded from the participants of the study).

School Student Participants: With the help of the secondary school teachers I selected focus groups with sixteen high school students from both urban and rural schools (eight from urban and eight from rural) for a total of four focus groups. Due to the problems of communication as this was an international study in addition to the IRB requirements in the end I decided to conduct focus groups with students above the age of 18 who represented the target population across the board as proficient learners, average learners, slow learners, and who represented both sexes equally.

This breakdown was necessary so that I could explicate meanings out of their specific gender and power differences, social interactions, and learning capabilities and how they made meaning of their lived and learned worlds in relation to those they either led or followed in health education programs in Zimbabwe secondary schools.

Interview Settings: Maxwell (1996) advises that sampling is not concerned just with the people, but also with settings and events as well as processes. This is strongly supported by Denzin and Lincoln (2000) who state, “although we sample people we may as well sample scenes, events or documents depending on the study and where the theory leads us” (p. 89). As events, and scenes are assumed to be part of sampling these were

basically as identical as possible for all respondents in the same school environment, as a measure to ensure validity and reliability.

Pilot Study

According to Maxwell (1996), pilot studies actually help the researcher focus more on his/her own concerns and theories about the research. The pilot study's main purpose is to help test ideas and methods as well as explore the implications to inductively develop the grounded theory relevant to the study. Kvale (1996) supports the idea of pilot studies by stating "reading books may give some guidelines, but practice remains the main road to the craft to interviewing" (p. 147). Thus, I understood that through the pilot study I would develop my theories, improve my techniques of interviewing, watching, and inferring meanings for the purpose of my research. In my case the pilot study helped me anticipate the schools' examination schedules, the necessity to change the timing of my interviews and negotiate for appropriate times for interviews with school principals over the phone. These were some of the issues I had completely overlooked or forgotten to account for in my proposal.

A pilot study of just one subject from each group of respondents was conducted in both urban and rural schools during the week of June 1 to June 7, 2005. There were few problems in the pilot study, however, the pilot study had a lot to do with my later decisions (participants in the pilot study were not included in the final study sample). Through the pilot study my goal was to find how well respondents understood my

questions, my style of questioning and how they responded. The pilot study afforded me the opportunity to iron out some of the perceived interviewing problems before I conducted the actual study. I conducted my pilot study with two principals, two teachers, both male and female from two schools nearest to my urban and rural homes. I also interviewed four students—two from urban and two from rural schools. The students' responses to my interviews later influenced me to conduct focus groups¹ with students as some students were not very responsive as individuals. Thus, I decided that debating issues would help some of them come out of their shells.

Initially, I had scheduled the interviews to take place from June 15 until August 15, 2005; however circumstances beyond my control forced me to change my interviewing schedule. One thing that became apparent during my pilot study was the bad timing of my project. This was the mid-year and Zimbabwean schools, both primary and secondary, conduct mid-year examinations during the last week of June to the first week of July. From early June to the end of the term most schools are extremely busy reviewing for the mid-year examinations, conducting the mid-year examinations, marking of examinations, grading, and writing reports for students. I realized that I had to change my approach on how to recruit respondents to participate in my research due to the busy nature of the time. Instead of advertising in the local paper for respondents who were willing to participate in my project I ended up calling individual school principals

¹ Powell and Single (1996) define a focus group as a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research.

and negotiating with them for acceptable and convenient times for me to conduct my interviews. Interestingly, I might add that I met with as much resistance and acceptance from an equal number of school principals both males and females and from both urban and rural schools.

Besides the school mid-year examinations I realized the hardships of conducting an international study involving human subjects—especially minors. The IRB requirements for international research have rigorous measures to ensure that one does not abuse minors participating in research study. Though I intended to include them, I had to change my plans and involve students who were above the age of 18. Therefore, I had a hard time finding schools that had 18 year olds, so my access into many schools became limited.

I had paced my study in such a way that I could at least visit one school for a minimum of three visits. One visit would be solely to interview school principals, the second would have been for teachers, and the third would have been dedicated to conducting interviews with students. I was able to interview the first two schools within the planned time but I had reduced my visits to just one visit per school. These plans later had to be altered once more after the second week in July due to the untimely death of my father. My father was hospitalized during the first week in July and the second week was dedicated to his funeral; thus, I had to reschedule interviews that I was supposed to have conducted then.

Soon after conducting my pilot study, I realized the need to have a flexible schedule that would be adjusted to suit not just me but my interviewees as well.

Therefore, despite all these hurdles I managed to reschedule and school principals were very understanding and accommodating to my needs as a researcher. In contacting school principals I made sure they had been school principals for five years, that they had been at the same school for more than two years and that they had the HIV/AIDS education program taking place in their schools as well as a program that included 18 year olds.

Data Collection Procedures

The principals' interviews, teachers' interviews, and students' focus group discussions were conducted from mid June to the end of July 2005. Interviews lasted approximately an hour each for the four focus groups. All interviews were recorded, and the protocols consisted of a minimum of 20 open-ended questions. The open-ended questions allowed me to probe further for information and channel the interviews to solicit information that was most pertinent to my research (Kvale, 1996).

School classrooms or prior identified rooms on the school premises were used as venues for the interviews. With prior arrangements, I tried to utilize the same rooms to conduct all the interviews for both teachers and the students within the same schools, although in one school we had to move during a focus group discussion. But we were assigned an alternative room within the school premises. The school principals' interviews were all conducted in their offices. All interviews were conducted during school times and this to a large degree minimized the levels of disruptions (such as noises during break times) and these tended to be rather noisy.

During the interviews I kept a record of daily journals of schools visited and people interviewed; wrote notes regarding their gestures, body language, hesitations, and facial expressions that I found would have some bearing to the final data analysis. I was also able to impute meanings to some of their body language and expressions and took note as relevant. The formal interviews were transcribed in a timely manner before impressions and essences of the interviews were lost or diluted. All data was finally transcribed by the end of August. All interviews were conducted in English because English is the official learning language in Zimbabwean secondary schools.

Data Analysis

Data analysis in a phenomenological study means reflecting on the narratives collected and trying to understand their meaning (Patton, 2002). The aim was to arrive at structural descriptions of an experience—the underlying and precipitating factors that account for what was being experienced (Kvale, 1996). According to Denzin and Lincoln (2000) a qualitative researcher studies and analyzes the spoken and written records of human experience, including transcribed talk, films, and photographs as well as daily memos. This concurs with (Bogdan and Biklen, 2003) who assert that transcriptions of interviews are some of the talk that is analyzed by phenomenological researchers and it is the voice of experience by the actual person through observations or interviews.

Defining, grouping, and relating themes and sub-themes to each other was an ongoing process during data analysis (Patton, 2002). Ryan and Bernard (2000) state that

building a codebook is necessary to help facilitate the grouping and relating of the emerging themes. Accordingly I developed a codebook. In the codebook, each theme was defined and described and I selected chunks of narratives grouped under each theme such that thematic piles and sub-themes that emerged were used to describe the findings.

Primary Research Question for School Principals

1. What do school principals perceive as their main leadership role in HIV/AIDS education?

The leadership themes and sub-themes that emerged during the analysis were coded according to how principals perceived the importance of their leadership roles. The responses to this question were described and ranked from one to five according to what school principals perceived as their main leadership roles and later compared to what teachers perceived as the main leadership role of the school principals. A comparison of these themes whether they agreed or disagreed was drawn, and interpretations made for implications.

Secondary Research Questions for School Principals

2. Do the school teachers perceive their leaders as providing them with the necessary training to enable HIV/AIDS to take place in schools?

Responses to this question were described and ranked on a scale of one to five according to how the principals rank themselves with one as the most important and five as the least. A comparison was drawn between males and females, and urban and rural. Finally,

an analysis was drawn on how principals ranked themselves as providing sufficient training to their teachers for effective HIV/AIDS education. The analysis was finally compared to how teachers responded to the same question and inferences drawn as to why there were the perceived differences.

3. What have school principals done to prepare teachers to implement HIV/AIDS education?

The responses to this question were also coded according to what principals had done to prepare their teachers to overcome their inhibitions. A comparison was made between what urban and rural principals perceived as their main leadership roles, as well as between males and females. The responses were compared to how teachers responded to the same question. An analysis of how they agree or differ was made and inferences made as to why there were such differences in their responses (see Appendix D).

Primary Research Questions for Teachers

1. What do secondary school teachers perceive as the main leadership role of school principals in relation to HIV/AIDS education?

The common trends/themes that emerged during the analysis were color-coded according to what teachers perceived as the school principals' main leadership roles. A comparison was drawn as to what teachers perceived as the main leadership roles of the school principal in relation to what school principals themselves perceived as their main

leadership roles. Another comparison of leadership roles between the rural teachers and urban teachers was done that compared the perceptions between males and females.

Secondary Research Questions for Teachers

2. Do schoolteachers perceive the school principals provide them with training and leadership necessary for HIV/AIDS education to take place in this school?

Here comparisons were drawn between what teachers perceived as actually happening pertaining to their training and what principals said they actually did.

Perception comparisons were drawn between urban and rural as well as males and females and inferences were finally drawn for implications.

3. What do teachers perceive school principals have done to prepare them for the teaching of HIV/AIDS education?

This part of the study solicited information pertaining to the necessary training before and during the teaching of HIV/AIDS education. Issues pertaining to training aimed at enabling teachers to help students change sexual behaviors, acquire more knowledge and skills, change attitudes, and teach mutual respect were analyzed. The responses were compared according to gender and location specifics in the final data analysis (See Appendix C).

Primary Research Questions for Students

1. What do the students perceive as the major leadership role of their teachers in relation to HIV/AIDS education?

These responses were described according to common themes and trends that emerged during the transcribing as to what students perceived as the major leadership roles by teachers. Comparisons were also drawn between student perceptions and teacher perceptions. Further comparisons were drawn between gender and the two different locations of the study.

Secondary Research Questions for Students

2. Do students perceive their teachers as providing them with skills and knowledge necessary to prevent the spread of HIV/AIDS?

Analyses of the findings were drawn on whether students perceived teachers as providing them with skills and knowledge necessary to prevent the spread of HIV/AIDS. Findings were compared between males and females and urban and rural. Conclusions were drawn as to how their gender and learning abilities influenced how they perceived their education as related to their changes in sexual behaviors, attitudes, acquisition of skills and knowledge necessary to prevent the spread of HIV/AIDS.

3. What have teachers done to equip students with skills and knowledge necessary to make better decisions when dealing with their sex and sexuality issues?

The same analyses that were used for the primary questions were used to analyze these secondary questions and drawing of the study conclusions. Transcripts of the data collections were color coded for analysis first gender specific and as a synthesis of both inferences and implications drawn including those of facial expressions and gestures from respondents, (see Appendix E).

Ethical Issues

Penn State University policies and regulations regarding human subjects were adhered to so as to protect the school principals, teachers, and students who took part in this research. Also before each interview, I explained the consent forms and the need for safekeeping and assured all participants of their confidentiality and anonymity in the research.

Access into schools was sought through an application first with the Ministry of Education, Youth, Sports and Culture main office in Zimbabwe. The same application was used at the regional level and permission was also granted by the regional offices for me to have access into schools. In accordance with research guidelines from the Zimbabwe Ministry of Education Research Department participants also had to complete the consent forms which assured them of their anonymity and the maintenance of their privacy and confidentiality (see Appendix A).

Limitations of the Study

This study was a phenomenological study of one region in Zimbabwe; therefore, the findings could not be generalized to the whole of Zimbabwe secondary schools. Also the study sample did not include minors; therefore, the perceptions of the study could not be reflective of how minor students perceive their HIV/AIDS Education programs in Zimbabwe secondary schools per se. Also the time this study was conducted was a rather busy one especially with Zimbabwean schools conducting their examinations, which limited me as a researcher due to the fact that I could not make as many visits as I had intended initially.

On the other hand, what makes this study more reliable is that as a researcher I speak the same language as most of my participants; therefore, even where the respondents wanted to respond in their languages, I could easily understand what they meant. I had also previously worked in some of the schools in the region. So I understood some of the political, cultural, and religious barriers that a foreigner would encounter. Most schools were public; thus; religious limitations had already been delimited to a minimum as I did not utilize any parochial schools.

As it was of utmost importance to understand how the scourge had affected principals, teachers, and students before conducting the interviews I needed to be extra sensitive regarding this as I was afraid some of my respondents—especially students—might be dealing with the epidemic or trying to cope with the trauma of death and their losses. Therefore, the general rapport-building conversations took longer and were more

time consuming than what would be considered appropriate with people studying a much less sensitive subject. Each interview protocol had questions relating to how individuals were affected by HIV/AIDS in their personal and professional lives and their responses enabled me to proceed in a more appropriate manner.

Though people living with HIV/AIDS were not the ultimate target of this research, this investigation might have either knowingly or unknowingly involved both those living with HIV/AIDS and those who are not affected/infected. Knowing their status was not of particular benefit to my research but only necessary in helping frame my questions with more sensitivity to suit each individual participant.

Summary

This chapter provided the rationale for the study and a brief description of the research methodologies that were employed with the intention to maximize reliability and validity. The chapter also schematically described the methods that were employed in the data analysis including the nature and type of transcription that I used for the final results, data analysis and implications.

Chapter 4

Results and Discussions

As the researcher, I intended to answer three main research questions in relation to HIV/AIDS education programs in secondary schools in Zimbabwe. The research questions specifically were: 1) What do secondary school principals perceive as their main leadership role in HIV/AIDS education? 2) What do secondary school teachers perceive as the main leadership role of school principals in relation to HIV/AIDS education? and 3) What do secondary school students perceive as the major leadership role of their teachers in relation to HIV/AIDS education?

Chapter Four presents the results to these research questions, and discusses the role of leadership in HIV/AIDS education in Zimbabwe as I interpreted it through interviews conducted with secondary school principals and teachers, and discussions with student focus groups. Admittedly my research was conducted during one of the hardest economic times in the lives of people in Zimbabwe. The general populations of Zimbabwe were reeling from the effects of “Operation Clean Up.”² Effects of the “clean up” operation on the people of Zimbabwe could be perceived from a multilevel perspective. The hardest hit were the urban people due to lack of transportation, living in

²Sometime in May 2005, after winning the parliamentary elections in March 2005, the Zimbabwean government decided to bring back the rule of law they had been abandoned in 1999/2000. This meant that all illegal structures in urban areas were being demolished, unregistered and illegal vehicles were pulled off the road, and illegal business enterprises were forced to close down. People found themselves homeless, jobless, facing transportation shortages, fuel shortages and going back to their rural areas during this cold season in Zimbabwe. This operation was aptly named “operation clean up” and it was during this period that my research was conducted. Thus, during this time, many people in Zimbabwe were disenfranchised, disillusioned, and reeling under the economic hardships

the open and lack of proper nutrition (June 20, 2005; The Zimbabwe Herald). In rural areas people were crowding in small huts as those displaced by the clean up operation in towns were finding their way back to their roots of origin.

Despite these economic hardships none of the participants referred to how the “operation clean up” exercise was impacting their school programs. Hence, as the researcher I felt the study was not compromised in any form by the hardships of “operation clean up.” Once I received permission from the Ministry of Education, Youth, Sports, and Culture to conduct this research in Mashonaland East Region, I visited the regional offices for permission to access schools in their district.

Initially, because of the hardships, I had transportation problems due to fuel shortages in Zimbabwe. Secondly, schools conduct their mid-year examinations between the end of June and early July. Consequently, school principals were not forthcoming in letting me into their schools as this was a busy time. I overcame this hurdle by deciding which schools qualified for my research project then scheduling interview times over the phone. I called schools that could be reached via phone whether urban, rural, peri-urban³, farming, or mining communities that met the criteria of implementing the HIV/AIDS program in their schools. Finally, I managed to conduct interviews with four schools, at least two weeks before schools closed on August 3, 2005.

