ANALYSIS OF THE PROBLEMS ASSOCIATED WITH THE IMPLEMENTATION OF HIV/AIDS COUNSELLING PROGRAMME IN SECONDARY SCHOOLS IN NYANGA DISTRICT

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ABSTRACT

The study was conducted to investigate the Problems Associated with the Implementation of HIV/AIDS Counselling Programme in Three Secondary Schools in Nyanga District. A sample of thirty two (32) respondents was selected from counsellors who included teachers, peers counsellors and non-governmental organisations. Thirty two (32) questionnaires were all completed and returned because the researchers personally handed and collected them from the respondents. The collected data was presented in the form of tables showing frequency distribution and percentages. Some of the data was presented in graphs for easy analysis, interpretation and discussion of findings. The study revealed that the main problems associated with implementation of HIV/AIDS counselling programme in Nyanga Secondary schools were inadequate materials and resources, use of counselling periods for other curriculum activities, scanty knowledge and use of methods and techniques and the failure to make a positive impact on students as regards behaviour change. The researchers recommended that teachers should be involved in workshops, seminars or refresher courses. There is need for a comprehensive referral system in schools where students who need expertise counselling are referred to such specialists. Efforts should be employed to increase counselling resources and materials in schools for use by counsellors. There is also need for evaluation of the counselling programmes in secondary schools so as to ensure that such programmes are making an impact. Cooperation among ministries, education departments, churches and non-governments organisations should be a priority so as to provide HIV/AIDS counselling in schools from a united front.

Keywords: Problems, Implementation, Counselling Programmes, Secondary Schools.

INTRODUCTION

The HIV/AIDS pandemic is a reality in secondary schools, colleges and everywhere else. Never in history has arisen such a widespread phenomenon and fundamental threat to human growth and development as that caused by HIV/AIDS. Millions of school going age children are being affected, infected and orphaned. Teachers are also dying. Virtually all sectors of different countries are being impacted negatively to varying degrees. According to Jackson, (2010) HIV/AIDS threatens food security, economic production, human resource availability, the family social fibre, development and may even jeopardize national and regional security. Moreover, it hurts the individual family and extended family first – its impacts reach through to the macro-economic, political and social levels. In this way, HIV/AIDS poses a long term development disaster on a magnitude never witnessed before in human history.
The fading away of the extended family and the emergence of nuclear family system have seen a marked reduction in the roles of uncles and aunts in educating, advising and counselling young boys and girls on the dangers of sexually transmitted infections and risky behaviours. This coupled with the influence of modern technology (radios, televisions, movies, cinemas and magazines) have led to significant changes in attitudes, values, norms, belief systems and the general way of life for virtually all societies in Zimbabwe. These changes have torn the cultural, traditional and moral fabric that used to restrain young people from engaging in risky sexual behaviours. Economic hardships which often compel students, especially female students in secondary schools and colleges to engage in risky sexual behaviours, are also to blame. For example, students fall in love with “sugar daddies” so as to find money to supplement their little budgets. This exposes and makes them vulnerable to HIV/AIDS. Cultural beliefs and traditions, such as chiramu are also avenues through which HIV/AIDS enters the secondary school population. Rape cases are often not reported, especially when they are perpetrated by close relatives because families need to preserve their social relationships. Culprits are therefore not brought to book and they continue with these risky behaviours which jeopardize the lives of secondary school students. All these shortfalls have opened the floodgates of HIV/AIDS to the vulnerable secondary students. To this effect HIV/AIDS is a reality that is causing untold havoc among students infected or affected by the epidemic, (Kiara, 2007).

Students in secondary schools are at the adolescence stage. This is a complex stage in which individuals are facing difficulties adjusting to the dynamics and demands of societal values. Most secondary school students are at a floating stage or storm and stress period. The adolescent student engages in exploration and experimentation yet lacks knowledge, skills and experience to avoid risks that confront them and in the end he/she becomes vulnerable to chronic diseases such as HIV/AIDS.

The possibility that one might have an illness brings its own anxieties, emotional stress and psychological problems, especially where the person had enjoyed good health previously and is probably looking forward to a bright future. If the illness has long term effects, implications and complications, then a number of psychological and maladjustments will surface. In the case of HIV/AIDS infection, these implications and complications might leave a trail of disastrous consequences ranging from shock, denial, fear, disappointment, isolation, despair, emotional stress, rejection, depression, suicide and discrimination to stigmatization from friends and family members. For secondary school students HIV/AIDS infection may cause a deleterious effect on the physical, emotional and psychological well-being and academic performance of the infected or affected individual.

