

Original Research Article

Sexual Health Communication Strategies and HIV/AIDS Awareness among Students in Teachers' Colleges in Central Uganda

Abstract

Aims: To correlate sexual health communication strategies used in primary teachers' colleges with students teachers' awareness of HIV/AIDS.

Study design: Cross sectional survey was used in this study.

Place and duration of the study: Primary teachers colleges in central Uganda in 2014

Methodology: We sampled 216 student teacher trainees, 6 principals and 12 tutors from six colleges in central Uganda. We administered semi structured questionnaires and interviews.

Results: Student teacher trainees' awareness was high (76.9%) in prevention, low in transmission (48.6%), signs and symptoms (43.1%) of HIV/AIDS. Pearson correlation showed a weak- positive non-significant relationship between sexual health communication strategies and student teacher trainees' awareness of HIV/AIDS.

Conclusions: Student teacher trainees awareness is high in prevent but low in transmission and signs of HIV/AIDS. Sexual health communication strategies are weakly correlated with level of awareness of HIV/AIDS of student teacher trainees in central Uganda.

Key words

Sexual health communication strategies, guidance and counseling, talk shows, integration, primacy teachers colleges, HIV/AIDS.

1. INTRODUCTION

Statistics shows that more than 35 million people live with Human Immuno Virus (HIV)/Acquired Immunity Deficiency Syndrome (AIDS) in the world and more than half of these are in Africa [1]. Although Uganda had attained considerable success in the fight against HIV/AIDS in the 1990s (Stoneburner and Low-Beer 2004) available information shows that of the 34 million Ugandans, about 7% adults are living with HIV/AIDS [2] with infection rate highest among married couples. The prevalence of HIV/AIDS among the youth is estimated at 3.7% [2], relatively lower than in

31 adults. However, about 60% of the Ugandans are youth [3] implying that more than 50% of the
32 Ugandan total population are at risk of HIV/AIDS infection.

33 Creating awareness among the youth on HIV/AIDS is key to reducing its spread. Central to
34 awareness creation is ensuring that knowledge on HIV/AIDS is passed through appropriate
35 sexual health communication strategies.

36 There are many sexual health communication strategies that have been used to communicate
37 HIV/AIDS messages [4]. At Universities, sexual health communication strategies such as pay and
38 drama ([5], [6]), Voluntary Counseling and Testing (VCTs) [7], [8]) have been used to raise
39 awareness on HIV/AIDS. A study in South Africa revealed sharing information among peers and
40 colleagues created more awareness and this was attributed to peers being able to understand
41 and identify with each other [9]. Another study showed that 'ABC' communication strategy was
42 used for University students in KwaZulu- Natal with varying degrees of success [10].

43 At the lower level of education, primary teachers are critical messengers of HIV/AIDS messages
44 to learners. The teachers in primary schools have the potential to reach larger numbers of
45 learners due to Universal Primary Education (UPE) program and hence a greater multiplier effect.
46 Efforts to involve already practicing primary teachers in HIV/AIDS fight has been through in-
47 service training mainly inform of seminars and workshops. This approach may not adequately
48 equip teachers with sufficient information and capacity to create awareness about HIV/AIDS for
49 their learners. For effective HIV/AIDS education at primary schools, teachers need to be
50 adequately informed and trained.

51 In this respect, primary Teachers' Colleges (PTCs), as training institutions have a significant role
52 to play in raising awareness on HIV/AIDS among teacher trainees and ultimately build their
53 capacity to disseminate HIV/AIDS among their learners upon completion of the training. The
54 teacher trainees need to be equipped with correct information on HIV/AIDS which eventually
55 builds their confidence to talk about HIV/AIDS to learners. In order for the training colleges to
56 deliver on this, sexual health communication strategies used at the college level are central.