In this chapter, I will attempt to discuss how my interviews were conducted in Zimbabwe. The discussion will be on three levels: the school principal, the schoolteacher, and student level. The discussion of the findings will clearly indicate whether I found any

³ Peri-urban means semi-urban in British English

agreements or disagreements regarding the perceptions of the role of leadership in HIV/AIDS Education in Zimbabwe according to principals, teachers and students. It will further elaborate on issues that were stressed by teachers, students, and principals as being the most important in HIV/AIDS education with an emphasis on the Marondera School District as a case in point as interviews were conducted in this school district.

My primary concern was identifying schools that had principals who agreed to let me into their school, ones who had been at the same school for a minimum of five years, and schools implementing HIV/AIDS education in their school curriculum. Later I planned on the best times to be in the different schools so as to conduct my interviews on the same day with principals, teachers, and students. The criteria for choosing teachers (see Appendix C) actually helped me to easily come up with appropriate participants for the research at every school. I found that most teachers were Guidance and Counseling and HIV educators (G & C and HIV Education); however, not many had been teachers at the same school for more than two years. This automatically eliminated most teachers from the study.

Due to the Institutional Review Board (IRB) requirements, and this being an international research study, I had to change the selection of students to participate in my research. After emails back and forth with my IRB advisor, I decided to conduct my research with students who were above the age of 18 and only after the approval of the IRB advisor did I conduct my interviews. Finally, my interviews were conducted in four different schools over a period of one month.

In my research I refer to the schools by numbers but not necessarily according to the order in which I conducted the interviews. This was purposefully done to protect the identities of my participants in case there were people who had prior knowledge of the schools I visited in their chronological order. The schools were in different communities: two were urban schools, one rural, and the fourth a commercial farming secondary school.

The aim for my data analysis was to arrive at structural descriptions of an experience, the underlying and precipitating factors that account for what was being experienced (Kvale, 1996). Defining, grouping, and relating themes and sub-themes to each other was an ongoing process during data analysis (Merriam, 1998). Accordingly, I developed a codebook. In the codebook, each theme was defined and described and selected chunks of narratives grouped under each theme so that thematic piles and sub-themes that emerged were used to describe the findings of this study. Some of the emerging themes were uniquely organic to this study.

My discussion will start with the results of interviews conducted with school principals, followed immediately with a brief analysis of the results and a summary of the results. The next segment will present a discussion of the results of interviews conducted with teachers as well as a short synopsis of the interview findings followed with a brief summary. The final part of this chapter will present and discuss the results of discussions conducted with secondary school students' focus groups, followed by an analysis of the results and summary of Chapter Four.

Participation at the School Principal Level

Four school principals participated in this study. There were two males and two females from urban, rural, and farming communities. Though female headed schools are far less common than those headed by males in Zimbabwean secondary schools (Chigwedere, 1995; Zimbabwe Human Development Report, 2003), I wanted to have an equal representation of both males and females for this research. However, the numbers of females I contacted who were willing to participate in my study equaled the numbers of male-headed school principals that were also contacted to participate in the study.

Background Information

The four responding school principals' experience in the teaching field ranged from 10 to 24 years and all had been principals for not more than five years. They all agreed that in their personal lives they had lost either brothers or sisters to HIV/AIDS, but none among them mentioned a parent, a child, or a spouse. This finding agrees with the results of the National AIDS Council (2004). However, in their professional lives things were completely different. Principals talked of losing colleagues, young teachers, students, and others. They also talked of having suspicions of who was infected amongst their colleagues, teachers, and students, even as we conducted interviews. All the schools I visited had introduced HIV/AIDS Education programs from the mid 1990s to the late 1990s (ZHDR, 2003). Therefore, I considered no school a novice in the program implementation. Responses to each of the questions posed are outlined below.

Principals' Perceptions of Main Leadership Roles

Most school principals perceived their main leadership role in the HIV/AIDS education program as that of being role models. They all alluded to the fact that good personal conduct with their families was their primary role. How they related with fellow teachers, their students, and the community at large were equally important in reaping good results from the HIV/AIDS prevention program. A principal from school # 2 put it as:

We are the new school of leaders and we should look our teachers straight in the eye and tell them not to do as we say but as we do. If we need to eradicate the epidemic of HIV/AIDS we have to remember the teaching from the bible that says 'you are lights set on top of the mountain for all to see' therefore we are not just examples and models for our students and teachers.

Thus, school principals perceived that they did not only lead by teaching but also through their conduct and social interaction.

After this role, school principals perceived themselves as resource providers and distributors. They mentioned resources such as competent teachers, sufficient time, expert counselors, private rooms, and materials to enable the teaching of HIV/AIDS education. One principal actually pointed out that his main role was information dissemination, and not just any information but "correct information." His main thrust was that teachers continue to teach with archaic information and as a conscious leader he

incessantly updated himself on the correct information on HIV/AIDS and also assessed how his teachers were keeping themselves correctly informed.

Though most school principals perceived counseling as one of their main leadership roles, some were not comfortable in that role. One principal from school # 2 mentioned an incident that had taken place that morning before I visited the school. One female student in form four⁴ (an equivalent of tenth grade) had threatened to commit suicide if she was expelled from school due to non-payment of her examination fees. The principal admitted to being at a loss of how to handle the situation professionally. He felt as school principals they could not embrace all roles and that his duty was to provide trained personnel such as counselors for such incidents. Incidentally, he mentioned that suicidal thoughts were more common among girls than male students; therefore, he perceived his other main duty was to match student needs to teacher expertise and also counselor expertise.

Both male and female principals agreed that parents should be part and parcel of the HIV/AIDS educational process team but, unfortunately, that was not the case. More often than not parents were not able to attend workshops or meetings, nor were they in total agreement with some of the school policies on HIV/AIDS. Due to scheduling conveniences some school principals automatically excluded parents. Only one principal

⁴The Zimbabwean primary education system starts from Grade 1 to Grade 7. The secondary school system is made up of Forms 1 to 6 an equivalent of grades 8-12. Primary and secondary education both take 13 years to complete. Thus, the Zimbabwean system of education is fashioned exactly like the British system as they are the ex- colonizer of Zimbabwe up to 1980 when Zimbabwe became independent.

from school #4 argued that he would not let parents off that easily. He reported that their local school community members appreciated how he made it his personal duty and responsibility to visit with parents and influence them to be part and parcel of the school HIV/AIDS education team. Furthermore, he found their presence and contribution of tremendous benefit to their students.

Though school principals perceived training for teachers as part of their main leadership roles they reported that the responsibility had been taken out of their hands by the Ministry of Education, Youth, Sports and Culture, which conducted the seminars and workshops in collaboration with the AIDS council as and when they felt the need. However, they all seemed to concur that local situational problems were addressed at the school level by principals who conducted short teacher caucuses usually after assemblies to help teachers cope with their unique situations.

Principals' Perceptions of Effective HIV/AIDS Programs

When principals were asked what they would consider as effective HIV/AIDS education programs, they all responded that they were not sure. However, they all agreed that going along with the Ministry's recommended syllabus was sensible. They seemed to think that teaching about the use of protection such as condoms would be a conundrum as schools would not be able to deal with all the social tribulations that would arise as a result. The Ministry's abstinence only policy at least eradicated some of these perceived inherent socio-economic problems. To school principals this would be equivalent to telling students to have casual sex and to most of them was highly inconceivable.

Only one principal from school #4 had an alternative strategy, that of bringing in religious leaders from different denominations to teach students on moral values and HIV/AIDS prevention. Furthermore, he pointed out that HIV/AIDS professional counselors needed to make more appearances in schools so that they could interact more with younger teachers and students in addition to the on-site teachers. He thought other professionals would help break the monotony for students always listening and receiving their lessons from the same, and at times ineffective, individual.

Principal's Perceptions of Evaluation of Programs

Principals perceived that evaluation was an important component of the HIV/AIDS prevention programs, which is a finding reported by UNESCO (2003). Principals implied that by observing students' general behavior they were able to evaluate how effective programs were operating in their schools. Though some reported that they had no formal evaluations others reported that they conducted book inspections for every class once at least a term. They also pointed out that they had displays of charts, cards, and drama shows for parents on open days. One principal reported that he taught every class an HIV/AIDS lesson at least once a term and found that was an effective way of assessing what teachers were covering or not with students.

Female principals mentioned that by talking casually to students, they were able to assess the course HIV/AIDS education programs were taking. One noted:

As I talk to the students I evaluate how much they have been able to learn from these weekly lessons and that is very informative. The way they

question or respond to my questions can inform me on how much they are learning.

I found this to be the same approach as Management by Walking Around (MBWA) and more meaningful when the supervisors visit with employees alone, and one-on-one.

According to Giancola and Hutchinson (2005), this approach, MBWA, encourages more honest dialogue and speaks highly of the supervisor's personal commitment to the program.

School principals reported that though there were no formal reports to be sent to the Ministry of Education, Youth, Sports, and Culture regarding HIV/AIDS education in schools they had their own unique ways of evaluating what was taking place in these programs. For instance, the principal from school #1 mentioned that the decrease in school dropout rates was an indication that students were heeding the "abstinence only" lessons of HIV/AIDS program. Literally, school principals interpreted the reduced drop out rates to mean that students were taking heed of the lessons of abstaining advocated for in the HIV/AIDS classes, yet research could be used to argue otherwise.

Principals' Perception of Useful Resources

Principals indicated that the primary resources any school program could wish for were competent teachers (Green, 2003) and particularly in the case of HIV/AIDS education this is a sensitive subject. Directly below competent teachers and in order of priority were competent counselors followed by the availability of sufficient rooms to

enable counseling to take place in confidence, as well as reading materials.

Unfortunately, most of the principals acknowledged that their schools had a dire need of most resources, especially of counselors and private rooms for counseling (Green, 2003). Several school principals indicated that they had 29-inch screen TVs, VCRs, radios, fliers, textbooks, and charts, as part of their resources adding on to their local elders who at times acted as motivational speakers invited to address the students.

Some principals mentioned how they had tapped into the creativity of drama clubs as part of resources for HIV/AIDS education programs. Most drama clubs had initially been mainly a component of students' entertainment but schools found that drama was an effective resource for students to communicate their feelings to their fellow students and teachers. Most principals alluded to the fact that they learned how to incorporate drama in the learning process for students to learn how to deal and cope with the HIV/AIDS pandemic. Some had adapted drama clubs as a means of raising funds needed by schools. Drama as such provided a lifeline for keeping programs active.

Principals' Perceptions of Teacher Preparation/ Training

School principals agreed that as individual schools they had very little to do with the training of their personnel. However, the Ministry of Education, Youth, Sports, and Culture in collaboration with the AIDS Council held seminars and workshops for schoolteachers on a regular basis. School principals' main responsibility in this regard was to select teachers to attend and provide them with time for reporting back after attending workshops and seminars (ZHDR, 2003). Trained teachers ultimately became

the heads of departments (HODs). The length of training varied from a day to a week depending on when workshop/seminars were conducted. During the course of the term, sessions would most likely last for a day. However, when conducted during school holidays they could last for a week. Principals agreed that they sent two representatives, usually a male and a female who later became the school resource persons. Though training of teachers was out of school principals' control, they tried as much as they could to allocate the instruction of HIV/AIDS education programs to teachers who had some form of training.

Principals' Perceptions of Skills-Based Education

School principals perceived that what made students able to make judgments on their own were life skills (Green, 2003). They reported that the ability to question, to tell whether someone was telling the truth or lying, and to decide what was right from wrong were some of the much needed life skills. They felt that life skills were important, as they could be instrumental in controlling the spread of HIV/AIDS among the youth in Zimbabwe. This perception reinforces what was previously reported by UN (2003).

However, school principal #2 raised an issue regarding how programs emphasized "abstinence only" and did not seem to be equipping students with any life skills. He elaborated that the "abstinence only" policy prohibited youths from deciding whether it was right or wrong for them to have pre-marital unprotected sex. The "abstinence only" policy emphasized abstinence; to him that was enabling students without equipping them with necessary life skills. Consequently, perceptions of school principals were that

HIV/AIDS programs were falling short of prevention requirements and at the same time principals reluctantly admitted being rendered powerless to change the HIV/AIDS educational policy as they were not involved in the HIV/AIDS policy formulation process.

Principals' Perceptions of Class Allocations

Most principals reported that first and foremost they allocated HIV/AIDS education programs to teachers who were willing, compassionate, and sensitive enough to teach the subject National AIDS Council (2004). They also mentioned that teachers who had respect for students usually had a huge impact on changing the students' sexual behaviors and attitudes; thus, these were allocated first. One of them mentioned that she actually went out of her way to assess how teachers interacted with students (both male and female), observing their behaviors, whether questionable or above board before she could allocate HIV/AIDS classes. According to her, teachers' behavior had to be clearly understood by students; thus, she carefully chose teachers who had a positive attitude towards HIV/AIDS education whilst she found them to be people of good standing in and out of school. NAC (2004) found this to be the most influencing requirement among HIV/AIDS educators.

One principal reported that he preferred allocating HIV/AIDS classes to either married men or women, those stable in their relationships, or those who portrayed fatherly and motherly images with strong family values. However, when further asked

whether teachers' "religious backgrounds" had anything to do with his choices this principal from school # 3 responded:

Usually the ones who are married with strong family values are Christians anyway but religion has nothing to do with why I allocate the HIV/AIDS Education classes to teachers at all. I choose them for who they are and what they are able to do for the kids in the face of HIV/AIDS pandemic.

Additional Information

Before concluding my interviews, I was interested in finding out whether the participants had any more information to enrich our dialogue. Most people had something to add but where they had nothing I would ask one final question myself. Interestingly all school principals responded that they had nothing to add; however, when I asked how they would react to issues of students with different sexual orientations they all mentioned that according to the Ministry of Education, Youth, Sports, and Culture's syllabus, sexual orientation was not covered in any shape or form. Principals perceived themselves as an extended arm of the government and would not be found doing anything contrary. For example, one male principal responded as follows:

I do not know, we talk about HIV/AIDS, and I am not sure what the trend is like on sexual orientation. In some communities they talk about condom distribution. I have a feeling that maybe we need to address that in our schools. Maybe we need to bring in condoms to the kids, if only to avoid

pregnancies. Maybe talking about unwanted pregnancies is important. I just do not know . . . maybe we need to acknowledge that kids do have sexual experiences before they get married.

Discussion of Principal's Perceptions of Main Roles

School leadership is crucial in ensuring that youth learn in supportive and encouraging environments about their growing up and all the pains associated with it (Green, 2003). Without the school principals' support, programs tend to be ignored by teachers as this support authenticates and validates them. In this case study, school principals were supportive of HIV/AIDS programs as they seemed to concur that their most important leadership role was to provide and distribute resources. From the interviews I deduced that school principals were supportive of the programs but felt constrained due to lack of authority to train, hire or make decisions on HIV/AIDS policies. Principals felt that their hands were tied and could do little to address issues on HIV/AIDS education contextually. All they could do was select teachers to be representatives in training sessions as well as provide these teachers with time for feedback.

Reinhartz and Beach (2004) advocated that school leaders should develop environments that are conducive to learning. One way of ensuring this is by implementing friendly policies, which should be supportive especially to girls' development and protect them as equal human beings. By doing so, it helps foster

trusting relationships with teachers and ultimately promotes gender equity with girls being encouraged to take leadership positions as well.

Directly below resource allocation was the responsibility of being role models (see Table 2). School principals felt strongly that their own conduct did not have to be in a position where their conduct could be questioned. The idea of school principals being role models is strongly supported by Taylor (1998) who argues that leaders are role models for those they lead as well as those they live with.

