

**CHALLENGES OF HIV AND AIDS COUNSELLING IN BASIC SCHOOLS: A
CASE OF MAZABUKA BASIC SCHOOLS, MAZABUKA DISTRICT, ZAMBIA**

**BY
Charity Kasote**

**A Dissertation Submitted to the University of Zambia in Partial Fulfilment of the
Requirements of the Degree of Master of Arts in Child and Adolescent Psychology.**

THE UNIVERSITY OF ZAMBIA

LUSAKA

2012

DECLARATION

I, **Charity Kasote**, declare that this dissertation:

- a) Represents my own work;
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APPROVAL

This dissertation of Charity Kasote has been approved as partial fulfilment of the requirement for the award of the degree of Master of Arts in Child and Adolescent Psychology by the University of Zambia

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ABSTRACT

The study aimed at investigating the challenges of HIV and AIDS counseling in Basic Schools as expressed by the District Guidance and Counseling Coordinator, School Managers, Guidance and Counseling Teachers, Class Teachers and learners. It also examined the conditions of the counseling rooms as well as record keeping.

The study employed both qualitative and quantitative methods, though qualitative method was largely used. It took a form of descriptive research design. The respondents consisted of 129 purposively selected individuals in Mazabuka Basic Schools (72 class teachers, 8 school managers, 8 guidance and counseling teachers or school counselors and 40 learners) as well as the District Guidance and Counseling Coordinator.

Relevant data were collected with the use of structured and unstructured interviews, observations and focus group discussions. The collected data were analyzed using descriptive statistics as well as thematic analysis.

The results of the study indicated that most of the Guidance and Counseling Teachers (90 percent) were not trained in the field of HIV and AIDS. Only 13.6 percent of the Basic Schools had counseling rooms against 86.4 percent, which did not have this facility. The study also revealed that no counseling session records were kept by all the guidance and counseling teachers. It was also found that 4.5 percent of the guidance and counseling teachers had a light teaching load that could allow them to work effectively as HIV and AIDS school counselors. Only 2.3 percent of teachers were said to be coordinating effectively with the school counselors concerning HIV-positive status of pupils in their class and only 2.3 percent of the teachers were coordinating with the parents of HIV-positive pupils. It was further found that no pupils in all the Basic Schools went for HIV and AIDS counseling. Lastly, the results revealed that monitoring or supervision of the HIV and AIDS counseling services was not adequate.

The study concluded that HIV and AIDS counseling was not effective in Basic Schools due to various challenges. These included: insufficient trained staff in the field of HIV and AIDS, teachers having a heavy workload and having no extra time allocated for HIV and AIDS related programmes, lack of materials and resources; HIV prevention and AIDS management not regarded as priority in some schools; focus was often on awareness and dissemination of HIV and AIDS information and not on life- skills and capacity building; cultural issues; learners not trusting their teachers; lack of confidentiality, privacy and secrecy; no record keeping and inadequate supervision of HIV and AIDS related counseling services. Based on the findings of the study, there is need for Guidance and Counseling Teachers to be trained in the field of HIV and AIDS related issues, school managers need to ensure that they provide suitable rooms for guidance and counseling and learners to be sensitized about the functions of the guidance and counseling office.

DEDICATION

This work is dedicated to my late mother and father, Kate and James Mwape Kasote; Uncle David Kasote and my dear son, Michael Mutti Lenga.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
ASCA	American School Counselor Association
CHANGES 2	Community Health and Nutrition, Gender and Education Support-2
CHEP	Copperbelt Health Education Project

CSO	Central Statistics Office
CT	Class Teacher
DGCC	District Guidance and counseling Coordinator
EFZ	Evangelical Fellowship of Zambia
FAWEZA	Forum of African women Educationists in Zambia
FGD	Focus Group Discussion
FHT	Family Health Trust
GCT	Guidance and Counseling Teacher
GRZ	Government of the Republic of Zambia
HIV	Human Immuno-Deficiency Virus
KAP	Knowledge Attitude and Practice Model
MOE	Ministry of Education
MOH	Ministry of Health
NAC	National HIV and AIDS Council
NACWOLA	National Community of Women Living with AIDS
REPSSI	Regional Psycho-social Support Initiative
SM	School Manager
UNAIDS	United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children Fund
WHO	World Health Organisation

OPERATIONAL DEFINITIONS

AIDS (Acquired Immune Deficiency Syndrome) – This is the advanced stage of HIV infection, a condition characterized by a combinations of signs and symptoms caused by HIV virus which attacks, and weakens the body’s immune system making the affected persons susceptible to the life threatening diseases (MOE, 2006)

Basic school – A government School which constitute classes from grade one to nine comprising of learners from ages seven to fifteen or more years (MOE, 2006).

Challenges – Barriers in the provision and accessibility of HIV and AIDS related counseling services.

Counseling - A process in which through the establishment of an understanding relationship a person is respected for who they are and listened to and thereby empowered to make informed choices and to take responsibility for their own development (Moloney, 2005).

HIV- A virus that causes AIDS (Dyk, 2008).

CHAPTER ONE

INTRODUCTION

1.1. Background to the Study

This chapter looks at the background to the study. It discusses the prevalence of HIV and AIDS at global, regional and national level. It also looks at a brief history and development of HIV and AIDS counseling in Zambian Schools. It further looks at the statement of the problem, general objective of the study, specific objectives, research questions and the significance of the study. Finally, it gives a brief conclusion of the chapter.

1.1.1. Global perspective of HIV and AIDS prevalence

HIV and AIDS can be considered a global epidemic (Moerschbacher, Kato & Rutechura, 2008). It is killing people in the most terrifying circumstances. The first recognized cases of AIDS occurred in the United States of America in 1981 (Dyk, 2008). This implies that for thirty years now (1981 – 2011) the world has been on high alert against HIV and AIDS. Efforts to get ahead of the epidemic during these years have witnessed heartbreaking setbacks (Kelly, 2008). Every year UNAIDS releases new data on the extent of the epidemic across the world. Unfortunately, the trend is inexorably upwards (Niekerk & Kopelman, 2005). For instance, an estimated 39.5 million people worldwide were living with HIV in 2006 (2.6 million more than in 2004) and an estimated 4.3 million people became infected with HIV in 2006 (400,000 more than in 2004). Worse still, an estimated 2.9 million people lost their lives to AIDS in 2006 (Dyk, 2008).

1.1.2. Regional perspective of HIV and AIDS prevalence

While HIV and AIDS can be considered a global epidemic, it has an overwhelming negative impact on sub-Saharan Africa where during 2006 alone, an estimated 2.1 million adults and children died as a result of AIDS (Moerschbacher, et al, 2008). HIV and AIDS have caused immense human suffering in the whole continent of Africa. The most obvious effect of this crisis has been illness and death. The impact of the epidemic

has certainly not been confined to the health sector, households, workplaces and economies, but schools have also been significantly affected (Moerschbacher, et al, 2008).

1.1.3. HIV and AIDS prevalence in Zambia

The first HIV and AIDS case was reported in Zambia in 1984 (Kelly, 1999). Since then, the infection rate has spread to all parts of the country with the highest rate being found in the urban areas as compared to peri-urban rural areas. For instance, Lusaka province has the highest rate of infection with 20.7 percent of the infected people, followed by the Copperbelt province with 18.5 percent, Southern province with 16.2 percent, central province with 14 percent, eastern province with 13.2 percent, western province with 12.6 percent, Northwestern province with 8.6 percent and Northern province with 8 percent (MoE, 2007).

The population of Zambia stands at 13.9 million (CSO, 2010) and more than 50 percent is less than twenty years of age. The concern is that according to a survey carried out by the Ministry of Health in Zambia on HIV and AIDS cases by age, the infection rate was highest among those aged between 15 and 19 years and most of whom are learners or pupils (Kelly, 2008).

Worse still, children are said to be doubly affected by the HIV pandemic because they can be affected and infected with the pandemic. As Kelly (2008:41) states, “the worst impact the AIDS epidemic can have on a child is to deprive him or her of one or both parents.” Kelly further claims that in Zambia every second household on average is home to an orphaned child. These orphans are not just mere statistics but children cheated by life, almost all of them struggling to live without the one commodity that gives meaning to a young life, the love of a connected and concerned adult (Kelly, 2008). According to a research carried out in 2000, Zambian children rank as the most orphaned children among the 23 countries included in the study. It was also estimated that more than seven percent of Zambia’s 1,905,000 households were headed by children aged 14 years or less (GRZ-UNICEF in Kelly 2000). Furthermore, in 2007, there were 600,000 AIDS orphans in the country and thousands of whom were abandoned due to stigma. In some cases, the extended family no longer had the capacity

to absorb more orphans. In other cases the orphaned children ran away from extended families because they were being mistreated and abused (Zaccagnini , 2009; Kelly, 2008) such harsh experience rob the joy and peace that is supposed to be experienced by children as they are growing up. Learners from such harsh backgrounds definitely need psychological support to help them understand the trauma of HIV and AIDS pandemic.

The information above shows how deadly HIV and AIDS is to humankind. It clearly shows that young people are at the centre of the AIDS epidemic, just as they are at the centre of an education system. The education system should therefore urgently respond to the HIV and AIDS pandemic because both have a particular interest in the young (Kelly, 2008). Furthermore, World Bank (2002) also notes that earlier studies dealing with the impact of HIV and AIDS on education identified the institution of education as properly positioned to deal with the HIV and AIDS pandemic.

MoE realized the dangers HIV infection could cause to pupils and hence came up with some of the following interventions: HIV and AIDS education has been included in the curriculum as early as Grade one and throughout the lower and middle Basic levels (MoE, 2001), HIV and AIDS programmes were introduced in all schools, and guidance and counseling teachers were appointed (MoE, 2003).

1.2. The History and Development of HIV and AIDS Counseling in Zambian Schools

The Ministry of Education is aware that a large proportion of learners in Zambia's Basic schools are severely disadvantaged through under nourishment and regular experience of hunger while in school because of the loss of parents due to HIV and AIDS. The multiple disabilities adversely affect the child's capacity to interact with and make the best of whatever resources the school can offer. Furthermore, HIV and AIDS has a negative impact on families and communities so much that many children come to school emotionally disturbed, traumatized at what they have experienced at home, and lacking in a sense of psycho- social security(MOE, 1996). All these issues affect children so deeply that the Ministry is forced to think in terms of caring rather than curing since there is no cure for HIV and AIDS. It has therefore planned to collaborate fully with all other agencies that seek to address and remedy these pervasive problems

and to strengthen its own child guidance and counseling services ,which in turn can provide in – service training for teachers on how to deal with these and related problems (MoE, 1996).

Guidance and Counseling has been in existence in schools since 1971 (MoE, 2003). The guidance unit was created with restricted responsibility for career guidance and operated as a separate entity. As a result of HIV and AIDS, the guidance and counseling changed its focus. It included the issues of HIV and AIDS counseling and support. This was done in order to develop pupils and teachers awareness and compassion in relation to infected people as well as to give emotional and psychological support to teachers and pupils who are infected or who have close relatives with the infection (MoE, 2000).

In 1990, the guidance unit was renamed school guidance services (SGS) with broader job description for the staff and expanded functions to include HIV and AIDS counseling services, life skills and girl child education programmes. In 1992, the government appointed guidance teachers in all schools and paid them an allowance (MoE, 2000). However, in spite of the inclusion of HIV and AIDS counseling services in the school guidance and counseling unit, researchers generally agree that schools in sub – Saharan Africa (Zambia included), are not doing a good job of helping learners in the management and prevention of HIV and AIDS (Dyk 2008). Keller (2005) also claims that a lot of resources such as money and materials have been invested in the HIV and AIDS programmes in sub-Saharan Africa but have not worked to the expected positive result. Therefore, the need for the study to find out the challenges in the provision and accessibility of HIV and AIDS counseling services in Zambia.

In this study the HIV and AIDS counseling service providers were the District Guidance and counseling Coordinator, school managers, school guidance and counseling teachers and class teachers, whereas, the beneficiaries of the HIV and AIDS counseling services were the pupils or the learners in Basic Schools.

1.3. Statement of the Problem

HIV and AIDS have become a developmental issue, which needs attention. It has a devastating effect on the educational system worldwide. This kind of unimaginable devastation also applies to learners who are either infected or affected by the pandemic (Kelly 2000). Worse still, children are more vulnerable to the HIV and AIDS pandemic than the general population (Moerschbacher et al, 2008). Furthermore, in Zambia the ministry of education is very aware that HIV and AIDS has a negative impact on families and communities so much that many children come to school emotionally disturbed, traumatized at what they have experienced at home and lacking in the sense of psychological security. All these issues affect the learners so deeply that the ministry of education cannot ignore them. It has therefore included HIV and AIDS counseling in the guidance and counseling unit as a preventive measure against HIV and AIDS among learners (MoE 1996)

The overall problem addressed in this study was that in spite of the inclusion of HIV and AIDS counseling in the guidance and counseling unit and all massive investments and efforts involved in the implementation HIV and AIDS related programmes in schools, researchers generally agree that schools in the sub-Saharan Africa (Zambia included) are not doing the expected good job of helping learners avoid the virus (Dyk 2008). Keller (2005) also claims that many resources such as money have been invested in the HIV and AIDS programmes in the sub Saharan Africa but have not been fruitful. Furthermore, a few studies on counseling in Zambia have been done by Campbell, Chabala and Sheth (Milner and Palmer, 2001) and national AIDS council did annotated review of research on HIV and AIDS in Zambia (NAC 1996) however, not much has been highlighted about the challenges of the HIV and AIDS counseling in Zambian schools. In view of the relevance of the HIV and AIDS counseling to the prevention of HIV and AIDS management, this study therefore sought to investigate the challenges of HIV and AIDS counseling in Zambian Basic schools as expressed by District Guidance and Counselling Coordinator, school managers, guidance and counseling teachers, class teachers and the learners (pupils).

1.4. General Objective

The general objective of the study was to explore the challenges of HIV and AIDS counseling in Mazabuka Basic Schools, Mazabuka District, Zambia.

1.5. Specific Objectives

- (i) To explore the challenges in the provision of HIV and AIDS counseling services in Basic Schools.
- (ii) To investigate the challenges in the accessibility of HIV and AIDS counseling services in Basic Schools
- (iii) To find out the major challenges in the monitoring of HIV and AIDS counseling services in Basic Schools.

1.6. Research Questions

- (i) What are the challenges in the provision of HIV and AIDS counseling services in Basic Schools?
- (ii) What are the challenges in the accessibility of HIV and AIDS counseling services in Basic Schools?
- (iii) What are the major challenges in the monitoring of HIV and AIDS counseling services in Basic Schools?

1.7. Significance of the study

The findings of the study would provide relevant information to the learners, class teachers, guidance and counseling teachers, school managers, District Guidance and Counselling Coordinator, policy makers in various ministries and the community at large on the challenges of HIV and AIDS counseling in Basic Schools with a view of reducing the high prevalence of HIV and AIDS among learners in Zambia. It would also assist in the improvement of the present level of HIV and AIDS counseling practice in Zambia.