Realising the inexperience and vulnerability of secondary school students to HIV/AIDS, Social problems, academic and vocational maladjustments, the Ministry of Education, Sport and Culture made a provision for Guidance and Counselling in the school curricular. Thus it is in view of the highlighted psychological, academic, emotional and vocational concerns that the Government of Zimbabwe, through the Ministry of Education, Sport and Culture introduced Guidance and Counselling.

To this end, the counselling programme on HIV/AIDS done by teachers, Non-Governmental Organisations and other stakeholders comes into the picture and is of paramount importance. In this way, counselling is done to educate the infected or affected students so that they may understand the nature of their problems, inform them about available treatment options and outline ways of preventing others from being infected, (WHO, 2010). There is also need to
support the students physically, emotionally and psychologically so that they function well in the school and community environments.

Kiara (2007) had done a research on HIV/AIDS and had stressed on the spread and prevention of the disease. Other researchers like Makore-Rukuni (2013), had evaluated on HIV/AIDS education in schools. To this point, the counselling aspect has been largely left out and this becomes the focal point of this research. The researchers will therefore look into the problems associated with the implementation of HIV/AIDS counselling programme in three secondary schools in Nyanga District.

Statistics in both print and electronic media reveal that more and more people in sexually active age range are vulnerable to HIV/AIDS. A large percentage of these are adolescents who are still in secondary schools (Kiara, 2007). Faced with the dilemma, teachers, schools, non-governmental organisations and other interested parties need to harness and integrate efforts, resources and forces to counsel students on the dangers and nature of HIV/AIDS. The focus and aim of this research is therefore to point out the problems associated with the implementation of HIV/AIDS counselling programme in three secondary schools in Nyanga District.

**Research questions**

1. What are the psychological, physical and emotional effects of being infected or affected with HIV/AIDS on the academic and social lives of students?
2. Is there a provision for counselling HIV/AIDS affected or infected on the curriculum and school timetable?
3. Which materials and resources are used by teachers when counselling students?
4. Is the counselling of HIV/AIDS infected or affected students producing the required results of awareness and behaviour change?

**MATERIALS AND METHODS**

**Research Design**

This research adopted a mixed method research design that brings together the use of qualitative and quantitative methods depending on the data collected. Qualitative research is a type of research which uses descriptive words to describe events, occasions and observable behaviour (Johnson and Christensen, 2007 in Oyedele, 2011). It is inquiry grounded in the assumption that individuals construct social reality in the form of meanings and interpretations and these constructions tend to be transitory and situational (Borg and Gall, 2007). This type of research methodology is said to be based on the fundamental beliefs that events must be studied in their natural settings, that is, be field based. Events may not be fully understood unless one understands how they are perceived and interpreted by the people who participated in them. In this research on the problems associated with implementation of HIV/AIDS counselling programme in Nyanga secondary schools, participants such as teachers, peer counsellors and field officers from non-governmental organisations were interviewed and observed in action. In this regard, participant observation was an important data collection instrument. In this way, the researchers usually create meanings, explain and describe events and interpret situations by observing them in their natural state. Thus, the researchers interviewed and observed counsellors. The researchers also subjected the collected data to analytic induction. Thus, the research design was chosen in order to obtain the counsellors perceptions and attitudes towards HIV/AIDS counselling and the
psychological and emotional effects faced by HIV/AIDS infected and affected students in schools.

Quantitative research is a type of research which uses numerical information to describe, explain and interpret events. It assumes that characteristic features of situations and events constitute objective realities that are constant across time and space, (Ghosh, 2015). According to Bruce (2012), the dominant methodology is to explain and describe features of reality by collecting numerical data on observable behaviours of samples and subjecting the data to statistical analysis. Thus, data collected from questionnaires was presented in tables and graphs. A quantitative research emphasizes reliability of the data collected and analysed. Therefore, descriptions, analysis and conclusions were made on the quantitative data collected from questionnaires distributed to counsellors.

Population

In general terms, population can be regarded as any group or objects that are subject to research interest or about which a researchers wants to find information on a particular topic or issue, (Borg and Gall, 2007). The target population in this research was the HIV/AIDS infected or affected students in three secondary schools found in Nyanga District. Counselling teachers, field officers from Non-Governmental Organisations which work in HIV/AIDS counselling and peer educators were also in the bracket of targeted population. The approximate number of all students from the three schools was one thousand five hundred and twenty six (1 526) and that of teachers was seventy (70).