Table 2

School Principals' Perception of Their Main Leadership Role

Leadership Role	School # 1	School # 2	School # 3	School # 4
Role model	+	+	+	+
Resource allocator	+	-	+	+
Class allocation	+	-	+	-
Training of teachers	-	+	-	+
Information provider	+	+	-	-

Note: The plus sign (+) means a positive response and the minus sign (-) means a negative response

Class allocation was also perceived as one of the main leadership roles, however, some school principals reported that most of the time their class allocations were influenced by the teaching loads as some teachers had less than the number required for them to be considered full time. This is nothing new and is not unique to Zimbabwean schools only as most times school principals' end up allocating teachers who do not have the required

expertise in order to fill a perceived gap. However, most of the time school principals took time to assess the kinds of behaviors teachers displayed and those to a large extent influenced how principals allocated classes. I understood their anguish of trying to have flourishing schools when on the other hand they were confronted by the dilemma of perpetually depleting financial resources and human expertise.

Though school principals realized the need to provide teachers with information, this was ranked as one of their least important leadership roles on the priority table. School principals indicated that information dissemination was to a large degree determined by what was taking place in current world events and Runeborg (2002) reported the same. However, this did not mean that school principals didn't take their roles seriously as they emphasized the need to disseminate correct information so that ultimately it would benefit students. They also alluded to the fact that correct information was necessary as events and strategies were always being overtaken by research and research findings. They placed so much value on research findings that as an aside I challenged them to conduct research. Interestingly, two of the school principals I interviewed were completing their master's degrees studies in education.

One issue that became clear was that school principals should not be assumed as experts in all aspects of the education field (Reinhartz & Beach, 2004). While they realized the need for HIV/AIDS counselors in schools all had but one counselor per school. Some pointed out how they were lost when confronted by situations that needed professional counseling. Despite the fact that they acknowledged the importance of their roles as resource allocators it seemed they lacked this vital resource (counselors) to

allocate. Apart from having sufficient school teachers most school principals regretted the lack of adequate classrooms, shortage of qualified counselors, and lack of appropriate reading and visual materials necessary to promote the effectiveness of HIV/AIDS education programs. Green (2003) found that lack of resources hinders successful implementation of any program and thus, at times made programs less effective.

Leadership roles that emerged related to school principals were:

1. **Support:** School principals support of programs was essential for success,
2. **Leading by example:** Principals felt they had to be role models whether by their behavioral performances or social interactions,
3. **Meeting student needs:** Principals felt it mandatory to match teacher expertise with student needs, and
4. **Personal interest:** Invested personal interest in the programs was a must.

However, school principals felt that they were hampered in this respect due to:

1. **Lack of autonomy** as they:
 - a) Could not decide what the HIV/AIDS syllabi covered,
 - b) Could not decide when, what, and how teachers were trained in,
 - c) Could not decide whether training was sufficient for teachers,
 - d) Ultimately had no influence on what was sufficient training for teachers,
 - e) Met with the dilemma of working in parastatals⁵ where there was a lot of red tape, and

⁵ Owned or controlled wholly or partly by the government: *a parastatal mining corporation.*

- f) Ambivalence regarding Ministry requirements that sometimes clashed with their morals.
2. Their **noninvolvement** in the process of policy planning was a hindrance as they could not help influence the formulation of policy to address their specific and unique problems contextually.
 3. **Evaluation:** They lacked proper and uniform evaluation strategies (see Appendices C, D, and E)
 4. **Naïve conclusions** were made regarding the decrease in school drop out rates.

Summary of School Principals' Perceptions of Leadership Roles

Undeniably, secondary school principals in Zimbabwe realized the importance of their leadership roles in the successful implementation of HIV/AIDS education programs in schools (Runeborg, 2002). However, school principals acknowledged how they had been rendered ineffective due to their lack of participation in the policymaking decisions. The perpetual lack of financial resources to provide for sufficient material and human resources and constraints placed on their programs by the red-tape of bureaucracy.

According to Taylor (1998), leadership is important for the support it gives to programs. Nevertheless, in their individual schools principals had made huge strides in supporting the program as they had recognized the dire need to save the lives of their students as well as teachers. They supported programs by allocating teachers who were

passionate about the subject-teachers who were willing to go for training. Finally, school principals continued to support programs by ensuring that trained teachers were provided with time to provide feedback to their fellow teachers. However, these kinds of support without the support of policies programs implemented are usually rendered ineffective.

Though school principals' hands might seem tied in certain respects they remained resolute and focused by ensuring that the lessons were being taught. They were all following the twice a week time tables, sending their teachers for training and providing time for reporting back. Some school principals even took it upon themselves to teach at least a lesson to every class per term. They also implemented strategies to ensure compliance among teachers in the implementation of HIV/AIDS education even though the Ministry of Education, Youth, Sports, and Culture had not put one in place. They remained steadfast and determined in their roles as educational leaders to ensure that communities worked together to prevent the spread of HIV/AIDS in Zimbabwe. Still, without a match in more youth-friendly policies school principals' support alone would not be sufficient to arm youth with necessary skills to control the spread of HIV/AIDS.

On the other hand school principals appeared to take a lot for granted. Although school drop out rates were decreasing that was not necessarily an indicator that HIV/AIDS programs were beginning to yield results. Decreases in school drop out rates could be attributed to other facts than just the positive effects of HIV/AIDS lessons. After conducting the interviews with school principals I started interviewing secondary school teachers. The following part of this chapter will present the results of teacher

interviews followed with a discussion of emerging themes and roles of teachers, and a brief summary of the results.

Teachers' Perceptions of Leadership Roles

Rebore (2001) asserts that teachers are the most important resource given to any school and are central to educational improvement. This is because teachers interact with students on a daily basis and are in constant contact with students more than any other adults in the students' lives. As a result, I felt teachers needed to understand their students' sexual feelings, the importance of their ability to discuss freely without inhibitions, and the importance of the students trusting their teachers (Runeborg, 2002; UN, 2000; Kaim & Bassett, 1996) for HIV/AIDS programs to reap positive results. This segment of the discussion will highlight the results of the interviews I conducted with eight secondary school teachers and common themes drawn. Responses to each of the questions posed are outlined below.

Teachers' Background Information

The criteria used to select teachers to participate in the study were the years of teaching experience, and their number of years as HIV/AIDS educators (See Appendix C). Findings indicate that their years of teaching experience ranged from 11 to 16 years and both males and females were interviewed for this research. As for the second criterion, the number of years as a Guidance & Counseling and HIV/AIDS Educator, these ranged from two and a half years to eleven years of experience. Most of the respondents had taught in one school except for one female teacher who had sought a

transfer from the previous school due to transportation costs; thus, she was the only one who had been at the school for just two years.

During our deliberations, I quickly learned that teachers did not refer to the HIV/AIDS education as simply that but as an incorporation of Guidance and Counseling and HIV/AIDS Education (G & C and HIV/AIDS Education). The number of males and females teaching the G & C and HIV/AIDS education in schools consistently paralleled. Therefore, my choice was ultimately influenced by the second criterion—the number of years as a G & C and HIV/AIDS Educator at the same school.

Background Information-Effects of HIV/AIDS Personal Levels

Most of the respondents initially told me that they had not been affected on a personal level by HIV/AIDS; however, after getting more comfortable with me I found that they easily contradicted themselves (Green, 2003). For example, one respondent answered with an emphatic no on whether he had been affected on a personal level but went on to elaborate that his sister had died from AIDS and that his church members whom he considered family had succumbed to the illness. Although the remainder of my respondents first gave emphatic refusals, they would later report of sisters-in-law, step parents, parents, and their friends who had died from AIDS. Thus, there appeared to be more denial than acceptance.

Another issue was how they tended to place blame on the spouse of their relative or friend. One clearly stated that after her mother had passed away was when she realized the kind of man her mother had married after divorcing her father. She referred to her

stepfather as a womanizer, a man with no scruples, not trustworthy, and highly unfaithful, and promiscuous, the one who had caused her mother's death through AIDS. This was clearly a contradiction to the initial responses of whether she had been affected on a personal level by HIV/AIDS (Berhman, 2004). During all my conversations with the respondents this was very common—denying something and later contradicting it. Initially, they seemed to have persistent desires to protect their loved ones, but as we proceeded, and as I kept reassuring them that there would be no mentioning of names, only then would they become freer to discuss their relatives with emotion and admit how they were personally affected by HIV/AIDS.

The interviewees tended to distance themselves from the illness first by denying that HIV/AIDS had affected them on a personal level and second by blaming the spouses and not their relatives nor their friends. Clearly a lot of stigma was still attached to this illness (Green, 2003) yet at the same time these teachers were aware that HIV/AIDS was not an illness of lifestyle nor sexuality but that it caused a lot of stigma and that it still needed a lot of attention from all levels of society.

Background Information: Effects of HIV/AIDS on Professional Levels

Teachers talked of fellow workmates, students, and past students alike, as having been affected by the illness. One teacher actually admitted having lost several students to HIV/AIDS just two years after he had started teaching. Some admitted to having lost past students mostly a year or two after they (students) had left school; thus, they (teachers) felt that students probably were infected whilst they were still in school. Most of them

tended to agree that though there was no official acknowledgement of the illness they all had personal suspicions of what ailed their fellow teachers or students.

Teachers seemed to agree that there was no expected openness but that mostly people were tight lipped and that stigma was a bigger part of why people did not disclose of their HIV/AIDS status (Berhman, 2004; Levesque, 2003). Only one teacher referred to a fellow member of the staff who had opened up about his HIV/AIDS status and attributed that to some degree of personal acceptance and responsibility not to only himself but to his community as well, which she felt was still lacking in most people. However, this particular teacher had disclosed the nature of his illness after he had retired from teaching on grounds of poor health.

Teachers' Perceptions of Main leadership Roles

Coombe and Kelly (2001) found that one of the most effective ways to promote the prevention of HIV/AIDS and have programs that work in schools was to have good and effective leadership in schools. In line with this, I conducted interviews with teachers in order to tap into what they perceived as school principals' main leadership roles necessary to promote successful implementation of HIV/AIDS education in schools. I also wanted to find out how they perceived the leadership they provided to their students.

According to the interviews most teachers perceived that school principals' main leadership roles in HIV/AIDS education (in order of priority and refer to Table 3) was to ensure that the programs were taking place (Reinhartz & Beach, 2004); to allocate necessary resources such as time, financial, material, and human; to evaluate the

program, provide training for teachers; and to conduct fund-raising activities. According to results on Table 3, most teachers (both urban and rural) felt that school principals had to monitor to ensure that HIV/AIDS programs were taking place. The allocation of teachers and other materials was perceived as next in priority followed by the training of teachers.

Other responsibilities not on the table were that teachers indicated that school principals had to make sure that the communities were aware of HIV/AIDS and its negative impacts on the economy. Some teachers further indicated that it was necessary for school principals to facilitate separate discussions between boys and male teachers and between girls and female teachers in order for them to have the no-holds-barred kinds of discussion (Levesque, 2003). Nevertheless, several teachers reported that school principals needed to be responsible for modeling students' behavior through enforcing school rules and ensuring that they meted out appropriate penalties for improper behaviors especially sexual behaviors.

Teachers also brought up the fact that school principals could be responsible for inviting other resource persons into schools such as Christian leaders. Teachers acknowledged that church leaders were very influential in teaching students morally correct behaviors, with good Christian values. They also contended that students needed to have access to HIV/AIDS centers. Teachers felt this was one responsibility school principals could take so that students could see the real situation of what HIV/AIDS could do to people's health, as they (teachers) vehemently argued that teaching in abstract was not sufficient for changing students' sexual behaviors.

Table 3*Teachers' Perceptions of School Principals' Main Leadership Role*

Perceived Role	1	2	1	2	1	2	1	2
Monitoring	+	+	+	+	+	+	+	+
Allocation/teachers	+	+	+	+	-	+	+	-
Allocation/resources	+	-	+	+	+	+	-	-
Training teachers	+	-	-	+	+	-	+	+
Fundraising/activities	-	+	+	-	+	-	+	+
Evaluation	-	+	+	-	+	+	-	-

Note: The number one (1) represents male respondents and the number two (2) represents female respondents. The plus sign (+) means a positive response and the minus sign (-) means a negative response.

On the other hand, some teachers felt that bringing guest speakers into schools had negative connotations. They pointed out that most people ended up teaching what could be deemed not age appropriate education; therefore, they felt unless they were people recommended by the Ministry such visitors needed to be kept at a minimum in their access to schools. Teachers also expressed that when people living with HIV/AIDS came into schools to speak students did not take them seriously. Teachers perceived that students were used to associating HIV/AIDS with wasted people and when people in

good health tried to tell them how they were living positively with HIV/AIDS they took them for impostors⁶. The issue of bringing HIV/AIDS positive people into schools was an issue that was met with some ambivalence among teachers as they felt doing this further inflicted fear on the students so much that they would not be able to learn. One teacher put it:

A person might be an expert (fundi) in one area but might fail to actually reduce themselves to the level of the students and might become more technical but as teachers we understand the various levels of the students and we can even comprehend their language, their fears, and their expressions because we trained for that.

Teachers' Perceptions of Training/Preparation

Teachers seemed to agree that there was very little that they received as training at the school level. They all seemed to agree that the training they received was from the AIDS Council, which worked together with the Ministry of Education, Youth, Sports and Culture to conduct these training sessions. The AIDS Council in conjunction with the Ministry of Education, Youth, Sports, and Culture provided at least three seminars a year, which meant one every term, or as many times as the Council and the Ministry were able

⁶ Initially when people contracted HIV/AIDS one of the signs that someone had the disease was the incessant loss of weight. With proper nutrition and medication people can look healthy; however, because most HIV/AIDS positive people in Zimbabwe are not able to afford the good nutrition and medication thus, most of them are still liable to lose weight. This has become so embedded in youth and the general population of Zimbabwe on how they perceive that anyone who is too abnormally thin, who is losing hair, has a constant running tummy, and doesn't have good skin tone can be a clear indication that someone is HIV positive.

to fund in one academic year. Most participants seemed to agree that each school would send two representatives, a male and a female, who would provide feedback or some form of training or report back to their fellow teachers. Only one teacher actually reported that he first provided feedback to his “superior” whom I learned to be the principal and that later he would provide feedback to his colleagues.

Most of the teachers reported that they started attending training sessions out of sheer self-interest for the control of the HIV/AIDS pandemic. However, that later determined how they were allocated classes as they were determined to have training. One female teacher mentioned that she became an HIV/AIDS Educator by default as her interests were in helping the HIV/AIDS orphans and somehow she ended up becoming a G & C and HIV Educator. The first seminar she attended was meant for those working with HIV/AIDS orphans, but as it turned out, the session was combined with issues related to the HIV/AIDS prevention. Despite this, she found that she had a passion for her students and felt that she was where she wanted to be and doing what she was most happy doing.

Teachers agreed that workshops ranged from a day long to a week long. Most teachers indicated that workshops kept them abreast of current research and research findings. One even alluded to how information initially reported that HIV/AIDS was not spread through breast milk but that current research had found otherwise. Some teachers even referred to training that was provided in conjunction with the department of law enforcement, the ministry of health, the legal department, the department of social welfare, and the Ministry of Education as the ideal. However, teachers seemed to regret

that this type of training had been conducted only once but educators felt they had learned a lot from that one particular session.

Teachers' Perceptions of Regularity of HIV/AIDS Lessons

Teachers from participating schools seemed to agree that lessons were conducted twice a week, one on Guidance and Counseling and one on HIV/AIDS Education (each lesson was approximately 30 minutes long). Thus, on a yearly basis lessons were conducted an average of 35 hours. However, all teachers seemed to agree that the seriousness attached to these lessons only started as late as the beginning of the 2002 academic year after the circular from the Ministry of Education, Youth, Sports, and Culture. The circular stressed the need to conduct lessons on a more regular basis; otherwise, teachers implied that lessons prior to this period had been rather erratic and more dependent on individual teacher interest in the subject. The circular clearly stated there was need for a G & C and HIV/AIDS lesson every week. Furthermore, the circular elaborated that all classes had to be included that also put emphasis on lessons being conducted with forms one and two students who had previously been neglected due to their tender ages. On the other hand teachers seemed to attribute that to negligence on the part of teachers as HIV/AIDS education had been introduced into primary schools in the early 1990s.