In conclusion, the current study was an attempt to explore the challenges of HIV and AIDS counseling in Zambian Basic Schools in the view that HIV and AIDS counseling is relevant to the management of AIDS and prevention of HIV among learners. This chapter therefore discussed HIV and AIDS prevalence globally, regionally and nationally. It also looked at a brief history of HIV and AIDS in Zambian schools. It further looked at the statement of the problem, the general objective, specific objectives, research questions and significance of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

The previous chapter looked at the background of the study. This chapter discusses related literature to the current study according to specific objectives of the study. It is therefore, divided into three major sections. The first major section (2.1) looks at the provision of HIV and AIDS counseling services. The second section (2.2) discusses the accessibility of HIV and AIDS Counseling services and the third section (2.3) discusses the monitoring of HIV and AIDS Counselling services.

2.1. Provision of HIV and AIDS Counseling Services

According to ASCA (2006), trained school counselors have the opportunity as well as responsibility of the provision of accurate health information to the learners and to help them develop healthy attitudes and habits. Furthermore, the association emphasizes that school counselors should communicate health information as part of the school counseling programme, and coordinate with school health personnel to provide support and educational programmes for learners, staff and parents. In order to do this effectively, trained school counselors, should focus on HIV and AIDS as a disease rather than a moral issue, since HIV and AIDS is associated with marginalized behaviors (Parker, Angleton, Attawell, Pulerwitz & Brown, 2002).

In Zambian schools, the provision of HIV and AIDS counseling services at school level involves the participation of the entire school staff, with leadership being provided by the school counselors or the guidance and counseling teachers. The school manager is the central figure in the development and implementation of the services. He or she must create an atmosphere of caring for the learners and provide general support and administrative leadership to the HIV and AIDS counseling services. He or she should give the counseling and guidance teacher all the necessary assistance needed in carrying out the HIV and AIDS counseling services effectively and must allocate a light teaching load to her or him as well as providing a room that is conducive for counseling. The

class teachers, too, have the responsibility to coordinate with the guidance and counseling teachers concerning the HIV and AIDS related problems among learners in their classes, since they meet the learners on a daily basis. Moreover, the District Guidance and Counseling Coordinator do the monitoring of HIV and AIDS related counseling services at district level, while at school level, school managers do it (MoE, 2000)

2.1.1. The concept of HIV and AIDS Counseling

Vishala (2009) describes counseling as the service offered to an individual undergoing a problem, which needs professional help to overcome it. Moloney (2005) looks at counseling as a process of establishing an understanding relationship in which a person is respected for who he or she is and listened to, with the aim of empowering him or her to make informed choices and to be able to take responsibility for his or her own development. Dyk (2008: 219) defines counseling as “*a facilitative process in which the counselor, working within the framework of a special helping relationship, uses specific skills to assist clients to develop self knowledge emotional acceptance, emotional growth and personal resources*”. UNESCO (2002), reports that counseling provides a wide range of services, which aim at HIV and AIDS prevention and support. According to Dyk (2008), HIV and AIDS Counseling has emerged as a major strategy for the prevention and management of HIV infection and AIDS in Africa. HIV and AIDS Counseling therefore, stand out to be a key component of any prevention and care programme offered to schools and communities. Furthermore, schools are the most obvious spaces for intervention and prevention programmes, as well as for delivery of information about HIV and AIDS (Baxen & Breidlid, 2009). The next sub-section discusses HIV and AIDS related services offered in schools.

2.1.2. HIV and AIDS related services offered in schools

Global, continental, regional and national statistics on HIV and AIDS indicate that some categories of people, like learners, are more vulnerable to the pandemic than others (Moerschbacher et al., 2008; Kelly, 2008). According to Dyk (2008), HIV and AIDS can affect learners in various ways. They may be infected with HIV themselves, they

may have one or two parents who are HIV-positive or they may be orphaned because of the AIDS-related deaths of their parents.

Kelly (2008) claims that many learners in institutions of learning at all levels are HIV-infected. Dyk (2008) also claims that apart from infection transmitted by the mother, HIV infection in learners is incurred in most instances through sexual activity. In addition, reports by Human Rights Watch and others have documented the extent to which girls are exposed to coerced sex and rape, to the heavy involvement of teachers and male schoolmates, and the way this can be linked to HIV infection (Kelly, 2008). Such behavior of teachers is of great concern since some studies on the HIV prevalence in Zambia have reported an HIV prevalence of about 40 percent among teachers in Zambia (NAC, 2001).

The diagnosis of HIV infection or AIDS brings about extremely bad emotional reactions, not only in the infected person but also in his or her affected significant others. Being HIV positive affects people mentally, socially and emotionally. A case study on one person's experience of AIDS revealed that HIV positive people often experience the following: Fear, guilt, loss, anger, anxiety, low self-esteem, depression, suicidal behavior or thinking, spiritual concerns and stress (Palermino, 1988 in Dyk, 2008).

Furthermore, the presence of AIDS in the family often means that schooling of learners is interrupted because of the shortage of money or because the learners need to work full time in their homes to help sick parents. This results in poor school attendance, which may lead to poor class performance (Kelly, 2008). Kelly further claims that the worst impact of HIV and AIDS on a learner is to deprive him or her of one or both parents. As Barnett and Whiteside (2006: 223) state, "*Becoming an orphan of the epidemic is rarely a sudden switch in roles. It is slow and painful, and the slowness and pain have to do not only with the loss of a parent, but also with the long term cure that parents' failing health may require*". Such experiences are not healthy psychologically, and may cause trauma and discrimination that may lead some learners to discontinue their education (Kelly, 2008; Dyk, 2008). This implies that there is great need for extensive HIV and AIDS related counseling services in schools.

HIV and AIDS related counseling services may be in the form of bereavement counseling; home visits; classroom or group counseling; giving HIV and AIDS related basic knowledge, attitudes, values and life-skills; as well as giving psycho-social support and referrals(UNESCO,2002: Dyk,2008).

Bereavement counseling is the type of counseling given to the children or learners who have lost a parent or guardian. School counselors have to provide bereavement counseling to such children in order to help them cope with the loss of the parent. Unfortunately in many instances, mourners pay attention to the remaining parent with little or no attention to the bereaved children and yet, it is the children who need more attention at this time because they have lost a caregiver. The sad part is that at times when bereaved learners are not helped to deal with the loss of a parent they end up manifesting deviant practices such as stealing, drug abuse, bullying others, absenteeism and early sexual practices (UNESCO, 2002; Dyk, 2008). School counselors, therefore, need to help bereaved learners cope with the loss of parental love and care by visiting them at home. This will make them realize that they are still loved and may continue leading a psychologically healthy life (UNESCO, 2002).

Basic knowledge on HIV and AIDS and awareness, attitudes, values and life skills should be established and reinforced in all the grades, from grade one to twelve, and the way in which this knowledge and these attitudes and skills are provided should be adapted to the child's or learner's age and developmental phase (Edwards & Louw, 1998; Pilot Project on life-skills, 1999 in Dyk, 2008).

For instance, Dky (2008) asserts that an effective HIV and AIDS education and life-skills programme should provide the following knowledge in a manner that is appropriate to the age of the child: Adequate knowledge about germs, viruses, HIV and AIDS; the ability to identify health problems and seek appropriate help; how to cope with death in the family; how to care for someone who is ill due to HIV ; how to deal effectively with peer-group pressure and the awareness of the universal precautions to be taken when handling blood. In addition, the following attitudes and values, which are accepted by all cultures and religions as important for the survival of individuals and communities, should be included in HIV and AIDS education and life-skills

programmes: Building a realistic, positive self-concept; respect for the self and others as unique and worthwhile beings; the right to protect oneself; loving and caring; friendliness, kindness and sensitivity and the right to say no to an older person or someone in authority

On the contrary, many studies have shown that knowledge on HIV and AIDS alone is not enough to combat and prevent individual risky behavior (Kalipeni et al; MoE, 2008). For instance, a study on the relationship between HIV and AIDS knowledge and risky sexual behavior among the University of Zambia Students done by Himoonga (2006) revealed that respondents had high levels of knowledge about HIV and AIDS but this did not contribute to change of risky sexual behavior among the majority of the students. Baxen and Breidlid (2009), as well as Kalipeni, et al (2004), further argue that despite the assumption made by the KAP model, research has found that even people with relatively high levels of knowledge about HIV and AIDS often indulge themselves in high sexual behaviors. (The KAP model refers to knowledge, Attitude and Practice model, which presuppose that people with high knowledge on HIV are less likely to indulge themselves in risky sexual behavior).

UNESCO (2002) claims that life skills close the gap between change of behavior and knowledge. Life skills have been described as the ability for adaptive and positive behavior that enables the individuals to deal effectively with demands and challenges of everyday life. In addition, life skills will tend to focus on the development of the various sub-systems of the individual and they are often observed through behavioral processes. Furthermore, life skills can contribute to the development of an individual's capacity for adaption and the development of new interactional patterns between the individual and his or her social context. In this view, life skills, therefore, impact positively on risky behavior which is related to HIV and AIDS (WHO, 1997 in UNESCO, 2002). Hence, life skills should be an integral component of HIV and AIDS prevention strategies, which have to be part of the HIV prevention, and AIDS management programmes in schools (MoE, 1996).

Fennell and Arnot (2008), further emphasize why children have to be taught life skills during counseling by claiming that since children and young people are the most vulnerable to HIV and AIDS, they need to be helped to develop the following skills: handling emotions such as fear, uncertainty and anger; problem solving; responsible decision making; a positive self-concept and planning for the future or goal setting (Dyk, 2008).

It is important to note that the service providers have to employ a variety of teaching methods during the provision of life skill services. For example, games, panel discussions, short plays, role plays, dialogues, debates, reports and interviews, which will give learners an opportunity to practice successful behavior for a healthy living (Dyk, 2008). In addition, peer education as a method of providing the young ones with knowledge and skills on HIV and AIDS has proved to be effective in most cases. As UNAIDS (2006: 138) reported: *“young people themselves are often effective deliverers of HIV prevention interventions to their peers and thus have an important role to play in the development, implementation and evaluation of youth-oriented HIV prevention programmes”*.

Peer teaching occurs when a learner who has learnt a skill on HIV and AIDS issues is able to teach it to others who have not learnt it. Peer teaching provides an alternative to the traditional teaching in class, which is mainly done by an older person, the class teacher or educator. According to UNAIDS (2004), this is done through various activities in the school such as:

- (i) **Classroom Instruction:** This is where peer educators working in pairs, provide weekly lessons to students on topics such as reproductive health, HIV and AIDS, alcohol and drug abuse, and self-esteem and assertiveness.
- (ii) **Youth Resource Centre:** This is usually a room provided by the school that is stocked with materials and pamphlets about reproductive health and HIV and AIDS issues. It is open for the students to have individual study, private talks with the peer educators, or to have small group discussions with fellow learners.

- (iii) **Awareness raising events and festivals:** Events include sports competitions, dances, marches and singing, generally held in a celebrating atmosphere.
- (iv) **Extra-curricular activities and clubs:** These include “anti-AIDS clubs” (generally organized around HIV and AIDS prevention and management activities) and sporting clubs.
- (v) **Capacity building activities:** Peer educators carry out activities for the other teachers in the school that are designed to build their capacity to address HIV and reproductive health topics, including stigma and discrimination, and care for people living with HIV and AIDS (Dyk, 2008).

As Kelly (2008: 41) states, *“The worst impact the AIDS epidemic can have on a child is to deprive him or her of one or both parents.”* The loss of parents deprives learners of basic needs of life like food, clothes, shelter, education necessities and health care, as well as psychological and emotional needs (Bishop, 1989). These commodities are not simple to obtain or estimate in value. As Kelly (2008: 41) further states, *“we rightly pay a great deal of attention to meeting a child’s basic needs for food, clothing, accommodation, health care and education. But we pay very little attention to meeting their needs for love, affection and security”.* A research conducted by World Vision Zambia in 2004 also showed that 89 percent of the orphans never received psycho-social support even from the religious groups (World vision Zambia, 2004). This implies that there is need for extensive HIV and AIDS related counseling services in schools. Furthermore, a research conducted by REPSSI (Regional Psycho-social Support Initiative) in 2002 showed that despite providing food and clothes to vulnerable children, their school attendance was still very poor. This was due to the fact that most of the orphans and HIV and AIDS affected children never received any psychosocial support after the death of their parents. Psychosocial support is an essential element for a meaningful and positive human development (REPSSI, 2002). Just like economic development cannot be sustained without the care of the environment, children’s human development cannot be sustained without care of the environment of love and security (Kelly, 2008).

Orphaned children cannot find the words to express the harsh experiences they go through, and the only preparation the majority receives is the trauma and distress they experience as they see their parent weaken and die. Faced with this problem, the National Community of Women Living with AIDS in Uganda (NACWOLA) has started some projects and various ways of preparing children psychologically before they finally become orphans. One of the projects is known as Memory Project (Kelly, 2008). Central to the project is the memory book. The parent and child prepare it jointly. It contains mementoes, short written records about the family and its members, photographs covering different aspects of the family's life and advice to the children on how to live, behave and look after one another as brothers and sisters. One of the purposes of the memory book is to help children articulate their fears and concerns about the illness of their parents and their own future while their parents are still alive. Another purpose is to enable parents and children to plan together for the time when the parents are no longer alive (Kelly, 2008). A survey conducted in early 2002 among orphans in Lusaka supports the importance of the memory book. It revealed that most of the orphans were still troubled by the death of their parents that had occurred some years earlier. Many of them lamented because they had no personal item or memento to remind them of their dead parent (Kelly, 2008).

Classroom or group counseling is also another form of HIV and AIDS related counseling service offered in schools. The content of the sessions varies greatly from one level of schooling to the next, but in almost all educational settings, counselors have an instructional role to impart information to learners. Some classroom counseling may, however, relate to problem situations and be crisis oriented, such as HIV and AIDS awareness (Gross, 1997).

Referral is yet another form of HIV and AIDS related counseling service. This involves consultation with other helping professionals (Gross, 1997). At times, it is necessary to refer clients to another professional for specialized help. Nevertheless, this should be done with great sensitivity to the feelings of the client because a special relationship usually develops between the counselor and the client, and HIV-positive people who are

confronted by many losses may experience the referral as another loss that has to be coped with. The client may also experience the referral as a rejection (Dyk, 2008).

Lastly, apart from various forms of counseling services offered in schools by the schools, most of the schools in Zambia receive external support from various organizations to help vulnerable children (HIV and AIDS affected children inclusive). For instance, CHANGE 2 (Community Health and Nutrition, Gender and Education Support – 2) provides support by giving scholarships to children orphaned by AIDS to keep them enrolled in school (MOE, 2006). FAWWEZA (Forum of African Women Educationists in Zambia) provides financial assistance, counseling services and organizes extra lessons (tuition) for school girls (Foster, 1996). EFZ (Evangelical Fellowship of Zambia) supports the vulnerable children by providing uniforms for them as well as clothes, counseling services and paying school fees (EFZ, 2004). And other organizations are FHT (Family Health Trust) and CHEP (Copperbelt Health Education Project) which provide financial assistance and counseling services to vulnerable children (Kelly, 1999). The next sub section discusses some challenges in the provision of HIV and AIDS related services.