Sample size

The sample consisted of 32 participants chosen from teachers, peer counsellors, Non-Governmental Organisations officers and Voluntary Testing and Counselling workers. Nyanga District has eight secondary schools and out of these three were selected using purposive sampling. The three secondary schools (schools A, B, C) had seventy (70) teachers. Twenty (20) teachers were selected to complete questionnaires using simple random sampling. This is a probability sampling technique where each element in the sample has an equal and independent chance of selection. In order to select teachers for sample, their names were written and put in a hat. A student was tasked to pick the names at random. There were two hats for males and females. Seven teachers were selected from secondary school A, seven teachers from school and then six teacher were selected from secondary school A. The teachers who were given questionnaires were also interviewed. A total of three peer counsellors from these three schools were chosen out of a total of twelve peer counsellors. This was done using purposive sampling. One Non- Governmental Organisation (Medecines Du Monde) was chosen and it was the only organisation involved in HIV/AIDS counselling in secondary schools in Nyanga. Nyanga has one Voluntary Counselling and Testing Centre (New Start Centre).The centre is manned by two females. It was the only centre involved in the sample.

Data collection instruments

The researchers used interviews, questionnaires and observation to collect information on the problems associated with the implementation of HIV/AIDS counselling programme in Nyanga Secondary Schools.
Interviews

An interview is a two person conversation initiated by the interviewer for the specific purpose of obtaining research-relevant information, and focus by him on the content specified by research objectives of systematic description, prediction or explanation (Cannel and Kahn, 2010 in Oyedele, 2011). There are several types of interviews which include personal and telephone interviews. For the purpose of this research personal interviews were used and these were semi-structured.

Gill and Johnson (2010) define a personal interview as a systematic way of gathering information through asking the same set of questions in a consistent manner to all selected respondents on a face-to-face basis. Interviews are particularly useful for getting a story behind a participant’s experiences, beliefs and feelings. A personal interview is unique in that it involves the collection of data through direct verbal interaction between the interviewee and the interviewer (Ghosh, 2015). Through respondent’s comments, facial and bodily expressions, evasiveness and cooperation or non-cooperation, the interviewer acquires information that would not be conveyed through any other way. Therefore, personal interviews were used on teachers, peer educators and humanitarian organisation so as to gain such important information.

Personal interviews were useful in this research because there was some kind of information which was almost impossible to obtain through any other means. For example, information about an HIV/AIDS counselling programme may be obtained more accurately by asking for verbal explanations or reports from the persons concerned. Moreover, where the intention is to study perceptions, feelings or related attitudes on HIV/AIDS counselling, then asking counsellors to describe what they see, feel, and believe may be the only possible way to obtain such information. Interviews may also clear misconceptions and misunderstandings about a question and keep the respondent on the track of providing essential information, (Given, 2008). Clarifications and explanations may also be provided by the interviewer, (Cohen and Manion, 2007).

Questionnaires

A questionnaire is an instrument of measurement and data collection which is used to compile information from people (Oyedele, 2011). It involves the incorporation of peoples’ views, opinion, perceptions, habits and behaviours on a certain topic, event or occasion. The questionnaire document usually asks many people the same questions to which the respondents record their answers either in written form or ticking in the boxes provided, (Oyedele, 2011). In this research, questionnaires were distributed to teachers, peer counsellors and Non-Governmental Organisation counsellors in order to gain their views on HIV/AIDS counselling in secondary schools. Closed and open-ended questions were used in the questionnaire form.

The questionnaire has advantages. It is flexible and convenient instrument in that the respondent may answer the question at his/her own time, answer it in any way and may take a number of sittings to complete it. In this way, it gives the respondent ample time to think about the answers, make reflections and organize his/her thoughts and opinions (Leedy, 2010). This might lead to the production of a well thought out document with relevant answers to the questions. The respondent may also be given space to write his/her comments and feelings which might help the researchers to get insights into the opinions of the
respondents. The instrument is also cheap to use over a large geographical area. Oyedele (2011) propounded that it is a cheap and quick instrument of collecting data. Therefore, if properly distributed, the questionnaire instrument may be used to minimize the costs of carrying out a research. The fact that respondents complete the questionnaire form on their own and at their convenient time gives them freedom of expression and reduces fears of being victimized. Leedy (2010) pointed out that the questionnaire technique gives the respondent time to respond freely without fear of victimization as anonymity is granted and confidentiality guaranteed.

