

Teachers Curriculum Adaptation and Symbolic Representations of Zimbabwe's Primary School AIDS Curriculum: A Case Study

Starlin Musingarabwi*

Midlands State University, Zimbabwe

Case Report

Received date: 11/02/2015

Accepted date: 26/09/2016

Published date: 28/09/2016

*For Correspondence

Starlin Musingarabwi, Midlands State University,
Zimbabwe, Tel:+263-782737379

E-mail: musingarabwi2000@yahoo.co.uk

Keywords: AIDS, Curriculum, Teacher implementation, Cognitive sense-making Curriculum adaptation

ABSTRACT

Planning and lesson delivery are seldom used as a yardstick to determine a teacher's ability to enact and teach a curriculum, yet the processes are a means to student achievement. Premised on the adaptation Approach to educational change and teacher cognition of a curriculum Approach to educational change, this study considers the teacher's way of planning of the AIDS curriculum innovation as his or her display of a unique and personal understanding of how it is implemented with learners.

As both educators with an interest in curriculum policy implementation and operating in the SADC region where there is a dearth of research-based evidence to provide approaches that cultivate teacher agency and thoughtfulness in relation to the implementation of the mandatory HIV/AIDS education curriculum, we decided to investigate how teachers codify this curriculum to produce their own written teaching programs. We felt that how teachers understand, respond to and are faring with and experiencing the implementation of the HIV/AIDS curricula at the lesson planning level, in specific work conditions has seldom been questioned.

Set within the hermetic, interpretivist paradigm, this qualitative case study sought to explore and describe teachers symbolic representations of their actual teaching practices of the mandatory AIDS curriculum depicted in their lesson scheme/planning.

The study involved three purposively selected primary school grade six teachers (n=3) from three purposively selected primary schools and employed document analysis and semi-structured interviews. One teacher adapted and codified the AIDS curriculum in a transmission-oriented approach, while two others codified it in closer approximation to the recommended learner-centered approach that celebrates the participatory teaching methods, but superficially. The teachers' personal subjective interpretations of the curriculum, their lack of knowledge and defective teacher capacitation tended to play out negatively on their scheme/planning. Recommendations are suggested to provide teachers with knowledge related support towards effective planning of this curriculum.

INTRODUCTION

Judgmentally gauging the extent to which the teachers' adaptation is congruous with policy prescriptions falls outside the scope of this study which simply seeks to describe how teachers make sense of and codify classroom enactment of this curriculum through symbolic representations, i.e. representation of written ideas on how they teach children.

The Adaptation approach and Cognitive Sense-Making

The Adaptation Model to educational change and teacher cognition constitutes the theoretical framework of this study. We radically depart from the implementation fidelity Approach to educational change which celebrates a mechanical conception of teacher implementation of a new curriculum whereby teachers faithfully adopt policy in almost its exact configuration of a perfectly

workable prototype during field trials. We contend that teachers engage in cognition, that is, deliberate thinking and teasing out of particular strategies of presenting a written curriculum to their learners ^[1]. They thus adapt or mutate a curriculum policy as they understand it to suit their classroom realities and their learner's needs. Our theoretical position is that teachers engage in personal and inter subjective interpretation (meaning-making) of the AIDS curriculum policy and respond to its conceptual demands in specific contexts, and that in the process their personal attributes in relation to the curriculum and contextual factors exogenous to them frame and shape their lesson planning.

Synopsis of Zimbabwe's Primary School AIDS Curriculum and Guidelines for its Teaching

In this study, the description of teachers' adaptation of the AIDS curriculum cannot occur vacuously but in terms of the guidelines and specifications of the written curriculum, which simply serve as a broad benchmark or criteria to make sense of teachers' implementation.

The themes namely: (a) Relationships (b) Human growth and development (c) Health (d) Values and Beliefs (e) Care (f) Management and mitigation, and the Life skills such as negotiation, decision-making, resistance to peer pressure, self-awareness and refusal constitute the content of this curriculum (Ministry of Education, Sport and Culture. In order to convey the themes and to develop the life skills in the learners, the broad learner-centered approach which involves the use of participatory methods is emphasized. Participatory methods of teaching such as role play, Devil's Advocate, Futures Wheel allow collective identification and solutions of problems, involving the learner in self-exploration, discovery, individual internalization and personalization of AIDS related issues experientially ^[2]. UNAIDS add that instructional focus should be on both content mastery and Life Skills development through use of both participatory and non-participatory methods with a heavier emphasis on the former.

