Chapter 8

Curriculum in Practice

As described above, pre-service teacher training curricula across the three East African countries considered in this report include some HIV and gender-related content in various subjects and units, particularly science, civics, social studies, development studies and religious education. The principals and tutors interviewed were aware of the curriculum and its recommendations, as demonstrated in the following quotes from interviewers' notes:

> *'In all five colleges visited, trainees and tutors said that HIV and AIDS and gender is infused and integrated in the official curriculum. A tutor defined infusion as including HIV and gender issues while teaching a topic which includes neither HIV nor gender content. As for integration, a science tutor said this is the inclusion of gender and HIV in a topic that has related content, like reproductive health education'.*
>
> (From an interviewer's notes on interviews at teachers' colleges in Kenya)

> *'Tutors and students were aware that HIV and gender are integrated in the syllabi of the various subjects in the certificate and diploma courses'.*
>
> (From an interviewer's notes on interviews in teachers' colleges in Tanzania)

> *'HIV and AIDS is included in the science syllabus. In other subjects, teachers are supposed to integrate it. For example, in English language, they can include it in debates and comprehension passage. In music, dance and drama, they can compose songs and perform skits on an HIV theme. In the foundation of education subject, a tutor can integrate HIV and AIDS education when teaching life skills. But in all these subjects, HIV and AIDS education is not stated as a topic or a subtopic'.*
>
> (Tutor at a primary teachers' college [PTC] in Uganda)

This chapter describes and discusses the implementation of HIV and gender-related objectives and content of the curricula into the classrooms of teacher education colleges in Kenya, Tanzania and Uganda. In particular, it describes the amount of classroom time spent on these topics, the teaching approaches used, and the teaching and learning materials available and used in the sample colleges in each country.

Kenya

Tutors in Kenyan teacher training colleges seemed to spend very little classroom time on teaching content or skills related to HIV education. According to one tutor, *'It is really hard to say how much time I spent. Sometimes I mention HIV and gender issues during their normal lessons in a minute or two. I could say not much time is given … a total of 4 to 5 hours for the entire two year course'*. Other tutors interviewed gave similar descriptions, and explained that one of the main reasons for this situation was that HIV and gender-related content was an 'add on' to an already full syllabus for particular subjects, rather than its being integrated with adequate time allocated for teaching. A mathematics tutor explained:

> *'In mathematics, for example, it is mentioned only in the context of reduced population numbers: if HIV and AIDS attacked a population and it dropped by a given percentage, and this was the population, what will be the new population of that town or that region. But we don't have any specific time set aside for teaching HIV and AIDS. It is up to you as the teacher to come up with a question that deals with it. But it is there in the syllabus that this is supposed to be integrated in the subject'*.

Tutors emphasised that *'HIV and AIDS [education] should not be an additional responsibility'*; and most insisted that these topics *'should be taught as a separate subject and be given one hour. This is because when we infuse and integrate, a tutor may miss out or forget to mention the expected content'*. Tutors also reported that even if they had the time to teach, the syllabus lacks detailed content. Several tutors agreed on this and suggested that *'The syllabus should be revised so that these topics can go deeper, because what we have is just touching a bit, they are not going deep'*.

Kenya's curriculum documents suggest integration of topics as well as a recommended list of participatory teaching strategies. However, it seems

that the primary method of teaching at the training colleges is the transmission of information through lectures; participatory approaches seemed to be used rarely. The science tutor at one college, for example, reported that he used science textbooks containing information on HIV and AIDS to give lectures, which students were to note. A trainee described her class as follows: *'We wrote notes on different ways of controlling HIV and AIDS'*.

In some instances, tutors used demonstration or assigned 'project work'; however, these were either teacher-centred or unguided. For example, a trainee described a class as follows: *'The tutor showed us two beakers containing a colourless liquid. We were asked to compare the two. They were the same, but when the tutor added an indicator to both the solutions, one turned red while the other one remained colourless. This was an illustration that you cannot know if somebody is positive by merely looking at them … you have to carry out a test'*. However, further description of the class sessions suggested that tutors did not encourage class interaction, nor did they make their teaching responsive to the trainees' needs; in fact, students' questions were discomforting for the tutors. One tutor expressed his frustration: *'How can I teach people who are not interested in what I am teaching, but just want to ask many questions'*. Other tutors also mentioned using project work. However, these mostly required students to find answers to questions regarding transmission and prevention of HIV, or reasons why HIV was a burden on society, and then to come back with a report. Tutors did not seem to provide any guidance or direct effective classroom discussion on the information students brought to class. The 'project work' was attractive to teachers, because they did not have to deal directly with what they referred to as 'sensitive topics' in class. As one tutor explained:

> *If they [students] have projects and all these explanations from the projects and the samples from [them], actually it's a good method of teaching because people will learn. People might not want to hear, they want to shy off. When they are learning they are observing and seeing'*. (Tutor)

According to another tutor:

> *'HIV and AIDS is not as serious [seriously embarrassing or sensitive] as teaching reproductive organs, because that one talks about the private things deeply. But this one [i.e. HIV and AIDS] there are other areas like causes* and *how to prevent it, which does not deeply look at other sources [other than sex]*

of transmission. So, it does not have that difficulty, but however, sometimes there are people who do not want to hear about it. They almost break their ears because it is something which is vulnerable to them'. (Tutor)

Some tutors seemed to use HIV and gender-related content to, as one student put it and others agreed, *'flavour a dull lecture'. 'They use HIV and AIDS and gender issues as jokes to rekindle interest in the lesson. As soon as the tutors get the trainees' attention, they revert back to the carrier subject matter, without exhaustively addressing the HIV or gender issue they had raised'*. According to the trainees, this attitude belittles HIV and gender-related content and suggests that it is non-serious and non-essential knowledge.

Trainees were dissatisfied with the teaching and the information provided in class and in books, because these did not help them address challenges they faced in their personal lives or those they may face in their professional lives as teachers. For example, female students at one college were particularly concerned with the stigma associated with condom use. A student expressed her fears of rejection: *'If my boyfriend finds me with a condom, he may think that I am sleeping with other men'*. Others were worried about their preparedness to teach: *'We talk about HIV and AIDS, but there are no text books with all the information one can use. What will I use when I am in my class?'*

Tutors and trainees in all colleges in the Kenyan sample complained about the lack of relevant and effective teaching learning materials available to them on HIV and AIDS education. Textbooks were the primary and most often the only resource available and used for teaching and learning all subjects; yet only the science textbook had any content on HIV and AIDS. Even when material was available, as it was in at least one college visited, this was not accessed by the tutors or trainees, but was stored in a room. At one college which was participating in an HIV education-related project and had considerable material available, the HIV co-ordinator claimed that teachers *'are normally free to come here [to his office] and then they get that information, we tell them what we know'*. However, he also complained about the lack of relevant materials for teacher education:

'Actually there is no information at all at any college. We do not have any specific [material related to HIV and AIDS], like here in the college, I don't think we have any specific books for that. They [materials for teaching HIV

> *and AIDS] are not there, there aren't [any]. So as much as the ministry has infused this topic, they have not come up with any, any particular material that could be, say, specific, that could be useful. They are not there'.*

Teacher trainees also complained that most topics and information in the curricula, books and other materials were repetitive and did not meet their needs for new and more detailed knowledge. According to one trainee:

> *'We have learnt this stuff in high school. Things like definition, transmission and prevention was all taught in school and they are repeated here. We just repeat them here for exams. We should be learning more detailed stuff, like why are some couples positive yet the partner remains negative?'*
>
> (Trainee in a focus group discussion)

Tutors were similarly dissatisfied, as reflected in the following quote from a tutor who said:

> *'We don't have a particular book that is on HIV and AIDS. We have a creative book or PE book, we should have a HIV book, so that everything is there. A teacher is supposed to relate everything from the title. What we have does not expose the teacher to everything, he is just limited.'*

Both tutors and trainees in Kenya believed that tutors needed better preparation to implement HIV education in general, and the integrated curriculum in particular. When asked if they found teaching HIV and gender easy or challenging, tutors gave different responses. Those who had received some training under the Centre for British Teachers (CfBT) programme and those who had specialised in and taught science seemed to feel more prepared to teach HIV in class. One CfBT-trained tutor expressed his confidence and said, *'I have information … for people without information; it can be very difficult, like when you talk about the infection, progression from HIV to AIDS. Sometimes it can be very technical if you do not have the information'*. Science tutors also felt that they were able to teach HIV, because they possessed scientific knowledge. Tutors of other subjects, such as social studies, felt more challenged and less prepared to integrate HIV education into their subject lessons. The view that HIV education is about transmission of scientific knowledge is reflected in the curriculum, classroom teaching practice and in the tutors' own assessments of their capacity to teach.