Nonetheless, teachers sounded excited by the idea of conducting these lessons on a more regular basis though they expressed the strain placed on their school schedules. They realized the imperative for these lessons and the urgency; hence, most seemed to

allude to the fact that HIV/AIDS lessons could be incorporated into all school subjects. One teacher related how it could be incorporated into geography, and discussions on the geographical aspects of HIV/AIDS, the economy and commerce and economic negative impacts. They all seemed to agree that HIV/AIDS education did not have to be necessarily taught in isolation, but when incorporated into other subjects then there would be shortage of neither time nor topics to cover. He articulated the problem as:

The most prohibitive nature of the HIV/AIDS education is we have taught it in isolation. We need to understand that somehow everything we learn is somehow interrelated. Our teaching loads are extremely overloaded; therefore we need to incorporate HIV/AIDS education into all the subjects of the school curriculum.

Teachers' Perceptions of Principals' Criteria for Allocation

Most teachers seemed to agree that what influenced school principals to allocate certain teachers to be HIV/AIDS educators were several things such as their maturity of character, whether they themselves were married or not bound together with strong family values. Teachers agreed that being Christians had nothing to do with the school principals' ultimate decisions to allocate the teaching of HIV/AIDS. Instead, teachers acknowledged that HIV/AIDS educators were supposed to be responsible people both as teachers and counselors; therefore, respondents could not understand why people with unbecoming habits were ever allowed to guide and counsel students on HIV/AIDS. To

most teachers these potential abusers were being given easy access to students to abuse even more and violate the codes of conduct in the process.

One teacher actually mentioned that the criteria used by school principals to allocate HIV/AIDS educators had not been fully addressed. He thought what ultimately influenced most school principals were individual teaching loads. His assumption was that allocation for G & C and HIV education was rather neglected and could be given to anyone with lesser teaching loads. According to this teacher from school #3 teachers with less teaching loads usually lacked the expertise, the passion, and the strength of character to influence students to change their sexual behaviors. His exact words were as follows:

Teachers who are sexual abusers have been allocated as HIV/AIDS educators, people who are married men, grown up men, but still go out with teenagers and yet they are HIV/AIDS educators! Is this not a way of promoting the very same behaviors in students? Besides these weak teachers with their We-do-not-care attitudes are the worst abusers and least effective teachers at any given school. If they cannot help students to think critically in solving problems, how can they even hope to influence students to change their very private sexual behaviors?

Teachers' Perceptions of What to do Differently

Teachers indicated that if they had financial resources they would take all students to the one day workshops as they felt students would benefit more by hearing from the resource persons themselves rather than from the report-backs they received from fellow students at school. They also felt that it would be better to rotate the students who attended these workshops so that when students graduated there would be other students with the knowledge to ensure continuity. One teacher actually wanted the students to visit the HIV/AIDS centers so that they could see for themselves, thus be influenced to be peer educators. His argument was:

Kids are good at telling you what is expected of them yet when outside the school grounds they do something quite different. For the education to work we need to expose them to a variety of methods of teaching and in all the different environments of their lives. They are getting mixed messages at home different from school. They need the knowledge and responsibility to teach their colleagues on HIV/AIDS.

This teacher felt that students were getting mixed messages from parents and teachers. What they were taught in school was perceived as completely contradictory to what the home environments were encouraging and his argument was to let students take control of their education.

Another teacher actually said that if he was the school principal he would be sure to place more importance on the G & C and HIV Education than it was receiving. His emphasis was that he would give more time by ensuring that HIV/AIDS Education would

become incorporated into all the subjects of the secondary school curriculum. This teacher strongly believed that two 30-minute periods trivialized the importance of the program in comparison to other subjects, especially the subjects where students sat examinations. If everything was left up to him, he wanted to make sure students sat examinations for HIV/AIDS education as well. He further alluded to the fact that they did not have proper counseling rooms and as a result, students did not open up more with counselors, as they feared for their privacy and confidentiality regarding the information they provided to their HIV/AIDS counselors.

Teachers' Perceptions of Formal Evaluations

I went on further to question teachers whether they ever received any formal evaluation as G & C and HIV Educators. Only one teacher agreed that students were given general knowledge tests and their decision-making skills were tested. However, she failed to elaborate further on how this was conducted. Another teacher said the form of evaluation was through the inspection of students' books and the teachers' schemes of work. The same teacher also mentioned that mostly the evaluations were informal, just by talking to the students casually to find out how they were doing.

Another teacher reported that the school principal had introduced evaluation that year. She reported that after every lesson students were expected to have some written essays on anything they would have learned during each lesson. However, she could not elaborate on how this would pan out, as it was just a newly introduced concept. She also

referred to the fact that the school principal could have the students' exercise books for inspection once a term and a fellow teacher from the same school confirmed this.

Teachers' Perceptions of Most Effective Programs

When questioned about the most effective programs in schools teachers felt students needed to watch more films and videos on how others coped with the ever increasing HIV/AIDS stigma and discrimination. Most teachers' perceptions were that audio-visual resources were lacking in schools and reported that lack of financial resources was a hindrance in acquisition of all they needed.

One teacher felt that if change was to be effective it had to be at much higher levels of the educational hierarchy than the school level. His idea of doing things differently was to encourage leaders to open up more about their HIV/AIDS status whether they are political, educational or religious leaders. He almost wished that there were governmental rules and regulations that would compel people to reveal their HIV/AIDS conditions. His assumption was that their (leaders) disclosure would eventually filter down to schools, that way HIV/AIDS positive people could have access into schools and talk about how they got infected as just a strategy as educating youngsters. He felt this would be a more effective way of making students learn from the ones who were actually infected especially public and renowned figures, than having all people coming to talk to students haphazardly.

Another teacher felt HIV/AIDS Education needed to be taught in the mother tongue rather than in English as he felt students were missing the essence of the lessons

by using the second language. However, before I could question him he realized how detrimental that would be on the students especially considering they sat examinations in English and he was advocating for exams for the HIV/AIDS education. He also had authentic arguments and one of his strongest desires was to have HIV/AIDS education incorporated into all school subjects like language, geography, commerce and industry. He also expressed that if HIV/AIDS education could be “directly and indirectly incorporated’ into other subjects teachers would not be at a loss of ideas on what to teach.

Teachers’ Perceptions of Students’ Main Sources of Information

Teachers’ ideas on whom the main sources of students’ information were varied and what was quite interesting was only one teacher indicated that teachers were the main source of HIV/AIDS information for the students. His reasoning was that the school environment for their particular school students had minimal access to the media and neither did they have access to relevant literature. He also based his idea on the notion that once a week they had boys’ and girls’ assemblies separately; thus, he perceived that school teachers were the main source of student HIV/AIDS information.

Contradictory to him a fellow teacher felt that what teachers taught in school was neither livable nor practical. She argued that students valued most what they lived in their communities. She gave an example of the university students who had brought videos and people who were healthy looking yet living positively with HIV/AIDS to address students. The students just laughed at them thinking that it was a ploy to make them think they could live healthy lives with HIV/AIDS. Most teachers believed that what students

saw in their communities taught them otherwise. Most teachers actually reported that students' friends and the media were their main source of information as compared to the teachers' role in HIV/AIDS education.

Teachers' Perceptions of Mutual Respect in Student Relationships

All female teachers alluded to the fact that they taught students about mutual respect in relationships. They talked to girls about walking in the open with their boyfriends and how they discouraged them from being in dark corners. Though this did not sound like mutual respect when they elaborated that being kissed in public was not a sign of love but rather something the Zimbabwean culture looked on as demeaning and disrespectful to the girls. On the other hand male teachers emphasized that they taught male students not to tease girls unnecessarily or to do things that humiliated them in public.

Male teachers explained how they tackled issues related to equality and how these were moral and cultural issues, which they dealt with mostly during scripture union sessions. Thus to teachers respect had a lot to do with how much people could distance themselves from their culture and the moral values instilled from childhood. Before students could mutually respect each other, to most male teachers, culture had to be more accepting towards their women and attitudes needed changing as well.

When one teacher responded to my question on dating by saying, "Our children do not date let's not confuse the West with our world," I was concerned with his response. However, that was the lived situation that they were educating and trying to

eradicate the spread of HIV/AIDS in. Therefore, to the Zimbabwean girl mutual respect might just be a myth as most teachers did not believe in that at all. Teachers were still addressing issues in their perspective especially with the threat of HIV/AIDS hanging over students' lives, they continued to address issues in the way they were brought up themselves; hence, their referring to students as not dating at all.

Teachers' Perceptions of "Abstinence Only" Policy

Teachers seemed to agree that the policy regarding HIV/AIDS education in schools whether public or private was the 'abstinence only' policy. To put this in the words of one teacher regarding a school quiz they were going to have that afternoon on HIV/AIDS education she said:

We will ask them 'what is the best method to prevent HIV/AIDS *at your age.*' The secret is *your age* meaning they are not yet married, still in school, and not yet working thus, we expect them to respond 'abstinence only' and just that full stop.

Therefore, according to the Ministry of Education HIV/AIDS education policy is "abstinence only;" thus, teachers like school principals tend to adhere to that religiously.

However, they realized the problem with this policy as they agreed that students, especially girls dated people beyond their age groups. So the abstinence only policy was not effective at all. Teachers informed me that girls actually admitted to being caught unaware in compromising situations and at times not ready to negotiate for safer sex let

alone be able to say no to sex. Teachers perceived this was a cry for help from girls but did not know how to address the issue without the policy being changed from above.

Teachers seemed to confirm that the different Zimbabwean cultures did a lot to promote how boys feel where sexual decisions were concerned and that girls had very little to do with the decisions. Teachers seemed to agree that what the home endorsed as appropriate behavior was what eventually ended up happening with students in their lives.

Additional Information

Before concluding my interviews, all teachers I asked if they had anything they wanted to add to our discussion. Interestingly, most teachers had more additional information. Some of them pointed out there were total disconnects between the theory and practice. In the words of one male teacher,

In HIV/AIDS education we are expected to teach students 'abstinence only' yet HIV/AIDS prevention itself is seriously required, such as the use of condoms. What we teach them does not prepare them for real life. We need something to prepare them for the cruel realities of real life.

Another teacher said he could hardly find anything good to say about the HIV/AIDS program at all and indicated that it seemed too academic and less on the practical side and in his own words he articulated the problem as following:

There is too much emphasis on abstinence only but you and I know that when students are in their communities they will be taking advice from friends and

relatives who tell them about the use of condoms. Our education therefore is just giving them what they could do in ideal situations but the world is not an ideal place, just as you and I know.

A female teacher also responded that for the programs to work they needed to treat all persons as though they were all infected and at the risk of re-infecting others if they did not use protection. Teaching abstinence only was a problem in that it pretended that when students were taught not to be sexually active they automatically suppressed their sexual feelings, which she found somehow absurd. This clearly was another indicator on the total disconnectedness between theory and practice, and how teachers perceived the HIV/AIDS programs in schools.

Lastly, another fascinating response was that teachers and students belonged to different eras. This lady teacher actually mentioned that educational leadership had to acknowledge that they (policy makers and teachers) did not grow up in the era of HIV/AIDS so what they perceived as working for them could not most likely work for the youth of today. She was troubled at the idea that leadership seemed to dictate and was not interested in finding solutions that could best be utilized to address the issues of the HIV/AIDS pandemic especially among the youth of Zimbabwe. She thought incorporating students into the whole educational decision would help address some of the perceived age gaps and, thus, programs would become more responsive to the young peoples' educational needs they were actually intended to benefit. Though it was a strong argument that their ideas be incorporated in to the education and with education being the top down commodity I sympathized with her dilemma and acknowledged that her wish

would take years to become reality especially faced with the reality of bureaucracy in most educational systems.

Discussions of Teachers' Perceptions of Main Roles

I spent a lot of time with teachers as I wanted to make sure I understood what they were making of the leadership they received from school principals and at the same time leadership they provided their students. A close analysis of the results indicates that teachers were aware of what school principals should be doing to enable successful programs to take place in schools. Themes that emerged during these interviews could be summarized as following:

1. **Discrepancies:** Teachers perceived that there were discrepancies between the school principals' actual practices and teachers' expectations. School principals themselves thought that providing their teachers with role models was the most important role yet teachers thought it was the monitoring of the HIV/AIDS programs⁷.
2. **Monitoring:** Teachers felt that this was the main leadership role that school principals needed to pay most attention to as their support and monitoring indicated the seriousness attached to a given program.
3. **Discipline:** School teachers supported the idea that school principals needed to be able to maintain discipline among students both in and out of school grounds and

⁷ Compare Tables 1 and 2

hold both male and female students accountable for their sexual behaviors-as both face consequences of becoming pregnant and not just the girl.

4. **Priority:** HIV/AIDS education needed to be placed on the top of the list of important school subjects and even be included among subjects that students set examinations for (ZDHR, 2003).
5. **Universality:** HIV/AIDS had to be incorporated into all secondary school subjects and not taught in isolation (UN, 1996; 1998; 2000).
6. **Openness:** Teachers endorsed the idea that school leadership implemented rules and regulations to enable people to open up regarding their HIV/AIDS status.

However, teachers realized the stumbling blocks that had to be addressed before implementation could become more effective and these included

7. **School curriculum:** Revisiting the school curriculum as most of it tended not to be gender sensitive.
8. **Culture and tradition:** These were felt to be the greatest stumbling blocks, hence cultural traditions had to be discussed and people learned to adapt those that could help the youth cope with the HIV/AIDS pandemic sensitively.
9. **Lack of practicality:** The education had to be more real than just academic as most teachers felt that the curriculum was meant for ideal situations and most youth do not live in an ideal world.
10. **Multi-policies:** The approach to HIV/AIDS education needed to be addressed through multiple policies as single policies limited educational policies.

11. **Definition of HIV/AIDS:** Teachers felt as long as the disease was perceived as a health issue and not social problem then the rates of HIV/AIDS infection would not subside.
12. **Lack of participation in the policy formulation:** This limited school principals as to decisions they could make on the ground.

Summary of Teachers' Perceptions

Highlighted in this segment, however, is the view that teachers are instrumental in the implementation of the HIV/AIDS Education which they perceive as failing to meet its requirements. In other words, teachers acknowledge teaching exactly that which is handed down to them by school principals in the form of the dictated syllabi and policies by the Ministry of Education, Youth, Sports, and Culture in collaboration with the AIDS Council. Though teachers alluded to a lot that they would change given the authority, none had by then challenged the authority in such a way. Ultimately, teachers perceived school principals' roles as:

1. Mainly allocation of resources, both material and human.
2. Leaders responsible for upholding discipline among students both within and outside school grounds.
3. Leaders who should be able to monitor and evaluate the program for success and effectiveness.

4. Leaders capable of raising funds essential for successful program implementation.
On the other hand teachers acknowledged that school principals lacked autonomy as they:
5. Principals were not responsible for the training of all personnel including teachers and counselors.
6. Principals were not responsible for the trivializing of the HIV/AIDS education as students did not take examinations related to HIV/AIDS education.
7. Principals were not responsible for the perpetual shortage of financial resources as allocated funds were never sufficient.
8. Principals were not part and parcel of the policy formulation process as they never participated in the policy formulation at any level.

Students' Perceptions of Main Leadership Roles

With students, I decided to have focus groups⁸ so that they would open up more if they perceived arguments or debates going on. During this time, I found the benefits of focus groups in research include gaining insights into people's shared understandings of everyday life and the ways in which individuals are influenced by others in a group situation (Powell & Single, 1996). As a result I felt as though I had two lively discussions with two urban schools unlike with the rural and farming community schools.