Observations

Direct observations were also used as an instrument of data collection. In this way, the researchers were participants in that they also had a role to play in the counselling of HIV/AIDS infected and affected students. They also participated in some of the sessions done by field officers from Medecines Du Monde. As patrons of the peer counselling programme at one of the schools, the researchers also directly participated in these sessions through attending counselling sessions and doing the counselling himself. Thus, a lot of relevant information was gathered through direct participation and observation.

RESULT AND DISCUSSION

The data that was collected through the use of questionnaires, interviews and personal observations is presented, interpreted and discussed. Data is presented in tables and graphs. Explanations under each questionnaire theme and table are given briefly. This is done in relation to the consulted literature and empirical evidence obtained from questionnaires, interviews and observations, all of which aimed at finding out the problems associated with the implementation of HIV/AIDS counselling programme in Nyanga Secondary schools.

Research Question 1
What are the psychological, emotional and physical effects of being infected or affected with HIV/AIDS?

Figure 1: Graph showing psychological problems of HIV/AIDS infected or affected students as indicated on item 1 of teachers’ questionnaires.

Psychological problems

<table>
<thead>
<tr>
<th></th>
<th>Anxiety</th>
<th>Despair</th>
<th>Depression</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=20</td>
<td>[Graph showing distribution of psychological problems]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
As indicated by the teachers, most HIV/AIDS infected or affected students show stress (84%), anxiety (78%), despair (25%) and depression (9%). This may mean that these problems are real and common among both the infected and affected students.

**Emotional problems**

**Figure 2:** Figure showing emotional problems of infected or affected students as indicated on item 1 of the teachers’ questionnaire.

*Figure 2: Emotional problems*

(N=20)

Emotional problems are a threat to students. As indicated by the graph, fear topped the rank, with (78%), isolation (56%), loneliness (41%), shock (28%) and denial (9%). These percentages may mean that emotional problems are common and real among infected and affected students. Teachers therefore, notice these problems.

**Physical problems**

**Figure 3:** Figure showing physical problems of affected or infected students as indicated on item 1 of teachers’ questionnaire.

(N=20)

Physical problems
HIV/AIDS infected or affected students also suffer physical problems. These were indicated by the responses to questionnaires. 59% was recorded by respondents for both physical deterioration and less physical strength. Visible body marks received a 56% response rate and sexual transmitted infections were the least problems indicated, with a 25% response rate. These figures are high and they may point to the seriousness of HIV/AIDS infections in secondary schools.

**Figure 4:** Figure showing the psychological problems of HIV/AIDS infected or affected students as indicated on item 1 of peer counsellors’ questionnaire.

**Psychological problems**

N=6

![Psychological Problems Graph](image)

Peer counsellors also responded to the questionnaire requiring psychological problems faced by HIV/AIDS infected or affected students and they identified a number of these. Anxiety and stress received a 100% response rate. Despair had a 33% and the least percentage came from depression which received a 17% response rate. These percentages are quite high and they point to the enormity of the HIV/AIDS problems in schools.

**Figure 5:** Figure showing the emotional problems of HIV/AIDS infected or affected students as shown on item 1 of peer counsellors’ questionnaire.

**Emotional problems**

N=6

![Emotional Problems Graph](image)
Fear and isolation topped the rank of emotional problems identified by peer counsellors among the HIV/AIDS infected and affected students, with 100% response rate. This may mean that these problems are common and real students. Loneliness (83%), denial (33%) and shock (17%) were other problems noticed among infected and affected students. These percentages are quite high and therefore may pose problems in the social lives of the concerned students.

**Figure 6**: Figure showing the physical problems of the HIV/AIDS infected students as indicated on item 1 of peer counsellors’ questionnaire.

**Physical problems**

![Physical problems](image)

The least problems indicated by peer counsellors were visible body marks, (67%) and sexual transmitted infections, (67%). Still, these are high percentages which may point to serious problems faced by HIV/AIDS infected students. Such students also show less physical strength, which was indicated by (83%) of the respondents. Physical deterioration was indicated by all of the respondents, (100%). These figures indicate the enormity of the HIV/AIDS problem among students infected with the disease.

**Figure 7**: Figure showing the psychological problems of the HIV/AIDS infected or affected students as indicated on item 1 of the NGO and VCT counsellors’ questionnaire.

**Psychological problems**

![Percentage](image)
The NGO Field Officer and the VCT Counsellor are specialists in HIV/AIDS and counselling. They are therefore knowledgeable on the psychological problems of the infected or affected. Both respondents indicated all the listed psychological problems with a 100% response rate. The fact that they were identified by experts in the area may point to the seriousness of the psychological problems among students. Hence these problems are real among infected and affected students in secondary schools.