57 Available literature (e.g [11], [12], [4]) suggests there is limited information on sexual health
58 communication strategies on HIV/AIDS used in primary teachers colleges for creation of
59 awareness among the teacher trainees. Onyango (2009) in Kenya, investigated the
60 preparedness of primary teacher trainees to teach about HIV/AIDS in their classrooms after
61 completion. The findings showed that teacher trainees were not confident to discuss HIV/AIDS in
62 their classrooms largely because of inadequate training while at the college. Knowledge on
63 HIV/AIDS was through home science lectures, guidance and counselling and peers.

64 In Uganda, PTCs were privileged to be among pioneer organizations in training primary school
65 teachers in sexual health communication strategies. Since 1996, government of Uganda has
66 supported the ABC sexual health communication strategy to prevent spread of HIV/AIDS. Uganda
67 was the first country in East Africa to include HIV/AIDS education in the PTC and the primary
68 school curriculum. In 2001, the President of Uganda Yoweri Kaguta Museveni called for a
69 communication strategy named Presidential Initiative for AIDS communication to the youth
70 (PIASCY). In 2003, the Ministry of Education and Sports (MoES) in collaboration with its partners
71 and line ministries launched two resource books called PIASCY Teachers' manual and PIASCY
72 Hand book [13]. The books were to assist the tutors, students, primary school head teachers and
73 teachers to communicate to children about sexual health. It suggested ten Sexual Health
74 Communication Strategies namely, (i) PIASCY assemblies (ii) School club meetings (iii) PIASCY
75 oriented debates (iv) Action oriented meetings for children on safety friends (v) PIASCY drama
76 competition and skits (vi) Action oriented meetings on risky situations for children and defilement
77 (vii) School talk shows on sex abuse and legal issues, abstinence, and stigma (viii) Guidance and
78 counselling (ix) Artwork for talking compound and (x) Action oriented meetings with care givers on
79 positive parenting.

80 Despite existence of provisions for communicating HIV/AIDS, there is limited literature on sexual
81 health communication strategies used in PTCs and awareness of HIV/AIDS among teachers
82 trainees in Uganda. Hence this study was aimed at establishing relationship between three
83 sexual health communication strategies namely: guidance and counselling, school based talk

84 shows on stigma and discrimination of children infected or affected by HIV/AIDS and integration
85 of HIV/AIDS in teaching and awareness.

86 The study was guided by the following questions; what is the relationship between child guidance
87 and counseling, school based talk shows and integration of HIV/AIDS in teaching as sexual
88 health communication strategies and awareness of HIV/AIDS among teacher trainees?

89 2. METHODOLOGY

90 Cross sectional survey design was used in this study. Data was collected from six PTCs
91 randomly selected in central Uganda. The respondents included all principals, one science tutor
92 and one tutor in charge of guidance and counseling and 36 second year students from each of
93 the PTC giving a total of 234 respondents. A pre-tested Self-Administered Questionnaire (SAQ)
94 and interviews were the main data collection instruments.

95 The data from (SAQ) was edited, categorized, coded and entered into computer and analyzed
96 using the statistical package for social sciences (SPSS). Pearson's correlation coefficient was
97 used to test relationships between sexual health communication strategies and awareness. The
98 awareness level was rated as: 0 to 24 percent – very low, 25 to 49 percent - low, 50 to 69
99 percent- moderate (Not high not low), 70 to 79 percent – high and 80 to 100 percent- very high.

100 The qualitative data generated from semi structured open ended questionnaires, and interviews
101 were coded categorized, interpreted and analyzed under themes.

102

103 3. RESULTS AND DISCUSSION

104 There respondents consisted of six principals, 12 tutors and 216 teacher trainees from six PTCs
105 from central Uganda. Fifty percent of the principals had experience of more than 10 years of
106 service as principal. All the principals were in the age bracket of 40 years and above, while the
107 tutors were aged between 30-50 years. The teacher trainees by gender, were 93 boys and 123
108 girls aged between 18-27 years.