Some Personal Factors that play out on Teachers

Teacher's knowledge and skills

A considerable body of knowledge places a high premium on teachers' pedagogical knowledge and skills as well as subject content knowledge requisite for effective planning and teaching of HIV/AIDS. The possession of intellectual knowledge and skills HIV/AIDS teachers acquire at pre-service and in-service teacher preparation levels towards HIV/AIDS education programs in school has emerged as a centrally important endogenous teacher variable fuelling or frustrating teacher interventions. However, the reality is that inadequate and inappropriate teacher preparation resonates in most Sub-Saharan and SADC countries. Teachers' lack of capacity to deliver relevant HIV/AIDS prevention education, has led to superficial implementation of HIV/AIDS education programs in most schools.

HIV/AIDS curriculum policies for most countries including Zimbabwe focus on what Spillane call the core of schooling. By this, implementation processes entail fostering teacher-pupil relationships and use of learner-centered, participatory approaches as the core of mediating the interventions. With the policy targets being the HIV/AIDS vulnerable youth who need life skills, the focus of curriculum goals is on effectuating more fundamental changes in teacher behavior (teacher as facilitator), and learner behavior, where the learner engages in active, minds-on, hands-on learning experiences. On the contrary due to a lack of capacity, most teachers find it difficult to apply the required learner-centered approach to implementing this policy.

However, it is sceptical about the learner-centred pedagogy and have criticised the subordination of the teacher-centred pedagogy, which they contend is an instructional mode which is culturally intuitive and with which teachers in sub-Saharan Africa are more familiar. Thus HIV/AIDS teachers operate within a broad parent socio-cultural environment in which the teacher-centred approach predominates to give students revelatory knowledge, and therefore they may not be at fault for failing to use participatory methods ^[3].

Some Contextual Factors that influence HIV/AIDS Teachers Work

Characteristics of the curriculum

The clarity or complexity in the description of the guidelines and specifications of a written curriculum have been found to influence how teachers comprehend it and engage in its cognitive sense-making. UNAIDS ascribe the teachers' lack of clarity and the subsequent complexity of the HIV/AIDS curriculum to their non-involvement in the design of implementation programmes. As mediators in the intervention process, teachers have been found to play the role of purveyors of an already agreed-upon, uncontested body of HIV/AIDS knowledge, the construction of which they were not allowed to participate in attribute teachers lack of clarity concerning life skills education, to the fact that theories and models informing the pedagogy are derived from research conducted in Western nations. Consequently, these theories and models may not be relevant to the local Third World countries. De Lange and Stuart note that since learner-centred approaches have recently become popular in Africa, most teachers currently practising have not been exposed to participatory methods. The alienation of teachers from its specifications thus makes the curriculum complex for them ^[4].

Research evidence attests to instances when most Sub-Saharan teachers have often failed to see the HIV/AIDS curriculum in the depth of understanding with which it was seen by policy designers, due to lack of clarity of its specifications. Thus curriculum developers may not have described the curriculum specifications in terms clearly understandable to teachers as end users of the

curriculum policies. This has culminated in its superficial enactment.

Teacher capacitation towards implementation of the curriculum

In the literature, the provision of teachers with the fundamental resource of working knowledge and skills to teach the curriculum assumes primacy in its importance, along with material, psychosocial, moral and related forms of facilitative support that empowers the HIV/AIDS teacher to functionally perform their responsibility. Buthelezi highlights the paucity of teaching and learning resources in many Third World schools as an impediment to successful planning and teaching of school HIV/AIDS preventative programs. According to study those teachers who are supported with a sound knowledge and skills to teach these educational programs tend to make meaningful interventions and to exhibit more positive attitudes towards its teaching than those who are inadequately equipped with this asset. They can commit themselves more seriously to implementing the preventative programs. Studies have shown that relevant people with authority have not capacitated teachers adequately with the materials and resources to handle this complex curriculum. In a study they conducted in some schools in South Africa, it was found that teachers who were not adequately trained and supported with resources, knowledge, collegial support and support from the parents, towards teaching about HIV/AIDS, registered weak commitment in the task ^[5].

Goals of the study

The study sought to address the following research questions:

1. What are the key curriculum elements and the pedagogical approaches to teaching this curriculum that the teachers reflect in teachers' scheme/plans?
2. What and how are some personal and contextual factors playing out on teachers' codification of this curriculum?