As described above, very little class time is spent on HIV education in the regular timetable. However, some colleges had organised short HIV-awareness sessions or workshops outside of the regular timetable. In one college, for example, an awareness workshop is usually held towards the end of the pre-service training programme. At another college, such workshops are conducted as part of the orientation programme for newly enrolled students at the beginning of the academic year. A tutor who facilitated these workshops described them as '*Sensitisation sessions for trainees to protect them from infection and to make them realise that if you live with those already with it … you are either infected or affected*'. The content of the workshops includes 'stigma and discrimination, behaviour change, communication approaches, sexuality and relationships, HIV and AIDS workplace challenges and positive living'. The workshops are about making tutors aware of how to protect themselves and how to deal with HIV and AIDS in their personal lives and in the workplace. However, there is no attempt to raise awareness about their role as teachers responsible for providing HIV and AIDS education to children and young adults in their workplace, which is the school.

The above description of the implementation of the curriculum in the area of HIV suggests that in primary teacher training colleges in Kenya, HIV is taught as a topic mainly under science. It is either mentioned fleetingly or ignored altogether in teaching other subjects, even when included in the syllabus. Moreover, HIV education is perceived as an additional responsibility and added content to already full syllabi for various subjects. Tutors know that they are expected to integrate the issue, but lack time to do so, have non-serious attitudes, lack teaching materials and lack expertise and adequate preparation – all of which contribute to a reluctance to translate and implement the curriculum effectively in classrooms in teacher education colleges.

In Kenya, pre-service training for potential secondary school teachers is provided at university. At the one university in our sample, HIV education is taught as a separate, examinable and compulsory course comprising 35 hours of face-to-face teaching, which is offered during a semester in the first academic year of all teacher-training programmes offered by the university. Two tutors are assigned to teach this subject. These tutors were very enthusiastic about teaching the course and used a course plan and teaching

materials (a book) they had themselves developed in co-operation with medical doctors. All trainees interviewed reported that the HIV education classes were held regularly and the tutors followed the course outlines. However, some trainees suggested that they needed more experiential learning, where they would work with those affected by and infected with HIV and AIDS. A few students, members of the university health club, had had further training on peer counselling and community service. The members of this group were confident and felt well prepared to teach HIV education in schools.

Although gender is included as a cross-cutting issue in Kenya's primary and secondary teacher training curriculum and interviewees said that the issue was integrated, we could not obtain information on how often it was taught or what was taught. This lack of information and evidence suggests that gender education is not integrated into the actual teaching of any of the subjects in the primary teacher training colleges or into the university pre-service programme for secondary school teachers.

Tanzania

As in Kenya, tutors and trainees in our sample colleges in Tanzania were aware of HIV and gender being integrated into the syllabi of various subjects in the certificate and diploma programmes; however, it was difficult to get a sense of exactly how much class time is actually spent on these topics. Students from the same college gave very different responses ranging from '*No time spent*' to '*Once every week*'. It seemed that tutors do follow the syllabus and spend more time on the topic of HIV in the science and civics classes for diploma students; some reported '*up to four periods of 45 minutes each*'. Yet trainees who do not specialise in these subjects may not spend any class time on the issues. In other subjects where HIV and gender are subtopics or expected to be infused, tutors may ignore them. One tutor explained that since '*Time [to spend on teaching these topics] is not indicated [in the syllabus], it is left to the tutor to look at the content and allocate time…*'.

HIV education in teacher training colleges comprised transmission of basic knowledge about cause, prevention and effects of HIV, primarily through using lectures and the 'question/answer' method. Some tutors reported engaging students in group discussions around questions assigned by the tutor, or group tasks (similar to project work in Kenya) where

trainees were asked to find information on assigned questions and then present their answers to the class. The assigned questions asked about definitions of HIV and AIDS, modes of transmission and prevention. Only one tutor and his students reported doing a role play on the traditional circumcision ceremony. However, the learning objectives for this activity were not apparent to them. Some tutors said that they would like to invite religious leaders and doctors as guest speakers to their classrooms, but none had done so.

The following quotes from students illustrate common teaching practices in teacher training colleges in Tanzania's colleges:

> *'In the HIV and AIDS class, the teacher asked us questions about what HIV is, causes and prevention and then our role was to respond to the questions by explaining'.*
>
> (Student describing the special session on HIV and AIDS)

> *[In the Biology class] I participated in a group discussion where the teacher used more time to organise groups to discuss questions concerning HIV and AIDS. Teachers gave us guidelines for discussion. For instance [he asked us] to describe the structure of virus, causes of HIV and AIDS and how they duplicate, how difficult it is to kill the virus [in a microbiology course]. Teachers also taught us how HIV and AIDS is a pandemic'.*