2.1.3. Challenges in the provision of HIV and AIDS related Counseling Services

The previous section discussed various HIV and AIDS related counseling services offered in schools by the schools and external organizations. The current section looks at the challenges in the provision of HIV and AIDS related counseling services.

Like any other service providers, the providers of HIV and AIDS related counseling services also have challenges. These include, disclosure of HIV-positive status, confidentiality, cultural issues, teacher capacity to deliver relevant HIV and AIDS related counseling services, and record keeping (Dyk, 2008; Kelly, 2008; Cohen, 2002; Baxen & Breidlid, 2009).

2.1.3.1. Disclosure of HIV-Positive Status

The decision whether or not to disclose one's HIV positive status is difficult because disclosure may have major and life –changing consequences. In a case study on the price of not disclosing , a researcher asked HIV positive people (37 female and 25 male) who had not disclosed their HIV status to anybody else but to the researcher what their reasons were for not disclosing. The following reasons were given for not disclosing their HIV-positive status; fear of rejection, isolation, stigma, discrimination, gossip and victimization from family and friends (Dyk, 2008).

Counselors should therefore help their clients to consider carefully the benefits and the negative consequences that disclosure may have for them as individuals. Dyk (2008) claims that disclosure can help people accept their HIV-positive status and reduce the stress of coping on their own. Disclosure can also ease access to medical services, care and support, including access to antiretroviral therapy. Furthermore, disclosure can help people protect themselves and others. Openness about their HIV-positive status may help females to negotiate safer sex practices. Finally, disclosure may help to reduce the stigma, discrimination and denial that surround HIV and AIDS.

2.1.3.2. Confidentiality

According to Dyk (2008), confidentiality is an expression of the counselor's respect for the client. A counselor may not, under any circumstances, disclose the HIV status of his or her client to anybody without the express permission of the client. However, confidentiality in the field of HIV and AIDS is controversial. Counselors often become involved in endless debate about the rights of HIV-positive individuals as opposed to the rights of the community in general.

Whenever the counselor feels that it is necessary to disclose a client's HIV positive status to a third party, the reasons for the disclosure must be fully explained to the client. The counselor must make it a point to convince the client that the disclosure will be in everybody's best interest. Nevertheless, the disclosure of the information may be done only with the permission of the client. The counselor has to respect the decision of the client if he or she still refuses (Dyk, 2008).

2.1.3.3. Cultural Issues

Cultural aspects present serious challenges in the attempt to deliver effective HIV and AIDS related services in southern Africa (Cohen, 2002). The impact of cultural beliefs on sexual behavior, negotiation and change is not always clearly spelt out and the use of cultural knowledge in intervention programmes seems to be more or less absent. The reason for this may be the sensitive nature of HIV and AIDS as a disease that involves issues of sex, sexuality and disease that many communities struggle with (Baxen & Breidlid, 2009). Therefore, there is need for serious interventions in order to make HIV and AIDS prevention programmes effective.

HIV and AIDS prevention programmes have mostly been based on western principles. No attempt has been made to integrate the diverse cultural systems of Africa into such programmes. This might be one of the reasons why HIV and AIDS prevention programmes have tended to fail in Africa. If HIV prevention and AIDS management programmes are to be effective in Africa, it is important for health care professionals who work in Africa to understand what health, sickness and sexuality mean in the traditional African context, and to incorporate these beliefs into HIV prevention and AIDS management programmes. It is also vital to appreciate the importance of community life in traditional African societies and to understand how this viewpoint impacts on the HIV and AIDS prevention as well as on counseling in the African context (Dyk, 2001).

2.1.3.4. Teacher capacity to deliver relevant HIV and AIDS related counseling services

Kelly (2008) claims that teacher capacity to deliver relevant and effective HIV and AIDS related counseling services was lacking. MoE (2001:11) also states, “*Counseling in Zambian schools has over the years been conducted by teachers and other staff who have little or no skills at all.*” In addition, Salmi, Kanyika and Malambo (2000) also observed that teachers were not equipped to deliver HIV and AIDS related services. This implies that there is great need to train teachers, especially guidance and counseling teachers in order for them to provide necessary and appropriate HIV and AIDS related

services to learners in distress. This may require enlarged and possibly revamped programmes in training institutions (Kelly, 2008).

2.1.3.5. Record Keeping

Lack of record keeping is yet another challenge in the provision of HIV and AIDS related counseling services. As Dyk (2008:242) states, “*all registered psychologists(as well as other registered practitioners) are required by law to keep records of their counseling sessions and all records should be locked away where they cannot be accessed by unauthorized people.*” This implies that for HIV and AIDS related counseling services to succeed, schools must keep accurate records on all learners. These records give the guidance and counseling teachers and other teachers a better understanding of each learner. These records can serve as a guide when new teachers take over a class or the position of guidance and counseling teacher, or when learners start showing unusual and worrying behaviors. Furthermore, the guidance and counseling teacher needs a record of each learner’s home background, his or her medical history as well as his or her personal development. Together, this information should add up to a comprehensive picture of the learner’s total development.

Finally, Keller (2005:3) claims that researchers generally agree that schools in sub-Saharan Africa are not implementing HIV and AIDS related programmes due to the following challenges:

- Initiatives are often uncoordinated and erratic.
- HIV prevention is not regarded as a priority in some of the schools.
- Focus is often on awareness and dissemination of HIV and AIDS information and not on life- skills and capacity building.
- There are difficulties in fitting the programme into the curriculum.
- Teachers have a heavy load and no extra time is allocated for HIV and AIDS programmes.
- Both the teaching staff and the community lack motivation and commitment.
- Learners do not trust their teachers.
- Programmes are not adolescent friendly.

- There is insufficient staff training and support.
- Materials and resources are lacking.
- Language barriers result in communication problems.
- Teachers are reluctant to talk about HIV and AIDS due to social-cultural and religious norms, which restrict open discussion of sex in some communities.
- Parents do not support HIV and AIDS related programmes.

The effectiveness of the provision of HIV and AIDS related counseling services will therefore depend on making appropriate interventions on each of the challenges mentioned above. As Dyk (2008: 169) states,

Indications are that HIV and AIDS programmes have a positive effect where they are implemented properly. In various South African studies, it was found that HIV and AIDS education programmes in High Schools had significantly positive impact on sexual-reproductive health knowledge as well as the attitude of the learners towards people with HIV and AIDS.

The current section has discussed the provision of HIV and AIDS related services and some of the challenges encountered in the provision of the services. The next section discusses the challenges in the accessibility of HIV and AIDS related counseling services.

2.2. Challenges in the accessibility of HIV and AIDS related counseling services

UNAIDS (2002) report that in many countries, young people actively seek HIV and AIDS related counseling services. For example, in Uganda, the numbers of young people aged 13 to 19 years are clients of AIDS information centre (AIC) and in Zambia, 15 percent of clients at Hope Humana VCT site in Ndola are 10 to 19 years old. This calls for a serious response for schools to play a crucial role in providing HIV and AIDS related counseling services because its principal beneficiaries are young people, ranging from infancy to young adulthood (Kelly, 2008). Young people are a vulnerable group and yet, they are a special group in the sense that they provide a window of hope of opportunity for charting the course of the pandemic. This indicates the need to focus on

them seriously (Moerschbacher et al., 2008). However, just like there are challenges in the provision of HIV and AIDS related counseling services, there are also some challenges in the accessibility of HIV and AIDS related counseling services. These include stigmatization, lack of quality HIV and AIDS counseling services, lack of trust in the service providers and lack of privacy and secrecy (Cauley, 2004).

2.2.1. Stigmatization

HIV and AIDS related counseling has had a lot of implications and consequences for the people trying to access the services. The reason is that people living with the virus have not only been rejected, but also ridiculed by their friends and families, as well as the community (Chiboola, 2006). Stigmatizations arise from the negative and judgmental attitude shown by some people towards HIV and AIDS. People living with the virus are viewed as prostitutes since HIV infection is mostly transmitted through sexual intercourse (Parker et al., 2002; CSO, 2003).

The concern is that stigmatization may cause some learners not to be able to learn properly and may lead others to discontinue their education or participate erratically. Worse still, stigma kills (WHO, 2003; Kelly, 2008). . The stigma from which infected or affected learners may suffer causes psychological problems, which might lead them to question their worth as human beings. Psychological problems may in turn lead to such behavioral problems as excessive attention seeking, class disruption, fighting with school mates, ignoring schoolwork and risky sexual activity (Kelly, 2008). This implies that there is great need for schools to respond to the special needs of these learners. In addition to HIV and AIDS counseling, schools should establish an atmosphere of acceptance and welcome, which is free of suspicion and certainly of stigma or discrimination (Kelly, 2008).

2.2.2. Lack of Quality HIV and AIDS related counseling services

Quality HIV and AIDS related services imply that the services offered must respond to economic needs, health needs, psychosocial needs and the broad needs of the learner and their entire society. Good quality counseling services are also crucial to enabling an AIDS affected generation of learners to cope with the impact of the epidemic (Kelly, 2008).

Lack of quality services may be as a result of many factors. For instance, in a study on characteristics of a good counselor by Juma, it was shown that the counselors' characteristics that were important to adolescents were: knowledge, at 25 percent, youth friendly, at 24 percent, same sex, 15 percent, young, at 13 percent, old, at 12 percent and opposite sex, at 11 percent (Juma, 2004). From the findings, the majority of adolescents preferred a counselor who had knowledge on HIV and AIDS issues. However, in practice, there is increased reliance on less qualified teachers due to the shortage of qualified teachers. Furthermore, many teachers feel poorly equipped to deliver quality HIV and AIDS related services, saying that they have not received the necessary training or support materials to enable them to do so. In addition, several teachers show by their teaching and responses to questionnaires that their knowledge and understanding are very deficient. Others are afraid to raise issues of sexuality with their learners lest they find themselves treading on taboo areas (Kelly, 2008).

The counselor's values and attitudes play a critical role in the provision of quality services. The way they view themselves, their clients, the provision of the counseling services, and the world around them will affect the quality of services they offer (Dyk, 2008). Counselors deal with the most intimate part of a client's being. They are therefore expected to possess certain major qualities to enable them to provide quality HIV and AIDS related counseling services. These include respect, genuineness and empathy (Moloney, 2005).

2.2.2.1. Respect

Dyk (2008:229) defines respect as “an attitude that portrays the belief that every person is a worthy being who is competent to decide what he or she really wants; has the potential for growth; and has the abilities to achieve what he or she really wants from life.” Respect is therefore, vital in a helping relationship.

According to Du Toit, Grobler & Schenck (1998), a counselor can show respect to clients in many ways. These include, showing unconditional positive regard, respecting the clients’ rights, respecting the uniqueness of each client, refraining from judgment, realizing that respect is always both considerate and tough-minded, avoiding stereotyping while respecting people’s customs and choices and accepting the values of the group of people as well as the differences within the group.

- **Showing unconditional positive regard:** This means that a counselor should accept the client as he or she is, irrespective of the client’s values or behavior and of whether the counselor approve of those values and behavior. This does not mean that the counselor has no values of his or her own; only that during counseling the client’s values come first. Giving unconditional positive regard is extremely important in the field of HIV and AIDS. A judgmental counselor who condemns clients or shows offence at their sexual behavior will only cause harm. Such a counselor will not be able to facilitate healing. Juma (2004) also claims that a study conducted in Kenya on characteristic of a good counselor revealed that adolescents wanted HIV counseling staff who provide them with accurate information in a ‘friendly manner’. By friendly manner’ adolescents meant that the counselor will not scold them by being sexually active or be judgmental about the young person’s behavior.
- **Respecting the client’s rights:** This means that individuals have a right to be who they are. They have a right to their own feelings, beliefs, opinions and choices.

- **Respecting the uniqueness of each client:** This means that the counselor should not generalize. He or she should work with the specific characteristics, behavior and needs of each client. The counselor should realize that although human beings have a lot in common, everyone is different and every problem is experienced differently.
- **Refraining from judgment:** Counselors are there to help their clients and not to judge or to blame them. HIV-positive people often already feel ‘guilty’ or ‘bad’, therefore a non-judgmental attitude from the counselor is essential to understanding and growth because it encourages clients to be more accepting of themselves.
- **Remaining serene and composed:** This means counselors should remain serene and composed, and never react with embarrassment, shock, disapproval or disappointment when client discuss painful situations or their sexual practices.
- **Realizing that respect is always considerate and tough-minded:** This means that although the counselor should ‘be for the client’, this does not mean that the counselor will always take the client’s side or act as the client’s advocate. ‘Being for’ means taking the client’s point of view seriously even when it needs to be challenged.
- **Avoiding stereotyping while respecting people’s customs and choices:** This means that the counselor should acknowledge and honor individual’s diversity in culture, ethnicity, spirituality, sexuality orientation, family educational level and social-economic status
- **Accepting the values of the group of people as well as differences within the group:** This means that when conducting group counseling, for instance, in a classroom, or when seeing a family, a good counselor should accept the values of the group as well as the differences within the group. He or she should show

respect by carefully listening, understanding and accepting what group members are saying within their context.

2.2.2.2. Genuineness: The second most important characteristic of a counselor to enable him or her to deliver quality services is genuineness (Dyk, 2008; Moloney, 2005). Genuineness refers to a counselor's attitudes to and behavior with client (Dyk, 2008).

A genuine counselor manifests the following values or behavior when dealing with clients (Egan, 1998; Gladding, 1996; Moloney, 2005; Okun, 1997):

- Be real and sincere, honest and clear.
- Not to overemphasize the helping role and not to take refuge in the role of a counselor. Helping people should be an integral part of counselor's lifestyle.
- Keep the client's agenda in focus.
- Listen to the client's story and understand the story from the client's perspective.
- Not to be defensive. The counselor should know his or her strength and weakness.
- Strive towards achieving openness and self-acceptance. This will help the counselor to accept people whose behavior conflicts with the counselor's values.
- Develop self-awareness. A counselor should identify and reflect on personal qualities, life experience, helping style, vulnerabilities and value conflicts that may affect his or her work with clients, and ensure that struggles or conflicts he or she may be experiencing do not compromise the counseling relationship.
- To be able to help others a counselor needs to examine negative criticisms, from the client, calmly, objectively and dispassionately, and continue to work with him or her (client).

2.2.2.3. Empathy

The final most important characteristic of a counselor to enable him or her provide quality services is empathy (Moloney, 2005). Egan (1998:81) describes empathy as

the ability to recognize and acknowledge the feelings of another person without experiencing those same emotions- it is an attempt to understand the world of the client by temporary 'stepping into his or her shoes.' This understanding of the client's world must then be shared with the client in either a verbal or a non-verbal way.

Empathy offers support, builds trust, paves the way to more effective participation from the client, and creates the atmosphere for stronger interventions by the counselor (Dyk, 2008). Empathy should therefore be applied in all the phases of the counseling process to enable a counselor deliver quality HIV and AIDS counseling services. In addition, the most basic experience of empathy is the ability to listen (Moloney, 2005).