⁸ Powell and Single (1996) define a focus group as a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research.

However, the opportunities afforded through focus group discussions were something that I used personally and reached out to youth to motivate them to set their life goals early in life. I had four students in each focus group made up of two boys and two girls. These children were in their final year of high school; and thus were starting to think of development of their careers or training after high school.

Soon after conducting my pilot study, I realized the need to have focus groups with students. The students I interviewed during my pilot study were rather shy; therefore I decided to have focus groups so that I could:

1. Have discussion with a selected group of individuals in order to gain information about their views and experiences of the topic,
2. Gain insights into people's shared understandings of everyday life and the ways in which individuals are influenced by others in a group situation, and
3. Attempt to identify the individual view from the group view (Powell, Single & Lloyd, 1996).

According to Palo Alto Medical Foundation (2005) it can be hard to reach teens with health and safety information, because many of them believe "it can't happen to me." Even so, it's essential that parents, teachers, and other adults talk with their adolescents about HIV/AIDS to help protect them against the disease. Thus, in the end as an endeavor to get to more younger respondents and discuss this sensitive topic I decided to use focus groups to maximize the benefits gained in the limited time I had with them.

Students' Background Information

The four focus groups each had four students—two boys and two girls—who were all above the age of 18. Some reported that they had started HIV/AIDS education when they were in primary school—a finding supported by the Zimbabwe Human Development Report (2003) and only a couple had started the program when they were in secondary schools. My early inclination was students were more knowledgeable and would interact without many inhibitions as they had been in these programs long enough—most for at least five years. We conducted our discussions in English; however, students from school #3 expressed that they would have preferred being interviewed in their home languages. When I probed further about their home languages I found that they spoke dialects I had never spoken. So English remained our means of communication. Furthermore, these students agreed that English was their language of learning. To that end, I needed to make sense of how they interpreted their HIV/AIDS education in their language of instruction. So discussions were conducted in English.

The participants had started their secondary education at the same schools, thus, we did not confront any problems with them being comfortable with members of the focus groups. According to (Families are Talking, January 28, 2005), similar to any teenagers in this age group there was a lot of teasing and bickering before the formal interviews. Once I began the formal interviews, I could tell the culture of respect instilled in young Zimbabweans for adults coming into play (Chigwedere, 1995). Once we exhausted a topic and I indicated that we had to move on we did so without a lot of time being consumed. Somehow my fears that focus groups were going to be time consuming

were not realized. In fact, focus groups made conversations flow effortlessly and our groups' seating positions were such that in circles we were made to feel more connected, more inviting, and more comfortable with each other.

In the focus groups, I had a couple of girls who indicated that they had lost their fathers to the disease and only one boy reported that his father had died from HIV/AIDS. They all went to great lengths to explain how their fathers had not been faithful to their mothers but had in the end come home to be cared for by their wives.

One girl in particular told the group of her father living in a "small house."⁹ When I expressed my ignorance about what a "small house" was the whole group burst out laughing. Consequently, my re-education began. The students explained that it was when a husband left his marital home, which was usually bigger, and went to live with his girlfriend mostly in a much "smaller house" than the family house; thus, the depiction "small house." One young male student explained that he was glad his father had left for "several small houses" when he did because he was the only one who died from the HIV/AIDS and was happy his father had not infected his mother. Though this was the case this young man had no malicious feelings towards his late father as he explained how happy he was that his father died surrounded by people who cared a lot about him.

None amongst the different groups of students I had discussions with reported that they had lost a sibling to HIV/AIDS, which I found rather disturbing. Their responses felt

⁹ Small House is synonymous with the modern day trend where men in Zimbabwe actually are not becoming "legally" polygamous husbands but are being openly promiscuous husbands. In these instances, men are living openly with their girlfriends after they have abandoned their families. The interviewees despite their young age were able to elaborate at length about how this trend is perpetuating the spread of HIV/AIDS especially among married women.

disturbing because when I asked them if they had lost any colleagues, neighbors, friends, or sister's or brother's friends to HIV/AIDS they all agreed. I asked myself whether talking about their siblings' death due to AIDS was too close to home (Runeborg, 2002), but I could not press the issue, as I had to respect their privacy. Students were also able to admit that they had lost classmates to the disease but were not really certain whether it was HIV/AIDS; however, they acknowledged that they all had their suspicions, and could never openly talk about them (Green, 2003). Two boys from school #2 and school #4 went further to explain how during the course of one year they had lost two teachers to HIV/AIDS. When I asked how they knew it was HIV/AIDS one of the boys responded:

There is no denying it when one loses his hair, starts wasting under your own eyes and even have frequent short stays in hospital over a long period. Why do you think they call it a long illness? People waste away under our eyes and we are not kids anymore and we know about it only we cannot talk about it openly, but we do talk amongst ourselves just like you adults do. We have our fears but you do not give us the chance to address them because you pretend everything is all right in your world and want us to believe it is! Nada!

Students' Perceptions of the Main Role of HIV/AIDS Educators

Most students seemed to perceive their teachers as fact providers as most responded that they had been taught about the biological facts of HIV/AIDS. For example, they had been taught that there was no treatment for HIV/AIDS and that they

needed to abstain from having sexual relations until they were married (UN, 1996). A few girls responded that even when they got married they had been taught that they needed to remain in monogamous relationships. Some even pointed out that they would get infected if they had sex with “sugar daddies” or with “sugar mummies;” thus, they were taught to avoid sexual relationships with older men and women. The most striking, however, was a girl from school #1 who reported that their HIV/AIDS Educator had shown them slides on HIV/AIDS and sexually transmitted infections (STIs) and real photographs of people’s private parts and reported as following:

They were so graphic that if you saw them you would not like to be sexually involved with anyone without knowing their status. That made a huge impact on me that my teacher can be the source of such information that I would never have had access to such pictures at all. I really salute her for making me aware of such terrible but real facts of life.

One boy referred to the role his teacher had played as the literature provider. He talked about how he learned to prevent the spread of HIV/AIDS, and how to become a peer educator for the people in his community through reading literature the teacher had provided him. Several boys referred to how their teachers had taught them not to rush to be adults. According to the young men, teachers quoted the bible verse “to everything turn, turn, turn, to every season turn, turn, turn,” meaning there is a time and a turn to everything in life. One young man from school #2 put it bluntly and said, “Our teacher told us sex is for adults and he told us to wait until it was time for us to start our own families as adults to have sex.”

To these young people teachers were not just there to provide education in abstract but to provide resources that would further enlighten their understanding of the disease, for example, the case of the teacher who showed the photographs. Teachers were also providing guidance and counseling when they told the young people to wait for the right time in life. Referring to the Bible verses provided students with moral obligations, which they were expected to live up to even though some did not have Bibles in their homes. In this perspective, HIV/AIDS educators were not only concentrating on HIV/AIDS but other aspects of their students' lives (UN, 1996).

Even though teachers were tackling HIV/AIDS education from the perspective of educating the whole child with the aim of producing well-rounded citizens, they were obviously not concentrating on their students' academic prowess alone. However, there seemed to be a general agreement among students' responses that teachers were not equipping students with life skills, but that teachers were simply providing them with information on HIV/AIDS prevention. Therefore, in the eyes of the students, teachers were doing very little to impact positive changes in their sexual behaviors. In trying to summarize the students' perceptions, I developed Table 4. From the four focus groups no single student perceived teachers as equipping them with skills to combat the spread of HIV/AIDS. However, most students agreed that teachers listened to their problems and at times pointed them where to go for help. Others were happy that teachers were willing to give them some literature to read on their own; that way they had the chance to read about some of the issues they were not specifically covered during lessons.

Students Perceptions of What to do Differently

Several focus groups wished they had more lessons on religion, especially if Christianity would be included in their HIV/AIDS educational curriculum. They felt schools would do better supporting churches especially with children who did not attend church at all. Focus group from School #3 pointed out they needed to have more plays from their drama clubs. They mentioned how drama clubs helped them relate their different situations to real life scenarios and how those were valuable lessons of life. The

Table 4

Students' Perceptions of Teachers' Main Leadership Roles

Teachers' Main Role	School 1	School 2	School 3	School 4
Listening ear provider	+	+	+	+
Literature provider	-	+	+	+
Fact provider	+	-	-	+
Life skills provider	-	-	-	-

Note: The plus sign (+) represents a positive response and the minus sign (-) represents a negative response.

focus group from school #4 also alluded to the need to have peer educators as they felt that students related better with people their own age, whom they considered their colleagues than they did with teachers and other adults.

Girls from school #1 pointed out that their priority would be to introduce HIV/AIDS education at very young ages. One girl mentioned that as soon as a child was able to understand language s/he had to be introduced to HIV/AIDS education. Behrman

(2004) supported early introduction to HIV/AIDS education. The girl's argument was that children as young as eleven were getting infected by HIV/AIDS through sexual abuse, thus to control this child abuse there was a need to expose young children to HIV/AIDS education earlier in their lives than in fifth grade when it might be too late. In their own words HIV/AIDS education had to be part and parcel of everyone's growing up years. A member of the same focus group supported her as she explained that there was a general misconception that girls and women were getting infected because they were willing participants, yet statistics indicated that girls and women were being raped, and even worse they were forced to have unprotected sex, which seems to support the findings of Emmerson (2001). She went further to explain that there was no limit to the age young people were subjected to rape, thus, she found it absurd that HIV/AIDS education was limited to certain age groups.

The group from school #3 argued that young children needed to be taught that they had private parts and to be taught they needed to learn that if anyone ever touched them around their private parts they had to report to adults (UN, 1996; 1998; 2000). This group also raised another problem of the dire need for career guidance. The group talked about career guidance as a once a year event. They strongly felt that there was a need to have these programs in schools all the time so that they would instill in students how to set lifelong goals.

A girl from school #4 mentioned that she wished most to keep all young people in school for as long as possible. She regretted the lack of financial resources that kept girls

out of school, as she found that education was one strategy to reduce the rates of HIV/AIDS infection. She summarized her thoughts as:

My topmost priority would be to ensure that all people in primary and secondary schools are being taught about how to prevent the spread of HIV/AIDS. I feel they are concentrating in secondary schools only neglecting primary schools and tertiary education, therefore, leading many primary school children not to understand at a later stage how deadly this disease is.

However, before concluding this question, one girl responded that it would be best to encourage communication among families. She regretted the fact that parents did not have time with their children. This was supported in an earlier study by Emmerson (2001), who argued that parents have little time for dialogue with their young children. She alluded to the fact that unless children felt loved and protected they could be abused and could never tell their parents. This young girl felt that schools might try to change things, but unless communication opened between parents and their children HIV/AIDS infection rates would not reduce. Also of utmost priority to focus groups was the need to answer children's questions honestly and truthfully.

Students' Perceptions of Who to Initiate Communication

Open communication with families was a component I had not included in my initial protocol (see table 5) but I felt compelled to pursue this line of questioning as most students kept raising the issue of communication with families. The first girl to raise the

issue was very much aware that the Zimbabwean culture limited any talk of sex between mother and daughter and father and son (Emmerson, 2001), but argued that times were changing. She stressed that in the days gone by there were aunts and uncles to educate on sex, but this extended family was no longer there. She presented her ideas as following:

My own aunt is in the rural area and times are far between when I can get to see her or her visiting with us in town. In the meantime if my mother does not talk to me I have no one to talk to. I do not only want but demand our parents to take up this important role.

Table 5

Students' Preferable Alternative Strategies in HIV/AIDS

Alternative strategies	School # 1	School # 2	School # 3	School # 4
Drama Clubs	+	+	+	+
Peer Educators	+	+	+	+
More career guidance	+	-	+	+
Early introduction of HIV/AIDS	+	+	+	-
More religious education classes	+	-	-	+
Teaching of body and privacy	-	+	-	+
More communication w/families	+	-	+	-

Note: The plus sign (+) represents a positive response and the minus (-) represents a negative response

When questioned further on who should be responsible for opening dialogue the girl did not hesitate and said parents should take up the initiative?

The first step is when the child is just about two and a half years old and the child is at that stage asking too many questions, right at that stage parents should start communicating with their young children instead of evading their children's questions. Can you believe that up to now parents still tell their children that babies are bought and not simply give children the real facts of life?

From then on all the focus groups actually agreed that they did not communicate with their parents, as they were not sure how their parents would take it if they started asking questions related to sex. Focus groups seemed to concur that if questions had been addressed from the time they were younger they probably would not be struggling on how to talk with parents about sex. Boys were further burdened by the idea that their fathers played minimal roles in their lives. Boys reported that any questions they had for their fathers they were always referred to their mothers. Boys perceived that mothers did not always have the right answers to their questions especially where their sexual anxieties were concerned.

Students' Perceptions of their Main Sources of Information

Whereas a group of girls responded that their main source of information was the media, the church, friends, neighbors, and their parents, boys felt it was their church and their school. Girls felt it was the media as the media were usually publishing issues of HIV positive people. Most boys perceived pastors as their main source of information as they were always preaching on how to prevent getting HIV/AIDS. They went a step

further and reported that teachers provided them only biological information they needed for preventing the spread of HIV/AIDS.

Interestingly girls indicated that their mothers had taught them about protection, and not just abstinence. Girls made it clear that their mothers did not encourage them to have casual sex but taught them to wait until they had achieved their educational goals. However, the girls reported that their mothers told them about the new start centers¹⁰. These are centers in Zimbabwe where couples about to marry go for HIV/AIDS testing and counseling. They also pointed out that their mothers had encouraged them that when they found themselves in compromising situations it would be better to ask the men to use condoms than fall pregnant and ultimately drop out of school. Mothers seemed to be supporting the Ministry's policy of abstinence yet seemed to empower girls in case they were not able to avoid sexual relations. Mothers taught them about the need to protect themselves, not just from HIV/AIDS but also the risk of falling pregnant. It was apparent, however, that only a few girls had these dialogues with their mothers.

Male students, besides having their pastors as their main sources of information, indicated that their friends gave them good advice on HIV/AIDS. However, both sexes reported that teachers were not their main source of information. One girl actually elaborated:

They (teachers) tell us about abstinence so what is new. We know that we have to be virgins when we get married but do they (teachers) ever consider

¹⁰ New Start Centers were established in Zimbabwe in 1999 to help couples get tested for HIV/AIDS before getting married. However, in 2000 they extended their services to include HIV/AIDS counseling to newly diagnosed couples and they have gradually spread to all towns in Zimbabwe (ZHDR, 2003).

that we might also be interested in just doing what the guys do. They (guys) are not expected to be virgins when they marry so why are the burdens on us. Therefore, we choose to listen to other people who tell us of more ways of preventing pregnancy.

One girl, however, went further, elaborating on different types of friends.

There are two types of friends who tell you to do the right thing and the others who tell you to do bad things. Friends who tell you to lie to your parents are not good. Therefore, when choosing friends we have to be very careful.

From these discussions some girls were aware that though friends could be their main sources of information there was need to be cautious of friends who influenced them to do what they felt was wrong.

Students Perceptions of Mutual Respect in Boy/Girl Relationships

Initially I met with some silence from all groups regarding this question. Probing further, girls ended up reporting that female teachers actually discouraged them from having boyfriends. They mentioned how they were taught that boys were only interested in one thing and that was sex. However, girls pointed out that they had found on their own that they could have platonic friendships with boys and get to know more about the opposite sex without complicating issues by being involved sexually. According to girls, it seemed as though female teachers were missing the point that girls could learn about

men through being platonic friends with boys, yet they were constantly berated and condemned for those relationships, when seen talking or being friendly with boys.