> *'I taught HIV and AIDS education on traditional practices like initiation ceremonies, whereby people tend to share instruments (like scissors, blades and knives) during circumcision. These practices can lead to infection and transmission of the virus. I organised students in groups to play actions, for example they acted on traditional ceremonies like circumcisions. … I taught my students about biological changes in humans; these will help them understand their students during teaching in schools'.*

> *'In guidance and counselling, I usually organise sessions (about 30 minutes) with class leaders (peer educators.) I give them topics to educate their colleagues'.*

> *'I participated in the upgrading in-service from grade B to grade A, where teachers were required to prepare posters about HIV and AIDS. We guided teachers to mention [the] effects [of] HIV and AIDS on the communities they come from'.*

It was clear from the interviews that tutors' understanding of HIV education is often superficial, and teaching tends to focus on reviewing basic knowledge about transmission and prevention. Some tutors thought that HIV was easy to teach as a topic because trainee teachers *'are already aware of the disease and can answer basic questions about prevention'*. However, other tutors thought that it was hard to teach, primarily because it offended prior beliefs:

> *'[It is] hard to teach because you need to be open to the trainees when teaching HIV and AIDS topics. Sometimes it is difficult to convince them with their beliefs [religious and traditional]; some trainees feel shy when I mention sexual parts.'*

Trainee teachers and tutors recognised the importance HIV education for future teachers and their students in schools, but their understanding of the purpose of this education was limited to awareness raising and acquiring basic 'scientific' knowledge. They did not expect HIV education to develop life skills or to bring about life-long changes in behaviour. In the trainees' words, the purpose of HIV education in schools is: *'to guide and advise students on the use of condoms …'*; *'[to] educate students on the meaning of transmission and prevention'*; *'[and to] engage children in a lot of activities, so as to occupy them and avoid sexual behaviour'*. … *'The need for teaching HIV and AIDS is due to the fact that at that level students are easily infected through sharing food and various things'*. Only one tutor in our sample seemed dissatisfied with the syllabus and thought that the focus should not be transmission of content knowledge and the objectives of teaching. *'What is important is to focus on change in behaviour'*, he said.

The researchers saw no teaching learning materials for gender and/or HIV education in the sample colleges, although tutors and trainees reported that they used modules prepared by the Tanzania Institute of Education (reviewed in the last section), pamphlets on HIV received from Tanzania Commission for AIDS [TACAIDS] and materials downloaded from the Internet. Modules were available in some, though not all, colleges and there was no way of verifying other materials because they were not readily available for us to share. Some tutors used the biology book prescribed for A-level and the Bachelor of Science (BSc) courses. Most trainees were dissatisfied with materials, which were either not available or included too

little information, or were available but in bulky and unattractive books that did not prepare them to work with children and young people in schools:

> *'In our college surroundings you can see no posters, even in our classes. [We could learn better] if we could have materials like CDs instead of depending on lecturers; in teaching HIV and AIDS there was no poster used'.*
>
> (Trainee)

Tutors were dissatisfied with their preparation to teach, and their students said that they would like to learn more than what they already knew about the topic:

> *'Some topics enlightened me on HIV and AIDS, but I found some topics confusing and unclear, like the source of HIV and AIDS. Some people say that the origin of HIV is from gays. Therefore you cannot get [the] real source, so it is difficult to convince students on this. I do not have answers for my [future] students [in schools] on this and I will teach as I am taught'.*
>
> (Trainee)

Since tutors of carrier subjects are required to teach the topics of HIV and gender, their preparedness to address these issues varied considerably. Some tutors had not received any training to prepare them in this respect, while others had attended short workshops. For example, one tutor had attended a three-week course for licensed teachers in which HIV was included; another had attended a seminar organised by an NGO. Although we do not have information on the objective or content of these workshops, they seemed to be aimed at raising awareness and providing basic information. A tutor who attended a workshop told us *'I attended a workshop in Mtwara on HIV and AIDS, we discussed topics about transmission and impact [of the virus]'*.

Two of the six colleges had introduced special classes for teaching HIV. In one college, this had happened after some teachers attended a workshop on family life education and decided to begin holding one session per week to discuss issues related to HIV and gender. However, these sessions did not last long:

> *'We used to have HIV and AIDS education every Monday, where gender and*

> *HIV and AIDS issues were addressed. But with time students' attendance was not good. We failed to know the reasons; probably students were not interested or they found [the topics] irrelevant'.*
>
> (College Principal)

A private university, which also offered certificate and diploma courses, introduced HIV as a separate subject as part of project EDU (*Elimu Dhidi ya Ukimwi* or HIV and AIDS Education). First and second year certificate students attended one 45-minute session per week using materials provided by the project (these materials were not accessible to us). The university also reported organising sessions conducted by medical doctors from a nearby college to talk about HIV. All staff and students of the university were required to attend.