2.2.3. Lack of trust in the service providers

According to Dyk (2008), lack of trust in the service providers is one of the challenges in the accessibility of HIV and AIDS related counseling services. Keller (2005) also claims that learners do not trust teachers as a result, it is difficult for them to access the HIV and AIDS related counseling services.

Trust, just like confidentiality stand at the centre of counseling, particularly when there is stigma attached to the story, which the client shares and this unfortunately is often true to the HIV and AIDS situation (Moloney, 2005). However, earning trust is not a short-term process. It involves being sensitive to the specific needs of each learner. Specific needs may include food, clothing, shelter, education, health care services, love, affection and security (Kelly, 2008; Dyk, 2008). The school staff should make all efforts to challenge all forms of AIDS-related stigma and discrimination and ensure that the school is a haven of safety for all who are associated with it, with zero tolerance for violence, harassment or sexual abuse (Kelly, 2008). In addition, empathy should be

applied in all the phases of the counseling process. Empathy builds trust and creates the atmosphere for stronger interventions by the school counselor (Dyk, 2008).

2.2.4. Lack of privacy and secrecy

Privacy is one of the important ingredients of effective HIV and AIDS counseling accessibility. For instance, in Zambia, adolescents stress the need for privacy in counseling services particularly services which are HIV and AIDS related (UNAIDS, 2002). In Tanzania, sharing of information may be regulated in terms of categories such as sex, age groups, and specified relationships among relatives, extended family networks, older persons, traditional midwives and healers (Lie & Biswalo, 1994). Many people in the traditional African society are concerned about secrecy and privacy where AIDS are concerned because they fear rejection by the community if other people know their HIV - positive status. For example, in Lie and Biswalo's study, 98% of the participants indicated that secrecy and privacy were very important to them. They pointed out that they would prefer to talk to somebody 'who can keep a secret' about their HIV status. Moreover, such people who can keep secrets are usually trusted relatives, medical personnel, religious leaders and traditional healers (Lie and Biswalo, 1994). It is therefore a major challenge to teachers and school counselors to be concerned about privacy and secrecy especially where HIV and AIDS related issues are concerned, if the accessibility of HIV and AIDS related counseling services is to be effective in schools.

The current section has discussed the challenges in the accessibility of HIV and AIDS related counseling services. The next section looks at the monitoring or supervision of HIV and AIDS related counseling services.

2.3. Monitoring or Supervision of HIV and AIDS related counseling services

The main function of monitoring the HIV and AIDS related counseling services is to guide the process of counseling and to ensure that the counseling done is helpful and not harmful to the client, and also to give constructive feedback to counselors in order to help them develop their skills and to grow in self awareness. For monitoring to be

effective, it should be done every second week or at least once in a month. However, the major challenges are time and financial constraints (Dyk, 2008).

The essence of close supervision in schools is to ensure that teachers and school counselors are performing their duties in the provision of quality HIV and AIDS related counseling services. In the absence of supervision, it becomes difficult to assume that all teachers and school counselors are performing their duties as mandated by their position. Therefore, the need for monitoring or supervision mechanism in HIV and AIDS counseling services cannot be over emphasized if effective HIV and AIDS counseling is to be implemented in schools.

In conclusion, the current chapter has revealed many challenges in the provision; accessibility and monitoring of HIV and AIDS related counseling services. These include: lack of trained personnel in the field of HIV and AIDS, difficulties in fitting in HIV and AIDS programmes into the curriculum, HIV and AIDS programmes not being regarded as a priority in some schools, teachers having a heavy workload, both the teaching staff and the community lacking coordination and commitment, learners not having trust in their teachers, lack of materials and resources, HIV and AIDS programmes are not adolescent friendly, insufficient staff training and support, lack of confidentiality, privacy and secrecy, poor quality of HIV and AIDS related counseling services, teachers involvement in sexual relationships with learners, stigmatization as well as time and financial constraints in the monitoring of HIV and AIDS related counseling services. The next chapter looks at the description of the methods applied in carrying out this study.

CHAPTER THREE

METHODOLOGY

3.0. Introduction

The previous chapter reviewed related literature to the study to guide the development of the research methodology, which is outlined in this chapter. The current chapter is organized in the following sections: research design, research site, sampling procedure, research instrument used, data collection procedures, the process of data analysis, ethical consideration and limitations of the study.

3.1. Research Design

The study employed both quantitative and qualitative methods of research though the qualitative approach was largely used. White (2005) describes qualitative research methodologies as methodologies dealing with data that are principally verbal, while quantitative research methodologies as methodologies dealing with data that are principally numerical. Best and Kahn (2009) also describe qualitative approach as an approach which can describe events and persons scientifically without the use of numerical data and quantitative approach as an approach in which the data can be analyzed in terms of numbers. In addition, Leedy and Ormrod (2010) look at qualitative approaches as having two things in common. Firstly, they focus on phenomena that occur in natural settings that is, in the real world. Secondly, they involve studying those phenomena in all their complexity. This means that qualitative researchers rarely try to simplify what they observed but instead they recognize that the issue they are studying has many layers and dimensions therefore they try to portray the issue in its multifaceted form. Furthermore, some qualitative researchers believe that there is not necessarily a single ultimate truth to be discovered. Instead, they may be multiple perspectives held by different individuals with each of these perspectives having equal validity or truth (Cresswell, 2009). Hence, the importance of qualitative approaches to the study.

Although triangulation was an important reason for combining qualitative and quantitative methods, recent researchers have suggested different reasons. For instance, Greene et al in Cresswell (1994:175) advanced five purposes for combining methods in a single study:

- (i) Triangulation in the classic sense of seeking convergence of results.
- (ii) Complimentarily, in those overlapping and different facets of phenomenon may merge.
- (iii) Developmental wherein contradictions and fresh perspectives emerge.
- (iv) Initiation, wherein contradictions and fresh perspectives emerge.
- (v) Expansion, wherein the mixed methods add scope and the breadth to a study.

Furthermore, Patton (2002) alludes to the fact that triangulation has been adopted as a research technique to deepen and broaden the understanding of phenomena under study by taking into account perspectives of various participants or investigating phenomena using more than one method. Thus, in this respect, triangulation helps the credibility of the research findings.

With regards to the current study which investigated the challenges of the HIV and AIDS counseling in Basic Schools, from the perspectives of the District Guidance and Counseling Coordinator, School Managers, Guidance and Counseling Teachers, Cass Teachers and Learners, the aim was to broaden and deepen the understanding of the challenges of HIV and AIDS counseling in Basic Schools. As Cresswell (1994), claims it is advantageous to a researcher to combine methods to better understand a concept being explored.

3.2. Research Site

The study was carried out in Mazabuka Basic Schools. Mazabuka District is located in the southern part of Zambia. It is 125 km from Lusaka, the capital city of Zambia; it is situated along Livingstone road. There are six school types in Mazabuka District, namely, High Schools (Grades 10 to 12), Secondary Schools (Grade 8 to 12), Upper

Basic Schools (Grade 1 to 9), Middle Basic Schools (Grades 1 to 7), Community Schools (Grade 1 to 9) and Private Schools; as shown in Table 3.1:

Table 3. 1: School types in Mazabuka and Enrolment of pupils by gender in 2011

SCHOOL TYPE	MALE	FEMALE	TOTAL
High Schools (G10 - G12)	990	858	1676
Secondary Schools(G8 – G12)	1182	1643	2098
Upper Basic Schools (G1 – G9)	24060	22216	46227
Middle Basic Schools (G1 – G7)	3044	2704	5748
Community Schools (G1 – G9)	5723	5481	10432
Private Schools	2049	2110	4159
TOTAL	37048	35013	72061

Source: Office of the District Education Board Secretary in Mazabuka

Purposive sampling was used to select Basic Schools because they constitute the highest representation of pupils compared to the rest of the school types. There are 133 schools in Mazabuka District of which 17 are middle basic schools, 61 are upper basic, 33 are community schools , 4 are high schools, 4 are secondary schools, 13 are private schools and there is 1 skills training centre.

White (2005:120) describes purposive sampling as

a type of sampling which is based entirely on the judgment of the researcher, in that a sample is composed of elements that contain the most characteristic, representative or typical attributes of the population, on the basis of the researcher's knowledge of the population, a judgment is made about which subjects should be selected to provide the best information to address the purpose of the research.

3.3. Sample Size

Mazabuka Town comprises eight government upper basic schools. The subjects of the study were drawn from all the eight Basic Schools including the District Guidance and Counseling Coordinator. The respondents included the District Guidance and Counseling Coordinator, 8 School Managers, 8 Guidance and Counseling Teachers, 72 Class Teachers and 40 learners or pupils. Hundred and twenty-nine respondents were targeted during the study.

3.3.1. Description of Research Respondents

Table 3.2: District Guidance and Counseling Coordinator (DGCC)

DGCC	AGE	SCHOOL
1	47	B

Source: Field Data

Table 3.3: School Manager (SM)

SM	AGE	SCHOOL
1	54	A
2	54	B
3	48	C
4	53	D
5	53	E
6	55	F
7	52	G
8	49	H

Source: Field Data

Table 3.4: Guidance and counseling Teachers (GCTs)

GCT	AGE	SCHOOL
1	38	A
2	40	B
3	36	C
4	46	D
5	48	E
6	34	F
7	52	G
8	48	H

Source: Field Data

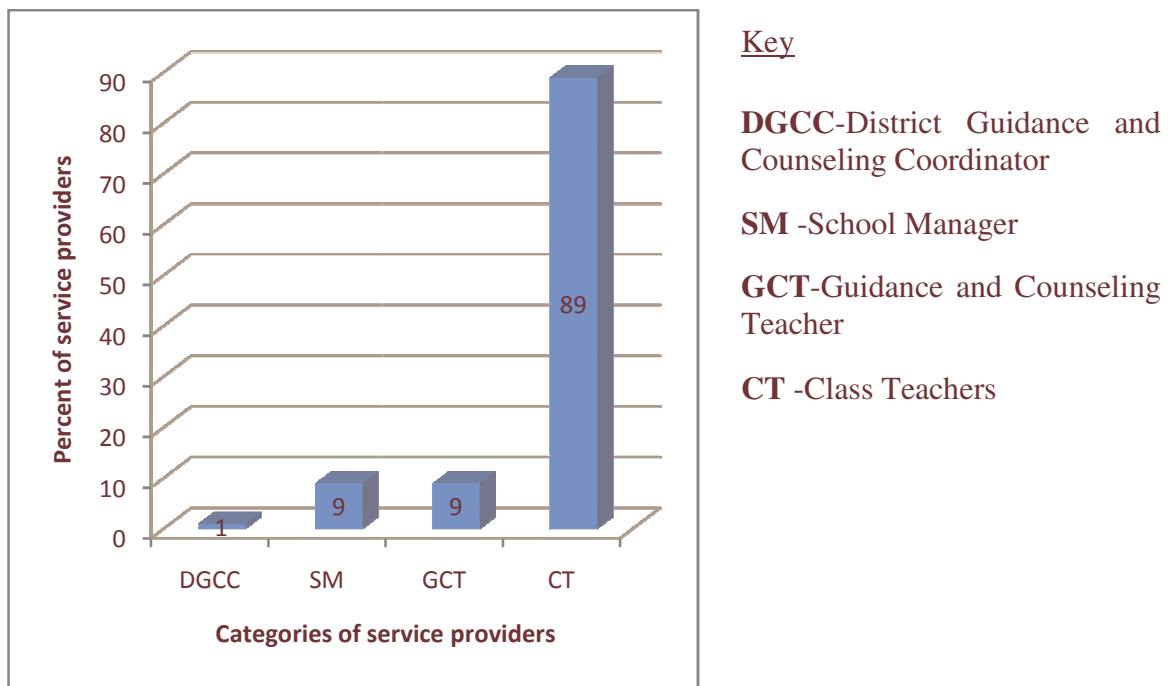
Class Teachers

The total number of teachers was 72, comprising 9 teachers from each school and one teacher per grade. Out of 72 teachers, 10 were male and 60 were female.

3.3.2. Distribution of service providers

The service providers interviewed were the District Guidance and Counseling Coordinator, School Managers, Guidance and Counseling Teachers and Class Teachers. The total number of service providers was 89, of these 81 percent were Class Teachers (CT), nine percent were Guidance and Counseling Teachers (GCT), nine percent were School Managers (SM), one percent was the District Guidance and Counseling Coordinator (DGCC) as shown in figure 1 below;

Figure 3.1: Distribution of service providers



Source: Field Data

3.3.4. Composition of Learners or Pupils

Learners were 40, comprising five learners per school (Head Boy, Vice Head Boy, Head Girl, Vice Head Girl and a senior prefect.). Gender was observed on the choice of a senior prefect. Gender was observed.

3.3.3. Distribution of Learners or Pupils

The Learners interviewed included the eight Head boys, eight vice Head boys, eight Head girls, and eight senior prefects as shown in the table 3.5

Table 3.5: Composition of Learners

Learners	Frequency	Percentage
Head boy	8	20
Vice Head boy	8	20
Head girl	8	20
Vice Head girl	8	20
Senior Prefect	8	20
Total	40	100%

Source: Field Data

3.4. Sampling Techniques

Respondents to the research were purposively selected. In purposive sampling, the researcher purposively targets a group of people believed to be reliable for the study. Purposive sampling is particularly relevant when the researcher is concerned with using common sense and the best judgment in choosing the right habitations and meeting the right number of the correct people for the purpose of the study (Kombo and Tromp, 2006). Therefore, purposive sampling was used in this study in order to target respondents best able to answer research questions and best able to express themselves and give detailed data on challenges of HIV and AIDS counseling in Basic Schools.

The selection of the district guidance and counseling coordinator, the school managers and guidance and counseling teachers was done because they were the only persons in those positions at the district level to give in depth analysis to the needed information on the challenges of the HIV and AIDS counseling in Basic Schools. The selection of the class teachers on the other hand, was done based on them having been in the counseling

and guidance committee or Anti-AIDS club patron/matron or Anti-AIDS committee member or member of any club which deals with HIV and AIDS related issues. Pupils' selection was done on the basis of them being Head boy/Girl, Vice Head Boy/Girl and senior prefect.

3.5. Research Instruments and Data Collection Procedure

Relevant primary data were collected with the use of structured interviews and focus group discussions and observations. Secondary data were collected by the use of books, journals and internet. The researcher used more than one instrument to gain rich in-depth information about the challenges of HIV and AIDS counseling in Basic Schools. Best and Kahn (2009) allude to the fact that all data collection techniques have strengths and weaknesses. One way to emphasize the strengths and minimize the weaknesses is to use more than one method in a study.

3.5.1. Structured interviews

According to Kombo and Tromp (2006), structured interviews involve asking each informant similar questions as in the case of the survey. In addition, White (2005) claims that in a structured interview the content and procedure are organized in advance. It is therefore characterized as being a closed situation. Furthermore, Cohen and Manion (1981:246-250) distinguish between two kinds of structured research interviews *as*

fixed alternative items and scaled items. The fixed alternative items allow the respondent to choose from two or more alternatives. The most frequently used is the dichotomous item, which offers two alternatives only: yes-no or agree-disagree, sometimes also offers a third alternative undecided or I don't know. Whereas a scaled response is one structured by means of a series of gradations. The respondent is required to record his response to a given statement by selecting a number of given alternatives for example, excellent, good, fair, poor, very poor.