One boy from school #3 talked about how a male teacher taught them about equality and the necessity to treat girls as equal members of society. He also mentioned the textbook example where boys would be dictating everything that went on in relationships and that they were encouraged to discuss what would be wrong with different scenarios and Runeborg (2002) considers such interactions to be of paramount benefit to both groups of students. This helped open up the discussions and others mentioned how they acted out certain scenes from textbooks that later would inspire discussions on students' views on what relaxed, loving, and respectful relationships are like. One girl mentioned that their teacher had taught them to encourage and support each other especially and that girls should not only compete with each other but encourage one another to do better. She expressed it as follows:

When girls encourage you even when you did not have the will power at times you just do your level best and go that extra mile because you do not want to let them down or to disappoint them. You are motivated because other girls are on your side and encouraging you. When someone is good at something it is good to applaud for them.

Finally, it appeared as though all students agreed that they needed to respect each other's bodies. Specifically, girls reported that being fondled in public was not a sign of love, but disrespect; therefore, teachers (both males and females) always told them that

boys who did not respect them in public were not good boyfriends and ultimately not good husband material.

Student's Perceptions of Sex and Sexuality

Amongst all the students I interviewed no one displayed a tolerant attitude towards gays and lesbians. They all reported that they did not talk about gays and lesbians in their classes and alluded to the fact that it could be due to the Zimbabwean culture that did not accommodate such discussions. Whilst they all agreed that their education was lacking in that respect, they seemed most unwilling to change. Only one female student mentioned one female teacher who had told them about gays and lesbians but she explained that it was in reference to a newspaper article that they were discussing and not part and parcel of their regular curriculum.

When I asked them about their own attitudes towards gays and lesbians I was stunned by what they had to say:

Female student school # 2: Actually I hate it, because looking at our biological bodies and what they are meant for by the creator he created man and woman, which shows that he wanted people of different sexes to have sexual relations, not people of the same sex.

Male student school # 3: I think we should stick to what the creator wanted and have sex between two people who are different sexually. I am kind hearted; therefore, I can understand other people being different from me. However I think no one was created that way!

Female student school # 1: I think it is inhuman. I think these people choose these kinds of behaviors just to be different, and I do not want to talk about it. Oh I hate it!

Male student school # 4: It is rare for us to talk about sexuality. In general we talk about sexual relations between men and women. My attitude is that why do they choose to be that way?

Their attitudes were extremely negative and rather disturbing. However, as it was something that was not accommodated by their syllabus I did not probe further. In retrospect, I realize how much the home influence had to do with their attitudes. Homosexuality was and still is not anything the Zimbabwean society ever discusses openly; therefore, the students knew what was culturally and politically correct, and did not want to talk about it. According to the Christian Children's Fund (2005) there is a common belief among the most conservative that homosexuality is a *behavior -- something that one does*. According to Christian Children's Fund (2005), it is a chosen lifestyle, which is abnormal, unnatural, changeable, hated by God, a mental disorder and/or an addiction. They postulate that it is caused by a post-pubertal youth deciding to become gay or lesbian, because they were molested as either a child or they were subjected to poor parenting (Christian Children's Fund, 2005).

The Kaiser Family Foundation (2004) conducted a survey in 2004 on gay marriage and the results presented showed the division on the cause of homosexuality among Americans, however, the report stated that Americans remained deeply divided over the essential cause and nature of homosexuality. A 42% plurality believes that being

a homosexual "is just the way that some people prefer to live," but there has been a rise in the percentage who say homosexuality is "something that people are born with" compared to 20% in the Times survey. The American public was also split on the question of whether a gay person's sexual orientation could be changed as 42% said it could and the same number disagreed.

The perceptions of these young Zimbabweans where there are no debates whatsoever on sexual orientation provide an insight into how they are influenced by the world they live in. Considering that a developed nation like the US people still believe that homosexuality is a choice and not inborn I could easily understand where their attitudes were coming from both the none discussion in Zimbabwe and perceived none tolerance of the West.

Additional Information

This segment opened up a lot of dialogue on what students wanted to say to each other. After much consideration, I decided to briefly present their arguments as they actually appeared because I found them equally informative. From school #1 boys wanted to warn girls about their dressing and stressed that teachers were human beings first and teachers second. According to these boys, girls' attire should be more appropriate and more conservative and not tempting to teachers. Boys, therefore, blamed girls for sexual abuses because of their way of dressing. Boys further pointed out that when girls were invited into teachers' offices they should never go alone, but ensure they left a colleague or friend standing by the doorway in case teachers behaved

inappropriately. Boys actually pointed out that most girls were good girls but that some teachers had no scruples; such teachers spoiled and ruined many girls' educational opportunities and ultimately their lives. Basically boys from this group felt girls would be better off going out or dating boys their own age rather than more mature men.

Girls agreed that they felt they would be much better off dating boys their own ages but also countered boys accusations by pointing out that boys had more disruptive behaviors than girls. One girl actually said boys did not need to jingle the loose pennies in their pockets or to bring huge sums of money to school, which attracted the wrong sort of attention. Girls were also adamant that there were hidden connotations when someone jingled loose change and brought lots of wads of money to school.

Furthermore, girls pointed out those boys did not need to wear pants that showed their underwear and dropped to their knees.¹¹ Girls told boys that what was private needed to be kept private. They also accused boys of teasing and humiliating girls unnecessarily. However, they also had more positive things to say to boys such as the need to learn more about the opposite sex without being perceived as a couple but just platonic friends. Girls encouraged boys to be more realistic and to stop pretending to be what they were not.

From school #4 girls wished that there could be more female teachers than males. They felt that they lacked good examples and influences from females as at home they had brothers, fathers, and uncles controlling them and the same situation prevailed in school through male teachers and principals. However, boys seemed to support them as

¹¹ Laughingly, girls alluded to the fact that half the time the underwear would be dirty and stinky.

they felt that most men behaved as though it was their (men's) right to be the leaders. These students felt that more female school principals and teachers were needed, especially in secondary schools to show males that women could become equally efficient schoolteachers as well as school principals.

One boy actually pointed out that he did not feel comfortable and safe with his dad and that the two of them did not communicate; as a result he felt threatened by all males in his life. This group pointed out that HIV/AIDS education should be allocated to teachers who were respected by both male and female students, with good conduct and preferably those who were more mature. When asked to elaborate on what they considered mature they indicated that probably male teachers in their 40s. They all seemed not to mind female teachers' ages as they seemed more mature no matter what age they were.

From school #3, students supported the idea of leaving their cultures behind. Their argument was based on the belief that the world they lived in was completely different from the world their ancestors lived in. They were emotionally arguing how the Zimbabwean cultures prevented them from talking about intimate issues. One girl pointed out how even after so many years of living under the threat of HIV/AIDS, people in Zimbabwe were still denying that HIV/AIDS was real (Emmerson, 2001). Most pointed out that HIV/AIDS was perceived as a disease that people got when someone bewitched them and not through improper sexual relations. They blamed all this on the fact that HIV/AIDS was perceived as an illness for the immoral and those who were sexually deviant (Green, 2003); thus, people did not wish to be judged as deviant.

This focus group also pointed out how their ancestors used to have multiple wives and none among the harem would stray out of marriage. Yet today anyone who is polygamous and fails to satisfy his multiple partners should know that they will look for satisfaction elsewhere and in the face of HIV/AIDS increased the chances of many people getting infected. This group supported the view that more people needed to open up about issues of their HIV/AIDS status, the evils of polygamy, unfaithfulness, and doing away with perceived primitive traditions. They argued that without these aspects coming together the rates of HIV/AIDS would not decrease to manageable proportions in Zimbabwe.

From the final group, school #2, their strongest wish was for education in HIV/AIDS to begin early on in young people's lives. According to this focus group HIV/AIDS education started seriously when they were in secondary schools and for some of them that was rather late. They alluded to the fact that in order to have a better Zimbabwe it would be good to educate tomorrow's leaders now. According to one student, "It is us who will ensure that we do our best in keeping our country alive, therefore, we have to be taught and be focused on what is important for us as early as possible." They also alluded to the fact there was a lot of ignorance regarding HIV/AIDS, and that people were spreading it when they thought they were getting themselves cleansed of the disease. They presented their arguments through illustrations of how infected men believed that having sex with virgins would cleanse them of HIV/AIDS. According to this group young people needed to be taught earlier about how to report sexual abuse, dating, and setting of career goals.

Discussions of Students' Perceptions of Leadership Roles

As may be observed from Table 3 none of these students answered positively that the education they were receiving in HIV/AIDS programs was equipping them with the necessary skills to combat the spread of HIV/AIDS. Students felt that teachers were mostly providing them with the biological facts of HIV/AIDS and how to care for people with HIV/AIDS. They pointed out those biological facts provided few skills needed to combat the spread of HIV. However, on a positive note some perceived teachers were going out of their way to provide them with literature they could read on their own and willingly listened to their problems (UN, 1996).

Some of the major findings of these discussions are summarized below. Students primarily perceived teachers' responsibilities as follows:

1. **Listeners:** Students felt that teachers were willing to listen; therefore, they had adults who cared enough to hear their problems and advise them accordingly.
2. **Literature:** Students perceived teachers to be very strong in this role as they always provided them with literature to read even when teachers themselves failed to respond satisfactorily to intrusive questions.
3. **Facts for life:** Most students perceived teachers as people who only provided them with facts necessary to prevent the spread of HIV/AIDS.
4. **The current HIV/AIDS program for students** were the foundation to better and improved programs to enable youth in the prevention of HIV/AIDS.

On the other hand students felt as though they had been let down due to the following:

5. **Late Start:** The programs were starting rather late in youths' health education and programs were placing age restrictions on youngsters.
6. **Policies:** The policies were rather limiting as they did not allow teachers to enable the students' decision-making skills.
7. **Control:** Teachers and other adults controlled many of the topics that students were exposed to, thus they did not feel they had a stake in their education at all
8. **Tolerance:** There was no tolerance of different sexual preferences, hence there were no debates in this regard
9. **Limitations:** The HIV/AIDS program was as broad as the abstinence only policy could allow.

Students came up with suggestions on how to improve their skills:

10. **Beginning:** Initial education should be immediate as soon as children were able to ask questions in the home- no age limit was necessary for the HIV/AIDS education
11. **Communication:** More open communication with parents to incorporate teaching children about their private parts
12. **Peer Education:** More peer education programs were necessary as students felt they related better with their age mates
13. **Role Plays:** More plays to address the students' real life problems rather those scripted by teachers.

It can be concluded from this section that students were advocating for three aspects to be incorporated into their education for it to make an impact on their sexual behaviors.

1. Drama as it dealt with issues students were confronting in their real lives,
2. Parental participation was called for as students' perceptions were that their parents were passive and tended to leave their children's education to schools, and
3. Early introduction of HIV/AIDS education programs for youth in order for them to be informed before it is too late, recognizing that sexual abuses may occur early in life.

Students' Perceptions of Sex and Sexuality

This was one of the most difficult and the most disturbing parts of our discussions. Though students acknowledged that they minimally discussed homosexuality in classes, their own attitudes were very disturbing to me¹². Though it had little to do with educational leadership roles, I had to acknowledge this finding. Besides endorsing what I had perceived as a Zimbabwean growing up with the perspective that different sexual orientations were not tolerated I was able to see, and hear how much the culture had not changed even when threatened by HIV/AIDS. Not only are Christian churches, political and governmental leadership filled with fears of the unknown so are the most culturally and religiously conservative people the world over (Runeborg, 2002).

¹² See pages 116-117

They are afraid of what will happen to their cultures and beliefs if homosexuality is tolerated.

Views towards homosexuality in Zimbabwe may be summarized as:

1. Not tolerated socially, religiously, culturally and traditionally,
2. Perceived as a sexual abnormality, or sin, and
3. Christian religion does not condone sin; therefore, homosexuality is a sin that cannot be condoned.

Students' Perceptions of Mutual Respect within Boy/Girl Relationships

Girls indicated that female teachers condemned them even when they were just friends with boys. They felt there was a need to learn about men before they started male/female relationships, but the environment was not conducive. Moreover, after further discussions we realized that even the books they used were not gender sensitive. Thus, unless curriculum changes its perception that girls will always play a secondary role to males and teachers will not successfully address this issue without the curriculum becoming more sensitive. The UN (2004) reports that socially constructed roles too often thwart the potential of girls and women. This document further elaborates that discrimination denies women and girls' equal health care and education.

Summary of Students' Perceptions

The primary difference between the rural and urban school students was that rural students preferred their HIV/AIDS education in their mother tongue for comprehension purposes while urban students preferred English as they thought it could take them to different places. On the whole both urban and rural school students perceived that teachers did not equip them with skills necessary to prevent the spread of HIV/AIDS. Nonetheless students perceived the media and their pastors as their main sources of information whilst acknowledging the shortcomings of information as it did not provide them with decision making skills. Where teachers have followed their intuition and provided more knowledge to students they have left an impact on their students' education.

Primarily this segment of the research may be summarized as follows:

1. Students perceive education as not equipping them with skills necessary to combat the spread of HIV/AIDS.
2. Students perceive teachers not to be the main source of information of the spread of HIV/AIDS.
3. The media, and pastors, are perceived as a main source of information, at the same time the information is perceived as not providing youth with the necessary skills.
4. Students tend to be confused as they receive mixed messages from home, school, churches, and the media.

Students felt that:

1. Parents needed to play a more active roles and communicate with them more,
2. HIV/AIDS education should start early as soon as children are able to talk,
3. Traditions and culture impede effective implementation of HIV/AIDS education as they prevent open discussions of the disease that was not heard when ancestors were growing up.

Summary

This chapter discussed the perceived leadership roles from the standpoints of secondary school principals, teachers, and students. Though secondary school principals acknowledged that they had very little to do with the training of HIV/AIDS teachers the discussion led to the role played by the Ministry of Education, Youth, Sports, and Culture, in conjunction with the AIDS Council and how it limited the school principals. However, school principals' perceptions, to a large extent, concurred with teachers who mostly acknowledged that school principals' roles were mainly resource allocation and information dissemination (Levesque, 2003). Though school principals perceived themselves as role models, teachers did not perceive school principals in this role.

On the other hand, teachers did not perceive themselves as providing students with the skills necessary to combat the spread of HIV/AIDS (ZHDR, 2003). They perceived themselves mostly as information disseminators without enabling students to make decisions where their sexual behaviors were concerned. However, they attributed

their lack of autonomy to the limitations of the HIV/AIDS policy in both public and private schools (NAC, 2004). The “abstinence only” policy seems to perpetuate the practice of subjecting girls to secondary roles and males to the primary decision roles, even where sexual decisions were concerned. However, there was congruence in the way teachers perceived themselves and how students perceived teachers in their roles in HIV/AIDS education. Their arguments supported the notion that HIV/AIDS education was equipping students with skills necessary to combat the spread of HIV/AIDS.

Students did not endorse the general sentiment that their education was being promoted by their teachers; however, they gave a lot of credit to their church elders, the media, friends, and a few acknowledged the role played by their parents, especially mothers. Students actually expressed disappointment with their teachers in that they did not provide them with alternative preventive strategies in case they wanted to live their lives in the way other youngsters lived their lives the world over. Emmerson (2001) found that teachers in Zimbabwe were not open to other ideas of HIV/AIDS education being introduced to the students at all.

To students, an effective HIV/AIDS education program would include strategies that enable them with decision-making skills, yet this autonomy seemed to have been taken completely taken out of the syllabus. It is understandable why students blamed the shortcomings of HIV/AIDS education on teachers, as teachers were the ones in direct contact with students. Students need to hold someone responsible for the censure in their education and rather than blame school principals and the whole of the educational

leadership echelon that are not in direct contact with students, they tend to lay the perceived lack in their education on teachers.

