
Teaching Sexuality Education in the HIV and AIDS Education Curriculum: The Voices of High School Guidance and Counselling Teachers

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ABSTRACT

The study focused on teaching sexuality education in the HIV and AIDS education curriculum in high schools. In spite of the importance of HIV and AIDS education in preventing HIV infections, Guidance and Counseling (G&C) teachers are not engaging optimally with the current curriculum, and hence, they are not serving the needs of the learners in the context of the HIV and AIDS pandemic. Situated within a qualitative research design, and informed by a critical paradigm, we used participatory visual methodology, with drawing and focus group discussion as methods for data generation. Eight female G&C urban secondary school teachers, purposively selected, comprised the sample of participants. Thematic analysis was used to analyse the data. The findings revealed that the G&C teachers have an understanding of the curriculum and made their voices heard on how it is to be taught. Even though they were enthusiastic to teach sexuality education - in the age of HIV and AIDS they became aware that their system of education did not appear to optimally support their work. They understood that the participatory visual methodology could enable them to teach their current G&C curriculum. They, furthermore, could reflect on themselves, the context in which they taught their sexuality education, work and learn from each other. In this way, their agency seemed to have been enabled to address the challenges and consider how they could teach sexuality education in their schools. Drawing on Cultural Historical Activity Theory, we conclude that the G&C teachers could be enabled to teach sexuality education if the three Activity Systems, namely the G&C teachers, the school system, and the community, work together as one Activity System, engaging with each other in a generative way focused on the same outcome.

Key Words: Cultural Historical Activity Theory; Guidance and Counseling; HIV and AIDS; Participatory visual methodology; sexuality education, critical theory

INTRODUCTION

The voices of teachers, who are at the coalface of preventing HIV and AIDS through teaching sexuality education, are seldom heard. Hearing their voices, the voices of Zimbabwean Guidance and Counseling teachers (hereafter called G&C), and drawing on their lived experiences, might act as an intervention, enabling them to see how they might strengthen their teaching of sexuality education in cultural contexts where talking about sexuality is often a challenge.

immune deficiency syndrome (AIDS) in Zimbabwe in 1985, the government introduced policies aiming at mitigating the rate of infection (Secretariat, 2011). In responding to the call by the government to design programs to reduce infection rate, the Ministry of Education, in collaboration with UNICEF, designed a program meant to be taught in both primary and secondary schools (UNAIDS, 2008). Guided by the Chief Education Officer's circular No. 16 of 1993, Guidance and Counselling was to be taught in all secondary schools in Zimbabwe (MoESC, 1993).

BACKGROUND

After the report of the first case of human immunodeficiency virus (HIV) and

The heads of secondary schools were tasked by the Education Ministry to select teachers from their schools to participate in professional development for

the teaching of G&C (MoESC, 1993). The choice of those eligible for in-service training remained the privilege of the school heads. Some heads selected senior teachers to participate in the in-service training for G&C teaching. The assumption was that the more experienced senior teachers would probably approach the teaching of G&C with greater insight and could share their learning with other teachers. Other heads selected teachers on the strength of their Christian faith background, possibly assuming that they would be willing to teach HIV and AIDS education in G&C where some concepts, such as abstinence or faithfulness in relationships, resonate with the ideals of the Christian faith (Mufuka & Tauya, 2013).

The professional development courses for G&C teachers lasted for about a week (Mufuka & Tauya, 2013). Funding of this in-service training was a joint venture between the Ministry of Education and some Non-Governmental Organizations (NGOs). However, education officials in conjunction with officials from the Zimbabwe National AIDS Council comprised a cohort of workshop facilitators (Secretariat, 2011). Although the main goal of these in-service training workshops was to equip the teachers with both the content and pedagogics of G&C subject, it was noted that a five to seven days in-service training workshop per teacher was not enough for such a mammoth task (Mufuka & Tauya, 2013). By 1993, about 6000 teachers of G&C had been identified (Mufuka & Tauya, 2013). About 2000 of the 6000 G&C teachers were trained between 1993 and 1995 to teach G&C (Mufuka & Tauya, 2013). Although the balance (4000) of the teachers originally earmarked for in-service training was available in the schools and ready for training, no further in-service training took place after the NGOs who were funding the project withdrew their services (Mufuka & Tauya, 2013).

The 2000 trained in-service teachers became the G&C teachers in their respective secondary schools, however, they also taught other subjects in which they had initially specialized in during their pre-service teacher education. Attending the five to seven days of G&C training, which was to be followed with extra in-service training for teaching and assessing G&C work, was an additional workload on the teachers (Muguwe & Gwirayi, 2011). During that period, since we were also teachers in the secondary school system, we noted that teachers were reluctant to take up this additional workload of teaching G&C; however, they had no option since it was an obligation from the heads of schools. Confirming our observations, a study shows that there was very little enthusiasm from the teachers to go for that in-service training (Mugweni, Hartell, & Phatudi, 2013).

Subsequently, any new G&C teacher, who joined the secondary school sector after the initial period of in-service training had ended, along with other untrained teachers, received in-house school in-service training from the trained teachers, as there was at least one in every secondary school. Gudyanga, Wadesango, Manzira and Gudyanga (2015a), in their study of current state of G&C in secondary schools in Zimbabwe, confirm that teachers were not keen to be trained, were not keen to teach G&C. Teachers had a negative view of both HIV and AIDS education and the syllabus which seemed to concentrate on issues they did not believe in, such as condom use. According to Gudyanga, et al., (2015a), the teachers taught the subject just to satisfy the head of the school. Earlier on, Mangwaya and Ndlovu (2012) had noted the same negative attitude of the G&C teachers and their struggling with the teaching. However, Gudyanga, Gore and Wadesango (2013) contended that this was a result of the inadequate in-service training received in the 1993 and 1994 workshops. The inadequate training, according to

Gudyanga et al., (2013), is linked to the little time devoted to the in-service training of the teachers. The in-service training did not seem to have helped teachers acquire an adequate knowledge base, skills, values and positive attitudes towards G&C.

The teaching of G&C was further impacted negatively by several factors like the status of G&C in a school. It is not offered as an examinable subject. It is the only subject taught once a week for about 35 minutes. The teachers and learners also seemed not to be paying much attention to it (Chifunyise, Benoy, & Mukubi, 1999). The lack of textbooks and other resources did not help matters either (Gudyanga et al. 2015b), Muguwe & Gwirayi, 2011). Some trained teachers were not aware of how to teach the G&C subject (World Bank, 2002), while others reported that they were shy to teach some topics, for instance sexuality education. They argued that such topics clashed with their cultural values and beliefs, that sex was taboo to talk about, for instance, the vernacular for human reproductive organs is taboo (Mugweni, Hartel, & Phatudi, 2013). All these issues compounded teachers' failing to teach G&C and sexuality education within HIV and AIDS education.