Tutors and trainees in Tanzania reported spending even less time on the topic of gender than on HIV. The responses from the colleges varied, but some students said that they had spent one hour on the topic in two years. In one college, no one mentioned anything about addressing gender-related topics; in another, a tutor mentioned teaching about gender roles through role play; and in a third university college, gender was taught as a separate subject. Some trainees were aware that the topic was to be taught in the development studies course in the diploma programme, but this had not happened at the time of the interviews. Tutors could list what they had taught, such as family relationships, unequal opportunities, biological differences between men and women, and differences in men and women's roles in society, but did not give details of how they taught:

> *'Regarding gender, I taught the students biological differences between males and females, how roles for both sexes [are] defined in our societies. Some of the roles are for women and some for men. But apart from that I encouraged them to respect each other and work together, and girls to be confident to take some roles and responsibilities like college leadership'.*

Only one trainee described how the topic of gender was taught: *'In HIV and AIDS there were discussions and presentations, but in gender it was more teacher-centred lectures'*. At the private university college in our sample, gender studies was offered as a separate subject. Teaching at this university seemed to be more practical and one of the trainees described what they had done during the graduate course:

> *'We studied gender. We discussed the case of Tanzania by looking at enrolment trends from primary to university level. We realised that as you go to higher levels of education, [the] number of girls decreases as compared to boys. We evidenced this in our college by looking at the students sponsored by the ministry … We participated in practicum; we visited secondary schools to educate teachers on involvement of students in school activities by considering gender equality'.* (Trainee)

Both trainees and tutors seem to view gender education as learning about differences between the sexes or learning about gender roles in society, and something that is appropriate for girls to know.

> *'It is good to include gender in home economics, because it will help girl students to be confident in making decisions'.* (Tutor)

> *'I learned that even women can take on roles and responsibilities that can be done by men in different offices and institutions like government offices…'.* (Trainee)

> *'Teachers should teach women their roles without misusing their authority'.* (Trainee)

It is apparent that the concept of gender education is narrowly defined, and since it is integrated into other subjects, tutors either exclude the topic or approach it from the perspective of those subjects such as biology, where the biological differences between male and female are the focus, or development studies, where they may lecture on what role women can take in development or in their families. Gender issues seem to be understood and represented as women's 'issues', and there was some resentment of this among male trainees:

> *'There is a need to have fair treatment in advocating gender, because some organisations advocate women's empowerment to the extent of suppressing and humiliating men'.* (Trainee)

> *'Gender equity should be addressed in the right way, because trends show that men are victims of the move'.* (Trainee)

Neither the syllabus nor the tutors provide any input on how teachers could optimise learning opportunities for both girls and boys in schools and classrooms. At least one trainee suggested that this was needed: *'There is [a] need*

to reinforce gender education in our schools. We need tutors to teach us how to bring gender balance in our schools'. None of the tutors interviewed across all the colleges reported attending any training, workshops or seminars on gender education.

Trainees and tutors interviewed reported that internal tests (conducted by the college or university) and examinations (conducted by the ministry) in some subjects such as development studies and civics include one question on HIV. Despite considerable efforts, we could not access copies of final examination papers for certificates or diplomas. However, we did find a mock examination paper, developed by one of the colleges in our sample, for a general studies course (later renamed development studies) for a single year, 2006. The paper contained 16 questions in the paper, nine of which were compulsory. One of these was on HIV, and asked students to identify the difference between HIV and AIDS. A second was on gender, and required students to identify the gender gap in Tanzania. Both questions attempted to check basic knowledge about the topics. Of the seven optional questions, one required students to discuss the importance of women's empowerment in controlling the spread of STDs and HIV. This single sample of examination question suggests that trainees are tested on basic knowledge about the topics, at least in one of the courses. In general, tutors repeatedly said that trainees give importance to topics that are necessary to learn in order to pass examinations, and that HIV and gender are not significant to passing the certificate or diploma exam.