RESEARCH DESIGN AND METHODOLOGY

Essentially set in the hermeneutic interpretivist paradigm, this qualitative case study to a limited extent incorporated quantitative techniques. Since our aim was not to generalise findings to a larger population but to seek a deeper understanding of the implementation of this curriculum through generalising theoretical issues across a few cases, we considered the three schools and three teachers as our cases.

Methods of Data Collection

To gain insights into participants practical, real lived experiences (teachers) operating in their practical situations we used the qualitative techniques of documentary analysis and semi-structured interviews which Taylor and Wallace regard to be the most suitable instruments. Document analysis was preferred for its promise of minimal reactivity since ideas about the curriculum were documented in the absence of the researchers. The scheme/plans were tangible manifestations that described the participant's teacher's experiences and represented potentially original, truthful interpretations of individual teachers' ways of implementing the curriculum. We preferred face-to-face, one-on-one semi-structured interviews for their effectiveness in accessing participants' perceptions, meanings, and construction of reality in their own terms and for creating a conversational relation between researcher and participant, providing a richer, deeper understanding of the phenomenon ^[6].

Sampling

For uniformity of interpretation, the study employed purposeful homogeneous sampling, where participants with similar traits were involved. Thus, three Grade 6 class teachers who were known as the best AIDS teacher-educators and were actively involved in teacher development in HIV/AIDS teaching were chosen. They also had at least five years' teaching experience each. The participants were drawn from a total of three schools from Gweru Urban school district and Lower Gweru Rural school district which varied in economic statuses regarding availability of resources and materials. We observed Creswell's general guideline for qualitative sampling, namely that a few individuals should be selected to enable the researcher to present the complexity of a site or of the information that participants provide, for an in-depth picture of the phenomenon of interest ^[7].

Data Analysis Procedures

We employed the inductive content-analysis method of data analysis, using ideas borrowed from the grounded theory approach of analysing qualitative data. We chose content analysis with the aim of systematically developing theoretical explanations of the processes entailed in the planning of the AIDS curriculum in classrooms and gaining a nuanced understanding of teachers' experiences with the planning of this curriculum. Essentially, the content analysis process involved coding data, developing themes, and the abstraction of theory. The results would be presented on an information table, accompanied by a narrative description to provide a general picture of how teachers were planning.

A researcher-made document analysis protocol was used to collect and capture document analysis data from the photocopied teacher schemes/plans. The document analysis process involved an objective analysis of the messages conveyed in the schemes/plans and the encircling and counting of units of analysis from the field notes under the predefined codes that the researchers focused on, namely, themes, topics and content, teaching methods and life skills. These pre-codes formed the criteria that the

Research & Reviews: Journal of Educational Studies

first researcher chose as areas of focus and used as the benchmark to make sense of which curriculum features the teachers emphasized or did not pay attention to, at the planning or symbolic representation level of curriculum enactment. The several discrete codes were then recorded onto researcher-designed tables of information (**Tables 1, 2 and 3**) to depict the frequency of the possible key curriculum features in the lesson scheme/plans that each of the three teachers codified or omitted. For example for each of the twelve weeks of the term, at least one (1) theme, one (1) topic/content item, one, two or three (1, 2 or 3) teaching methods and one two or three (1, 2 or 3) life skills in one weekly AIDS lesson could be stated in the scheme/plan ^[8,9]. If a teacher did not state the teaching method of Drama in a particular week, the frequency of this method is 0. If the teacher suggested two (2) life skills in the weekly lesson, these were encircled and recorded as two (2) different life skills for that week, onto the table, etc. Content analysis procedures of open and axial coding of the interview transcripts of each participant resulted in the production of a number of initial themes, which were then collapsed and abstracted into fewer broad themes.

ETHICAL CONSIDERATIONS

Heeding Creswell's advice we sought permission to conduct this study by obtaining ethical clearance from the Research Ethics Committee (REC-H) of Nelson Mandela Metropolitan University. We then sought informed permission to conduct the study in schools from the managements of education, namely provincial education directors, school district educational managers, and school heads. The purpose, methods and demands of the study as well as costs accrued in terms of time and effort, were explained.

Informed consent was sought from the participants for them to voluntarily participate in the study and to exercise their right to withdraw from the study at any time ^[10-12]. To ensure confidentiality of information the researchers undertook not to disclose information supplied by the participants. For anonymity, fictitious names or pseudonyms and interview codes were used to disguise the participant's names.