It is apparent from the preceding discussion that the teaching of G&C in secondary schools and also in the Professional Development of HIV and AIDS Education and Life Skills in Colleges of Education, evoked negative responses from both the teachers and learners in secondary schools and also from both lecturers and student teachers in Colleges of Education. The discussion just advanced indicate that many secondary school teachers in Zimbabwe have very little commitment to the teaching of G&C where sexuality education within HIV and AIDS education is located. Since the epidemic is experienced in Zimbabwean communities, one would have expected teachers to be keen to teach G&C, thus enabling learners

to engage with sexuality education within HIV and AIDS education in the hope of facilitating HIV prevention practices among learners.

It is clear that education is seen as a useful and valuable tool against HIV and AIDS, and that it plays a critical role in HIV prevention (Wood & Hillman, 2008). Education is also considered the main device which according to researchers can be employed to implement changes and stop the spread of the virus (Bhana, Morrell, Epstein, & Moletsane, 2006; Coombe, 2000). A significant factor in this study is the fact that the Zimbabwean Education Ministry made the teaching of G&C curriculum compulsory in the secondary education sector. However, they did not consult with the teachers who are the implementers of the program as to what should go into the syllabus and how it should be taught (Manzira, 2014; Mufuka & Tauya, 2013; Muguwe & Gwirayi, 2011; Mugweni et al., 2013; Mupa, 2012). Although the Ministry of Education trained some G&C teachers, the in-service training seemed inadequate. The views of teachers as implementers of the curriculum are critical in understanding why they have challenges in implementing the HIV and AIDS education curriculum in schools. It is against this background that we explored the G&C teachers' understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary schools and how they can be enabled to teach it?

To interrogate and facilitate a deep exploration of this study, we formulated the following research question:

What are the G&C teachers' understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary schools and how can they be enabled to teach it?

For further illumination on the research question, we had to review literature on the following subheading.

The current sexuality education in the HIV and AIDS education curriculum for secondary schools in Zimbabwe

The Zimbabwe Curriculum Development Unit (ZCDU), a unit in the Ministry of Primary and Secondary Education, planned the HIV and AIDS education curriculum for secondary schools for form one to form six in 1992. The implementation was guided by the Chief Education Officer's Circular Minute No. 16 of 1993, which in part stipulated that HIV and AIDS education is to be taught once a week in 35-minute lessons from forms one to six. In each province, there ought to be an Education Officer for quality assurance and quality control for the teaching and learning of the subject as well as for administering workshops and seminars at provincial level. There are no summative public examinations in the subject, however, schools are mandated to provide formative assessments (MoESC, 1993). In the secondary school, this is taught as Guidance and Counseling, HIV&AIDS and Life Skills Education from forms one to six (MoESC, 1993). The curriculum is presented as one composite document from Zimbabwe Junior Certificate (ZJC) to Advanced Level (Form 6) and adopts a thematic approach from form one to form six. The implication of the Chief Education Officer's circular 16 of 1993 is that the subject is treated as a stand-alone.

The whole G&C curriculum is divided into 6 themes. These are (1)

relationships (2) human growth and development (3) health (4) values and beliefs (5) care, management and mitigation, and (6) child protection (MoESC, 2003, p. 3).

The curriculum aims to develop some of the following life skills "communication / assertiveness, interpersonal and empathy skills, decision-making/problem-solving, critical thinking, and creative thinking skills" (MoESC, 2003, p. 3). One of the strengths of this curriculum is that its structure is clear and coherent, but the content relating to major risk and protective dynamics are inadequate or missing at lower forms (UNESCO, 2012). The major risk and protective issues are STI's, contraceptives, condoms and HIV prevention (UNESCO, 2012). Teaching approaches are noted to be learner centred, with some approaches amongst others, being role-play, participatory, song composition and singing, games, drama and many others. However, it is argued that for learners to acquire some life skills, more time is needed unlike the 35-minute lesson per week, which the Ministry stipulated (UNESCO, 2012).

The theoretical perspectives on teaching sexuality education in the HIV and AIDS education curriculum, discussed, informs our choice of Cultural Historical Activity Theory (CHAT). The fundamentals of CHAT that is the subject, the tools/artefacts and the object and how they interplay together to form an Activity System, are all noted and visualized in our theoretical perspectives. Therefore, I now turn to discuss the theoretical framework.

Theoretical frameworks: Cultural Historical Activity theory

We draw on the Cultural Historical Activity Theory (CHAT) to frame this study. CHAT originated from Lev Vygotsky, in the mid-1920s to mid-1930s (Yamagata-Lynch, 2010). Engeström

(2001) pointed out that Vygotsky produced first generation Activity Theory. Vygotsky's associate Alexei Leont'ev produced the second generation Activity Theory (Leont'ev, 1978; Leont'ev, 1981). Third generation is attributed to Engeström (Engeström, 2001). Fundamental to CHAT as a theoretical framework is that when human beings work in association with others, their "skills to analyse organisations as networks of Activity Systems develops" (Blacker, Crump, & McDonald, 2000, p. 277). In harmony with this fundamental thought, Edwards asserted that individuals and their society interact dialectically (Edwards, 2007). With reference to this study, the Activity System comprise the group of people focusing on achieving some goal (Yamagata-Lynch, 2010). In this case, the Activity System is a group of eight G&C teachers (participants). Their main goal is to interact producing data on their understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary schools and how they can be enabled to teach it?

Context and participants

The focus of this study is on purposively selected eight female G&C teachers teaching sexuality education within HIV and AIDS education as part of the G&C curriculum in Zimbabwe. We conveniently drew participants, from Gweru district urban secondary schools because of easy accessibility. The Gweru district rural schools are far away from our home and difficult to access, as all roads are gravel, and schools are far apart from one another. The study, therefore, is not intending to generalize the findings to the whole population of G&C teachers, but provides insight, Creswell (2014), into the teaching of G&C.

METHODOLOGY

We selected qualitative research approach since it situates us in the

participants' world of lived experiences (Denzin & Lincoln, 2008). Furthermore, we expect to hear multiple realities of issues of which, with a qualitative approach, it takes the centre stage (Creswell, 2007; Mertens, 2005). Additionally, we draw on the critical paradigm to guide me, since it seeks to understand and interpret the world in terms of unjust practices, unjust policies, unjust social structures or beliefs and values, with the view of empowering participants as critical thinkers who are capable of transforming such practices (Brink, van der Walt, & van Rensburg, 2012; Taylor & Medina, 2013). The other tenet of a critical world view is that the research study, like this one, contains an action agenda for reform which may change the lives of participants, the institutions in which the participants live and work in or even the researchers' lives (Taylor, 2014; Willis, 2007). The critical paradigm is suitable for this research study since it focuses on exploring on the G&C teachers' understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary schools and how they can be enabled to teach it.

Working within the critical paradigm, we facilitated the engagement of the G&C teachers in thinking about teaching sexuality education within the HIV and AIDS education curriculum and from their own socio-cultural contexts. The critical paradigm enabled us to deepen our understanding of the real-world practical experiences of the G&C teachers engaging with the teaching of sexuality education in the HIV and AIDS education curriculum.