I also realized that teachers had to acknowledge that not all the issues they taught or discussed with students had the blessings of the Ministry. For example it is likely the graphic¹³ pictures would never have been allowed into the classroom, but they left an indelible mark on the students who saw them and an enduring impression on their education. Nonetheless, responding to students' concerns and answering their questions honestly and openly would not be perceived as being irresponsible but an ethical and moral obligation and a step in the right direction to reducing the rates of HIV/AIDS infection in Zimbabwe (Chigwedere, 1995; UN, 1996; 1998; 2002).

¹³ See page 106 of this document for a full clip.

Chapter 5

Implications, for Policy and Practice and Recommendations for Future Research

The aim of this research was to provide answers to three primary questions in relation to HIV/AIDS education programs in Zimbabwean secondary schools. The three research questions were: 1) What do secondary school principals perceive as their main leadership role in HIV/AIDS education?, 2) What do secondary school teachers perceive as the main leadership role of school principals in relation to HIV/AIDS education?, and 3) What do secondary school students perceive as the major leadership role of their teachers in relation to HIV/AIDS education they receive?

This research sought to explore perceptions of secondary school principals, school teachers, and secondary students by interpreting meanings they made of leadership roles in HIV/AIDS education programs. After conducting interviews, discussions, and data analysis of the research, this researcher concluded that there were three major findings which are summarized below:

1. There is control by the Ministry of Education, Youth, Sports, and Culture in HIV/AIDS education programs, which drastically limits educators in making local decisions
2. There is disconnecting between theory (what schools teach) and actual practice (what young people live).
3. There is a lack of dialogue between youths and their parents regarding sex, and HIV/AIDS as young people mature into adulthood.

These findings were supported by themes that emerged from interviews and focus group discussions (see chapter four). These have been outlined according to three groups: school principals' perceptions, teachers' perceptions, and students' perceptions.

Emerging Themes for Principals' Leadership Perceptions: School principals' perceptions may be grouped into five categories which include:

- 1 **Support:** School principals' support for programs was perceived to be essential for the success of HIV/AIDS Education programs.
- 2 **Commitment:** There had to be a strong commitment to leading by example (providing role models) whether through behavioral performances or social interactions.
- 3 **Self Interest:** An acute sense of invested personal interest in the programs was expected from principals to help sustain programs.
4. **Lack of autonomy** to participate in several ways such as:
 - a. deciding what the HIV/AIDS syllabi could cover,
 - b. deciding when, what, and how teachers were trained,
 - c. ability to decide whether training was sufficient for teachers, hence principals could not ultimately influence training for teachers,
 - d. inability to overcome red tape imposed on them by parastatals, and
 - e. inability to decide what was right between the Ministry's requirements and what was morally correct by implementing the required alternative HIV/AIDS Education programs.

Emerging Themes for Teachers' Leadership Perceptions: Five major findings

regarding teachers' perceptions emerged and are summarized below:

- 1 Discrepancies/disconnects:** Teachers perceived that there were discrepancies or disconnect between the school programs and actual practices, (between what they taught and students actually live). Teachers reported another disconnect was that principals perceived themselves as providing teachers with role models; however, teachers felt this was not an important role.
- 2 Monitoring:** Teachers felt monitoring was one of the main leadership roles as principals' support and monitoring authenticated the seriousness attached to any given school programs including HIV/AIDS education.
- 3 Discipline:** Teachers supported the view that principals needed to be able to maintain discipline among students both in and out of school, and hold both male and female students accountable for their sexual behaviors, such as both facing consequences for pregnancies.
- 4 Universality:** Teachers felt that HIV/AIDS education had to be incorporated into all secondary school subjects and not taught in isolation. Other studies such as the UN (1996; 1998; 2000), and my personal interview with a Project Case Manager in State College, (2003) have suggested that HIV/AIDS education should be incorporated into other subjects within the secondary school curriculum, and that HIV/AIDS education lacked importance as it was not prioritized as other primary subjects that students took more seriously.

Emerging Themes for Students' Leadership Perceptions: Findings from discussions with student focus groups were summarized into two categories positive perceptions and negative perceptions. Positive perceptions are described below:

1. **Caring listeners:** Students felt that teachers were willing to listen to them; therefore, they felt they had adults who cared enough to hear their problems and advise them accordingly.
2. **Literature Providers:** Students perceived teachers to be very strong in the role of providing them with relevant literature to cope with issues related to HIV/AIDS, especially those issues they could not discuss in classes.
3. **Facts for life providers:** Most students perceived teachers as people who only provided them with biological facts necessary to prevent the spread of HIV/AIDS but students acknowledged that they perceived the HIV/AIDS programs as for breaking down barriers to more informative education necessary for effective HIV/AIDS education to take place.

Negative perceptions included the following:

1. **Beginning of programs:** Students alluded to the fact that programs were starting rather late in their educational process and as such seemed as though programs were placing age limits on youngsters, who were not discriminated by HIV/AIDS infection.
2. **Policies:** The HIV/AIDS education policies were rather limiting, as policies did not permit teachers leeway to facilitate students' decision-making skills.

3. **Tolerance:** There was no tolerance regarding sexual preferences other than those associated with heterosexuals; hence, there were no debates in this regard.
4. **Practicality:** Students felt that programs were not preparing them for practical situations in real life as all they received were long lists of what not to do without addressing practical alternatives in dealing with HIV/AIDS.

Implications and Recommendations for Policy and Practice

As reflected through the research findings, school principals and teachers were playing important but ineffective roles in HIV/AIDS programs in Zimbabwe. School principals and teachers were not being afforded opportunities to be more flexible in addressing HIV/AIDS in their communities. Based on these results, this study has several implications for policy and practice. These are outlined below:

1. The Ministry of Education, Youth, Sports, and Culture and the AIDS Council need to relinquish some of their control of HIV/AIDS policy formulation and involve educators more so as to address local problems contextually.
2. The HIV/AIDS education policy needs to be broad based so that it can accommodate more strategies and cover more age groups. Ultimately, social, cultural, and geographical differences should be addressed and catered to through broader based policies.
3. More stringent measures are needed for educators who sexually abuse students; there is needs for increased awareness of those who may potentially abuse students in order to prevent them from further spreading HIV/AIDS.

4. Educational leadership should remember that male students need to face the same consequences as their female partners in order to deter unsafe sexual behaviors.
5. There needs to be more practical methods of program assessment in order to address the perceived disconnect between theory and practice in real life.
6. Students need to have more prominent roles in their education to help them deal with the effects of HIV/AIDS in real life situations.
7. Revising the school curricula should be of primary concern to educational leadership as most of the syllabi tend to be gender insensitive.
8. Traditional cultural attitudes have to be more open and people learn to adapt those that could help young people cope with HIV/AIDS pandemic overcome their inhibitions and need to respond to the pandemic more sensitively and relevantly.
9. HIV/AIDS needs a new definition so that it may be perceived as a national and international pandemic that inflicts all people without discrimination and not an affliction for certain segments of different nationals.
10. The geographical, economic, and social impacts of HIV/AIDS have to be incorporated into all school subjects in order for the lessons to have more meaning, become broader, and be more relevant to young people's worlds.

Recommendations for Future Studies

Based on the results of this study, there are several recommendations for future research in HIV/AIDS education, not only in Zimbabwe but the world over. We are unable to generalize the results of this research due to the limitations of the study, which was a case study of Zimbabwean secondary schools. The results of this study cannot be generalized to all schools implementing HIV/AIDS programs unless the circumstances are similar. Furthermore, the study utilized purposeful sampling; hence, it excluded many potential participants as discussed in Chapter Three. As a result of the limitations of this study, this research only begins to examine the role of educational leaders in HIV/AIDS education. In order to address these limitations, the following recommendations for future research are made:

1. Future studies should be inclusive of more groups than were represented in this study especially students who are below the age of 18 and/or primary school students and teachers, and
2. Conduct a comparative study between urban and rural.
3. Future research should address issues of mutual respect in male female relationships and how they impact the spread of HIV/AIDS.

Unexpected Outcomes

In addition to these recommendations, there were a number of unexpected results of this study, which should be addressed in future research. Two specific themes are perceptions of sex and sexuality and mutual respect in boy/girl relationships.

Investigating these themes would help in understanding how they aid and promote the spread of HIV/AIDS especially with many girls being subservient to boys and homosexuals continually discriminated against.

Lack of Tolerance for Homosexuals. I found that young people not only challenged the abstinence only policy, but found that their perceptions related to homosexuality could be helpful to future research conducted either in Zimbabwe or elsewhere. Though students acknowledged that they rarely discussed homosexuality in classes, their own attitudes were rather disturbing to me personally¹⁴, especially after my exposure to Western ideas. Besides endorsing what I had perceived as a Zimbabwean growing up with the belief that different sexual orientations were not tolerated, I was able to hear how much attitudes have remained the same even when lives are threatened by HIV/AIDS.

According to *Religious Tolerance (2005)* if all institutions could actively promote equal rights and acceptance of gays and lesbians, as the Unitarian Universalist Association and United Church of Christ have been for many years, after a few more decades, gay and lesbian youth (who identify as homosexuals) would no longer grow up hating and fearing homosexuality. Runeborg (2002) contends that the above view would be the ideal if people were not afraid of what would happen to popular cultures and

¹⁴ See pages 116 -117 for full clips

beliefs; they fear that assuming homosexuality became tolerated and socially accepted most people's conservative beliefs and existence would be threatened by homosexuality.

Recommendations for future research in this area include:

1. Conducting a study of hidden population (Heckathorn, 1997) in Zimbabwe and determining how HIV/AIDS has been promoted due to homosexuality,
2. Investigate whether or not the people of Zimbabwe attribute homosexuality to a choice in order to influence broader based policy formulation, and
3. Investigate how far sexual orientation discrimination is aiding the spread of HIV/AIDS among the marginalized groups.

Mutual Respect within Boy/Girl Relationships. Another issue that emerged from this study was a lack of mutual respect in boys and girls relationships. I found that boys were still the prevailing figures in most decisions; including decisions of when, where, and how sex should take place. Future studies could help shed light on how young people are dealing with this. Specifically, future research should:

1. Investigate ways of encouraging platonic relationships between male and female students until they have acquired sufficient knowledge to know the potential outcomes of having unprotected sexual relationships,
2. Investigate the degree to which the school curriculum influences young people in their sexual decisions,
3. Investigate strategies aimed at reducing discrimination, especially against girls and women in order to level the playing field, and

4. Investigate teachers' attitudes regarding issues that address educational equality and identify ways in which teachers' attitudes could be instrumental in the eradication of HIV/AIDS.

Summary of Research Findings

Results of this study clearly indicate that there were several roles that school principals perceived as crucial to the implementation of successful HIV/AIDS education programs that teachers did not perceive in the same light. There were also roles that both school principals and teachers perceived as more important than others. Briefly both groups perceived that school principals' main leadership roles were: resource allocation, personal commitment, high rate of invested self interest, regular and uniform evaluation of programs as a means of monitoring for progress, and continuous support for programs to be successful. Similarly, both groups were in agreement that school principals' autonomy was limited due to their non-participation in three important aspects of HIV/AIDS Education Programs; namely, the policy formulation process, teacher training process, and decision-making process with particular reference to the syllabi of HIV/AIDS education programs in Zimbabwe.

High school principals argued that one of their main leadership roles was being role models for the teachers; however, teachers did not perceive this as one of the main leadership roles at all. School principals perceived their being role models was primary in modeling teachers' and students' behaviors. On the other hand, teachers argued that school principals needed to provide more discipline among students over and above the

boundaries of the school grounds. Teachers also perceived school principals as major counselors within schools; whereas principals themselves reported that they did not possess any counseling skills needed to counsel both students and teachers in matters related to HIV/AIDS.

Teachers generally perceived themselves as educators. They recognized that there were shortcomings with the HIV/AIDS education that they provided their students. They acknowledged that the “abstinence only” policy limited them from exploring many social options of managing HIV/AIDS among young people in Zimbabwe. To most teachers, the skills-based education was failing to equip students with life skills due to the political beliefs of current world leaders.

Students were in total agreement with this view that HIV/AIDS education did little to equip them with skills necessary to control the spread of HIV/AIDS. They reported that they perceived teachers as providing them with only bare biological facts of how to prevent HIV/AIDS, yet failed to enable them on how to socially cope with the spread of HIV/AIDS pandemic. Students’ perceptions were strongly supported by prior studies and reports such as those by the UN (2000), WHO (1998), ZHDR (2003), and USAID (2004).

According to most students, the way HIV/AIDS was perceived and approached needed to be revisited and redefined so that programs could start to address the social contexts of the marginalized people. Simply put, approaching HIV/AIDS as an academic and health problem was not curtailing the spread of HIV/AIDS. Most students felt HIV/AIDS could be controlled by implementing strategies that could promote positive

social interaction processes rather than educational processes. According to students, the provision of condoms needed to be perceived as indispensable if the eradication of HIV/AIDS among youth was to be realized. Students' main argument was that once they started having natural and normal feelings of being sexually intimate with someone, no single person could be effectively strong and in firmer positions not to give in to the super force of sexuality. This finding was supported by Runeborg (2002) who labels teenage sexuality as the "super force of sexuality."

Runeborg (2002), in general, supports the view that sexuality should be recognized, as it could be the basis for young people executing their alleged behaviors. In that light, Runeborg (2002) calls for more resources to enable young people to prevent the spread of HIV/AIDS. Although instilling fear among students to prevent the spread of HIV/AIDS was rare, students who had watched the graphic video¹⁵, admittedly had vivid recollections of the effects of HIV/AIDS. They reported that they would never casually become sexually involved without protection. This literally could be interpreted to mean that those images instilled fear in youths, but they had also served as deterrents for those students.

What policy makers should understand, therefore, is that hammering "abstinence only" without broadening its base has not yielded the desired and meaningful results. Therefore, it is high time policies were formulated and implemented that could utilize multiple strategies to prevent the spread of HIV/AIDS. Faced with the reality that worldwide youths are tomorrow's leaders they need to be protected by responsible elders.

¹⁵ See Chapter Four, p. 106 of this document for a full clip.

Summary of Students' Perceptions of Sex and Sexuality

Though students acknowledged that they minimally discussed homosexuality in classes, their own attitudes were very disturbing to me¹⁶. Though it had nothing to do with educational leadership roles I had to acknowledge this finding that emerged during our discussions. Not only are Christian churches, political and governmental leaderships filled with fears of the unknown so are the most culturally and religiously conservative people the world over (Runeborg, 2002). They are afraid of what would happen to their cultures and beliefs if homosexuality would be tolerated.

Homosexuality in Zimbabwe is summarized as:

- a) Unacceptable socially, religiously, culturally and traditionally
- b) Perceived as a sexuality abnormality, or sin
- c) Many religions do not condone sin; therefore, homosexuality is perceived as a sin; thus cannot be condoned.

Summary of Students' Perceptions of Mutual Respect within Boy/Girl Relations

Girls were clear to indicate that female teachers condemned them when they tried to befriend boys. They strongly felt that there was need for them to learn about men for later when they started serious male/female relationships but that school environments were not very conducive to the nurturing of such relationships. Moreover, after further discussions we realized in our various focus groups that the very books students used

¹⁶ See pages 116-117 of this document for full clips.

were highly gender insensitive. Unless the secondary school curriculum became more sensitive and changed its perspective girls would always play second role to males; thus; teachers could not successfully address this issue. Teachers' attitudes are aided and promoted by the insensitive curricula, books used, and the culture they were brought up under. With so many aspects not supporting equality for girls it is not surprising that teachers' attitudes towards respect between the different genders continue to remain unrefined. UN (2004) reports that socially constructed roles too often prevent the potential of girls and women to be equal contributing members of their societies. To realize the potential in girls and women societies need to see them as equals and schools could be the places where this socialization could be acted out.