High awareness level was only observed in knowledge of prevention of HIV/AIDS through correct and regular use of condoms. About three quarters of the student teachers (76.9%) said that HIV/AIDS can be prevented by correct and regular use of condoms. Low awareness level was recorded in transmission, signs and symptoms, treatment history and types of HIV/AIDS. About 47.7% of the teacher trainees knew that HIV/AIDS can be transmitted from infected mother to her fetus (Table 1).

Table 1. Student teachers' knowledge on HIV/AIDS

Item	Disagree	Neutral	Agree
HIV is not the same as AIDS	117 (54.2%)	6 (2.8%)	93 (43%)
HIV/AIDS is transmitted through insect bites	97 (44.9%)	9 (4.2%)	110 (51%)
signs and symptoms of HIV/AIDS do not appear during the window period	79 (36.5%)	44 (20.4%)	93(43.1%)
HIV/AIDS cannot be transmitted from infected mother to the fetus	103 (47.7%)	8 (3.7%)	105(48.6)
The first cases of HIV/AIDS in the world did not occur in 1987 in Rakai District in Uganda	99 (45.9%)	37 (17.1%)	80(37.1%)
There are two major types of HIV/AIDS	118 (54.6%)	61 (28.2%)	37 (17%)
HIV/AIDS can be prevented by correct and regular use of condoms	35 (16.2%)	15 (6.9%)	166(76.9)
HIV/AIDS can't be treated and cured using antiretroviral drugs	92 (42.6%)	24 (11.1%)	100(46.3)

Majority of the students (82%) knew the meaning of guidance and counselling. From the interviews, all the six principals also accepted that their tutors have high knowledge of child guidance and counselling. Only few students (10.2%) did not know the meaning of guidance and counselling. About sixty percent of the students reported that they were adequately trained in child guidance and counselling of children infected and affected by HIV/AIDS. While (27.8%) were not adequately trained in guiding and counselling learners who are either infected by HIV/AIDS (Table 2).

Table 2: Communication strategies and student teachers' knowledge and training

Item	Disagree	Neutral	Agree
Guidance and counseling			
I know the meaning of child guidance and counseling	22 (10.25%)	17 (7.9%)	177 (82%)
I have been adequately trained in guidance and counselling of children infected and	60 (27.8%)	26 (12.0%)	130 (60.2%)

affected by HIV/AIDS			
The college has adequate Reference books concerning guidance and counselling of children infected and affected by HIV/AIDS	57 (26.4%)	27 (12.5%)	132 (61.1%)
School based talk shows			
I know what school based talk show is	69 (31.9%)	4 (21.3%)	101 (46.8%)
The college has adequately trained me in conducting school based talk shows for children stigmatized and discriminated upon due to HIV/AIDS	87 (40.3%)	17 (7.9%)	112 (51.9%)
In the college, there is adequate reference books on stigma and discrimination of children infected and or affected of HIV/AIDS	67 (31%)	43 (19.9%)	106 (49.1%)
Integration of HIV/AIDS into teaching			
I know what is meant by integration of HIV/AIDS in teaching	52 (24.1%)	32 (14.8%)	132 (61.1%)
Tutors have adequately trained me in how to integrate HIV/AIDS in all my plans and lessons	80 (37%)	38 (17.6%)	98 (45.4%)
My tutors always conduct demonstration lessons on integration of HIV/AIDS in teaching	107 (49.5%)	16 (7.4%)	93 (43%)

124

125 Five (83.3%) of the principals interviewed also pointed out that their tutors have adequate
 126 knowledge and skills of child guidance and counselling. Two of the tutors (16.7%) from the same
 127 college also mentioned that the students were helped only once with training in acquiring skills of
 128 guidance and counselling by an organization called UNITY. About sixty percent students reported
 129 that there were adequate reference books concerning guidance and counselling of children
 130 infected and affected by HIV/AIDS (Table 2).