Such a paradigm guided us to look for a suitable research methodology. The critical paradigm deals with empowering the marginalized, like people with disabilities, women, children, or teachers who face challenges in their teaching profession. Furthermore, it deals with empowering participants as critical thinkers, we therefore chose participatory

visual methodology, which could enable participants make their voices heard (Gudyanga, De Lange and Khau, 2019).

Participatory visual methodology uses methods such as photography, digital storytelling, collage, drawing, videography and so on (Banks, 2007; De Lange & Stuart, 2008; Mitchell, 2011; Mitchell, De Lange, Moletsane, Stuart, & Buthelezi, 2005; Mitchell, Milne, & De Lange, 2012; Pink, 2001; Pithouse-Morgan et al., 2013; Rose, 2001). De Lange (2008) acknowledges that there is a rapid increase of interest in using participatory visual methodology because it has a built in research as intervention orientation. Participatory visual methodology enabled us to work with G&C teachers as co-researchers, enabling themselves to make their voices heard in the teaching of sexuality education within the HIV and AIDS education curriculum. The teacher participants were involved in using visual methods, whereas the researcher was involved with the facilitation or moderation thereof (Greeff, 2011). Among other visual methods, we selected drawing, demanding participants to portray their thoughts by way of producing drawings with captions (Guillemin, 2004), ensued by robust discussion. Additionally, I used focus group discussion as an instrument for data generation (Greeff, 2011).

Drawing

As an instrument for data generation, participants make drawings, thus are actively representing their ideas, hence, enabling them to express, reflect and arouse emotions as well as pay thoughtfulness to things in unique aspects (Mitchell, Theron, Smith, & Stuart, 2011). Additionally, Guillemin (2004) asserts that drawing is a forceful and insightful research instrument to explore how people make sense of their world. Only pencil and paper are needed, making it a simple method. Participants draw and write a brief

explanation of the drawing below or next to the drawing. During the discussion of the drawings one can elicit participant attitudes and beliefs about the issue under study (Stuart, 2007). Furthermore, drawing can be used as a transformative research method that has the power to bring about social change (Mitchell, De Lange, & Moletsane, 2011). Drawings offer a formidable fashion of message which words on their own often cannot (UNICEF, 2012).

Focus Group Discussion

In conjunction with drawing, we used focus group discussions. It is a method enabling participants to express their thinking and feelings concerning a subject in a non-threatening environment (Greeff, 2011). As a way of data generation, usually, a small group of participants, who have something in common in relation to the topic, is selected and meet to discuss a topic or an issue (Wong, 2008). Therefore, the group tends to have deep and contextual topic interpretations (Greeff, 2011). Additionally, so large amounts of data are generated within a short period of time. Furthermore, the researcher also understands the participants' lived experiences better (Greeff, 2011).

The research process

The process took place at some hired conference centre. We drew on the assistance of the female co-author during the field work, in order to minimize the potential power imbalance between principal male African author and the African female G&C teachers. We started by getting to know one another and developing operational rules for the sessions and activities. In this first session, the participants also chose their own pseudonyms to be used in representing their work in the study. We also did a "lead in" activity in which we introduced the focus of this study, namely sexuality education.

We then addressed the research question, which asks: *What are the G&C teachers' understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary schools and how can they be enabled to teach it?*

I provided the following prompt to the G&C teachers:

“Using the pen and paper provided, make a drawing that shows your understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary school context and how you can be enabled to teach it.”

I gave them pen, paper, and encouraged them not to be concerned about the artistic beauty of their drawing, as I was interested in the content of the drawing and what they were thinking. I also asked them to write a caption for their drawing, explaining what the drawing was depicting. I allowed them 15 minutes to make their drawings and write the captions.

The drawings offered an entry point for discussing the existing HIV and AIDS education curriculum in order to reveal their understandings of the curriculum. This session included asking each participant in turn to explain the meaning of her drawing to the other seven participants and the two facilitators. Participants reflected on and offered a critique of the meanings suggested by each participant. The eight drawings were displayed on the walls of the room.

I then led a focus group discussion, (fgd) directing the participants to the first prompt, I asked them to consider the following questions: *What do the drawings say to you? What issues are presented in the drawings? What is missing? Are there any emerging themes? If there are challenges depicted, what are the possible solutions?* The questions elicited a deeper discussion

and understanding of the phenomenon from participants. The discussions and explanation of the drawings were video and audio recorded and kept in our laptops and later transcribed for analysis.

Data analysis

The writing of the captions after drawing and the explanations proffered by each participant helped as first level of participatory analysis. The second level of participatory analysis was when we did thematic analysis of drawings and captions during fgd. This was followed by re-contextualising data in existing literature and making meaning of the findings in terms of our theoretical framework (Schurink, W., Fouché, C. B., & De Vos, A. S. (2011).

In carrying out thematic analysis, we drew on Braun and Clarke's (2006) six steps, which are immersion in the data, generating initial codes and categories, searching for sub-themes, reviewing sub-themes, defining and naming themes, and lastly, presentation of themes (Braun & Clarke, 2006).

Trustworthiness and ethics

For qualitative research studies to be of any repute, they are to withstand the rigor of trustworthiness (Burke & Christensen, 2012). Four major constructs, which we drew on, are credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Deep engagement with data was achieved through many hours of its generation and analysis with participants (Creswell, 2014). Ethical clearance for data generation was granted by NMU (number H16-EDU-ERE-005). From the outset, we devoted ourselves to work ethically with participants. We gained written and signed informed consent. Additionally, for the purposes of anonymity and confidentiality, we used pseudonyms.

Findings

We present and discuss the findings of the following research question: What are the G&C teachers' understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary schools and how they can be enabled to teach it?

We present the findings in themes, sub-themes and categories supported by

drawings and verbatim quotes from the participants in explaining their drawings and when discussing the drawings within the whole group. Where direct quotes of participants were in vernacular language, a colleague translated the vernacular into English to ensure unbiased translation.

All participants had drawings with captions. We captured one shown here as an example, Esther's drawing.