In Tanzania, the implementation of the curriculum varies across subjects and training colleges. It seems that in most colleges the topic of HIV is taught in science and biology, but very little time is spent on this in other subjects. The main gap between the syllabi and implementation is in the use of participatory teaching methodology, which is recommended but not appropriately implemented. Discussions and group work are primarily used for traditional purposes of requiring students to answer questions asked by the text or the tutor. Another gap between the syllabi and practice is the lack of teaching and learning materials in colleges. The syllabi recommend using a variety of materials (including visual material), but the tutors and colleges have minimal materials available to them. Thus, lack of materials and tutors' poor preparation for providing HIV and gender education within the traditional and religious context of Tanzania are two problems that negatively influence the integration of HIV and gender in practice.

Uganda

HIV and gender are taught both at primary teachers' colleges and at the university in Uganda; however, the emphasis and time spent on these topics varies. When asked about how much time was spent on teaching these topics in class, both tutors and teacher trainees found it extremely hard to quantify. There was no consensus on this, but it was generally agreed that mention of HIV is made at least every week, nearly always through assembly messages and topic integration in various other subjects. It was even more difficult to quantify time spent on gender-related topics, because gender lacks the visibility of HIV:

> *'I have told you there is no specific time for gender and HIV and AIDS … they appear within other topics. They appear and we teach them. They are not so frequent that we teach them once a week … maybe fortnightly'.* (Tutor)

As already described in the last chapter and tables 7.6 and 7.7, HIV and gender are rarely mentioned in curriculum documents. However, these topics are hosted in science with health education, professional studies and cultural education. In science, the topic is taught as a 'reproductive health and sex education' issue. Tutors of science, English and professional education studies described how they had dealt with the topic in class:

> *'We discussed the history of HIV: What is HIV? What is AIDS? I taught prevention of HIV, where I explained how to use a male condom theoretically because I did not have a condom to use as a teaching aid. But I explained everything, how to put it on, how to remove it and check for [the] expiry date'.*
>
> *'I taught HIV and AIDS during [a] debate. The motion was whether men or women spread HIV more than the other. Men won the motion, because the women were few and ladies are not assertive; they could not argue and give facts. For example, men are polygamous so they can bring HIV from the women he goes out with. We also had another motion on whether war or HIV has killed more people?'*
>
> *'I taught HIV and AIDS while we were discussing life skills. We discussed how one can stay safe by knowing more about relationships. One should know those who are infected and therefore know how to relate with them. S/he should not have [a] sexual relationship with them'.*

As can be seen in the above quotes, tutors attempt to use participatory approaches such as discussion and debate; however, they are unable to use it effectively. For example, in the second quote the tutor is unable to deal with the highly gendered and negative outcome of the debate, or appreciate the false learning and attitudes the debate and its conclusion would have endorsed.

As the following quotes from trainees suggest, a teacher's inability to use participatory methods or to use real materials effectively, lack of textbooks and large classrooms are some of the factors influencing the teaching of HIV, and most probably other subjects.

> *'These sessions [on HIV and AIDS] are lecture-based and sometimes teacher-lead discussions. The teacher asks questions and we respond. We also had a session in which we discussed transmission, in which the teacher brought razor blades and syringes as examples of sharp objects which can transmit HIV if shared. Each table had these resources per three students'.*

> *'The textbooks are not enough; we share one book between three students. We need other resources for teaching and learning. We need charts and audio-visual materials. There were no teaching aids like male and female condoms'.*

> *'We are also too many in our class for effective learning: 80 trainees in one stream and 60 in the other stream'.*

HIV inclusion and coverage of content varies across the teaching of courses and, as one tutor stated, *'tutors are expected to integrate it [HIV] where it is applicable'*. Another tutor explained this further:

> *'HIV and AIDS is included in the science syllabus. In the other subjects, teachers are supposed to integrate it. For example, in English language, they can include it in debates and comprehension passages. In music, dance and drama, they can compose songs and perform skits on HIV themes. In [the] foundation of education subject, a tutor can integrate HIV and AIDS education when teaching life skills. But in all these subjects, HIV education is not stated as a topic or a subtopic. Although HIV is not included in the other subjects apart from science, we tutors are expected [by the college] to integrate it in our lessons where it can fit. We also talk about HIV during school assemblies. The messages are usually meant for awareness. We tell them not to engage in sexual activities because they can get HIV'.*

With integration being left to the discretion of individual tutors, each tutor uses a different approach. However, common features in the approaches are awareness and sensitisation messages, as reported by a music tutor:

> *'I integrate HIV/gender in the music components I teach. In PIASCY reform activities HIV forms a focal point, as most themes for the competitions to be staged are on HIV; you can say that some dances are for girls, others are for boys. Culturally, there are courtship dances for each gender. But the topic is not coming out clearly. In the process of teaching, we mix them, e.g. Rakaraka [a local traditional dance from Northern Uganda] was meant for girls to be admired by men. We don't have a separate course for HIV/gender'.*

Tutors and trainees in Uganda reported that awareness messages and information are delivered during assemblies, through clubs, e.g. the Family Life Club, public lectures and presentations by resource persons from various non-governmental organisations involved in HIV and gender activities, the Health Department, youth organisations, religious organisations, such as the Catholic Church and Uganda Muslim Supreme Council, and the Human Rights Commission. However, we could not confirm this through observation.