131 According to the twelve tutors interviewed, the reference books concerning child guidance and
 132 counselling available in the colleges are: PIASCY hand book (P3-P4) and (P5-P7), Supporting
 133 Children in the Era of HIV/AIDS, PIASCY Readers Books 5,6, and 7, Child Guidance and child
 134 guidance and Counselling for Primary Schools (Tutors and Teachers Guide). However, they
 135 noted that the books were not adequate since a good number of them were sent to the
 136 Coordinating Centers (CCs). Slightly more than 50% of the students reported that tutors always

137 conduct demonstration lessons on guidance and counselling of children infected and affected by
138 HIV/AIDS (Table 2).

139 The number of students who got adequate training in conducting school based talk shows for
140 children stigmatized and discriminated upon due to HIV/AIDS was moderate (51.9%). Five of the
141 principals (83.3%) interviewed also lamented that, their tutors and students still lack skills and
142 knowledge of conducting school based talk shows on stigma and discrimination of learners
143 affected and infected by HIV/AIDS.

144

145 Sixty percent of the students knew what is meant by integration of HIV/AIDS in teaching.
146 However, only 45% of the students were adequately trained on how to integrate HIV/AIDS in their
147 plans and lessons (Table 2). Five of the principals interviewed also explained that their tutors and
148 students still lack knowledge and skills of integrating HIV/AIDS in their plans and lessons. Only
149 one principal (16.7%) said that the tutors in his college have adequate skills and knowledge of
150 integrating HIV/AIDS in their plans and lessons. All the principals (100%) interviewed agreed that
151 their tutors need more training in HIV/AIDS communication methods.

152 Table 3. Correlation between communication strategies and student teachers' knowledge

		Awareness level
School based talk	Pearson Correlation	0.131
	Sig.(2-tailed)	0.057
	N	216
Integration of HIV/AIDS into teaching	Pearson Correlation	0.44
	Sig.(2-tailed)	0.524
	N	216
Guidance and Counseling	Pearson Correlation	0.131
	Sig.(2-tailed)	0.054
	N	216

153 There was a weak positive relationship between communication strategy through school based
154 talk shows, integration of HIV/AIDS into teaching, guidance and counseling and HIV/AIDS
155 awareness level amongst students in PTCs in Central Uganda (Table 3).

156 The study established that the level of HIV/AIDS awareness amongst student teachers in PTCs in
157 Central Uganda is low in some key concepts of HIV/AIDS. Majority of the students did not have
158 adequate knowledge about the difference between HIV and AIDS, transmission, origin, types,
159 treatment and cure. The findings on limited knowledge on routes of transmission among student
160 teachers may explain the continued spread of HIV/AIDS in the population. According to the
161 Uganda AIDS Commission [14], "There is now a return to wide spread risky sexual behavior and
162 low comprehensive knowledge of HIV prevention in the population as was at the very beginning
163 of the epidemic". Statistics has shown that in Uganda, infection rate is still high [2]. Results from
164 this study also support the findings of [15] regarding knowledge and attitudes towards HIV/AIDS
165 amongst Iranian students. [15] Sampled 4644 students from 53 high schools and found out that,
166 the knowledge level of HIV/AIDS among the students was low and there were many
167 misconceptions about the routes of transmission of HIV/AIDS.

168

169 According to this study, the only highest awareness level was 76.9% and was registered in the
170 area of prevention of HIV/AIDS by correct and regular use of condoms. This was in line with the
171 finding of the study conducted by [16] involving 1800 Turkish students on knowledge and
172 attitudes of students towards HIV/AIDS. [16] reported that consistent and correct use of male
173 latex condoms can reduce risk of STD transmission. Almost half of the students 51% did not
174 know that insects like mosquitoes do not transmit HIV/AIDS. This finding is similar to that
175 conducted by [16] which reported that 6 – 42 % of students have misconceptions about
176 transmission of HIV/AIDS. In this study, misconception on transmission of HIV/AIDS implies that
177 students will give pupils wrong information about transmission of HIV/AIDS.