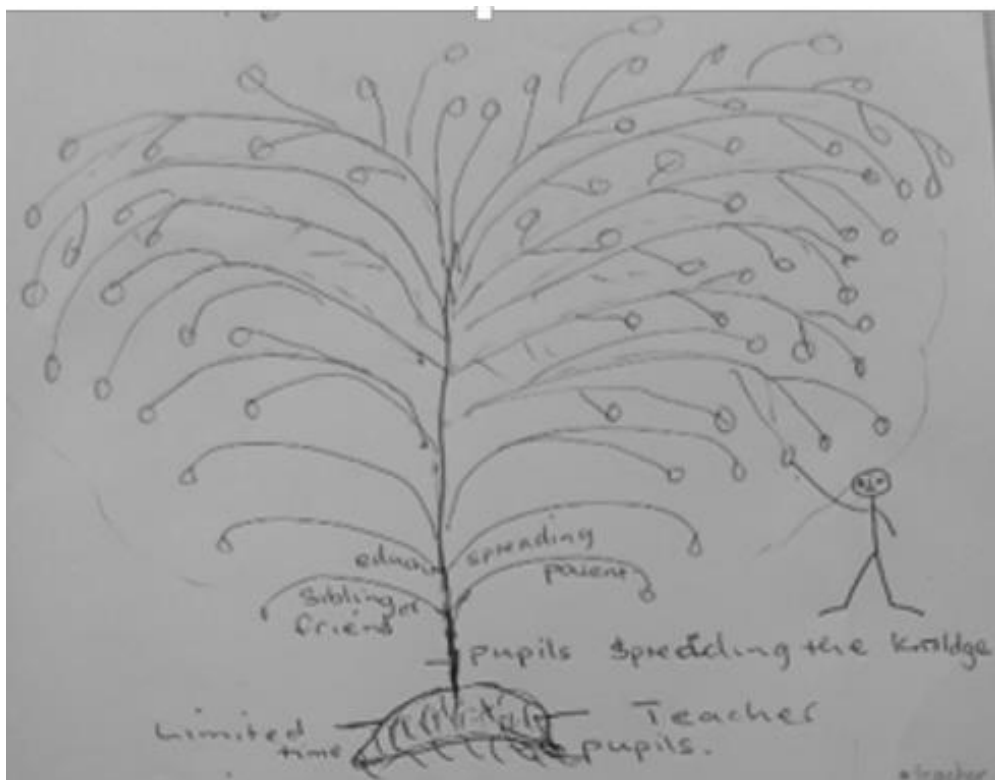


Figure 1 A tree

Esther explained her drawing in the following way:

The current curriculum is like a tree. My drawing here represents a school with teachers and pupils. The teacher teaches G&C. . . . I have put the pupils as the roots. The tree survives on roots taking in water. Likewise the pupils take in knowledge and disseminate it to the community. The whole community has been saved from HIV and AIDS.

All the eight participants made drawings with captions.

Guidance and Counseling teachers' understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary schools and how they can be enabled to teach it

This theme consists of two sub-themes and their categories as shown in Table 1.

Table 1.

Sub-Themes	Categories
6.1.1 Teachers recognize principles of curriculum design and implementation	6.1.1.1. Curriculum is hierarchical
	6.1.1.2. Curriculum is based on societal values
	6.1.1.3. Curriculum implementation is learner-centred
	6.1.1.4. NGOs support the teaching of the curriculum
6.1.2 Teachers view curriculum as an educational tool for mediating sexuality education knowledge in the community to prevent HIV and AIDS	6.1.2.1. Curriculum is a tool for awareness and prevention of HIV and AIDS
	6.1.2.2. Parental involvement in curriculum change and innovation is critical

Curriculum is hierarchical

Participants were aware that the G&C curriculum is designed in a hierarchical fashion, from form one to form six.

Esinia stated that *“the curriculum is both age related and academic level related”*. She explained her drawing which depicted a learner climbing up a staircase. The first stair represented form one level, the second stair represented form two level and so forth up to the sixth form. She went on to say, *“that is why when you look at my drawing, there is a step like, whereby a child is moving from this lower level to a higher level, the curriculum is adding more to it”*.

There was yet another drawing that showed the hierarchical nature of the curriculum. Rose had a drawing in which the teacher sat on top of three stacked rocks. The first rock was called Zimbabwe Junior Certificate, the second was called “O”

Level, and the third was called “A” Level. Furthermore, Rose stated, *“the teacher is the highest point of information, and we have the syllabus [curriculum] that grows spirally and hierarchically. In other words, the information is more complex as we go up the ladder up to Advanced Level”*. Additionally, Rose emphasized her point by saying, *“the curriculum cater[s] for all students at different stages with hierarchical growth, the higher the level, the more complex the information becomes.*

Sarah also highlighted the same principle of a hierarchical curriculum in the discussion, when she pronounced,

The curriculum is hierarchical in demand, when you look at the content of the syllabus, they add something more to the form 2, 3s, form 4s, form 5 and form 6. They will be adding more information, but they are covering the same topic.

By “they”, the participant was referring to curriculum designers in the Ministry of Primary and Secondary Education.

The participants seemed to recognize the principle that there are concepts which are taught at a particular age and or academic level. Sarah was also aware of the hierarchical nature of the curriculum. In addition, Sarah said, “*They are basing their content on the fact that the children are [have] not yet developed and they don’t have the capacity to grasp certain things you might talk about*”. In agreement with other participants, Shuvai referred to physical development instead of academic level. Shuvai indicated that “*the curriculum should be developed basing on the physical development of the child, for example, a form one girl is developing breasts and the like*”. Shuvai, in a way revealed that at form one level, they had learners who are at the puberty stage, and others at an early adolescent stage. Shuvai’s understanding of the curriculum was that the G&C curriculum has to be designed in accordance to the physical developmental stage of the learner.

Additionally, Esinia, for example exclaimed; “*there is need ... to also consider the emotional aspect*”. As a result of hormonal changes in the body, as learners grow, their emotional and sexual needs also change with time. To concur, Rose indicated that the “*curriculum is developmental and incremental. Some of the concepts are postponed until a particular age*”. She went on to say, “*for instance, looking at the curriculum, the concept of contraceptives is introduced at form four. It is assumed that for form 1s, they are not yet sexually active, hence, the curriculum for form 1s is centred on abstinence*”. In agreement with other participants, Edith said, “*during teaching G&C, there are certain aspects which you want to say, this is for form 1s and this is for form 6*”. As we continued discussing the

drawings, Vongai concurred with other participants as she held that, “*there are aspects which you shelve for a certain form*”. Therefore, participants concurred in principle that, in designing the curriculum, the curriculum has to be hierarchically structured.

The participants’ references to the hierarchical nature of the curriculum corresponds to Bruner’s work of a spiral curriculum, where he states that a “spiral curriculum is not simply the repetition of a topic taught. It requires also the deepening of it, with each successive encounter building on the previous work” (Bruner, 2009 p. 16). The aspect of building concepts on previous ones is what Bruner (2009) calls mental spiral learning. In curriculum design, it is imperative to organize curriculum meaningfully by laying the foundation of the basics followed by complex issues, in a hierarchical fashion. Bruner (2009) is well known for emphasizing teaching from the known to the unknown. Ausubel, a famous psychologist who worked alongside Bruner, in his theory of meaningful learning, argues that the latter knowledge is built on the former knowledge (Rourke & Kanuka, 2009). Through that process, new cognitive structures are formed. He maintains that teachers are to make a deliberate effort of linking new knowledge to that which learners already know. This theory concurs with Bruner’s spiral curriculum model.