Implementing some of the Policy Recommendations of the Study in Zimbabwe

The study clearly demonstrated that there was no mutual respect within male/female relationships. Gender roles generally around the world attach women into positions where they do not have power to protect themselves from HIV/AIDS infection (UN, 2002; World Bank 2002; Runeborg, 2002). Other studies USAID (2004), Emmerson (2001), and Green (2003) indicate that married women get infected at higher rates than other groups. Furthermore, many women lack opportunities to receive treatment and have no health insurance. Most educational programs have targeted women and girls in strategies to prevent the spread of HIV/AIDS As a result women and girls seem to have plenty of knowledge on how to prevent the spread of HIV/AIDS; however,

they have not been empowered to protect themselves from this illness, as they still are in submissive roles with their partners.

From the results of this study it is clear that Zimbabwean women have little say in issues related to sex. Unless they realize the power they possess to change things politically they will be perpetually in these subservient positions. They have voted for political leaders who oppress them and unless they grasp that they have the power to elect people who are more sympathetic to women's issues, implementation of the strategies recommended in this study will be extremely difficult. World wide most women have changed things for the better for themselves through activism, advocacy, and grassroots education (ZHDR, 2003; Kaim & Bassett, 1996); therefore, Zimbabwean women need to single out these experiences on how other women have changed things for themselves and find what would work best to address their situation.

While feminism has changed the status of women in many nations it is only given lip service in Zimbabwe, hence it is time Zimbabwean women realize their situation and act accordingly to change it. They need to start mobilizing themselves together with young girls who seem ready for different ways of communication, as well as different leadership that is willing to take risks and incorporate their ideas; this would to a large extent enable them to help reduce the spread of HIV/AIDS in Zimbabwe.

Another scenario would be to target men with educational programs. Though statistics by the UN (1996) indicate that Zimbabwean men are highly heterosexual they need to be educated on how to use protection as a means of family planning and this such protection should also be provided free of charge. While reducing the population increase

(which stands at six percent) at the same time males will be protecting their partners from HIV/AIDS. As the cost of protection is highly prohibitive especially on people who do not have reliable sources of income, nongovernmental organizations, religious groups, governments, and other donor organizations could be more instrumental in providing this protection, which will ultimately impact the rates of infection.

Most important educational leaders are strongly urged to relinquish some of their control. They need to realize that though educational benefits are not immediate and that though educational benefits take a long to be appreciated education should remain focused on preserving the youths from becoming innocent victims of HIV/AIDS. Young males need to be more aware that there is something wrong when they subject their wives and partners to illnesses that have no cure; therefore, educational programs should be implemented that can target more young males so as to change their traditional and cultural attitudes. Given such approaches perhaps the younger generation will approach adulthood with different attitudes and social interactions, be more prepared to change stereotypes, and eventually lead to the reduction and hopeful the eradication of HIV/AIDS.

The researcher strongly believes that people of Zimbabwe whether young or old need to perceive HIV/AIDS in a positive perspective. Whereas in the past their culture and traditional norms prevented parents from discussing issues related to sexual education with their offspring they should take advantage of the bad situation and reach out more to their children and begin communicating with them more effectively. Aunts and uncles used to have the role of educating young people on such sensitive issues but

with industrialization parents need to be more involved in their children's rights of passage. Parents should realize the risks placed on their children by HIV/AIDS and their love to experiment. Rather than preserving traditional norms it is better they preserved their children's lives. The evenings families spend watching movies on TV should be spent as family time where they can all open up to addressing questions raised by their children related to their growing up. It is what young people do not know that usually makes them more vulnerable; therefore, giving them the necessary knowledge is equipping them with skills to prevent the spread of HIV/AIDS.

Conclusions

The findings of the research indicate that school leadership was highly limited due to the narrowness of the HIV/AIDS policy in schools. The Ministry of Education, Youth, Sports, and Culture in collaboration with the AIDS Council maintained a tight rein over HIV/AIDS policies and limited educators. As a result students and teachers perceived education as making very little impact on positively influencing the behaviors of young people. Furthermore, the research concluded that HIV/AIDS education was too theoretical and lacked practicality as most students reported that they could not depend on education to empower them with real life decisions. Some students reported that HIV/AIDS education disclosed only the biological facts of HIV and AIDS but did not equip them with the necessary skills to overcome the spread of HIV/AIDS.

Although this research is only the initial step in addressing issues of concern in the eradication of HIV/AIDS in Zimbabwe, it does provide insight into the role of school leaders in the prevention of HIV and AIDS in Zimbabwe and in countries with similar situations. The results indicate that in many cases education lacks practicality; hence, teachers as well as students do not perceive it as enabling students to acquire the necessary life skills needed to curtail the spread of HIV/AIDS. Most students actually argued that HIV/AIDS should be approached as a social, not as a health or educational problem. The young people were advocating for a definition of HIV/AIDS that is all encompassing without segregating certain segments of society. Consequently as youth will be the ones primarily affected, their perceptions should not be allowed to pass without acknowledgment and recognition.

Most of the HIV/AIDS education programs reviewed was perceived to be full of prohibitive and few alternatives enabling youths to prevent themselves from becoming HIV/AIDS positive. For example, use of condoms should not be completely ruled out. Take an example of the Western countries; though they have the abstinence only policy, they also have resource centers where young people simply walk in and find open door cupboards of condoms that they simply take without being questioned. This is a strong and supportive resource that should be readily available to all youth the world over, and especially, in countries where rates of HIV/AIDS are high. The walk in and get it policy allows youths to protect themselves against unwanted pregnancies, in addition to, preventing the spread of disease such as HIV/AIDS. Providing youths with condoms is a

way of enabling young people without judging them, as well as a way of acknowledging the dangers posed by HIV/AIDS. It provides youth with a way of acting responsibly.

By providing youths with multiple strategies to prevent the spread of HIV/AIDS, leaders are acknowledging the power of sex and sexuality, thus empowering youths to go on with their social lives while pursuing their career goals undisturbed. This, in a way, strengthens economies that are most in jeopardy as well as saving human lives.

HIV/AIDS is a social and economic problem and doing everything necessary to protect the lives of young and innocent people should be one of the primary responsibilities for world leaders; whether they are religious, political, economical, cultural, or spiritual. The eradication of HIV/AIDS should be everyone's responsibility. Taking the approach of redefining HIV/AIDS and regarding HIV/AIDS as a social problem means many of the obstacles presented to programs as a result of the prohibitive policies could be overcome through broader based policies that allow different strategies to be adapted.

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Appendix A

Informed Consent Form

Informed Consent form for an International Educational Research
The Pennsylvania State University

Title of Project The Perceptions of Secondary School Principals, Teachers, and Students on the Leadership Roles in HIV/AIDS Education: A Case Study of Zimbabwe

Principal Investigator Rosemary Musandipa
Penn State University
300 Rackley Building
University Park, PA 16802
(814) 865 1487: rzm107@psu.edu

Advisors	John Tippeconnic III Penn state University 300 Rackley Building University Park, PA 16802 (814) 863 1626: jwt7@psu.edu	Susan Faircloth Penn State University 300 Rackley Building University Park, PA 16802 (814) 863 3775 scf2@psu.edu
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1. **Purpose of Study:** The purpose of this study is to better understand the perceptions of the leadership roles by school principals, teachers, and students and how understanding enables students to make sense of the education they receive in relation to HIV/AIDS Education in Zimbabwe.
2. **Procedures:** You will be asked not less than 20 questions on a research interview protocol.
3. **Discomforts and Risks:** Responding to questions regarding the impact of HIV on your social, personal and professional may cause discomfort. No risks however, beyond those experienced in every day life are anticipated.
4. **Benefits:** Understanding the benefits of reducing the rates of HIV infection is not only a matter of saving lives but a matter of preserving human lives, communities, and generations. Education is viewed as one way to prevent and reduce HIV. The interviews will help define and develop effective educational strategies for the preservation of young people in Zimbabwe and other developing nations.
5. **Duration:** Interviews will be at least an hour long.
6. **Statement of Confidentiality:** All of your data will remain confidential. You will be assigned a pseudonym or number at the beginning of the research. The only individual who will have access

to the data will be the primary investigator, Rosemary Musandipa. After all data is collected all reports will be based on common themes that emerge during interview. Tapes will be stored under lock and key in the Principal Investigator's home and will be destroyed two years after study completion. The Office of Research and Protections of Social Sciences Institutional Review Board may also review records for this study.

7. **Right to Ask Questions:** You have the right to ask questions and have those questions answered. You can direct your questions to the investigator during or after the research to Rosemary Musandipa at rzm107@psu.edu. If you have any further questions regarding your rights as a participant you can contact The Pennsylvania State University's Office of research protection at (814) 865 1775.
8. **Compensation:** Participants will not be compensated in any form for participating in this research.
9. **Voluntary Participation:** Your participation is voluntary. You can withdraw from the study any time, and you have the right to decline any specific questions.
10. **You must be:** 18 years or older to consent to participate in this research. You will be given a copy of this document for your records.

Participant Signature

Date

Person Obtaining Signature

Date

Appendix B

Letter of Introduction

College of Education
Penn State University
300 Rackley Building
University Park, PA 16802

May 10, 2005

The Secretary
Ministry of Education, Youth, Sports, and Culture
P. O. Box CY 121
Causeway, Harare
Zimbabwe.

Dear Sir/Madam,
Re: Access into Mashonaland East Region School for Research

My name is Rosemary Musandipa and I am a Zimbabwean currently undergoing my doctoral degree with Penn State University. This winter I will be conducting my research in Zimbabwe from June 1 to August 15, 2005.

My intention is to interview four school principals, eight school teachers, and 16 students on their perceptions of leadership roles in HIV/AIDS education. Your permission is sought for my access into Mashonaland East Region Schools both urban and rural. My research question is "Do secondary school principals, teachers, and students perceive leadership roles in HIV/AIDS Education as effective in their schools?" Entire interviews will be tape recorded within the school premises and I will confidentially protect the identities of my study participants.

I have received permission from the Institutional review Board of Penn State University to conduct my research in compliance with their requirements of all research that involve human participants. The guidelines provided by the Office of Research Protections will be adhered to as well as any guidelines that you will provide me.

Your permission is greatly appreciated and I thank you for your time.

Sincerely,

Rosemary Musandipa.

Appendix C

School teachers interview protocol

Biographical

1. How long have you been a teacher?
2. How long have you been HIV/AIDS educator?
3. How long have you taught at this school?
4. Has HIV/AIDS affected you on a personal level?
5. Has HIV/AIDS affected you on a professional level?

Perceptions of leadership

6. What do you perceive as the main leadership role of your principal?
7. can you give me four other roles you consider important for a school principal with one being the most important and five the least
8. How often do you receive training from your principal?
9. What activities do you receive as follow up to your training as an HIV/AIDS educator from your principal?
10. Do you receive training before or after becoming an HIV/AIDS educator?
11. How often are you evaluated as HIV/AIDS educator?

Evaluation and program progress

12. Do you receive any formal feedback from the principal after evaluation?

13. If you were the school principal what would you do differently to ensure the success of the HIV/AIDS program in your school?
14. What do you consider to be an effective HIV/AIDS program if you could implement one?
15. Whom do you regard as the main source of information for your students in relation to HIV/AIDS?
16. How effective do you think are the HIV/AIDS programs in changing students' behaviors?
17. Do you ever encourage your students to have mutual respect for each other in their relationships at all?
18. Do you ever informally open up discussions related to sex and sexuality with your students?
19. Do you ever think of including your students concerns in your teaching strategies?
20. Do you have any other information for our discussion?

End of interview.

Thank you for your time.

Appendix D

Interview Protocol for School Principals

Biographical

1. How long did you teach before you became a principal?
2. How long have you been a principal?
3. How long have you been a principal at this school?
4. Has HIV/AIDS affected you in your personal life?
5. Has HIV/AIDS affected you in your professional life?

Introduction of program and training

6. When was the HIV/AIDS health education program introduced into the school curriculum?
7. What did you do to prepare your teachers or AIDS educators for the new role?
8. How often do you provide training for your teachers?
9. What issues do you cover during training for your teachers/educators?
10. Do you perceive this to be sufficient training for your teachers?
11. What influences you to choose your HIV/AIDS educators at any given level?
12. What forms of training do you provide for your teachers or HIV/AIDS educators?
13. What do you find to be the most effective methods of training for your HIV/AIDS educators?
14. What do you do as follow up to the training of your educators?

Evaluation and leadership roles

15. How often do you evaluate the HIV/AIDS education in your schools?
16. For you as, a school principal what do you consider as an effective HIV/AIDS education should cover?
17. What do you perceive to be your main leadership role in HIV/AIDS education?
18. Can you give me four other roles you consider important for school principals?
19. Do you ever include the students in any leadership training programs?
20. Do you have anything else you would like to add to our conversation

End of interview.

Thank you for your time.

Appendix E

Students Interview Protocol

Biographical

1. How old are you?
2. How long have you been a student at this school?
3. Has HIV/AIDS affected you in your personal life?
4. Has HIV/AIDS affected you in your social life?
5. How long have been receiving HIV/AIDS education?

Teacher leadership role perceptions

6. what do you consider to have been the most important subject area that your HIV/AIDS educator has done to enable you acquire knowledge necessary to prevent the spread of HIV/AIDS?
7. If you were to choose the curriculum what would you consider to be the most important area or subject that you are not currently covering in school in relation to HIV/AIDS education?
8. Who are you most comfortable with males or females as your HIV/AIDS educators and whatever gender you choose why are you comfortable with that particular gender?
9. Does your educator ever encourage you to have mutual respect in your relationships?

10. Does your educator encourage you to talk openly about sex and sexuality?
11. If you had the authority to change the school system what would be the primary area for your focus?
12. What other related areas would you change?

Evaluation

13. Who do you consider to be your main source of HIV/AIDS education information?
14. If you were the HIV/AIDS educator what would you do differently to ensure that your students trust you and can benefit from the HIV/AIDS program?
15. Who do you feel most comfortable with discussing your HIV/AIDS concerns?
16. Is there anything you are not comfortable discussing regarding your HIV/AIDS education?
17. Would it be better for you to be taught about HIV/AIDS in English or your mother tongue?
18. Who the other adults besides your teachers who talk to you about HIV/AIDS prevention?
19. If you were allowed to change your HIV/AIDS education what would you change?
20. Do you have anything to add to all we have discussed here today?

End of interview.

Thank you for your time.

VITA

Rosemary Musandipa

Education

Ph. D.	2003-2006	The Pennsylvania State University
Ph. D. Student:		Educational Leadership: Dissertation: Secondary School Principals, Teachers and Students' Perceptions on the Role Of Leadership in HIV/AIDS Education Programs: A Case Study of Zimbabwe
Master's	2000-2003	The Pennsylvania State University
Master's Student:		Educational Administration Thesis: Educational Leadership and HIV in Zimbabwean Schools
B. Ed.	1997-1998	University of Zimbabwe Research Project: Impact of Staff Development Programs on Teacher Improvement.

Professional

2001-2004	Graduate Assistant, Paterno Special Collections Library, The Pennsylvania State University.
1990-1996	Primary School Principal, Chakari Primary School, Kadoma, Zimbabwe.
1985-1989	Senior Teacher, Dalny Mine II Primary School, Chegutu, Zimbabwe.
1975-1984	Teacher-in-Charge, Zengeza No. 8 Primary School, Zengeza, Zimbabwe.

Paper Presentations

WSGO. (2005). "The accented voice of an African Graduate Student," Paper presented at the Graduate Women's Students Organization Annual Conference. Penn State University, April 2005.

Staying Alive. (2005). The African culture and how it promotes HIV and AIDS: Paper presented for the Staying Alive Conference Los Angeles, California. August 2005.

Publications

Submitted 2006: African Women Overcoming Barriers in Educational Leadership

Submitted 2006: African Women Living and Working in Diaspora.

Submitted 2006: The World Englishes "WE" and Colonization.