**Figure 8:** Figure showing the emotional problems of the infected or affected students as indicated on item 1 of the NGO and VCT counsellors’ questionnaire.

**Emotional problems**

\[ N = 6 \]

Loneliness was indicated by the NGO field officer only and therefore it had a 50% response rate. The other emotional problems received a 100% response rate each. This may show may be interpreted to mean that these problems are real among infected and affected students. To this end, students suffer these problems because they were identified by experts in the field of HIV/AIDS and counselling.

**Figure 9:** Figure showing the physical problems of HIV/AIDS infected students as shown on item 1 of the NGO/VCT Counsellors’ questionnaire.

**Physical problems**

\[ N = 6 \]
On the physical problems of the infected students, visible body marks topped the rank with a 100% response rate. Physical deterioration and less physical strength each got a 50% response rate. Sexual transmitted infections were not indicated as problems affecting students. This may mean these problems are not noticeable among students or these counsellors have not yet come across any student who shows these problems.

The information collected from teachers, peer counsellors and NGO/VCT counsellors on the psychological, emotional and physical problems of the HIV/AIDS affected or infected students seem to agree to the fact that these problems are real among students. This knowledge on the problems of HIV/AIDS infected or affected students may be useful during counselling because one can use effectively counsel someone on problems he/she has knowledge of and adequate information about.

**Item 1** on the oral interview guide for teachers and NGO/VCT counsellors revealed that most of the respondents were clear on the psychological, emotional and physical problems faced by HIV/AIDS infected or affected students. The most prominent problems were stress, fear, isolation, loneliness, less physical strength and visible body marks. Respondents, particularly teachers, pointed out that these problems drastically affect the social lives of the affected students.

All the instruments of data used in this research (interviews and questionnaires) collected information that seem to point the fact that all respondents indicated similar psychological, emotional and physical problems faced by HIV/AIDS infected and affected students. Fear, anxiety, stress, less physical strength and physical deterioration were identified by the majority of respondents as the main problems. This means these problems are real among secondary school students. This agrees with Willis (2014) who asserts that the possibility that one might have an illness or infection brings about its own anxieties, fears, stress, denial and shock as people consider the long term implications and complications. Infected persons may also show signs of despair because of persistent worries about the inevitable mental and physical deterioration. If the infection is severe, this may present with blurring or partial loss of vision, apathy and impaired concentration and attention, (Philips and Morrow, 1998). Williams and Weller (2015) observed that HIV/AIDS infection may lead to progressive damage of the immune system, which may result in severe immune deficiency, opportunistic infections, cancer and death. The psychological problem, emotional and physical problems of HIV/AIDS infected or affected students are real and they pose a threat to the academic and social lives of students. This information may help counsellors because one can effectively counsel someone on the problems he/she has knowledge about.

**Item number 2** on the teachers’ questionnaire intended to establish other psychological, emotional and physical problems students show as a result of being infected or affected by HIV/AIDS.

A few respondents answered this question. One respondent from Gaza indicated that a psychological problem of mental deterioration. Another teacher from Gideon Mhlanga indicated poor vision and hearing impairment as physical problems shown by the HIV/AIDS infected or affected students. This may be interpreted to mean that some teachers have advanced knowledge in the field of HIV/AID infection. This knowledge may be helpful in counselling of students. The same information was sourced from NGO and VCT Counsellors through item 2 of their questionnaire.
The NGO field officer indicated an additional physical problem of growth failure. No response was given to the other problems. The VCT counsellor did not respond to this question. This may be interpreted to mean that these counsellors do not notice additional problems or they do not know any other problems.

This question was generally poorly responded to. The few who responded indicated genuine problems which may affect HIV/AIDS affected or infected students. Mental deterioration was indicated by the respondent and this agrees with Williams and Weller (2015) who pointed out cognitive changes that include memory loss, impaired concentration and attention. Philips and Morrow (1998) also revealed that HIV/AIDS infection causes blurring or partial loss of vision or both. Growth failure may also be a problem that affects infected students.