Many tutors and students interviewed referred to materials developed by the Presidential Initiative on the AIDS Strategy for Communication to Youth (PIASCY) UPHOLD (Uganda Programme for Human and Holistic Development), REPLICA (Revitalisation of Education, Participation and Learning in Conflict Areas) and FAWE (Forum for African Women Educationists). Even though these materials are not included in the formal PTE curriculum document, the Ministry of Education and Sports (MOES) supports its use in colleges and the university. Some tutors in the sample colleges had been trained on how to use the material by the MOES; this training provides useful skills, knowledge and resources for use in primary schools and teacher education. A tutor who had attended the training said *'It [PIASCY material] is the main book we use … it would be difficult to handle the subject [HIV] during practice teaching without it [PIASCY material]'*.

Even though these materials were available in all colleges in our sample, their use varied. In three colleges, the material was available in the library and there was evidence of use in the classroom and in assemblies. In one college, the material was stored in the one of the administrator's offices and

not used. Because PIASCY material is not in the mainstream college curriculum, tutors and students may choose to use it or not.

Although some HIV education is being provided at Uganda's primary teachers' colleges (PTCs), both tutors and principals strongly expressed the desire that HIV teaching should be mainstreamed into the formal primary teacher education curriculum:

> *'Let HIV education be included in the curriculum as an independent subject because there is too much content to be taught within the limitations of the present curriculum. As a teacher going to the field, I'm going to carry out vocational and social education and guidance and counselling'.*
>
> (PTC tutor)

They argued that the teaching, learning and assessment of HIV would be more effective if it was integrated as a stand-alone subject within the curriculum, or as a clearly specified examinable topic area in particular subjects – so that teaching is not left to the discretion of the tutor. The management of the HIV curriculum in its current state was further described as *'a vision that is short term'*. According to both tutors and teacher trainees, the current prescribed curriculum for primary teacher education lacks books and material for teaching HIV and AIDS. Trainees complained that the teaching of HIV had the same focus at all levels of education, leading to message fatigue. As the head of department, teacher education, at the university observed *'there is [a] need to move HIV and AIDS from the A (abstinence) B (be faithful) and C (condomise) to "D" to "Z"'*.

The integration and teaching of gender education in Uganda is even less than for HIV. Tutors and teacher trainees are limited in their understanding of gender, because gender in primary teacher education is taught as sex roles. Even though there is an attempt to raise awareness of gender equity and equality, 'sex roles' is approached from a social and cultural point of view, where teacher trainees are taught that girls 'should cook' and 'be disciplined' while boys should 'care for the home' and 'look after cattle'. For a topic area that should equip future teachers with the knowledge and skills necessary to deal with negative social and cultural attitudes towards gender, this current approach fails to sufficiently challenge social and cultural definitions of gender. In addition, this approach is not a particularly good gender responsive pedagogy for use among teacher trainees.

Teaching and learning materials and training on gender responsive pedagogy is provided by FAWE (Mlama et al., 2005; REPLICA, 2006). In the sample for this study, only one tutor had received training and reported he practiced this in his class. However, most tutors said that they lacked awareness of gender responsive pedagogy. This, along with the absence of gender-related objectives and content in the curriculum, may explain gender education as it is offered in the colleges. According to one student '*gender should be taught, it has not been taken seriously*', and according to tutors, teaching on gender is on the whole '*confusing*' because '*people jump to sex*'.

At the university, the teaching of HIV and gender education depends on the interest and capacity of the tutors. Most tutors felt that the HIV and gender content included in degree programmes for teachers was inadequate. Seven out of the ten lecturers interviewed reported taking personal initiatives to integrate HIV education into their teaching occasionally and when there was a prompting opportunity. In doing so, they mostly provide messages of caution and awareness. Three of the ten spend time on topics related to HIV and gender to teach awareness, control and prevention, as well as to cover subject-specific content, which includes facts and sensitisation information related particularly to HIV and AIDS.