Giobbi (2015) advocated for parents and educators to teach appropriate concepts when the learner is mature enough and ready to learn. Therefore, intellectually, there are some concepts which are difficult to comprehend if the mind is not yet mature enough and ready to learn. Piaget’s theory refers to the fact that there is a time when a child cannot carry out some mental operations because of the mind which is not yet ready to carry out such operations (Kendra, 2016). Participants are also aware

of the learners' physical development. As the physical body grows and matures, genetics and hormones trigger chemical processes at some stage, for instance, the sexual drive for reproduction (Bhana, 2009). As a result of such sexual development, the curriculum must "catch them" at the appropriate age (Bhana, 2007). Therefore, curricula are designed in a hierarchical fashion to cater for learners' needs at different developmental stages. Bruner's (2009) conceptual analysis of spiral learning where concepts are built one onto another is a good example of the hierarchical structure of the curriculum.

Participants also stated that the G&C curriculum is designed based on fundamental societal values.

Curriculum is based on societal values

The participants suggested that when the curriculum is designed, the stakeholders, who are the community and other civic groups, are consulted such that their societal values, like respect and self-discipline, are taken into cognizance during curriculum design.

In the discussion Esinia said that although curriculum is hierarchical in nature, it is also "*built upon societal values*". The group members in agreement said "ehe" (meaning "yes" or "we agree with you"). Sarah also argued that as teachers, they must teach values which are acceptable in the society. She continued, "*let us involve churches, they have some good values. If what is taught in churches is what is wanted by society, so let's teach it*". Therefore, it is critical for an HIV and AIDS education curriculum, to always take cognizance of the societal values and norms in order to satisfy the society in which learners live.

The current G&C HIV and AIDS education curriculum contains a theme which focuses on values and beliefs. In the

Zimbabwean society, respect for others is important. There is need for respect through how people talk and interact with the view of avoiding to harm others emotionally (Wood & Rens, 2014). In consideration of sexuality education within HIV and AIDS education curriculum, teachers are to respect their learners and colleagues in the sense that, amongst all of them, some are affected and some are infected (FOSE, 2015). Teachers cannot change societal culture and values, but have to teach sexuality education within the boundaries of those societal values.

Curriculum implementation is learner-centred

Participants understood that one of the key approaches to implementing HIV and AIDS education curriculum is to teach the HIV and AIDS education curriculum using a learner-centred approach.

Rose stated that this curriculum helps learners "*for present and future skills is covered and it allows for more interaction amongst learners*". Rose continued during the discussion that "*teacher-learner interaction is good but learner to learner interaction is more critical because children may be shy to speak openly to the teacher but not to his / her friend*".

The participants understood the demands of the current curriculum, which requires the following:

Teachers are expected to use participatory methodologies when conducting HIV and AIDS education lessons. Participatory methodology is the process in which various groups are involved in identifying their own problems, discussing solutions, planning and carrying out effective action programmes. Participatory methods are used to validate the learners'

experience, give them confidence, information and skills to question themselves and others, and take action with regard to their own lives and that of others. Suggested methods include role play, poetry, drama, song, group discussion, debate, devil's advocate, brainstorming (MoESC, 2003, p. 7).

From the citation from MoESC (2003) the major methodology emphasized by the curriculum designers leads to participatory learning. Using participatory methods with learners are important in that they can contribute to social transformation (Fouché, & Schurink, 2011). Learners who learn through participatory methods, may have more power to do their work in class, in a better way (Bowd, Ozerdem, & Kassa, 2010). Furthermore, participatory class activities, with learner to learner interaction, enables learners to share knowledge and construct knowledge, together as a team of learners (Chilisa, 2012), in the same way the G&C teachers did in this study. A participatory approach to teaching enables learner empowerment and social transformation (Greeff, 2011). Inasmuch as the curriculum design may be good, curriculum implementation must be equally good. Thus teaching through a participatory, learner-centred methodology, among many other advantages, increases learner engagement with the content and long term retention (Greeff, 2011).

In his study at Masvingo College of Education, in Zimbabwe, on teaching sex and AIDS education, Pattman (2006) too, emphasized the need for learner-centredness and concluded that drama is effective in transforming academic contexts and raising sensitive issues related to AIDS. This is consistent with what Nyasha suggested when she emphasized the need for learners and community members to occasionally gather together and watch

dramas produced by learners. In her presentation, she said,

I think we can also have joint campaigning, awareness campaigning whereby schools in Mkoba, can converge at Mkoba Stadium whilst pupils will be dramatizing what they have learnt in G&C, so that parents can also come to witness these activities and can learn from what the pupils are doing acting on what is happening in their everyday lives. This is because if you give those children platform to dramatize and to do some poems, they can reveal a lot of things which you currently may not know.

In the UNESCO report (2014a, p. 6), it is noted that “effective HIV education requires participatory methods and other learner centred approaches”. It becomes clear that an approach that engages learner-centredness within sexuality education within the HIV and AIDS education curriculum is necessary. Such an approach could enable learners to have a space for the generation of new knowledge as they address the realities of their sexuality (Weiler & Weiler, 2012).

Furthermore, as a result of the social media which the learners are so often engaged in, it is necessary to draw on the participatory nature thereof to teach sexuality education (Wenli, L., Dennis, J. M., & Pope-Edwards, C. (2015). Learners reflect a great deal on their lived experiences both in and outside the classroom through social media (Wenli et al., 2015). Conversely, if sexuality education fails to engage the learners with what they experience daily, disengagement between teachers and learners becomes a reality (Preston, 2013). The learners might then develop a negative attitude towards the sexuality education curriculum (Morawska, Walsh, Grabski, & Fletcher, 2015; Musengi

& Shumba, 2013; Preston, 2013). With a learner-centred approach, it is possible to address the experiences which are of real importance to the learners (De Jong, 2014).

The next category of curriculum design and implementation is the support given by NGOs.

NGOs support the teaching of the curriculum

To facilitate the implementation of the curriculum, participants were aware of the critical role played by Non-Governmental Organizations (NGOs). Vongai said that she attended a workshop in Harare organized by NGOs and, *“from this workshop, I brought some work sheets, where we are supposed to arrange [write down] the name of the child and the date that topic was taught and the chapters for every child, for all levels”*.

In further discussion, it became clear that there are NGOs that were promoting the implementation of G&C. Some participants reported of such workshops although others were not aware of such workshops having taken place for the G&C teachers. Esinia echoed that *“I never heard of that workshop and in our school we do not have such materials you are talking about”*. Through further discussion, it was realized that although some of the NGOs do support the implementation of the G&C curriculum, the communication to schools via the provincial authorities was not effective. Esther verbalized the following,

actually, what happens is, there was a workshop in Harare last holiday, and all schools were invited, the Gweru district schools, because they are saying according to their statistics, Midlands, we are one of the provinces which have [has] a high prevalence of HIV and AIDS, so schools were invited.

Unfortunately, because it was during the holidays, some schools failed to send their teachers, which is why some schools were left out.