**Research Question 2**

**Is there a provision for counselling HIV/AIDS infected or affected students on the school curriculum?**

**Item 3** on the teachers’ questionnaire yielded the following results.

**Table 1**: Table showing availability of counselling time on the school timetable.

<table>
<thead>
<tr>
<th>Response</th>
<th>Gaza</th>
<th>Gideon</th>
<th>Goko</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>17</td>
<td>84</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

The table indicates that most people are aware that counselling is provided for by the school timetable. A ‘Yes’ response of 84% was so high that the researchers was confident enough to conclude that an awareness of the need for HIV/AIDS counselling was evident. Only 16% of teachers indicated that counselling was not provided for by their timetables. This is a small percentage which may not distort the fact that an awareness of HIV/AIDS counselling is provided for by the school timetable and education curriculum.

**Item 2** in the oral interview guide for teachers’ revealed that the majority of teachers agreed that there is a provision for counselling students on the school timetables. Some teachers did not know that Education for living means the same as Guidance and Counselling. Although there was agreement that Guidance and Counselling is on timetable, some teachers pointed out that use that time to scheme or catch up on their marking. Those who do the counselling indicated that they usually concentrate on vocational and educational counselling. They pointed out that HIV/AIDS counselling is sensitive and therefore they just mention the topic in passing. The NGO and VCT counsellors revealed that it is part of their job description; therefore, they have time for counselling students and other people. The researchers requested to have a look at the school timetables of all three schools in the sample. They observed that Guidance and counselling or Education for Living was on timetables. It was therefore observed that counselling is provided for by the school timetables of all three schools.

Most interview and questionnaire respondents pointed out that counselling is provided for by school timetables. It is either called Guidance and Counselling or Education for Living. Observations on school timetables also indicated that counselling is provided is provided for. This agrees with two circulars (issued in 1980 and 1982) which informed secondary school heads of the Ministry’s policy on the implementation of Guidance and counselling. Workshops were also held in different provided so as to equip teachers with skills, information and knowledge of HIV/AIDS counselling, (Teachers in Zimbabwe, 1995).
Therefore counselling is provided for by the Zimbabwe school curriculum and school timetables.

However, interviews and observation revealed that teachers usually use this period/time to catch up on their marking and scheming. Some teachers concentrate on other social issues rather than on HIV/AIDS because, to them, the topic is sensitive. Probably, they feel that constantly telling someone of an incurable is bad news. A study carried out by Jackson (2010) revealed that teachers and health workers believed that the knowledge of one’s HIV/AIDS status and counselling could be more harmful to the patient. Teachers in the study further pointed out that counselling would worsen the situation by depressing the students since it constantly reminds him/her of the disease that has no cure yet and the possibility of death.

4.4 Research Question 3
Are there enough resources and materials for use by teachers when counselling HIV/AIDS infected or affected students?
Item 3 on the questionnaire for teachers showed these results.
Figure 10: Figure showing materials and resources used by teachers in counselling.
N=20

![Resources used by Teachers](chart.png)

Materials and resources complement and help in the HIV/AIDS counselling. They are aids to counselling. Very small percentages of respondents indicated that they used any of the given materials and resources. Posters received at least response of 3%, resource persons received 19% and the highest were pamphlets, with a 38% response rate. A glance on the other materials and resources indicates poor responses. This may be interpreted to mean that counselling teachers are poorly equipped with materials and resources of counselling. This is a problem associated with implementation of HIV/AIDS counselling programme in schools and it may thwart the attainment of counselling objectives.

Item 3 on peer counsellors’ questionnaire yielded the following results.
Figure 11: Figure showing, materials and resources used by peer counsellors.
N=6
Materials and resources may help peer counsellors to convey the message of HIV/AIDS counselling to other students. Printed t-shirts and pamphlets received a 100% response rate for each. This is probably because the peers were given these materials by the sponsoring Non-Governmental Organisation. Posters received no response and magazines received a 17% response rate. This information may be interpreted to mean that counselling is being done using printed t-shirts and pamphlets. However, these may not be effective and enough, considering the diversity of students and the small number of peer counsellors compared to the student population in the sample.

**Item 3** on the questionnaire for NGO/VCT counsellors produced the following results.

**Figure 12:** Figure showing materials and resources used by NGO/VCT counsellors.

N=6

Materials and resources help in HIV/AIDS counselling by conveying different messages to the counsellees. The information in the table shows that textbooks are not popular for both the NGO and VCT counsellors. They received no response, meaning that they are not being used. Other materials and resources received a 100% response rate each. This means that they are being used in HIV/AIDS counselling in secondary schools. The use of adequate and proper materials and resources may lead to the attainment of counselling goals.
The oral interviews with teachers indicated that materials and resources are generally inadequate in most schools. Pamphlets and magazines from NGOs and New Start Centres were the main materials and resources mentioned. Printed T-shirts and caps were also mentioned by a few teachers, especially from those schools sponsored by Medecines Du Monde. Resource persons were stated by two schools, particularly Gideon Mhlanga and Goko because they are provided this service by Medecines Du Monde. NGO and VCT counsellors mentioned magazines, pamphlets, posters and printed T-Shirts as the materials and resources they use in HIV/AIDS counselling in secondary schools. Effective teaching is enhanced by the use of good materials and resources and so is HIV/AIDS counselling. Therefore, the issue of inadequate resources and materials is a problem associated with the implementation of HIV/AIDS counselling in Nyanga Secondary schools.