178 Almost half of the students (48.6%) reported that HIV/AIDS cannot be transmitted from infected
 179 mother to her fetus. A study by Kwiek *et al.*, (2006) shows that a fetus can become infected with
 180 HIV through contact with virus in their mother's blood, cervical and vaginal secretions, and breast
 181 milk. There have been several documented cases in which HIV has been transmitted through
 182 breastfeeding ([18], [19], [20]).

183 The study also established that the knowledge of students on signs and symptoms of HIV/AIDS
 184 and the window period was inadequate. A good number of the students did not know that the
 185 signs and symptoms of HIV/AIDS do not occur during the window period. The "window period" is
 186 the time it takes for a person who has been infected with HIV to react to the virus by creating HIV
 187 antibodies. This is called seroconversion. During the window period, people infected with HIV
 188 have no antibodies in their blood that can be detected by an HIV test, even though the person
 189 may already have high levels of HIV in their blood, sexual fluids, or breast milk.

190 The finding of this study indicates that almost half of the students did not know that HIV/AIDS has
 191 no cure. They know that antiretroviral drugs can cure HIV/AIDS. The implication is that many
 192 young people may get complacent about the ABC strategy that government is pushing for thus
 193 spreading the infection further.

194 According to this study, almost half of the students (54.2%) did not know that HIV is not the same
 195 as AIDS. The truth is HIV is the virus that causes AIDS. HIV means, "Human Immuno-deficiency
 196 Virus" Human because this virus can only infect human beings. Immuno-deficiency because the
 197 effect of the virus causes the body not to work properly and Virus because this organism is a
 198 virus. AIDS stands for, "Acquired Immune Deficiency Syndrome". Acquired because it's a
 199 condition one must acquire or get infected with; not something transmitted through the genes.
 200 Immune because it affects the body's immune system or the part of the body which usually works
 201 to fight off germs such as bacteria and viruses. Deficiency because it makes the immune system
 202 deficient (makes it not work properly). Syndrome because it has several signs and symptoms.

203 More than half of the students (55%) did not know that there are only two major types of
 204 HIV/AIDS. Few students knew there are only two major types of HIV/AIDS. There are actually two
 205 major types of HIV/AIDS namely: HIV-1 and HIV-2. Both types are transmitted by sexual contact,
 206 through blood, and from mother to child, and they appear to cause clinically indistinguishable
 207 AIDS. However, it seems that HIV-2 is less easily transmitted, and the period between initial
 208 infection and illness is longer in the case of HIV-2. Worldwide, the predominant virus is HIV-1,
 209 and generally when people refer to HIV without specifying the type of virus they will be referring to
 210 HIV-1. The relatively uncommon HIV-2 type is concentrated in West Africa and is rarely found
 211 elsewhere.

212 The findings show that there is positive non-significant relationship between communication
 213 strategies and students teachers 'awareness of HIV/AIDS. This finding is also in agreement with
 214 [21]. According to [21], poor methods do not arouse, stimulate, motivate, reinforce the students'
 215 learning but better approaches is a sign of good classroom administration as it touches students'
 216 interest and seriousness as a spring board to good gaining knowledge. This implies that, if we
 217 want students in PTCs to communicate about HIV/AIDS properly to the children in primary
 218 schools, tutors should always use practical approaches like demonstration method. This can be
 219 done by demonstrating to students how to communicate to their learners HIV/AIDS related issues
 220 through child guidance and counselling. Research has shown that HIV/AIDS and sexual and
 221 reproductive health education in schools, if taught adequately by trained educators using
 222 appropriate teaching methodologies, can have positive health outcomes among students in both
 223 primary and secondary schools ([22], [23]). Furthermore, teachers who were not adequately
 224 trained in HIV/AIDS have trouble in teaching the subject because it touches on sexuality – a topic
 225 barely explicitly verbalized in most communities [24].