Issues of Validation

The credibility of this study was enhanced by field notes and audiotape recordings of the interviews. The trustworthiness of data was attained through methodological triangulation and detailed, dense descriptions. Audiotape recordings and descriptive notes that captured objective information and field notes that captured analytical issues served as an audit track to further enhance the credibility of the study. Member checks with participants for their inputs and for checking for accuracy further enhanced the trustworthiness of data.

RESULTS AND DISCUSSION

Teachers Understanding and Codification of Classroom Practices from the Written Aids Curriculum

To address first research question, "What are the key curriculum elements and the pedagogical approaches to teaching this curriculum that the teachers reflect in teachers' scheme/plans?" we describe the teachers' written mutations of the AIDS curriculum using the key curriculum features that were gleaned from a document analysis of their scheme/plans and quantified and represented on tables of information. We employ narrative descriptions of the quantified data along with interview data.

Tables 1, 2 and 3 show the frequency of essential curriculum features which the teachers codified in their scheme/plans.

	Week											
Item and frequency: week	1	2	3	4	5	6	7	8	9	10	11	12
Theme	0	0	0	0	0	0	0	0	0	0	0	0
Topic and Content	1	1	1	1	1	1	1	1	1	1	1	1
Teaching Methods												
Discussion	3	1	1	0	2	1	1	0	1	1	1	1
Question and .Answer	1	1	1	1	1	1	1	1	1	0	0	0
Role Play	0	0	0	0	0	0	0	0	0	0	0	0
Drama	0	0	0	0	0	0	0	0	0	0	1	1
Picture Codes	0	0	0	0	0	0	0	0	0	0	0	0
Devil's Advocate	0	0	0	0	0	0	0	0	0	0	0	0
Brainstorming	0	0	0	0	0	0	0	0	0	0	0	0
Explanation	0	0	0	1	1	0	0	2	1	1	0	1
Demonstration	0	0	0	0	0	0	0	0	0	0	0	0
Case Studies	0	0	0	0	0	0	0	0	0	0	0	0
Values Clarification	0	0	0	0	0	0	0	0	0	0	0	0
Futures Wheel	0	0	0	0	0	0	0	0	0	0	0	0
Textbook	1	0	0	1	0	1	0	1	0	0	0	0

Research & Reviews: Journal of Educational Studies

Life Skills												
Decision Making	0	0	0	0	0	0	0	0	0	0	0	0
Self-awareness	0	0	0	0	0	0	0	0	0	0	0	0
Communication	0	0	0	0	0	0	0	0	0	0	0	0
Negotiation	0	0	0	0	0	0	0	0	0	0	0	0
Critical thinking	0	0	0	0	0	0	0	0	0	0	0	0

Table 1. Data on Stella's symbolic representation of the Aids curriculum.

Stella's Codifications of key Curriculum Elements tended towards a cognitivist Teaching Philosophy as opposed to the social interactive One

Table 1 above shows that generally, Stella's own understanding of the curriculum, was one in which she seemed to celebrate a cognitivist approach to teaching. A cognitivist approach to teaching and learning basically accentuates the development of the learners' intellect, mainly through impartation of knowledge and in-depth mastery of subject matter.

In resonance with the above evidence pointing to the teacher's cognitivist inclination, interview data reaffirms her epistemological position of knowledge impartation. Stella categorically stated:

Okay myself what I believe is for pupils at least to have knowledge about AIDS itself as a subject, as deadly disease, -eh- rather than skills, skills, skills...I think knowledge will be of important use to them.

In her scheme/plan, Stella suggested activities that would occupy her children in academic work such as reading from textbooks, answering questions in written work through the teaching methods of explanation and question-and answer.