The NGO was responding to the high HIV prevalence in Gweru district. Esther went on to say that *“I heard that they are going to have another workshop, another one was already held at Chaplin high school and there is going to be another one until all the teachers have been trained”*. Apparently, Esther appeared to be well informed about the operations of these NGOs in furthering the implementation of the G&C curriculum. However, other participants were not aware of it. Esinia exclaimed, *“the other challenge, which is there, is that only a few or one person is invited. I think that’s where a challenge is. Only this one person gets the materials and fails to distribute to other teachers”*. Esther clarified the issue saying, *“they invited three teachers per school, the deputy head, the head of department and the G&C teachers, and they were supposed to come to the workshop, the three of them”*. Esther stated,

They [the workshop participants from Harare] were given a flash stick full of material and then the district office is the one now which was working with these people, going around the schools distributing the materials. At our school, Ms Puna [a pseudonym] came with these people, with these sheets of papers. Now they were doing an evaluation, evaluating from what you have learnt since you came from the workshop. They wanted to see what you have done in your school.

Edith went on to say that *“we never heard anything. We were not even invited”*. The workshops by NGOs were organized to complement the work done by the Ministry

of Education, in the implementation of the G&C curriculum, but the communication channels to the teachers were not good, and so they missed out on these opportunities.

NGOs have generally played a pivotal role alongside government efforts, in the development of basic education in developing countries (Dar, 2014). In some countries, NGOs have come in to provide quality basic education where governments had failed (Doftori, 2005). Therefore, in a way, NGOs are an alternative provider of relevant basic education in some disadvantaged geographical districts of Zimbabwe. In a study on the influence of NGOs' initiatives on curriculum implementation in public primary schools in Kenya, it was noted that the role played by NGOs in curriculum implementation resulted in greater attention to curriculum implementation by the teachers (Asewe, 2013). Nevertheless, it is important that all schools be included in the capacity building exercise. The failure to effectively monitor and appreciate the activities of NGOs in schools, robs the education system from benefitting from such initiatives and hence schools lose the opportunity to improve the implementation of G&C curriculum.

Sub-theme 2 Curriculum is an educational tool for mediating sexuality education knowledge in the community to prevent HIV and AIDS

This sub-theme consists of two categories which are: (1) curriculum is a tool for awareness and prevention of HIV and AIDS and (2) parental involvement in curriculum changes and innovation is critical

Curriculum is a tool for awareness and prevention of HIV and AIDS

The participants viewed the G&C HIV and AIDS education curriculum as a tool for mediating sexuality education knowledge to the community for the prevention of HIV and AIDS. Participants

believed that it was the responsibility of the school to link with communities and make them aware of challenges associated with HIV and AIDS and how to achieve an AIDS free generation.

Esther explained her drawing of a tree with roots, branches and fruits. To Esther, "*the students [learners] are the roots*" which absorb nutrients from the soil. The soil represents the G&C teacher who has information. She said that,

learners become aware of the G&C, and HIV and AIDS issues. When they go home, they go and disseminate the information to their siblings, to their friends, or to their parents, and in turn their parents and friends, they go and tell others.

Esther believed in the propagation of knowledge about HIV, starting with the learner and spreading into the community, to prevent the spread of HIV. Esther's explanation of the tree also involved fruits, as she says,

now, the fruits are being produced by the trees, again the friends go and tell somebody else until the whole community has benefitted from the information which was brought by the school children to their parents and siblings, and everybody benefits.

Therefore, according to Esther, the teacher engages the children in learning and sharing knowledge about HIV and AIDS prevention, which will be used beyond the school. In the focus group discussion, Vongai said that, "*curriculum is also our hope for an AIDS free generation to come*". During fgd participants reiterated that if everybody was to change his / her behaviour and maintain the ABC (abstain, being faithful and condomize) behaviour, it is possible to have an AIDS free generation

by year 2030. It has however come to light that while the ABC is based on sound values, abstaining is not the reality for youths, and so comprehensive sexuality education should replace ABC.

School HIV and AIDS education curricula is a well proven facility and intervention tool for the provision of information about HIV and AIDS for youth who are still in school (Sarma & Oliveras, 2013). Therefore, school curricula, in particular G&C and HIV and AIDS education curriculum is viewed by participants as a critical tool in responding to the needs of communities (Mangwaya & Ndlovu, 2012), as the knowledge spread from the school into the communities plays a critical role in HIV prevention (Bhana, Morrell, Epstein, & Moletsane, 2006; Coombe, 2000).

World over, young people appear to be at the centre of any discussion involving HIV and AIDS issues as they are still most infected (Sarma & Oliveras, 2013). The young people are normally of school-going age and at school and hence, by offering G&C, HIV and AIDS education curriculum, schools are offering a “vaccine” to curtail the spread of HIV, since knowledge is power (Kelly, 2009). This is consistent with what UNESCO argues when it says that sexuality education has to be taught to learners in order to empower them to make their own decisions about sexuality, relationships, and health issues (UNESCO, 2009). Furthermore, the knowledge gained and spread to the community, equips both learners and community members to avoid becoming infected, and avoid stigmatization and discrimination of people living with HIV (UNAIDS, 2014).

The following section explores parental involvement in curriculum change and innovation.

Parental involvement in curriculum changes and innovation is critical

Parental involvement was viewed by participants as an important issue in the G&C curriculum, change and innovation. Curriculum change and innovation is a deliberate action to improve the existing curriculum. Since the curriculum is not static, it may need re-adjustments from time to time to meet changing ideologies. To innovate is to introduce new things or to make changes. Sarah revealed that, “*teachers are to dialogue with parents as far as the HIV and AIDS education curriculum is concerned. G&C teachers are expected to teach the learners what parents would have already approved*”. In her explanation Sarah said,

but at one point in life, when I took the form 1s, [and taught them] about their physical development, one of the children went on to report to the father, who was a teacher. The teacher went and reported to the head, saying the G&C ma'am teaches about this and that. It was a conflict.

She summed up her contribution by saying, “*therefore, this knowledge [curriculum] should first go to the parent, then they will be able to accommodate whatever knowledge you are going to teach their children*”. Shuvai, during the discussion had this to say, “*There is a conflict between the school and the parent. In our culture, you can't talk about sex, so to talk about that, parents will complain*”. Edith was of the view that

Sometimes there is the need for parents to come in [to the school] such that we talk so that we operate at the same level. Naturally, it is very difficult for a parent to talk about sexual issues with your [his / her] own biological child, right? But once the school has a workshop,

it will be a forum where everybody is empowered, you know, it can be made lighter, where (when) someone can talk freely.

Esinia raised the issue of organizing workshops for teachers and parents, where sexuality in the HIV and AIDS education curriculum could be discussed. Esinia said, *“children [learners] are saying, [asking] why their parents cannot be invited for a workshop and talk to them. Learners, during G&C lessons “cry out” to their teachers that their parents do not understand them in terms of dating and courtships”*. Esinia stated that one of her learners said she did not know how to reply if her parent asked whether she has a boyfriend or not. She cited a child saying, *“so we do not know how to talk to our parents about having boyfriends, so in this case, parents should be invited, and maybe workshops should be carried out to inform parents”*.