With regard to the current study, the researcher used both the fixed alternative and scaled items, because the reliability of the information gathered is high since each informant is subjected to similar questions with the others (Kombo and Tromp, 2006).

3.5.2. Unstructured interviews

The unstructured interview is an open situation, which allows the interviewer to be free and flexible. In unstructured interviewing, neither the specific questions to be asked nor the range or type of possible answers are pre-defined. They are informal and conversational. The aim is to get the informant to open up so that the researcher gets more information (White, 2005; Kombo and Tromp, 2006). Therefore, the researcher employed unstructured interviews technique in data collection with the District Guidance and Counseling Coordinator in order to gather a lot of information on the challenges of HIV and AIDS counseling in Basic Schools and since it is a free response in a relaxed atmosphere situation, the answers given are more reliable.

3.5.3. Focus Group Discussions (FGDs)

A focus group is defined as “a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research” (Powell and Single, 1996 in White, 2005; 146). In this study, the researcher conducted eight focus group discussions with teachers. (one focus group discussion per school) constituting nine teachers (one teacher per grade) and the guidance and counseling teacher; and also eight focus group discussions with learners (one focus group discussion per school) comprising of the head boy and head girl, vice head boy and vice head girl and a senior prefect.

Bryman (2001:338) says

the advantages of the focus group is that the participants are able to bring to the fore issues in relation to a topic that they deem to be important, be able to argue by challenging each other's views and it further offers the researcher the opportunity to study the ways in which individuals collectively make sense of a phenomenon and construct meaning around it.

The use of focus group discussion technique gave the researcher the opportunity to study the various ways in which individuals collectively made sense of the topic on the challenges of HIV and AIDS counseling in basic schools.

3.5.4. Observations

White (2005:158) claims that one of the main advantages of observation is that one can do it anywhere, and the purpose of the observational data is to describe:

- (i) The setting that was observed.
- (ii) The activities that took place in that setting; and
- (iii) The people who participated in those activities and their participation.

In the present study the researcher observed the location of counseling rooms, the physical appearance of counseling rooms (outside view and the inside), record keeping and the storage of record cards.

3.6. Data Collection Procedure

A brief description of the procedure is provided to give perspective to the present study. Demographic information of the participants was obtained and interview guides as well as focus group discussion guides were prepared for the purpose of the study. A pilot study was conducted at one of the eight town Basic Schools after a research permit was granted by the office of the District Education Board Secretary. The purpose of the pilot study was to eliminate any ambiguities in the phrasing or choice of words in the interview and focus group discussion guides.

The researcher conducted the first round of the fieldwork in early march, 2011. During this time the researcher made appointments with the school managers about when to conduct the research at their school and what time would be appropriate for them. The second visit to each school was meant to collect the primary data .At each school face-to-face oral structured interviews were conducted with the school managers, guidance and counseling teacher and class teachers, first. Afterwards, focus group discussions were conducted with nine class teachers and the guidance and counseling teacher. Thereafter, face-to-face structured interviews were conducted orally with the learners (Head Boy, Vice Head Boy, Head Girl, Vice Head Girl and Senior Prefect) followed by focus group discussions. The researcher was taking notes during all the interview and focus group discussions sessions in such a way that participants were not distracted. Later, observations of the counseling rooms were done. The main purpose was to

describe the setting of the counseling rooms as well as record keeping. Finally, face-to-face unstructured interviews were conducted with high the district guidance and counseling coordinator in one of the offices at the working place. At every stage of the data collection, the information gathered was treated with high confidentiality. The actual names of the institutions as well as the respondents have not been revealed.

3.7. Data Analysis

Data analysis refers to examining what has been collected in a survey and making deductions and inferences. It involves scrutinizing the acquired information and making inferences (Kombo and Tromp, 2006). In this study, the collected data were analyzed using descriptive analysis and thematic analysis. Data collected by structured interviews were analyzed using descriptive statistics such as percentages, while thematic analysis was used to analyze data collected from focus group discussions. Themes refer to topics or major subjects that come up in the discussions (Kombo and Tromp, 2006). In using this form of analysis, the researcher first read through the collected data and identified information that was relevant to the research objectives, then developed a coding system based on samples of collected data and classified major topics covered. All materials relevant to a certain topic were then placed together. Thereafter, a summary report identifying major themes and the associations between them was developed. The findings were presented using direct quotations.

3.8. Ethical Consideration

Before the beginning of data collection, approval from the University of Zambia Ethical Committee was obtained. Permission to conduct the study was sought from the District Education Board Secretary's office in Mazabuka. Participants were recruited from Basic Schools in Mazabuka.

Participants filled in and signed an informed consent form before they were recruited into the study. They participated only on voluntary basis and were allowed to leave the study at any time. Confidentiality of participants was strictly maintained.

When some participants felt tired or needed a break for any reason, they were, free to take breaks during discussions. Contributions to knowledge in the field of HIV and AIDS counseling was one the benefits of the study.

3.9. Limitations of the study

The sample was not enough to generalize and cover what was happening in the entire nine provinces of Zambia, since it only covered schools in the township and not schools in the rural areas. As Bryman (2001) observed, different people adopt different stances concerning ethical issues that arise in connection with relationships between researchers and research participants.

In conclusion, the research methodology has been presented together with the instruments used in data collection. The findings of the study now follow in the next chapter.

CHAPTER FOUR

FINDINGS OF THE STUDY

4.0. Introduction

Having outlined the research methodology in the previous chapter, this chapter presents the results of the study. The findings are presented in the manner the data were collected using the four instruments: structured interviews, focus group discussions, unstructured interviews and observations. The findings are further outlined according to the specific objectives of the study. These are challenges in the provision of HIV and AIDS counseling services(objective one), challenges in the accessibility of HIV and AIDS counseling services(objective two), and challenges in the monitoring or supervision of HIV and AIDS counseling services(objective three) in Basic Schools.

4.1. Findings from the Structured Interviews

This section presents the findings from the structured interviews. These were administered to both the service providers of HIV and AIDS counseling services and the Learners.

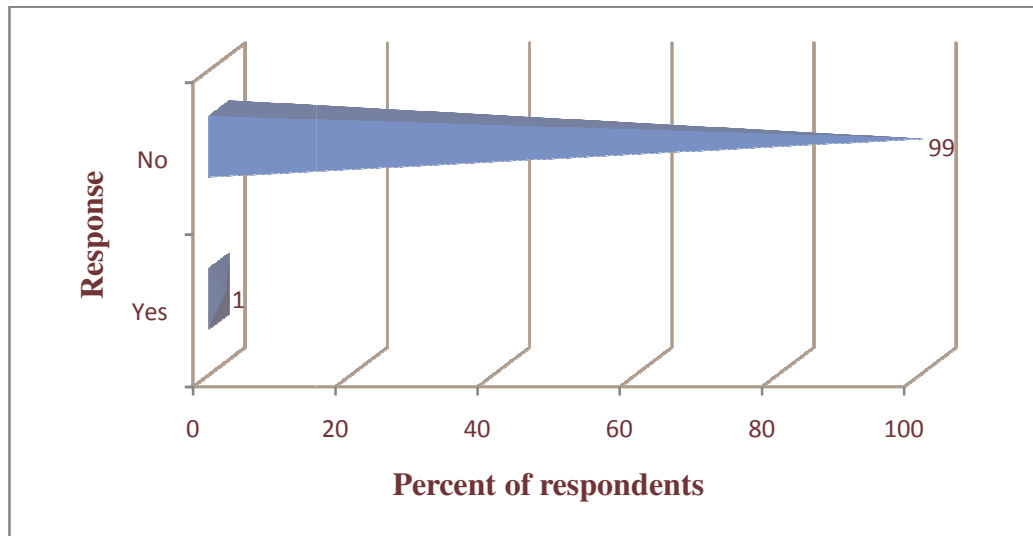
4.1.1. Findings from the service providers

The current section presents the findings from the service providers of HIV and AIDS related counseling services in Basic Schools

4.1.1.1. HIV and AIDS related counseling services offered in Basic Schools

For the question on whether the Basic Schools were offering HIV and AIDS related counseling services, only one percent of the respondents said that they were offering HIV and AIDS related counseling services, whereas the majority (99 percent) said that they offered basic knowledge and information on HIV and AIDS general awareness and support, as shown in figure 4.1 below:

Figure 4.1: HIV and AIDS related counseling services offered in schools

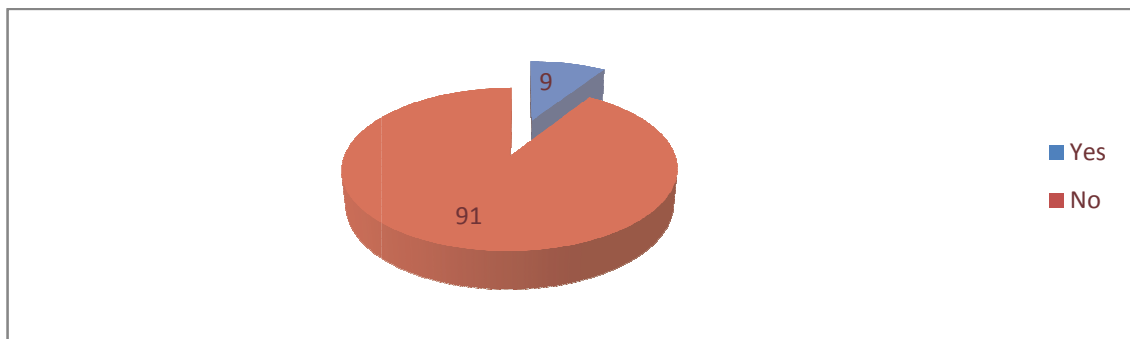


Source: Field Data

4.1.1.2: Training of Guidance and Counseling Teachers

The majority of the respondents ((91 percent) said that the guidance and counseling teacher was not trained in the field of HIV and AIDS. Only nine percent said the guidance and counseling teacher was trained. Figure 3 shows the responses to the question as to whether guidance and counseling teacher was trained in the field of HIV and AIDS.

Figure 4.2: Whether the Guidance and Counseling teacher is trained or not

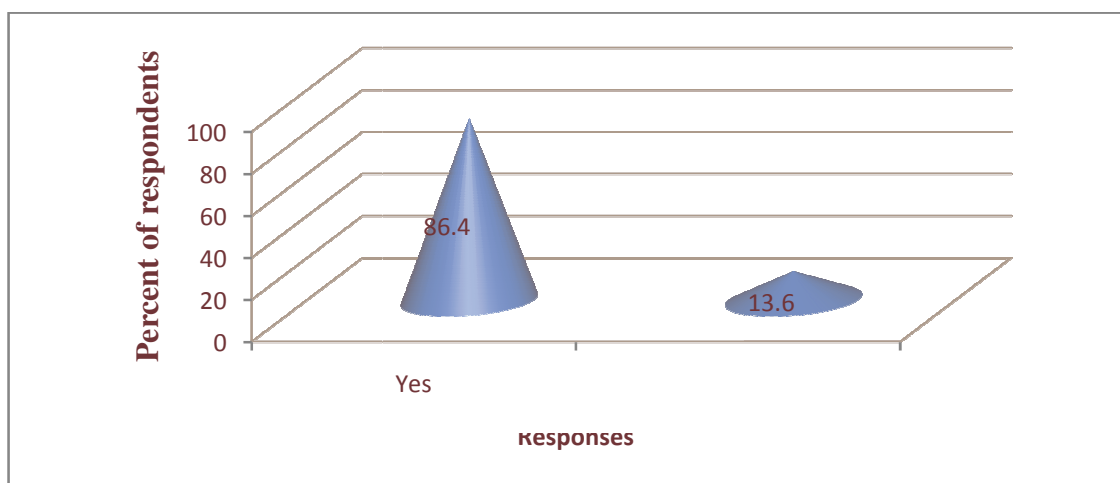


Source: Field Data

4.1.1.3. Availability of counseling rooms

The majority of the respondents (86.4 percent) said that there was no provided room for HIV and AIDS related counseling services at their schools as compared to 13.6 percent who said that a room was provided, as shown in figure 4.3 below;

Figure 4.3: Availability of counseling rooms



Source: Field Data

4.1.1.4. Whether learners go for counseling in relation to HIV and AIDS or not

None of the respondents (0 percent) answered positively to the above question, as illustrated in table 4.1 below:

Table 4.1: Whether the Learners go for counseling in relation to HIV and AIDS

Whether the learners go for counseling in relation to HIV and AIDS	Frequency	Percentage
Yes	0	0
No	89	100
Total	89	100%

Source: Field Data

4.1.1.5. Record keeping by Guidance and Counseling Teachers

The results of this study show that there is no record keeping in schools. Table 6 below shows that all the responses (100 percent) to the question on record keeping were negative.