Item and frequency: week	Week											
	1	2	3	4	5	6	7	8	9	10	11	12
Theme	1	1	1	1	1	1	1	1	1	1	1	0
Topic and Concept(s)	1	1	1	1	1	1	1	1	1	1	1	0
Methods												
Discussion	1	1	1	0	1	3	2	3	2	3	2	0
Question and Answer	0	0	0	0	0	0	0	0	0	0	0	0
Role Play	1	0	0	1	1	0	0	0	0	0	1	0
Drama	0	0	0	1	0	0	0	0	0	0	0	0
Picture Codes	0	0	0	0	1	0	0	0	0	0	0	0
Devil's Advocate	0	0	0	0	0	0	0	0	0	0	0	0
Brainstorming	0	0	0	0	0	0	0	0	0	0	0	0
Explanation	0	0	0	0	0	0	0	0	1	0	0	0
Demonstration	0	0	0	0	0	0	0	0	0	0	0	0
Case Studies	0	0	0	0	0	0	0	0	0	0	0	0
Values Clarification	0	0	0	0	0	0	0	0	0	0	0	0
Futures Wheel	0	0	0	0	0	0	0	0	0	0	0	0
Song	0	0	0	0	0	0	0	0	0	0	0	0
Debate	0	1	1	0	0	0	0	0	0	0	0	0
Text book	0	0	0	0	0	0	0	0	0	0	0	0
Telling story narration	0	0	0	0	0	0	0	0	0	0	0	0
Life skills												
Decision Making	0	0	0	0	0	0	0	0	0	0	0	0
Self-awareness	0	0	0	0	0	0	0	0	0	0	0	0
Communication	0	0	0	0	0	0	0	0	0	0	0	0
Negotiation	0	0	0	0	0	0	0	0	0	0	0	0
Critical thinking	0	0	0	0	0	0	0	0	0	0	0	0

Table 2. Data on Ellen's symbolic representation of the Aids curriculum.

In this way her adaptation tended towards a cognitivist as opposed to the social interactive teaching philosophy that promotes

the learner-centered pedagogy.

She thus complemented the few participatory methods with non-participatory methods such as explanation, telling and question and answer. On the contrary, the curriculum specifications expect a teacher to use a wide range of participatory methods along with a few, appropriate non-participatory methods and to use the techniques for developing the life skills which should be explicitly stated. Stella omitted the life skills, which form the core of the AIDS curriculum and which learners should process through talking activities which involve participatory methods. By implication this teacher's learners would potentially miss out in the mastery of life skills to enable them to cope in a world bedeviled with the pandemic ^[13].

Stella's Planning represented a Conventional, Traditional approach applicable to any Subject Curriculum

Stella's lesson scheme/plan reflected the curriculum features of those teaching techniques that are inclined towards the conventional way of planning for any ordinary subject curriculum.

In the interviews Stella intimated that she planned for this curriculum just like any ordinary subject, contrary to the wide array of participatory methods and life skills that make the AIDS curriculum uniquely different from the other curricula.

	Week											
Item and frequency week	1	2	3	4	5	6	7	8	9	10	11	12
Theme	0	0	0	0	0	0	0	0	0	0	0	0
Topic and Concept(s)	1	1	1	1	1	1	1	1	1	1	1	0
Methods												
Discussion	1	0	1	1	1	1	0	1	1	0	0	0
Question and Answer	0	0	0	0	0	0	0	0	0	0	0	0
Role Play	1	1	1	1	1	1	0	1	1	1	0	0
Drama	0	0	0	0	0	0	0	1	0	0	0	0
Picture Codes	0	0	0	0	0	0	0	0	0	0	0	0
Devil's Advocate	0	0	0	0	0	0	0	0	0	0	0	0
Brainstorming	0	0	1	1	0	0	0	1	1	0	0	0
Explanation	1	1	0	0	1	0	0	0	0	1	0	0
Demonstration	0	0	0	0	0	0	0	0	0	0	0	0
Case Studies	0	2	0	4	0	0	0	0	0	1	0	0
Values Clarification	0	0	0	0	0	0	0	0	0	0	0	0
Futures Wheel	0	0	0	0	0	0	0	0	0	0	0	0
Song	0	0	0	0	0	0	0	0	0	0	0	0
Dialogues	0	1	0	0	1	1	0	0	0	0	0	0
Debate	0	0	0	0	0	0	0	0	0	0	0	0
Text book	0	0	0	0	0	0	0	0	0	0	0	0
Telling story/ narration	0	0	0	0	0	0	0	0	0	0	0	0
Life skills												
Decision Making	0	0	0	0	0	0	0	0	0	0	0	0
Self-awareness	0	0	0	0	0	0	0	0	0	0	0	0
Communication	0	0	0	0	0	0	0	0	0	0	0	0
Negotiation	0	0	0	0	0	0	0	0	0	0	0	0
Critical thinking	0	0	0	0	0	0	0	0	0	0	0	0

Table 3. Data on Charles's symbolic representation of the Aids curriculum.

