Primary and secondary school teachers’ HIV/AIDS information needs, sources and its diffusion into Malawian society

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Keywords: HIV/AIDS, Malawi, sources, dissemination, teachers.

Abstract

Objective: To provide evidence about effective HIV/AIDS dissemination strategies through involvement of teachers in a developing country.

Design: The study was based on a quantitative questionnaire-based opinion survey. A stratified random sample of 372 primary and 66 secondary school teachers was obtained from 12 primary and 5 secondary schools randomly selected across Malawi in 2007. Questionnaires were administered to teachers and HIV/AIDS teacher support groups. The questionnaire captured teachers’ perceptions on adequacy, needs, sources and channels of dissemination of HIV/AIDS knowledge.

Results: Overall, 62 per cent of the teachers claimed to have sufficient HIV/AIDS knowledge. Main sources of information were radios (95 per cent); newspapers (91 per cent); religious gatherings (77 per cent); fellow teachers (72 per cent); learners (66 per cent); and from in-service training courses (57 per cent). The majority of teachers disseminated HIV/AIDS information to: learners (76 per cent); family members (75 per cent); and own children (70 per cent). The majority would share positive HIV-status to: spouses (63 per cent), siblings (61 per cent), parents (54 per cent); and at HIV/AIDS clubs (51 per cent). Although majority claimed to be providing various HIV/AIDS voluntary counselling and testing services, 51 per cent claimed to require more voluntary counselling and testing information.

Introduction

Malawi has been hit hard by HIV/AIDS, with prevalence rates of 4-17 per cent, across districts (Ministry of Health and National AIDS Commission, 2006). Malawi’s response against HIV/AIDS began in 1986, initially concentrating on HIV prevention. It increased its commitment through the establishment of a National AIDS Commission in 2001 to provide a multi-sectoral approach (Malawi Government, 2006). The focus in Malawi’s national AIDS control in education, lies on establishing comprehensive and effective information, education and communication strategies to reduce the impact of HIV/AIDS (Ministry of Education, 2005). Malawi’s ministry responsible for strategic communication and education plans to strengthen:

- HIV/AIDS education/training in school curricula and teacher training
- the ability of non-teaching staff, parent associations and school committees in reducing HIV/AIDS
- the dissemination of information in schools and communities
- teachers’ openness about HIV/AIDS
- capacities of teachers in providing counselling and guidance
- collaboration between educational institutions, government ministries, civil society and communities on HIV/AIDS services (Ministry of Education, 2005).

Malawi’s 2000 survey on the impact of HIV/AIDS on education found that there was no noticeable improvement in HIV/AIDS knowledge among learners at primary schools, mainly because teachers were not using HIV/AIDS materials and that some teachers were uncomfortable about teaching sexual elements in the curriculum due to cultural barriers and lack of training (Ministry of Education, 2005). However, amongst secondary children, Kadzamira et al., (2001) reported that 30 per cent of them claimed to have changed their sexual behaviour due to school-based HIV/AIDS education. School children also cited radio as a major source of HIV/AIDS information (Ministry of Education, 2005). A 2004 survey found that 87-94 per cent of primary and secondary school teachers believed abstaining from sex or having one faithful partner would prevent HIV transmission, but only 40-47 per cent of them had comprehensive knowledge on HIV/AIDS transmission and prevention (Malawi Government, 2004). The 2004 survey has shown inconsistencies, highlighting the need for estimating HIV-related knowledge levels in Malawi’s education sector and devise strategies that would promote the diffusion of
HIV-related knowledge and skills to schools and the wider society. 

Hence, this study aimed at investigating HIV/AIDS knowledge of school teachers, their communication channels and its diffusion into Malawian society.

Methods

In 2007, Malawi had 5086 public primary schools and 715 public secondary schools with an enrolment of 3,306,926 learners in primary schools and 210,325 learners in secondary schools. The primary schools had 40,612 teachers while the secondary schools had 7,365 teachers (Ministry of Education, 2007). Using the proportions of primary and secondary school teachers, a stratified random sample of 372 primary and 66 secondary school teachers was obtained from 12 primary and 5 secondary schools randomly selected across the country. A structured questionnaire was administered to the teachers seeking their opinions on whether they possess adequate HIV/AIDS knowledge; HIV/AIDS information they seek to know; their knowledge sources; and with whom they would share information about HIV knowledge.

Results

Sixty two per cent of the respondents claimed to have adequate information about HIV/AIDS.

However, Table 1 shows that around half of the teachers wanted more information pertaining to voluntary counselling and testing and fewer teachers wanted more information on HIV transmission other than sex; HIV/AIDS care; HIV/AIDS prevention; and HIV/AIDS support groups. For whatever HIV/AIDS knowledge they claimed to possess, Table 2 extracts their most likely sources of information.

It can be seen from Table 2 that, for the majority of Malawian teachers, their common HIV/AIDS information sources were from the radio (95 per cent); newspapers (91 per cent); religious gatherings (77 per cent); and fellow teachers (72 per cent). As to how teachers diffuse the information to the society, Table 3 points out to whom they likely disseminate the information.

Table 3 indicates that the majority of teachers claimed to disseminate HIV/AIDS knowledge to; school children (86 per cent); friends or neighbours (79 per cent); fellow teachers (76 per cent); family members (75 per cent); and their own children (70 per cent).

Discussion

Saunders (1979) and Doughty (1994) have argued that teachers ought to take a leadership role in HIV/AIDS advocacy if students and communities are to benefit. For any HIV/AIDS health education programme introduced to be effective, the sources of information and mechanisms employed for dissemination must be credible, appropriate and accessible. The finding that most of the HIV/AIDS knowledge that teachers in Malawi have is obtained from the radio, newspapers, religious gatherings, fellow teachers and in-service training and that they disseminate their knowledge to their school children, friends,
fellow teachers, family relations, neighbours, own children and to religious gatherings suggests that strategic communication initiatives ought to focus on these. This also highlights that, for a poor country Malawi, where television and modern information technology are not widely accessible, community health education programmes can be provided relatively cheaply through radio programmes.

The education sector is the largest labour force in Malawi and Malawi introduced universal primary education in 1994. This has led to the number of youths in schools increasing tremendously. The 2007 enrolment of 3.5 million learners in primary and secondary school constitutes over a quarter of Malawi’s population. Therefore, having HIV/AIDS prevention and education programmes that target schools are likely to reach most of the youths, the wider Malawian society and would positively impact on the current and future generations. One evident strategy is to equip teachers with the necessary life skills on HIV/AIDS prevention and care as well as offering them relevant dissemination skills to employ within their community environment. Perhaps the best entry point is to comprehensively incorporate HIV/AIDS in all teacher training curricula. In the current situation where a good portion of teachers have not received HIV/AIDS training then perhaps utilisation of other existing expertise from specialists like community health workers could be taken advantage of (Wight and Buston, 2003; Jones, 2008) as short-term options while looking for resources for in-service training programmes for teachers or the appropriate incorporation of HIV/AIDS in the curricula.

However, this survey has shown that the majority of teachers believe they have adequate HIV/AIDS knowledge. This may be due in part to existing HIV/AIDS programmes in Malawi which may have helped the teachers as far as awareness is concerned but not as far as counselling, care and advocacy. Further, the realization by a good number of teachers that they have good levels of knowledge about HIV/AIDS lays a fertile foundation on which to build and promote health education programmes in Malawi.

Acknowledgements

The authors would like to thank Save the Children Fund Malawi for the financial assistance rendered to carry out the study and for allowing them to use the data for academic publication.

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