226 Communication through school based talk shows on stigma and discrimination due to HIV/AIDS
 227 has no effect on HIV/AIDS awareness. In other words awareness of the disease does not depend
 228 on school based talk shows. According to [25] the tutors and the students are not at the same
 229 level while communication sexual health messages. This may have an impact on the students

230 graduating from the colleges. This is because student teachers may also not communicate
 231 HIV/AIDS related issues to their learners through school based talk shows. This finding
 232 corroborate [24], who found that college tutors in Kenya were not comfortable discussing
 233 HIV/AIDS to student teachers because tutors felt that students teachers were younger and hence
 234 culturally not proper to discuss sexual issues openly with young people. Despite effort to fight
 235 stigma, there is evidence that stigma still persist [26]. In schools, stigma doesn't originate from
 236 students alone. Teachers are equally ill prepared to deal with HIV-positive students and the
 237 reaction of others.

238 Communication strategy through integration of HIV/AIDS in teaching has no effect on HIV/AIDS
 239 awareness in the PTCs. This could have been due to the fact that integration is done at a minimal
 240 level hence no impact on awareness. The student teachers reported that they did not know how
 241 include HIV/AIDS into their lesson plans. This points to how they integration is being done.
 242 According to [27], it will be useful if teachers use the book titled "Supporting Children in the Era of
 243 HIV/AIDS alongside the PIASCY Primary Teacher's handbooks which provide an overall
 244 summary of how teachers can integrate HIV/AIDS counseling in their good practice. In the PTC
 245 studied, PIASCY books are not sufficient because most of the books had been taken to
 246 Coordinating Centers. Integration of HIV/AIDS into PTC is yielding results not different from
 247 integration efforts at secondary schools. For example, [28] reported that although HIV/AIDS has
 248 been integrated in secondary schools curriculum through extracurricular means, the integration is
 249 not effective enough.

250 [29] also noted that, "While people see higher education institutions as creating knowledge
 251 through research and innovations, many of these institutions have not established policies about
 252 integrating HIV/AIDS into curriculum" ([30], [31]) found no evidence that "Teacher training
 253 colleges or universities are adjusting pre-service and in-service models and curricular
 254 appropriately to integrate HIV education into their program". This situation has not changed in
 255 most teacher training colleges but tutors still need support to deal with HIV/AIDS curriculum
 256 related issues. Recent research shows that the majority of tertiary institutions are either revising

257 their programmes to accommodate HIV/AIDS education or have ignored altogether [32].
 258 According to [32], integration of HIV/AIDS education in the curricula of National Teachers
 259 Colleges (NTCs) and universities in Uganda is still very limited. Universities and teacher training
 260 colleges have very few comprehensive HIV/AIDS programmes and generally lack the
 261 commitment to implement HIV education policy.

262 **4. CONCLUSION**

263 Awareness of student teachers from primary teachers colleges in central Uganda is high in
 264 prevention but low in certain areas such as transmission, signs, treatment and types of HIV/AIDS.

265 There was a non-significant positive relationship between sexual health communication strategies
 266 through; guidance and counseling, talk shows and HIV/AIDS awareness. In other words student
 267 teachers appear to obtain their knowledge of HIV/AIDS from other sources other than these
 268 strategies.

269 **Recommendations**

270 On the basis of the findings of this study, the following recommendations were suggested.

- 271 (i) The tutors and students need more training in how to conduct school based talk shows
 272 on stigma and discrimination of children infected and affected by HIV/AIDS.
- 273 (ii) The tutors and students also need more training in how to integrate HIV/AIDS in their
 274 teaching. This can be done through refresher courses and practicing how to integrate
 275 HIV/AIDS into lesson plans.

276 **Research**

- 277 • The attitudes of students towards HIV/AIDS in PTCs in Central Uganda.
- 278 • Effectiveness of other HIV/AIDS communication strategies for example meetings with
 279 care givers and school clubs in PTCs in Central Uganda.

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