Stella's Planning represented a Conventional, Traditional approach applicable to any Subject Curriculum

Stella suggested the topics/content, teaching methods of explanation, question-and-answer, storytelling and textbook. She suggested the chalkboard, flash cards and group work cards as tools for putting across the curriculum to her class, using the suggested teaching methods and a few participatory methods. These curriculum features are reminiscent of the traditional, transmission-oriented teaching approach applied to any other subject. This finding seems to conclude that since learner-centred approaches have recently become popular in Africa, most teachers currently practising have not been exposed to participatory methods.

Research & Reviews: Journal of Educational Studies

It seems to be understandable for Stella's teaching to have been skewed towards non-participatory teaching methods as she operated in a school where she said most teachers had not internalized the learner-centered approach in which they would engage learners in interactive, participatory activities. This finding seems to be consistent with observation that most sub-Saharan teachers find it difficult to use the learner-centered teaching approach as they operate in a broad parent environment which accentuates the teacher-centered approach. Furthermore, Stella's omission of life skills seemed to be inevitable in a curriculum environment where most teachers experienced a lack of clarity of life skills education ^[14-16]. When asked why she had omitted life skills and the many other participatory methods she said that she did not know much about them. In an interview, Stella corroborated the fact that she was not conversant with the interactive, participatory methods as they were alien to her when she stated thus:

I might have left out the other methods that you call many participatory methods because of lack of knowledge. If I knew of those methods, really I would use them. I am using role plays, drama and questioning and answer methods because those are the only methods that I am aware of.

It seems logical to conclude that Stella's symbolic representation of the implementation of the AIDS curriculum as a configuration which suggested more of the impartation of knowledge than life skills was based on a rudimentary knowledge of the AIDS curriculum that she admitted she possessed. In the member checking exercise, she reaffirmed the fact that she adapted the curriculum the way she interpreted and understood it because its pedagogy was difficult when she said:

I think this subject is very scientific, may be it needs someone who is specialized in it. So everyone is doing it the, is implementing this curriculum in the way he or she understands. That is the problem that we have.

In terms of the adaptation approach and cognitive sense-making, Stella conceived of a curriculum policy whose specifications that curriculum designers drew up, were not clear to her. This suggests that like most sub-Saharan teachers she failed to see the HIV/AIDS curriculum in the depth of understanding with which it was seen by policy designers, due to lack of clarity of its specifications.

The participants' reports seem to suggest that the language in which the curriculum policy messages were described was one of the key problems that contributed to their conceptual difficulties in comprehending the curriculum. Semantic challenges led to Charles's misconception of some of the curriculum elements, and to Stella's inability to discern the conceptual linkages between some curriculum features, and to Ellen's misunderstanding of the functions of participatory methods. Here were practical cases in which, at the classroom level of curriculum implementation, the issue of language could impact teachers' interpretation of policy messages described in semantics whose meanings they perceive in a conceptually different manner ^[17-20].

Ellen's and Charles's Codification of key Curriculum Elements and Pedagogical approaches

Findings from **Tables 2** and **3** above indicate that generally Ellen and Charles codified the written AIDS curriculum in much closer approximation than Stella in terms of the key feature of teaching methodology. Like Stella, Charles did not stipulate the themes and life skills. Ellen stated the themes. By stating themes, Ellen displayed an understanding of themes as super-ordinate content dimensions for enabling learners to form and internalize broad cognitive structures of HIV/AIDS knowledge. In response to an interview question on why she thought themes were important, Ellen argued that themes gave pupils broad ideas about the subject. Ellen specified topics/content and teaching methods, namely discussion, Role Play, debates, picture codes and drama, but like Stella and Charles, she omitted many different participatory methods. As shown in **Table 3**, Charles proposed and codified in his scheme/plan a considerable variety of participatory teaching methods, namely the Role Play, Discussion Brainstorming, Case Study, Dialogues and Drama but excluded the many more participatory methods of Futures Wheel, Devil's Advocate, Values Clarification, Picture Codes and Energizers.

Although Charles conceived of the content of this curriculum in terms of topics and concepts and not themes and life skills (as shown by the zeroes), like Ellen, he made sense of the curriculum teaching in terms of the participatory teaching methodology. Through the use of participatory methods of teaching Ellen and Charles could allow collective identification and solutions of problems by their learners and involve them in self-exploration, discovery, individual internalization and personalization of AIDS related issues experientially.