Table 4.2: Record keeping by the Guidance and Counseling Teachers

Whether the guidance and counseling teacher keep records for HIV and AIDS related counseling sessions?	Frequency	Percentage
Yes	0	0
No	89	100
Total	89	100%

Source: Field Data

4.1.1.6. Availability of literature on HIV and AIDS general awareness and support

The study findings show that there is not enough literature in schools. Out of 89 respondents (100 percent), none of them (0 percent) said that there was enough literature in schools as shown in table 4.3 below:

Table 4.3: Whether there is enough literature on HIV and AIDS general awareness and support

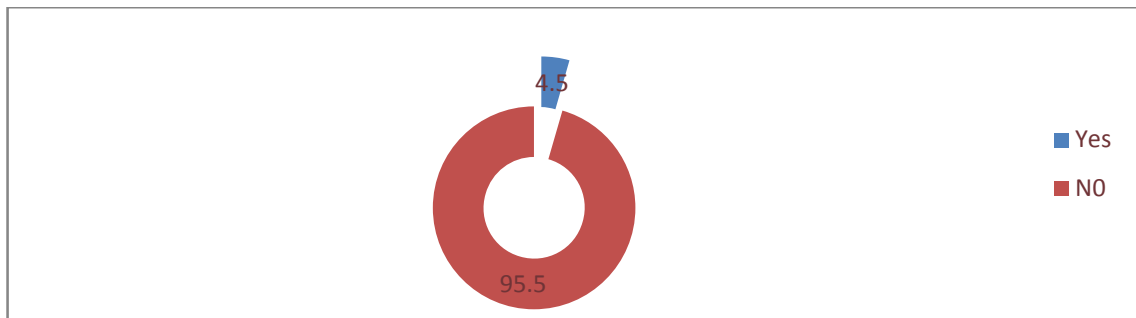
Whether there is enough literature on HIV and AIDS general awareness and support	Frequency	Percentage
Yes	0	0
No	89	100
Total	89	100%

Source: Field Data

4.1.1.7. Allocation of light teaching load

Of the 89 respondents, only 4.5 percent said the guidance and counseling teachers were allocated light teaching loads while the majority, 95.5 percent said they were not, as shown in figure 4.4:

Figure 4.4: whether guidance and counseling Teachers are allocated with a light teaching load

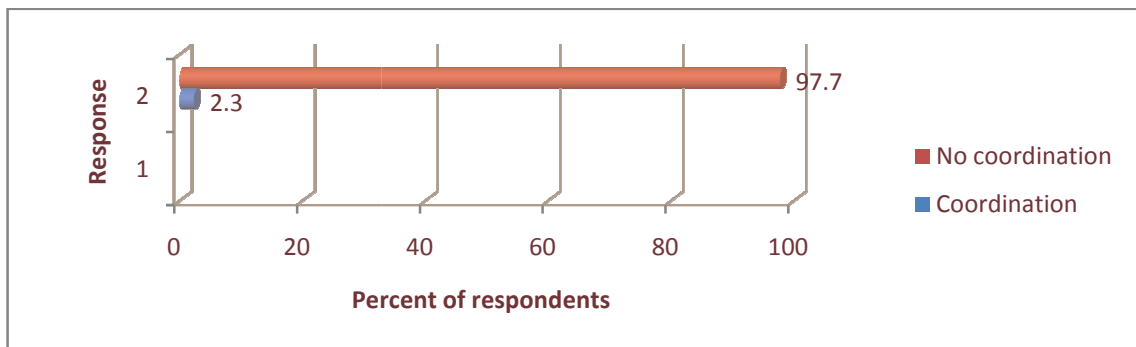


Source: Field Data

4.1.1.8. Coordination between class teachers and school counselors

Of the 89 respondents, 2.3 percent said there was coordination between class teachers and the guidance and counseling teacher concerning HIV and AIDS related problems among learners. However, 97.7 percent said there was no coordination as shown in figure 4.5:

Figure 4.5: Coordination between class teacher and guidance and counseling teachers

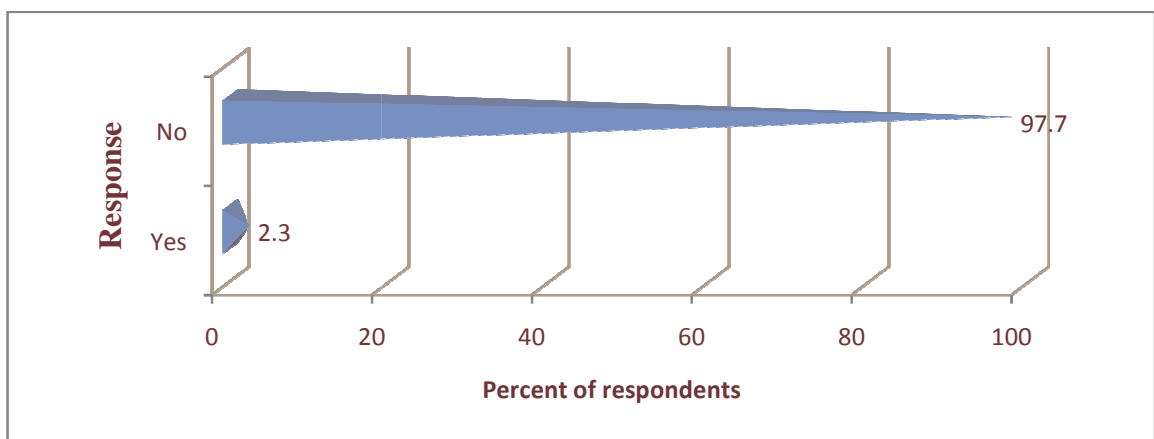


Source: Field Data

4.1.1.9. Coordination between class teachers and parents/guardian of learners

The results of the study also showed a lack of coordination between parents or guardians and class teachers with regard to HIV positive children. Figure 7 below shows that only 2.3 percent gave positive response to the questions of coordination between class teachers and guardians / parents. The rest of the respondents (97.7 percent) responded negatively.

Figure 4.6: Coordination between class teacher and parents/guardians concerning their HIV positive children/wards

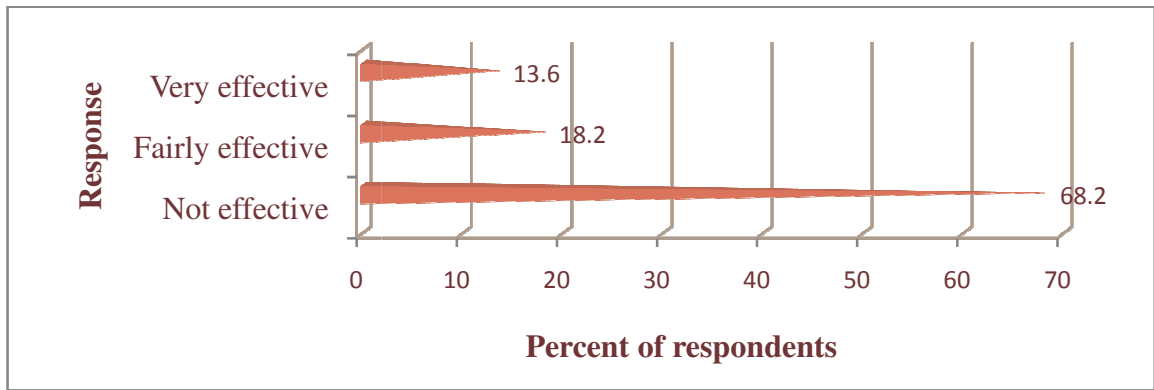


Source: Field Data

4.1.1.10. Effectiveness of HIV and AIDS counseling in Basic Schools

Of the 89 respondents, 68.2 percent said that HIV and AIDS counseling was not effective at their school, 18.2 percent said it was fairly effective and 13.6 percent said it was very effective. Figure 4.7 illustrates this information:

Figure 4.7: Effectiveness of HIV and AIDS Counseling Services



Source: Field Data

4.1.2. Results from Learners concerning HIV and AIDS counseling services

This section presents the findings from the learners of HIV and AIDS related counseling services in Basic Schools.

4.1.2.1. Awareness of the term HIV and AIDS counseling

Of the 40 Learners interviewed, all of them (100 percent) said they had heard about the term HIV and AIDS counseling” as shown in table 4.4 below:

Table 4.4: Whether Learners have ever heard about the term 'HIV and AIDS counseling'

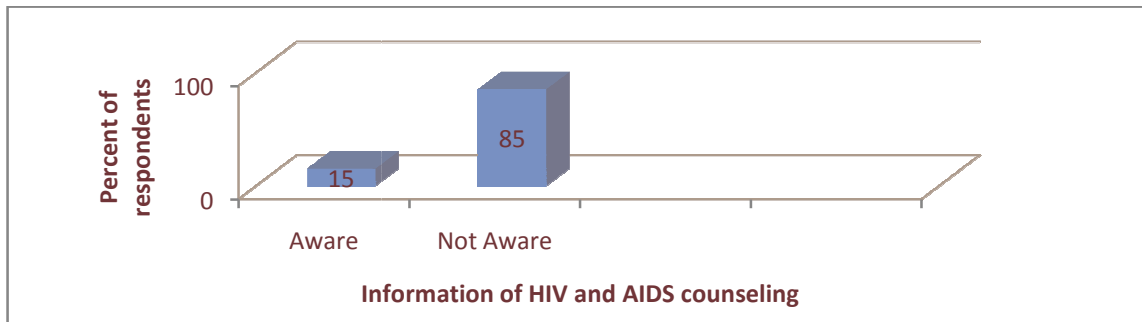
Learners who have heard about the term 'HIV and AIDS counseling'	Frequency	Percentage
Yes	40	100
No	0	0
Total	40	100%

Source: Field Data

4.1.2.2. Source of information about HIV and AIDS counseling

Most of the Learners (52.5 percent) said they heard about HIV and AIDS counseling from hospital, 27.5 percent said from friends, 10 percent from parents and relatives and another 10 percent from the media as shown in Figure 9 below:

Figure 4.8: Where Learners heard about HIV and AIDS counseling

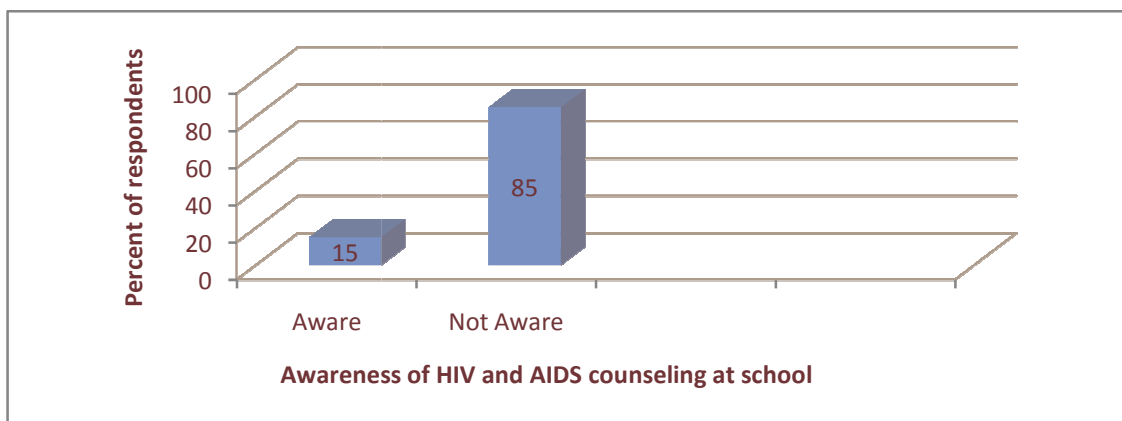


Source: Field Data

4.1.2.3. Awareness of HIV and AIDS counseling services in Basic Schools

Awareness levels of HIV and AIDS counseling in schools seem to be very low. Eighty-five percent of the Learners were not aware of the HIV and AIDS counseling services at their school, whereas 15 percent were aware as shown in figure 4.9 below;

Figure 4.9: Respondents' awareness of the HIV and AIDS counseling at their school

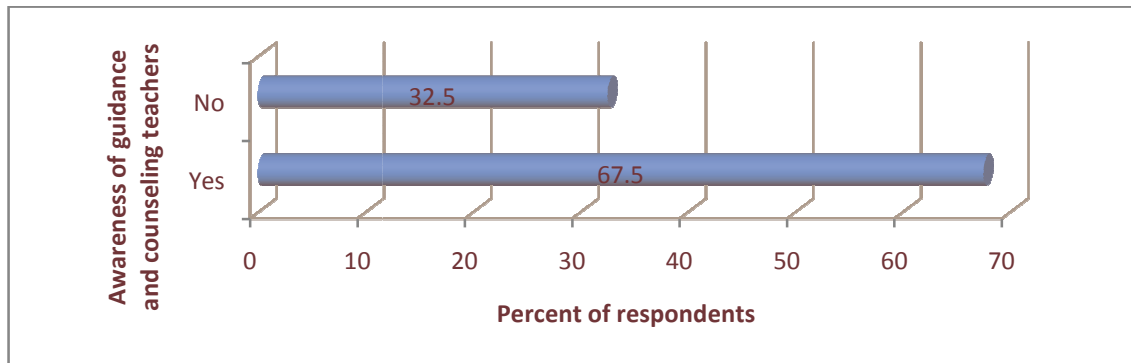


Source: Field Data

4.1.2.4. Percentage of learners who knew their Guidance and Counseling Teacher

More than half of the respondents 67.5 percent said they knew their guidance and counseling teachers, while 32.5 percent said they did not. Figure 4.10 illustrates this information:

Figure 4.10: Whether Learners knew their guidance and counseling teacher



Source: Field Data

4.1.2.5. Percentage of learners who went for HIV and AIDS related counseling at their Basic School

None of the respondents said they had attended HIV and AIDS related counseling sessions at their schools as shown in Table 4.5 below:

Table 4.5: Whether Learners had, ever attended some HIV and AIDS related counseling sessions at their school

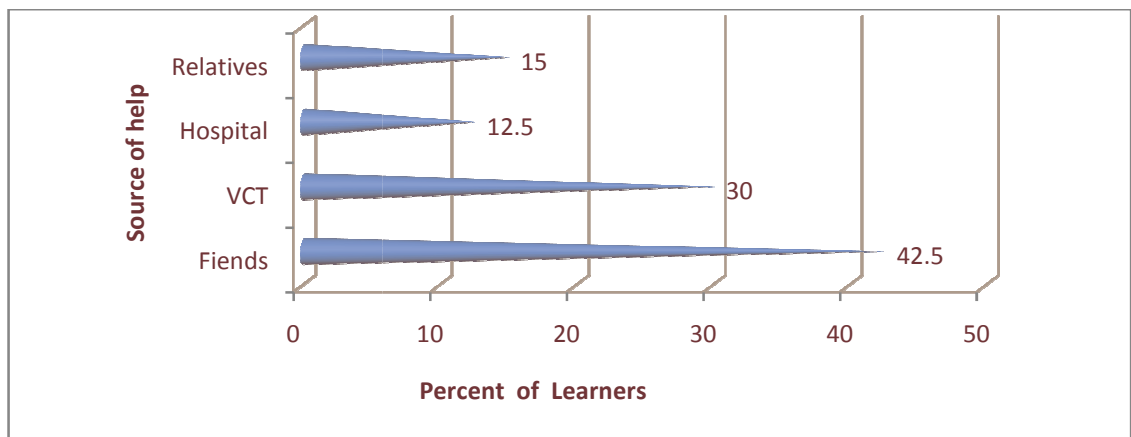
Whether Learners had ever attended some HIV and AIDS related counseling sessions at their school	Frequency	Percentage
Yes	0	0
No	40	100
Total	40	100%

Source: Field Data

4.1.2.6. Source of help when faced with HIV and AIDS related problems

The majority of the respondents (42.5 percent) said they seek help for HIV and AIDS related problems from friends, 30 percent from VCT, 12.5 percent from hospital and 15 percent from relatives as illustrated in figure 4.11.