The researchers observed students at secondary school A and secondary school B wearing T-shirts. A poster from New Start Centre was observed at a staff room door at secondary school A. Sign posts made by New Start Centre, Medecines Du Monde and National AIDS Council were also observed at clinics, Growth points (41 Nyakomba). The researchers also participated in and observed the distribution of pamphlets to students by peer counsellors. The number of students who read pamphlets, posters, printed T-shirts and sign posts may, however, be small compared to the total student population in secondary schools. Therefore, materials and resources may still be inadequate.

Generally, there were inadequate materials and resources in secondary schools for counselling HIV/AIDS infected or affected students. The percentages of respondents using any of the given materials and resources were very low, pointing to the scarcity or unavailability of these in secondary schools. Some schools (secondary school A and B) indicated that they use magazines, pamphlets and printed T-shirts/hats. These materials are sponsored by Medecines Du Monde. However, these may not be adequate to convey the message of HIV/AIDS and counselling to many students in secondary schools. The unavailability or inadequacy of materials and resources may hinder the proper counselling of HIV/AIDS infected or affected students. Therefore, this is a problem associated with the implementation of HIV/AIDS counselling programme in Nyanga Secondary schools.

**Research Question 4**

*Is the counselling of HIV/AIDS infected or affected students in schools producing the required results of awareness and behaviour change?*

**Item 3** on the questionnaire for teachers sought to gather information on the results of HIV/AIDS counselling in schools. It produced the following results.

**Figure 13:** Figure showing the results of counselling as indicated by teachers.

<table>
<thead>
<tr>
<th>Results of counselling</th>
<th>N=20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive behaviour change</td>
<td>20%</td>
</tr>
<tr>
<td>Condom use</td>
<td>5%</td>
</tr>
<tr>
<td>Abstinence</td>
<td>10%</td>
</tr>
<tr>
<td>Good coping</td>
<td>25%</td>
</tr>
</tbody>
</table>
The percentages of behaviour change and awareness indicated by teachers were very low. Positive behaviour change received a 16% response rate, condom use 6%, abstinence 22% and good coping 16%. These low percentages obviously tell a sad story. HIV/AIDS counselling in secondary schools is not producing the expected results.

**Item 3** on the peer counsellors’ questionnaire gathered information related to the results of HIV/AIDS counselling in secondary schools and it produced the following results. **Figure 14: Figure showing the results of HIV/AIDS counselling as indicated by Peer counsellors.**

N=6

The results of effective counselling should be good coping, abstinence, condom use and positive behaviour change. However, the low percentages indicated by peer counsellors may point to serious problems in secondary schools. As shown in table in the table, positive behaviour change received a 33% response rate, condom use 17%, abstinence 17% and good coping 0%. These are low figures which may mean that no meaningful counselling in taking place in schools.

**Item 5** on the NGO/VCT counsellors’ questionnaire gathered information pertaining to results of HIV/AIDS counselling in secondary schools. It produced the following results. **Figure 15: Figure showing the results of HIV/AIDS counselling as indicated by NGO/VCT counsellors.**

N=6
The results of HIV/AIDS counselling as indicated by NGO and VCT counsellors may point to positive results. Positive behaviour change and good coping received a 100% response rate each. Abstinence and condom use received a 50% response rate each. These figures may be interpreted to mean that the NGO and VCT counsellors are producing good results in their counselling. However, these good figures may be compromised by the small ratio of VCT/NGO counsellors to the student population. The VCT counsellor only counsels those who visit their offices and this is a small fraction of the total number of students who suffer silently in schools and homes.

Item 3 on the oral interview guide revealed that most teachers were worried about the little impact they are making on students as a result of their counselling efforts. A few teachers mentioned good coping and abstinence. A good number were in doubt or not clear on whether their efforts on HIV/AIDS counselling were producing the required results. NGO and VCT counsellors mentioned abstinence, good coping and condom use but were quick to point out that these were difficult to assess. Therefore, the general feeling of the interviewees was that they are not producing positive results.