Participants also argued that parental involvement in curriculum change and innovation was important because some parents *“go to the extent of getting strangers so that they come and abuse the child so that they can get some money”*, uttered Nyasha. She also went on to say, *“so I think parents should be involved [in workshops] for them to be aware of the risks they are putting their children into”*.

The teachers also felt that parents should break the culture of silence on sexuality education. Sarah said, *“I feel it is high time the parents get involved in such issues [sexuality education] of their children”*. They should really assist the teachers because the teachers try to teach the children. *“I think parents should be informed maybe during meetings, that they should also talk about sexualities, and life skills to their own children,”* exclaimed Rose in the discussion. Rose furthermore said, *“even if our culture forbids us from*

talking about sex to our children, it is high time we break that silence”.

Participants also suggested that *“School Development Committees (SDCs) could be used as another fora for parents and teachers to meet and dialogue. Consultation days can also be used”*. In her discussion Rose went on to say, *“when a parent comes to see me, we [I] try to enlighten them about their child, of which some of the parents won’t even be knowing that their children are up to mischief, they will get to learn about it [from the teacher]”*.

Along the same issue of parental involvement in curriculum innovation and change Nyasha answered during the discussion, *“I think we can also have joint campaigning--- and gather in stadiums where children will be dramatizing what they have learnt in G&C, so that parents can also come to witness these activities”*. Nyasha said, *“if you give those children a platform to dramatize and to do some poems, they can reveal a lot of things which you currently may not know (be aware of)”*.

There was consensus about the need for parents to understand the innovation in the curriculum, that is the introduction of sexuality education, and interact with schoolteachers and for teachers to create an atmosphere where teachers and parents could exchange notes on sexuality education within HIV and AIDS education curriculum. In a study of some British families, the findings *“highlighted the importance of communication and showed a tendency of children and adolescents wanting to learn about sexuality matters from their parents”* (Turnbull, van Wersch, & van Schaik, 2008, p. 182). However, where parents were involved in communicating with their children in relation to issues of sexuality, it was found mainly to be the mother who would do so, with greater emphasis on the girl child. The boys tended to learn about sexuality more

from their peers, media and internet than from their fathers (Turnbull et al., 2008). For those adolescents who would manage to initiate dialogue with their parents, it was found that the parents lacked the knowledge and skill to communicate with their children. The children would feel uncomfortable and embarrassed (Dickinson & Bennett, 2010). Such findings are consistent with what Esinia said in this study. She said that one of her schoolgirls said that she did not know how to talk to her parents about having boyfriends. The sentiments by Esinia's learner, are however, consistent with the findings in a study on student-parent rapport and parent involvement in sex, birth control, and venereal disease education in the United States, as it was noted that frank discussion on sexuality education between parents and children was rare (Dickinson & Bennett, 2010).

Turnbull et al., (2008) assert that one way to involve parents in sexuality education issues is for the school to design a programme together with parents. The programme would be designed in such a way that the teacher would teach some sexuality education during the day, and at home, the parent would reinforce the same issues. An example of such a programme, called Student Relationship Education (SRE), was found to be effective in the USA (Dickinson & Bennett, 2010). One of the major contributory factors to risky sexual behaviour of the youth is lack of parent-child communication (Ballard & Gross, 2009). Turnbull et al., (2008), therefore, recommend open discussions within cultural boundaries between parents and children in respect to sexuality. However, Turnbull et al., (2008), also argue that in South Africa, most parents find it difficult to initiate discussion on sex with their children because of the cultural taboos. This is equally so in Zimbabwe (Musengi & Shumba, 2013).

Discussion

This study contributes towards the body of knowledge in Educational Psychology, particularly in G&C, and the teaching of sexuality education in the HIV and AIDS education curriculum. In making meaning of the findings in response to the research question, namely, what are the G&C teachers' understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary schools and how they can be enabled to teach it? I draw on the Cultural-Historical Activity Theory (CHAT) as theoretical framework. Applying CHAT, in particular the third generation attributed to Engeström (2001), I argue that there are several Activity Systems which effect the shared goal of teachers' understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary schools and how they can be able to teach it. There are three Activity Systems (See Figure 2) which are interacting with each other to enable G&C teachers to teach sexuality education within the HIV and AIDS education curriculum suitable for Zimbabwe secondary school context. These are the collective of G&C teachers, an Activity System of the school, and the Activity System of the community.

Each Activity System include subject, for instance, the G&C female teachers. The school community has other teachers, heads of school, education officers, school development committees, non-teaching staff, learners and other actors. The broader community has parents, learners, and local community leadership. If the G&C teachers (the participants) are to achieve their outcome, they have to draw on mediating artefacts or tools (O'Brien, Varga-Atkins, Umoquit, & Tso, 2012). In this study, they are the conceptual and material resources needed to teach sexuality education. They have to draw on rules which inform their activity, for example, the class regulations, Ministry's Circulars, school regulations, and the community values and beliefs. The activity

happens within a community in which members realize their object (ive) via the division of labour. In this study the division of labour insinuates the G&C teachers who teach, the school heads who supervise the G&C teachers and who also generate the timetables, and the Education Officers who supervise G&C teaching. In CHAT, culture and history are important. In an Activity System, each participant has a history or lived experiences because of her specific cultural background. Therefore, the Activity System consists of many voices (Engeström, 2006). Each participant has own, traditions, viewpoints, and practices. With reference to CHAT, if all the Activity Systems act together, the G&C teachers could be enabled to teach the sexuality education within the HIV and AIDS education curriculum, which is the object and or outcome of the study (See figure 2.

The participants claimed some social transformation. For instance, Rose, a 51-year-old BSc graduate with 4 years of G&C teaching experience also said, *“my view of teaching the subject has improved having gained information from other teachers”*. Additionally, Sarah commented saying, *“I learnt that there are some challenges in teaching sexuality education in G&C, however, there are some possible solutions to all these challenges”*. Likewise, Edith, a 56-year-old teacher with a Diploma in Education, and two-years-experience of teaching G&C said, *“I learnt a lot about challenges to teaching sexuality education, and some solutions”*. Again, Shuvai said, *“we looked at how to overcome the challenge that teachers are meeting, now we are overcomers, and I am going to use drawing in my teaching”*.

The robust debate amongst participants, created ambiguities and dialectics which acted as conceptual tools which enabled reflexivity amongst G&C teachers. Such reflexivity acted as sources of knowledge on how they can enable themselves to teach sexuality education

within HIV and AIDS education curriculum within the Zimbabwe secondary school situation.