> *'I want boys and girls to be empowered so that they don't catch the disease. I emphasise the ABC (which focuses on the avoidance of HIV), whenever it is appropriate and necessary during my teaching. There is no programme, but a proposal was written to ask for support'.* (University lecturer)

> *'I handle HIV informally as a "by-the-way"; i.e. out of concern I give cautions and guidance where necessary. I have not taught gender/HIV education deliberately'.* (University lecturer)

The lack of specified course content means that teaching is erratic, as a BEd student reported:

> *'We have not yet studied any sessions on HIV and gender, but we hope to study it this academic year under professional studies (PS) according to the course outline. In religious studies (RS) we study gender roles under ethics, but HIV is not projected anywhere in religious studies. HIV content is found in professional studies [and] ECED under health education'.*

Another student explained the sessions on gender within religious studies. These sessions seem to endorse preordained gender roles and do not encourage questioning or changing those roles:

> *'The sessions we covered in religious studies were useful in that they highlighted our responsibilities, i.e. men and women as co-creators; we understood our respective contribution and [the] need to work together complementarily. We also examined the impact of culture on the leadership roles of women, but we found that the Biblical scriptures give a controversial perspective, where some sacraments are only for men like ordination. Also in The Bible, language is still exclusive; some religious scriptures depict that women's role is slightly above that of a slave. Women need to take up positions for empowerment, educating teachers to treat children fairly'.*

While students report learning from session on HIV and gender, they also suggested that the teaching was sometimes ineffective. For example, some male students complained that gender education was delivered as a 'women's' issue and aggravated male students enough for them to lose interest: '*gender is projected in a biased way, so we [men] switch off, but culture still pulls women down*'.

With regard to HIV, many Ugandan youth have grown up with HIV messages around them. By the time they are in university, there is fatigue towards the topic. The remarks below capture the apathy among students, and the need for university lecturers to find creative ways of teaching the HIV curriculum.

> *'To many students, especially girls, HIV seems not to be a sensitive thing. They see it as fun; they make fun out of the caution and advice given, say about the vulnerability of females. Students think the risk is further from them. They don't take it serious[ly]'.*

> *'The BEd students seem to take issues discussed seriously, because they are mature and have adolescent children back home. The BA (Education) students are reluctant to discuss HIV and gender issues and seem bored and tormented by the daily song on HIV and AIDS'.*

> *'We need real materials, e.g. condoms, because there are some students who have never seen condoms. [We] also [need] resource persons, Straight Talk*

and Youth Alive books [materials on reproductive health for young people focussing on behaviour change], novels [and] videos'.

While the country's curriculum and college management expect tutors to translate and enrich the curriculum in their practice, many tutors feel that they do not have preparation enough to do so. Generally, tutors reported that the teaching of HIV is no longer embarrassing. However, they also claimed that teaching materials were inadequate and that they lacked the knowledge necessary to prepare good teachers:

'If someone comes to you and sees knowledge, before even talking to you [they] say, "That one is a teacher. That one is special". But, how can you be special when you lack knowledge to counsel and guide? It is [up to] teachers to teach both parents and students'.

This responsibility is perceived in a much broader sense as holding knowledge for the community. Such a role is possible where teaching and learning resources are improved *'let the government equip the school with all the teacher needs, so that he [or she] can teach the community … the teacher is the answer to community'.*

HIV and gender education are not examined consistently, because they are not stand-alone subjects. As a tutor pointed out

'If you look at past papers, very little is examined on HIV, meaning therefore it does not give students a sense that it is very important'.

HIV-related knowledge is assessed through class tests in science, but these tests are primarily about basic knowledge, e.g. definitions, causes, transmission and preventative measures. How teachers will use this knowledge to teach in their classes may be assessed during school practice:

'We assess through supervision of school practice (SP) to see how PIASCY knowledge and skills are utilised during teaching – we look at how the students use or integrate HIV messages in the compound or in the classroom during teaching. Treatment given to sick children and utterances made by trainees are watched keenly. Some questions on HIV come [up] in the test or examination in science, but not frequently of course'.

The majority of tutors and teacher trainees in Uganda believe that formal assessment of HIV and gender education would help the subject to be taken

more seriously. One tutor accurately captured the sentiments of the others: '*Specific topics stipulated for gender and HIV and AIDS should be examined, because people are examination oriented in Uganda*'. The university lecturers felt that more practical assessment is required, so that students acquire the skills and understanding of what does and does not work in real situations.

Like the other two countries, there is a gap between curriculum documents and actual practice in pre-service teacher education in Uganda. The curriculum has not been reviewed in some years, and hence does not integrate HIV education as explicitly as the curricula in the other two countries.