Figure 4.11: Where Learners go for help when faced with HIV and AIDS related problems

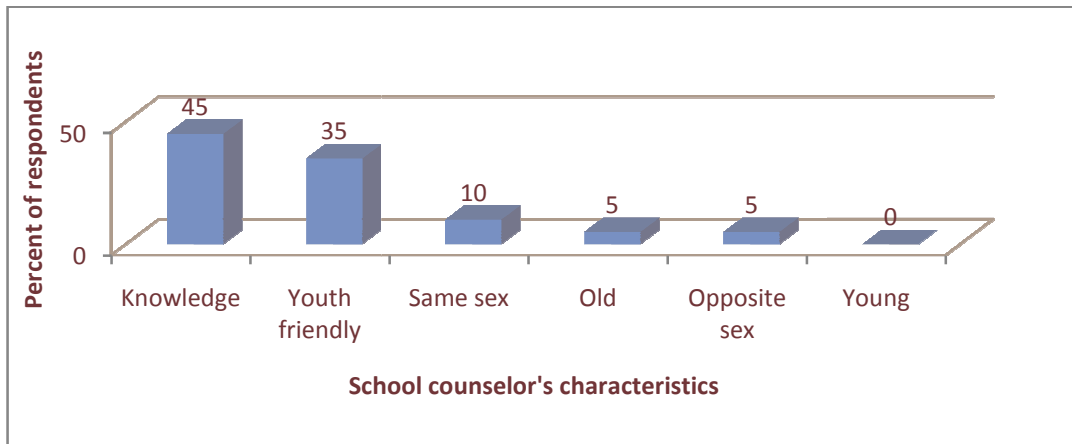


Source: Field Data

4.1.2.7. Characteristics of a school counselor, which are important to learners

It was shown that school counselor's characteristics that are very important to learners are: Knowledge, youth friendly, same sex, old, opposite sex and young as shown in figure 4.12:

Figure 4.12: School Counselors' characteristics that are important to Learners

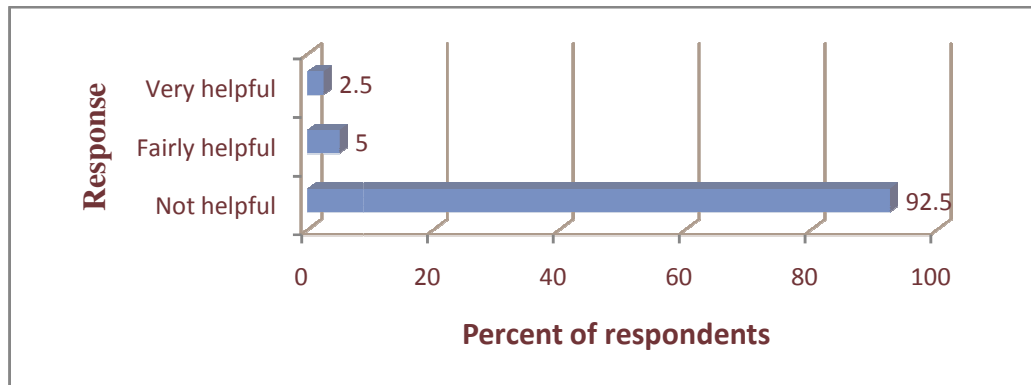


Source: Field Data

4.1.2.8. Helpfulness of HIV and AIDS counseling services to learners

The majority of the respondents (92.5 percent) said the HIV and AIDS related counseling services at their schools were not helpful, five percent said it was fairly helpful and 2.5 percent said it was very helpful as shown in figure 4.13

Figure 4.13: How helpful are HIV and AIDS counseling services to Learners



Source: Field Data

4.1.3. Findings from the Monitors or Supervisors

This section presents the findings from the monitors or supervisors of HIV and AIDS related counseling services in Basic Schools.

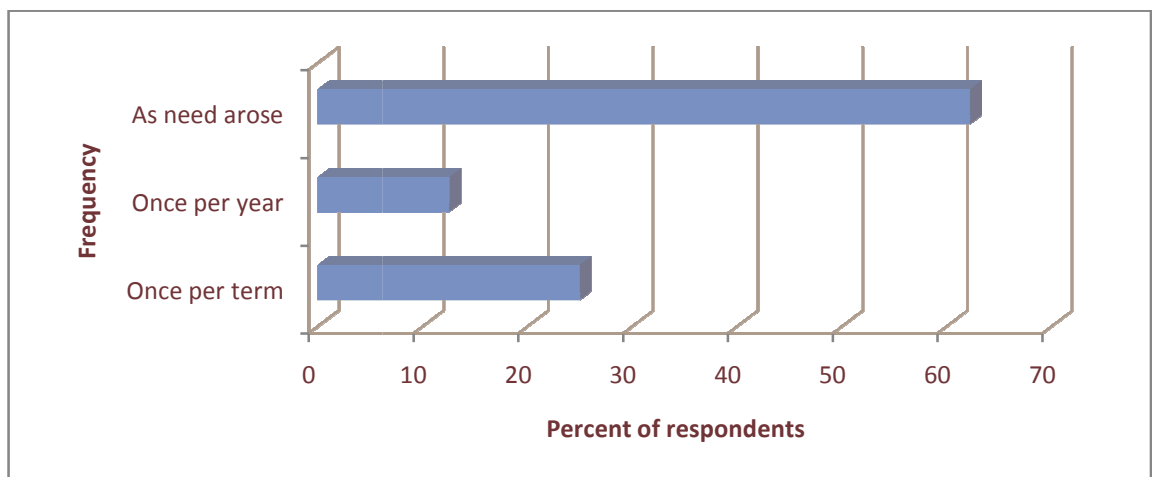
4.1.3.1. Composition of Monitors or Supervisors

The monitors or supervisors of the HIV and AIDS related counseling services interviewed were the school managers and the District guidance and counseling coordinator.

4.1.3.2. Frequency of monitoring HIV and AIDS counseling services

More than half of the respondents (62.5 percent) said that monitoring of HIV and AIDS related counseling services was done as need arose, 25 percent said it was done once per term and 12.5 percent said it was done once per year as shown in figure 4.14.

Figure 4.14: Frequency of Monitoring HIV and AIDS counseling services



Source: Field Data

4.2. Findings from Focus Group Discussions

The current section presents the findings from the FGDs. The researcher conducted eight FGDs (one FGD from each school) with the providers of HIV and AIDS related counseling services and eight FGDs (one from each school) with the Learners. Therefore, this section is divided into two sections. The first section presents the results

from the FGDs with the services providers and the second section presents the results from the FGDs with the Learners.

4.2.1. Findings from the FGDs with the providers of HIV and AIDS related counseling services in basic schools.

The main purpose of this study was to find out the challenges of HIV and AIDS counseling in Basic Schools from the perspectives of the service providers, the learners and the monitors or supervisors of the HIV and AIDS related services. The findings from the service providers revealed various challenges in the provision of HIV and AIDS related counseling services in Basic Schools. These included: lack of counseling rooms, lack of materials on HIV and AIDS related issues, no record keeping, lack of confidentiality and privacy, lack of adequate time to attend to HIV and AIDS related services since the programmes are not time tabled, lack of disclosure for the infected and affected learners, no coordination between class teachers and the school counselors as well as between the teaching staff and the parents/guardians. In addition, cultural issues were also revealed as one of the challenges.

One of the school counselors expressed his great concern on lack of counseling rooms. He said,

The school has no counseling room. I am a trained counselor in the field of HIV and AIDS, and I am sharing an office with three teachers from other departments. How can I provide effective counseling services to learners when there is no privacy? And where can I safely keep the records for the counseling sessions with learners who are infected with or affected by HIV and AIDS? Even if materials on HIV and AIDS were to be provided to the school, today, where can I store them, and how can pupils access them? From my experience, I feel the need for the availability of counseling rooms is very urgent.

Another school counselor expressed the great concern on lack of training in the field of HIV and AIDS counseling. She said, “*I am not trained in the field of HIV and AIDS related counseling. How can I approach a pupil even if I am aware of his or her HIV-positive status when I don’t even have the skills in HIV and AIDS counseling?*”

Furthermore, one of the class teachers expressed the great need on lack of disclosure of the HIV–positive status among pupils. He said, *“These pupils do not come out in the open about their HIV-positive status. Even if I am in a better position to offer counseling services, where can I start from? I feel the best solution to this problem is to come up with a way of making these pupils free to open up about their HIV–positive status.”*

On the contrary, one teacher explained how one of the learners revealed his HIV-positive status in class during a lesson on ‘diseases’. She narrated,

I introduced my lesson by reminding the pupils about the previous lesson about a human body. Then I told them that today we are going to learn about diseases that affect a human body. I further asked the pupils to mention the diseases, which they knew. As one pupil mentioned ‘Kazunda (meaning AIDS in Chitonga), the boy infected with HIV said ‘teacher, I am also suffering from AIDS.’ After class, the boy approached me and asked a lot of questions about HIV and AIDS. From that day the boy is free to come home and talk about his fears. His aunt is also free to talk about the HIV –positive status of the boy. I even remind the boy when it is time to take medication. In fact, there are currently two pupils in my class who are HIV-positive. The third one went on transfer to another school. The only way you can make these pupils to come out in the open about their HIV-positive status is to be friendly to them.

On the question about how they overcome the challenges in the provision of HIV and aids related counseling services, the majority said through role-plays and occasionally through group counseling. At one of the Basic Schools, they have introduced a prevention mechanism known as ‘safe box’. The ‘box’ is placed at a strategic point in the school. Learners are free to drop in pressing questions in the box. They do not have to write their names on the papers, not even their grade. The guidance and counseling committee decides how best to approach each question.

4.2.2. Findings from the FGD with Learners

The FGD revealed many challenges on the accessibility of HIV and AIDS related counseling services. These included: stigma, lack of privacy, lack of quality services and lack of trust in their teacher. In addition, the majority of learners were not aware of the availability of HIV and AIDS related counseling services in their schools.

One of the learners expresses his great concern on lack of trust in teacher. He said, *“Me.... (He laughed) even if I came across problems in relation to HIV and AIDS, I would not go to any teacher for counseling. I do not trust teachers because they do not keep secrets. I would rather talk to my girl friend or go to ASAZA (a safer Zambia) for help.”*

One of the girls also expressed her great concern on lack of trust in teachers. She said, *“even if I were affected by HIV and AIDS in any way, I would not approach any male teacher or school counselor because they ‘love’ school girls. They even make them pregnant.”*

Furthermore, another girl expressed her great concern on lack of privacy she stated, *“even if I had a problem in relation to HIV and AIDS, how can I gather courage to go and see the school counselor in the presence of other teachers in the office? If I try to talk to him outside the office, other pupils will see me and think that I am going out with him.”*

On the question about how they overcome the challenges in the accessibility of the HIV and AIDS related counseling services, the majority said that they shared their problems with friends.

In addition, on the question about what sort of characteristics they felt were important in a school counselor, the majority said that they would prefer a school counselor who had more and accurate knowledge on HIV/ AIDS issues and delivered the knowledge in a friendly manner.

4.3. Findings from unstructured interviews

Unstructured interviews were administered to the monitors or supervisors of HIV and AIDS related counseling services. These were the school managers, on the school level, and the District Guidance and Counseling Coordinator, on the district level.

The study revealed lack of time and financial constraints as the major challenges in the monitoring of HIV and AIDS counseling services. The majority complained about their busy schedule and said it was very difficult to find adequate time to monitor the services regularly. They also commented on the lack of finances to enable them buy books on HIV and AIDS related issues, which can be beneficial to learners.

4.4. Findings from observations

Based on the researcher's observations, only three out of eight Basic Schools had guidance and counseling offices though none of them was suitable for HIV and AIDS counseling services. The reason being that there was no privacy since the offices were also used for other purposes like collection of results and certificates for grade seven and nine school leavers. Another observation was that learners were not aware of the availability of the HIV and AIDS related counseling services at their schools. The majority did not even know their school counselor. This implies that the services are not beneficial to learners if at all they exist.

In conclusion, the chapter has represented the results of the study according to the service providers, Learners, and the monitors of HIV and AIDS counseling services in Upper Basic Schools.

The results from service providers were as follows: The majority of the respondents said that most of the guidance and counseling teachers were not trained, counseling rooms were not available, learners who are supposed to be the beneficiaries of HIV and AIDS counseling services did not go for counseling, there was literally no record keeping for HIV and AIDS related counseling sessions in Upper Basic Schools, there was not enough literature for HIV and AIDS general awareness and support, the majority of guidance and counseling teachers were not allocated a light teaching load, the majority of respondents said there was no coordination between the class teachers and the

guidance and counseling teacher concerning HIV and AIDS related problems among learners and there was lack of coordination between the class teachers and parents/guardians concerning their HIV and AIDS positive children / wards.

The results from the Learner were as follows: 85 percent of Learners did not know their guidance and counseling teachers and they were not aware of the existence of HIV and AIDS related counseling services at their school, consequently, none of the Learners said they had attended any HIV and AIDS related counseling session.

Furthermore, the beneficiaries of HIV and AIDS related counseling services expressed their lack of trust in their immediate service provider mainly due to failure in keeping secrecy and the misconduct behavior of the male service providers towards female learners. Further still, another challenge experienced by the majority of learners in accessibility of HIV and AIDS related counseling services was lack of privacy.

Finally, the composition of the monitors or supervisors of the HIV and AIDS related counseling services in Upper Basic Schools interviewed were the District guidance and counseling coordinator and the school managers. More than half of them said that monitoring of HIV and AIDS related counseling services was done as need arose due to lack of time as well as financial constraints. The majority of monitors said that they had a very busy schedule so much, that they could not find time to monitor HIV and AIDS related counseling services in schools. In additional most of them said there were no funds to support HIV AND AIDS related programmes.

The current chapter presented the results of the study from the perspectives of the services providers, learners and monitors of the HIV and AIDS related counseling services. The next chapter presents the discussion of the findings of the study.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.0. Introduction

The previous chapter presented the findings on the study in the challenges of HIV and AIDS counseling services in Basic Schools as expressed by the service providers, learners and the monitors or supervisors of the services.

The current chapter is a discussion of the findings of the study, with reference to the related literature review. It is divided according to the specific objectives of the study. Therefore, it is divided into three sections. The first section presents the views of service providers concerning the challenges in the provision of HIV and AIDS related counseling services (objective 1). The second section presents the views of the learners concerning challenges in the accessibility of HIV and AIDS related counseling services (objective 2) and the third section presents the views of monitors concerning the monitoring or supervision of HIV and AIDS related counseling services offered in Basic Schools (objective 3).

5.1. Provision of HIV and AIDS related counseling services

According to the findings of the study the provision of HIV and AIDS counseling services were done by the District Guidance and Counseling Coordinator, School Managers, Guidance and Counseling Teachers and Class Teachers.

The results of the study indicated that most of the Guidance and Counseling Teachers (90.9%) were not trained. This is a challenge to the provision of effective HIV and AIDS counseling services as trained school counselors have the opportunity as well as the responsibility of the provision of accurate health information to the learners and to help them develop healthy attitudes and habits. Furthermore, the school counselors are in charge of community health information as part of the school counseling programmes as well as coordinating with school health personnel to provide support and educational

programmes for learners, staff and parents (ASCA, 2006). In order to do this effectively, school counselors need to be trained.

Further still, class teachers have a responsibility to coordinate with the guidance and counseling teachers concerning the HIV and AIDS related problems among the learners in their classes since they meet the learners on a daily basis (MoE, 2000). However, Salmi, et al (2000) observed that teachers were not equipped to give HIV and AIDS education. World Bank (2002) also notes that earlier studies dealing with the impact of HIV and AIDS education identified the institution of education as properly positioned to deal with the HIV and AIDS pandemic; however, they did not realize the significant roles teachers should play in using education as a social vaccine. Training of teachers in the field of HIV and AIDS especially in this era of HIV and AIDS pandemic would therefore properly position education to be used as a social vaccine.

The study also revealed that no school counselor kept records of their counseling sessions due to lack of suitable counseling rooms. This is yet another challenge in the provision of HIV and AIDS counseling as Dyk (2008:242) states “*all registered psychologists and counselors are required by law to keep records of their counseling sessions.*” This confirms that for HIV and AIDS counseling to be effective record keeping by counselors is not only vital but also mandatory.