By suggesting the non-participatory method of Explanation, Charles seems to have conceptualized the notion of incorporating teaching approaches that also favor exposition of knowledge to his pupils. This resonates with the ideal, holistic strategy of incorporating both content mastery and Life Skills development in learners through use of both participatory and a little bit of non-participatory methods.

From the evidence, it can be inferred that like Stella, Charles did not understand the AIDS curriculum in terms of content description that incorporates themes as broad ideas from which topics and concepts derive and life skills. Yet, themes are meant to equip learners with a crystallized broad cognitive structure of HIV/AIDS issues, and Life Skills, to enable learners to adapt successfully in a world bedeviled with the HIV/AIDS pandemic.

It is therefore difficult for one to assume that, at the symbolic level of implementation, once these critical elements have not

been codified, the teacher really understands them in a similar sense as envisioned by curriculum developers, and that he or she will not forget to use them with pupils in actual lessons. It can be inferred that should this situation be obtaining in the rest of the schools in the district, the implication is that teachers are planning for this curriculum superficially. The absence of platforms for clarifying the specifications for planning for this curriculum means that most teachers continue to plan work that may not satisfy the learning needs of the young learners who need to be equipped with the necessary life skills and HIV/AIDS information ^[21].

Ellen's and Charles's Conceptualizations represent Codifications of an essentially Learner-centered Interactive approach

At the symbolic level of curriculum implementation, Ellen's and Charles's configurations of the written curriculum seemed to reflect sensibilities of a learner-centered, interactive approach to teaching the AIDS curriculum by lessons which would predominantly involve participatory teaching methods throughout the term. Interview and documentary data confirms this sensibility. While Ellen claimed adoption of an interactive, learner-centered approach that includes participatory methods of only Role plays and Drama, Charles proposed the participatory methods of Role Playing, Discussion, Dialogues, Brainstorming and Case Studies. However, he left out several other key participatory methods which would just lie unexploited. From their responses to a semi-structured question on which pedagogy they employed most in teaching this curriculum Ellen and Charles seemed to confirm the participatory methodology. Ellen stated:

Eh- eh- these participatory methods are effective methods of teaching so that pupils can understand better. We first discuss and then let these pupils role play what we have been discussing...to find out ...if they have mastered the topic...

Charles said:

...So it's very important to include as many participatory activities as possible.

By suggesting the participatory along with the non-participatory method of explanation in some weeks Charles seemed to understand the mutation of this curriculum to entail teaching-learning processes that allow learners to construct knowledge among them simultaneously acquiring subject matter. The finding resonates with the notion that teaching about HIV/AIDS should focus on both content mastery and Life Skills development through use of both participatory and non-participatory methods with a heavier emphasis on interactive, participatory activities. Thus Charles's tentative term's programme seemed to reflect interpretations that support the use of both the interactive and transmission teaching approaches. The implication of this finding is that Charles could possibly teach his class in a manner that could foster holistic learning experiences in his learners by exposing them to both content mastery and life skills development ^[22].

Interestingly, Ellen and Charles conceptualized their teaching of the AIDS curriculum in terms of the learner-centered approach in the context of a broad parent environment in which most teachers according to study, are always accustomed to the teacher-centered approach. This finding suggests that it is not always plausible to portray teachers as mere "stooges" who work within a strait-jacketed and unalterable teacher-centred cosmology as Guthrie seem to suggest. We contend that to assert that teachers simply initiate into a "cast-in-stone" world of teaching that they cannot transcend to new pedagogical perceptions is to denigrate their contexts and adaptability as cognitive sense-makers of educational change. In the event that in several schools outside Ellen's and Charles's schools where these two teachers attempted to combine both teacher-centred and learner-centred approaches, if there are many teachers adopting the same approach the prospects of planning for work that promotes effective student learning could be encouraging.

Some Personal and Contextual Implementation Factors that played out on Teachers' Planning

To address the second research question, 'What and how are some personal and contextual factors playing out on teachers' planning?' a description follows, of the themes, 'Teacher implementation characteristics' and 'Defective teacher capacitation' emerging from interview data.