Conclusion

We presented findings to the research question of the study, namely, what are the G&C teachers’ understandings of the current HIV and AIDS education curriculum in Zimbabwe secondary schools and how they can be enabled to teach it? We, therefore, conclude that G&C teachers identified some of the principles of curriculum design in the G&C curriculum; that they viewed the current HIV and AIDS curriculum as an educational tool for mediating sexuality education knowledge to the community; that they needed support in teaching the G&C curriculum, and that the curriculum is not necessarily addressing the needs of the learners. The G&C teachers understood that the HIV and AIDS education curriculum in Zimbabwe secondary schools was developed in accordance with curriculum design principles, although with little teacher input. The G&C teachers viewed it as an educational tool for mediating sexuality education knowledge to the whole community to prevent HIV and AIDS. For favourable mediation of the knowledge of the curriculum to take place, the teachers were of the opinion that the Ministry of Primary and Secondary Education did not optimally support the teaching and learning of the curriculum, for instance, through its operational personnel like G&C Education Officers, heads of schools and other appropriately trained teachers. It is the mandate of the Ministry to supply teaching resources, train all its teachers in subjects of specialization such as G&C which is currently excluded as a specialisation subject, and is not examinable, making it look less important than other subjects.

Teaching Sexuality Education in the HIV and AIDS Education Curriculum

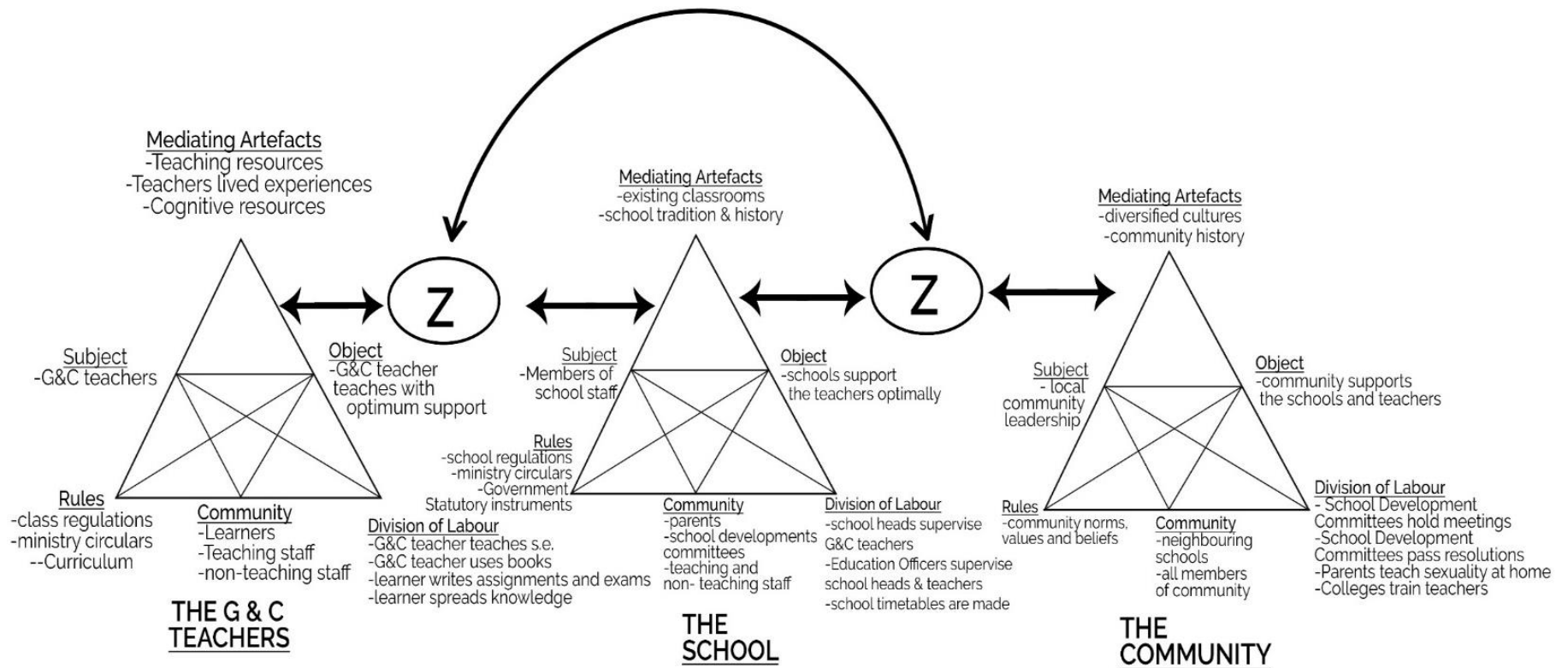


Figure 2 An interaction of three major Activity Systems (G&C teachers, the School, and the Community): Z is the outcome of G&C teacher enabled to teach sexuality education

In engaging critically with the content of the curriculum, the G&C teachers realised that the curriculum did not necessarily address learners' age-appropriate needs within the context in which they find themselves.

We further conclude that the G&C teachers understand the G&C curriculum and made their voices heard on how it should be designed, with whose input, how teachers should be supported in implementing it and ensuring that it is appropriate to the context in which they teach.

We draw implications based on the conclusions that the findings show that the G&C curriculum was designed with little or no consultation with teachers, Mufuka and Tauya, (2013) concur. The same sexuality education curriculum was cascaded down by designers from their distant offices to teachers for implementation. Time allocation depicted a lesson of about 35 minutes per week. It was also noted that the subject is not examined further rendering it unimportant, in the eyes of participants. So the findings imply that G&C has to be a subject which has an examination if it is to be viewed with considerable credence. The curriculum content which does not serve all the needs of the learners effectively, requires reviewing, by all stakeholders. Such review will be in line with the Mali Call to Action Declaration at ICASA conference (2011) where growing demand from the youth themselves for quality comprehensive sexuality education was reported (UNESCO, 2015). The Curriculum Development Unit (CDU) office in Harare, Zimbabwe, G&C Education Officers, teachers, and the learners should be included in the review and produce an updated and relevant G&C curriculum.

Based on findings of this study, participants indicated the importance of schools to engage parents in talking about

(teaching) sexuality education. This implies that school heads are to engage parents, workers in the health sector, social workers, civic organizations and other stakeholders who work with the same youth, to collaborate around sexuality education. They can do so through their school development committees (SDCs). If all talk about sexuality education, it enhances the value of the subject, which in turn could make learners value G&C.

The crucial task of teaching sexuality education in Zimbabwe secondary schools to ensure that learners remain healthy in the context of HIV and AIDS is in the hands of G&C teachers. I pointed out that teaching sexuality education in school seemed not to get its rightful cohort of qualified teaching staff, nor the best support from the head of school nor ministries of education, and that the teachers seemed to struggle to teach sexuality education for several reasons. I close this article by reiterating that G&C secondary school teachers could be enabled to teach sexuality education within the HIV and AIDS education curriculum suitable for Zimbabwe secondary school context, through using a participatory methodology, such as participatory visual methodology. The research process enabled a process of reflexivity, reflecting on themselves and their teaching, the school context in which the teaching takes place, as well as the community in which the teaching occurs, and seemed to deepen their understanding of the curriculum and of the complexities of teaching sexuality education in the context in which they find themselves but also enabled them to take up their agency to change how they have approached the task and make their voices heard.

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