Lack of coordination between class teachers and guidance and counseling teachers as well as lack of coordination between class teachers and parents/guardians concerning HIV- positive learners contributed to the ineffective provision of HIV and AIDS counseling services in Basic Schools as revealed by this study. A child belongs to both the school and the community. Therefore, for HIV and AIDS counseling services to be effective the participation of the entire staff and the community is a necessity (MoE, 2000).

Other challenges concerning the provision of HIV and AIDS counseling services were: lack of materials and resources; teachers not having a light teaching load and no extra time allocated to HIV and AIDS programmes. These findings support the assertions made by Dyk (2008) that schools in sub-Saharan Africa are not doing a good job in

helping learners avoid the virus through the implementation of HIV and AIDS programmes due to insufficient staff training and support; lack of materials and resources; teachers having a heavy workload and no extra time is allocated to HIV and AIDS counseling programmes. In addition, MoE (2000) acknowledges that the guidance and counseling teachers should be given all the necessary assistance needed in carrying out the HIV and AIDS services effectively and must also be allocated with a light teaching load and should be provided with a suitable counseling room. The effectiveness of HIV and AIDS counseling provision services will therefore depend on making appropriate interventions on the challenges identified by the study. As Dyk (2008) affirms HIV and AIDS related services have a positive effect where they are implemented properly.

5.2. Challenges in the accessibility of HIV and AIDS counseling services

The findings of the study identified various challenges in the accessibility of HIV and AIDS counseling services in Zambian Basic Schools. These include, lack of awareness of the existence of HIV and AIDS counseling services (on the part of learners); learners not trusting their teachers and lack of privacy and secrecy.

The study findings revealed that the majority of the learners could not access HIV and AIDS counseling services due to lack of awareness of the existence of the services in their Basic Schools.

Lack of quality services may be as a result of many factors, such as lack of trained staff as revealed by the study. Lack of training may affect the school counselor's values and attitude towards counseling. The values and attitudes of a school counselor play a critical role in the provision of quality services (Dyk, 2008). School counselors' deal with the most intimate part of the HIV and AIDS affected learner. They are therefore expected to have the knowledge needed to deliver quality services to the expectation of the learners. For instance, the study revealed that learners prefer counselors who would provide them with accurate knowledge on the issues of HIV and AIDS.

The study also revealed that learners do not trust their teachers. According to Dyk (2008) lack of trust in service providers is one of the greatest challenges in the accessibility of HIV and AIDS related counseling services. Keller (2005) also claims that learners do not trust their teachers as a result it is difficult for them to access the HIV and AIDS related counseling services. Furthermore, Moloney (2005) claims that trust, just like confidentiality stand at the centre of counseling , particularly, when there is stigma attached to the story, which the client shares and this unfortunately is often true to the HIV and AIDS situation.

There are many factors, which can lead learners to have no trust in their teachers. For instance, the current study revealed that female learners do not trust their teachers because they involve themselves in sexual relationships with learners. If HIV and AIDS related counseling services have to be accessible to learners, the school should make all efforts to challenge all forms of sexual abuse by teachers and ensure that the school is a haven of safety for all learners, with zero tolerance for sexual abuse (Kelly, 2008). In addition, empathy should be applied in all phases of HIV and AIDS counseling process because it builds trust, and create the atmosphere for stronger interventions by the school counselors (Dyk, 2008).

Finally, the study revealed lack of privacy and secrecy as a challenge to the accessibility of HIV and AIDS related services. According to UNAIDS (2002) privacy is one of the important ingredients of effective HIV and AIDS counseling accessibility. Lie and Biswalo (1994) also claim that many people in traditional African society are concerned about privacy and secrecy where AIDS is concerned because they fear rejection by the community. For example, one of the learners expressed his great concern on lack of trust (during the FGD) by saying *“me... (He laughed) even if I came across problems in relation to HIV and AIDS I would not go to any teacher for counseling. I do not trust teachers because they do not keep secrets. I would rather talk to my girl friend or go to ASAZA (A Safer Zambia) for help.”* In addition, in Lie and Biswalo’s study, 98 percent of the participants indicated that privacy and secrecy were very important to them. They pointed out that they would prefer to talk to somebody ‘who can keep a secret’ about their HIV status. Moreover, such people who can keep secrets are usually trusted

relatives, medical personnel, religious leaders and traditional healers (Lie & Biswalo, 1994). Lie and Biswalo study also revealed that teachers were not among the list of people who could keep secrets. This is a major challenge to teachers, school counselors, inclusive, to be highly concerned about privacy and secrecy especially if HIV and AIDS related counseling services are to be effective in Basic Schools.

5.3. Challenges in the monitoring or supervision of HIV and AIDS counseling services

The study revealed that monitoring of HIV and AIDS counseling services was done mainly when need arose due to time and financial constraints. Majority of the respondents (School Managers and the District Guidance and Counseling Coordinator) revealed that they had busy schedules so it was difficult for them to find time to do the monitoring. Moreover, lack of funds even made the situation worse. However, Dyk (2008) claims that or if monitoring of HIV and AIDS related counseling services are to be effective it should be done every second week or at least once in a month.

The essence of frequent monitoring of HIV and AIDS counseling services in schools is to ensure that school counselors and teachers are delivering quality HIV and AIDS related counseling services to learners. Hence, the need for frequent monitoring.

In conclusion, the discussion in the current chapter has demonstrated that there is need to make interventions in the provision, accessibility and supervision of HIV and AIDS related counseling services in Basic Schools if the services are to be effective and beneficial to the learners. The school manager is the central figure in the improvement of HIV and AIDS related counseling services in the school, he /she must provide general support and administrative leadership in HIV and AIDS related counseling services. If he/she is privileged to have a trained school counselor, he / she should give him or her all the necessary assistance needed to enable him /her carry out his or her work effectively. The next chapter is a conclusion of the current study.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.0. Introduction

In the previous chapter, the findings of the study were discussed with reference to the related literature reviewed. The current chapter presents the conclusion and the recommendations.

6.1. Conclusions

The study concludes that HIV and AIDS counseling is not effective in Mazabuka Basic Schools and the following emerged as the main challenges in the provision of HIV and AIDS counseling services: the majority of the guidance and counseling teachers are not trained in the field of HIV and AIDS; pupils do not disclose their HIV positive status; lack of materials and resources; HIV and AIDS programmes are not time – tabled; lack of coordination between class teachers and guidance and counseling teachers concerning HIV and AIDS related problems among the learners in their classes; lack of coordination between class teachers and parents / guardians concerning their HIV and AIDS positive children or wards; guidance and counseling teachers have a heavy work load; lack of record keeping and unavailability of suitable counseling rooms.

Furthermore, the study revealed the challenges in the accessibility of HIV and AIDS related counseling services. These included: lack of awareness of the existence of HIV and AIDS counseling services in Basic Schools; learners not trusting their teachers and lack of privacy and secrecy.

Finally, the study revealed time and financial constraints as major challenges in the monitoring of HIV and AIDS related counseling services. Cultural issues were also found to be a barrier in the provision and accessibility of HIV and AIDS related counseling services.

6.2. Recommendations

Based on the findings of the study, the following recommendations were made:

- Guidance and counseling teachers should sensitize learners on the existence and importance of HIV and AIDS counseling services and advocate for the implementation of HIV and AIDS education programmes as part of the comprehensive school-counseling programme. In addition to counseling, school counselors should encourage healthy sexual behavior; provide referral and follow – up services. Furthermore, School Counselors should collaborate with class teachers, parents and school managers in order to bring HIV and AIDS counseling to the attention of the learners.
- School counselors should sensitize the public on the usefulness of counseling in the control, management and prevention of HIV and AIDS.
- Governments, non-governmental organizations and individuals should be mobilized through seminars, workshops, conferences and personal interactions to support HIV and AIDS counseling in Basic Schools.

Finally, it is our view that if HIV and AIDS counseling is given the required political, financial, and administrative support by all stakeholders in Zambia, the prevalence of HIV and AIDS, particularly, among the learners would be reduced.

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APPENDICES

Appendix I: Introductory Letter

Mazabuka Basic School

P.O. 670004

Mazabuka

9th March 2011

The Ministry of Education

District Education Board Secretary's office

P.O. Box 670144

Mazabuka.

Dear Sir/Madam,

RE: Permission to conduct research in Mazabuka Basic Schools

I am a teacher at Mazabuka Basic School, currently pursuing a Master of Arts degree in the Department of Psychology at the University of Zambia. I am conducting a study on the topic 'effectiveness of HIV and AIDS counseling in Basic Schools. The title of the study is 'challenges of HIV and AIDS counseling in Basic Schools: A case of Mazabuka Basic Schools, Zambia.' I need to interview the District Guidance and Counseling Coordinator, school managers, guidance and counseling teachers, class teachers and pupils.

I am therefore, requesting to conduct the above study in Mazabuka Basic Schools. I would like to assure you that all the information that will be gathered will be confidential. Respondent's names will not be used in the report.

Your favorable response will be highly appreciated.

Yours faithfully,

Charity Kasote (Miss)

Appendix II: Letter of permission to conduct research in Mazabuka Basic Schools

All communications should be addressed to
The District Education Board Secretary and
Not to any individual by Name
Tele/Fax 230768



or e-mail: debs@zambia.gov.zm

Min. No. 53315

REPUBLIC OF ZAMBIA
MINISTRY OF EDUCATION

OFFICE OF THE DISTRICT EDUCATION BOARD SECRETARY
MAZABUKA DISTRICT EDUCATION BOARD
P.O. BOX 60744
MAZABUKA

9th March 2011

The Headteachers
Town Schools
MAZABUKA

**RE: PERMISSION TO CONDUCT RESEARCH IN BASIC SCHOOLS –
CHAIRTY N.
KASOTE**

Reference is made to the above subject matter.

Permission has been granted to the bearer of this letter Ms. Kasote C. to conduct a research on 'Effectiveness of HIV and AIDS Counseling in Basic Schools.'

Please attend to her and assist her with all the information she may require and in return my office shall require feed back from the officer.


Malambo T. Hanguwa
District Education Board Secretary
MAZABUKA DISTRICT

Appendix III : Consent Form

I am a postgraduate student pursuing a Master of Arts degree in the Psychology Department at the University of Zambia. I am conducting a study on the topic: effectiveness of HIV and AIDS related counseling in Basic Schools. The title of my study is ‘Challenges of HIV and AIDS counseling in Basic Schools: A case of Mazabuka Basic Schools, Zambia.’ The DEBS office is in support of this study.

Be assured that the information gathered will be confidential. If you are willing to participate in this study, please sign your name in the space provided below.

Should you, at any point of the interview, feel that you cannot continue, you are free to withdraw from the study.

Participant

Name:.....

Signature:.....

Date:.....

Appendix IV: Interview guide for the District Guidance and Counseling Coordinator.

- Are the Basic Schools offering HIV and AIDS related counseling services in your District?
- Are the guidance and counseling teachers trained in the field of HIV and AIDS?
- Do they have counseling rooms?
- Do learners go for counseling in relation to HIV and AIDS?
- Does the school have enough literature on HIV and AIDS general awareness and support?
- How often do you monitor HIV and AIDS related counseling services?
- According to your own experience and observation, how effective is HIV and AIDS related counseling in Basic Schools?
- Can you identify the major challenges in the provision of HIV and AIDS related counseling services in Mazabuka Basic Schools?
- What is your office doing to overcome the challenges?

Appendix V: Interview Guide for School Managers

- Do you offer HIV and AIDS counseling services at your school?
- Is your guidance and counseling teacher trained in the field of HIV and AIDS?
- Do you have a counseling room at your school?
- Do learners go for counseling in relation to HIV and AIDS?
- Has the guidance and counseling teacher been allocated a light teaching load?
- Does the classroom teacher coordinate with the guidance and counseling teachers concerning HIV and AIDS related problems among learners in their classes?
- Do parents/guardians coordinate with the class teachers concerning their HIV positive children/wards?
- How often do you monitor HIV and AIDS related counseling services at your school?
- From your experience and observation how effective are HIV and AIDS counseling at your school?
- What is your office doing in order to overcome the challenges?

Appendix VI: Interview Guide for Guidance and Counseling Teachers

1. Do you offer HIV and AIDS related counseling services?
Yes No

2. Are you trained in the field of HIV and AIDS Counseling?
Yes No

3. Do you have a counseling room?
Yes No

4. Do the learners come for HIV and AIDS related counseling?
Yes No

5. Do you keep records for the counseling sessions?
Yes No

6. Do you have enough literature on HIV and AIDS?
Yes No

7. Have you been allocated a light teaching load by your administrators?
Yes No

8. Do the classroom teachers co-ordinate with you concerning HIV and AIDS related problems among the learners in their classroom?
Yes No

9. Do Parents or Guardians co-ordinate with you concerning their children's' HIV-positive status?

Yes

No

10. From your observation and experience, how effective is HIV and AIDS Counseling at your school?

Very effective

fairly effective

Not effective

Appendix VII: Interview Guide for Class Teachers

1. Does your school offer HIV and AIDS counseling services?
Yes No
2. Is the guidance and counseling teacher trained in the field of HIV and AIDS?
Yes No
3. Does your school have a counseling room?
Yes No
4. Do learners go for counseling in relation to HIV and AIDS?
Yes No
5. Has the guidance and counseling teacher been allocated a light teaching load?
Yes No
6. Do you coordinate with the guidance and counseling teacher concerning HIV and AIDS related problems among learners in your class?
Yes No
7. Do parents/guardians coordinate with you concerning their HIV+ children/wards?
Yes No
8. From your experience and observation how effective is HIV and AIDS counseling at your school?
Very effective Fairly effective Not effective

Appendix VIII: Interview Guide for Learners

1a. Have you ever heard about the term 'HIV and AIDS' Counseling?

Yes No

b. If Yes, from who?.....

2. Does your school offer HIV and AIDS counseling services?

Yes No

3. Do you know your Guidance and Counseling teacher?

Yes No

4a. Have you ever attended any HIV and AIDS related counseling sessions at your school?

Yes No

b. If the answer for (4a) is Yes, how many times?

c. If the answer for (4a) is NO, where do you go for help whenever you face HIV and AIDS related problems?

5. From your experience and observation, how helpful are HIV and AIDS related services at your school?

Very effective Fairy effective Not effective

Appendix IX: Guide for Focus Group Discussion with Service Providers

- What are the major challenges in the provision of HIV and AIDS related counseling services at your school?
- What are you doing in order to overcome the challenges?
- Can you suggest practical ways of overcoming the challenges?

Appendix X: Guide for Focus Group Discussion with Learners

- What are the major challenges in the accessibility of HIV and AIDS related counseling services at your school?
- What are you doing in order to overcome the challenges?
- What characteristics in relation to HIV and AIDS issues do you consider very important in the school counseling?

Appendix XI: An Observation Guide

Research Topic: Challenges of HIV and AIDS Counseling in Basic Schools

What to observe

- Location of the counseling room
- Conduciveness to counseling services
- Record Keeping
- Storage of learners' record cards