Most respondents were not clear or were in doubt on whether they were making positive impacts on students as regards positive behaviour change, condom use, abstinence and good coping. The general feeling of respondents was that their efforts were missing mark. This may be traced from the use of ineffective methods and techniques, inadequate resources and materials. This agrees with Kiara, (2007) who observed that counsellors in secondary schools do not seem to be easily able to demonstrate their impact on the students’ intentions and decision making strategies. The International Planned Parenthood Federation Report (2008) pointed out that it is clear from the level of HIV/AIDS, pregnancy and psychological problems encountered by adolescents that their counselling needs are not being met. Gwari (2010) assessed the school Guidance and Counselling programme and found out that it does not feature as an important aspect of the school curriculum. Therefore, counselling programmes in schools are generally not producing the required results.

Findings and Conclusions

Research Question 1

What are psychological, emotional and physical problems faced by HIV/AIDS infected or affected students?

From the literature read and the information collected from respondents, it was found out that HIV/AIDS infected or affected students suffer psychological, emotional and physical problems. These included fear, stress, anxiety and isolation, less physical strength, physical deterioration and sexually transmitted infections. Most respondents were aware of and noticed these problems. Therefore it was logical to conclude that these problems are real among secondary school students in Nyanga District.

Research Question 2

Is there a provision for counselling HIV/AIDS infected or affected students on school time tables?

Most respondents and observations revealed that Guidance and Counselling are provided for on the most of the school time tables. However, the problem noticed was that most teachers use counselling time for marking, scheming and concentrate on examined subjects. It may
therefore, be concluded that teachers are not using the available counselling time for its proper use but for other purposes. The HIV/AIDS infected or affected students are not getting the counselling help that they require.

Research Question 3
Are there enough materials and resources for use by counsellors in HIV/AIDS Counselling in secondary schools?

The percentages of counsellors who use the indicated resources and materials were very low. This finding led to the conclusion that counsellors do not have enough of these materials to use in HIV/AIDS counselling.

Research Question 4
Is the counselling of HIV/AIDS infected or affected students producing the required results in secondary schools?

Information gathered revealed that counsellors were not making a positive impact on students as regards abstinence, condom use, and positive behaviour change and good coping. The researchers therefore, made the conclusion that counsellors were problems in meeting the required results of effective counselling.

Implications

From the research, it was discovered that time for HIV/AIDS counselling is provided for by the secondary school time table. However this time is not effectively used for counselling, the time is used for remediation, to catch up with other subjects and for marking therefore school authorities should see to it that the time for HIV/AIDS counselling is used for its purpose, that teachers should follow the timetable and do what should be done. This means that there is need for proper supervision by the school administrators.

For HIV/AIDS counselling to be effective, counselling teachers need resources such as pamphlets, posters/sign posts, magazines/textbooks and resource persons. From the research findings it was discovered that most schools do not have these resources. This may mean that HIV/AIDS counselling is not effective, this implies that the ministry of primary and secondary education and non-Governmental Organisation should work together to put resources together so that the counselling becomes effective.

Teachers are not counsellors, some have done courses that did not involve counselling so they are not counsellors. This implies that teachers’ colleges should incorporate some courses on Guidance and Counselling.

RECOMMENDATIONS

1) In the light of the findings and conclusions of this project, the following recommendations were made:

2) There is need for comprehensive referral system in schools. Counselling teachers need to be able to refer HIV/AIDS infected or affected students to other appropriate counselling service providers such as New Start Centres, clinics and hospitals when necessary.
3) There is also need for all the different programmes that serve school students to cooperate. The various systems that need to cooperate are education, government ministries, Non-Governmental Organisations, and churches. It would be unethical to provide education and counselling alone without access to other services that will allow young students to take care of their health.

4) It is important to involve adolescents themselves in planning and implementing the counselling programmes.

5) Teachers should be involved in workshops, seminars, and refresher courses on HIV/AIDS. The Ministry of primary and secondary education and Non-Governmental Organisations should be significant players in the provision of these courses. These may equip teachers with methods, skills, techniques and qualities of good counselling. These may be used in effective counselling of infected and affected students.

6) Counsellors in schools need to break the silence, banish the stigma and discrimination and ensure total inclusiveness within the struggle against HIV/AIDS in secondary schools. Those students infected or affected with this terrible disease do not want stigmas but love.

REFERENCES