Teacher implementation characteristics

This study revealed that contrary to the need for possession of adequate intellectual knowledge and skills to plan and teach the HIV/AIDS curriculum identified in the literature, teachers in this study reported a possession of rudiments of these attributes. They ascribed this deficiency to poor pre- and in-service teacher preparation towards this curriculum. According to the teachers, Zimbabwe's Ministry of Higher and Tertiary Education policy actors failed to equip teachers with adequate working skills to teach this curriculum ^[23-25]. The teachers also felt that curriculum developers working under the Curriculum Development Unit (CDU) worsened the teachers' plight by failing to provide them with meaningful staff development programs to help them better interpret the policy in whose development they had not participated. As UNAIDS ascribe the lack of clarity and the subsequent complexity of the HIV/AIDS curriculum to the non-involvement of teachers in the design of implementation programmes, it becomes necessary for educational change leaders to clarify and simplify the curriculum policy with them through regular staff development workshops to make them more knowledgeable and skilled.

For instance, Charles argued that the few irregular staff development sessions held in his school district were usually ineffective. They equipped teachers with piecemeal, incoherent content and working knowledge. On this note he said:

Research & Reviews: Journal of Educational Studies

When we attend those life skills workshops...you see the problem is you are called once, next time another group is called. So I think they should be continuous, these life skills workshops.

The implication of the above evidence is that teachers' lack of facilitative implementation support could deprive them of evolving the necessary personal attributes in relation to this curriculum such as knowledge and confidence ^[26-29]. Consequently, such a scenario could negatively play out on their lesson scheme/planning which emerged to be problematic in this study.

Deficient teacher capacitation

It appears from the findings in this study that a host of complex factors interacted and negatively influenced the scheming and planning of the AIDS curriculum by the teachers. The reported inadequate knowledge and skills to plan and teach the curriculum during pre-service training combined with the lack of up-to-date and clearly described curriculum materials such as the syllabus copies tended to result in superficial lesson scheme/plans. Due to deficient capacitation teachers tended to engage in superficial sense-making, thereby producing what they thought to be appropriate schemes under the given circumstances, despite the fact that in some key places their symbolic representation of policy deviated from curriculum developers' specifications. Similar findings were reported in a study Van Rooyen and Van den Berg (2009) conducted in some schools in Pretoria, in which they found that teachers who were not adequately trained and supported with resources, knowledge, collegial support from peers faced difficulties with planning and teaching about HIV/AIDS and registered weak commitment in the tasks ^[30].

Teachers incisively expressed the enormity of the problem in different ways. Stella believed that her task at hand required personal initiative to come up with a teaching-learning programme just to satisfy minimum requirements. She stated:

But in my case, I mean, I had to draft them on my own so that at least I could have something that I would call a topic, eh- because in the Let's Talk, we don't have concepts there... it is very difficult to scheme without a syllabus or a teacher's guide ^[31]. Ellen said,

I wish I had enough resources to teach because as of now I'll just teach whatever comes into my mind even though the syllabus is there, but at times it doesn't guide me..., it doesn't put me in the right direction to teach

Referring to topics, Charles said,

On my part as a teacher they needed a lot of research and resource materials. They were quite difficult but you had to extract them from the syllabus but there was no back up of resource materials.

When (as mentioned in interviews), teachers lacked enough syllabus copies and related curriculum materials, the superficial classroom curriculum proposals that they codified as a result of limited cognitive sense-making opportunities cannot be underestimated.

CONCLUSION

At the symbolic level of implementation, the participating teachers codified actual teaching practices from the written AIDS curriculum following the adaptation discourse by modifying its guidelines.

It can be concluded that generally the three teachers' codification of the curriculum was relative to their subjective interpretations espoused in the adaptation approach adopted in this study. It also tended towards superficiality by their omission of crucial curriculum elements in their symbolic proposals of actual lesson delivery. Although Ellen and Charles's planning suggested the interactive, learner-centered approaches expected by the curriculum, it also shared the characteristic of superficiality with Stella's planning by the omission of cardinal elements. However, Stella's planning radically deviated from the curriculum developer's specifications as it reflected the traditional, transmission-oriented approach.

It can be concluded from this study that these teachers faced some conceptual difficulties to mutate the written AIDS curriculum in implementation contexts where they continued to lack capacitation in the forms of working knowledge and resources.

Thus, in important ways, teachers' cognitive sense-making and codification of the curriculum were negatively shaped and framed by both their personal attributes in relation to the alien AIDS curriculum whose specifications they did not clearly understand, and a number of contextual factors. The non-provision of facilitative implementation support to teachers therefore implies that educational change leaders could go some way towards assisting teachers with the capacitation to transform towards the learner-centered approach that is relevant to an HIV/AIDS curriculum policy.

REFERENCES

1. Berman P. The Study of Macro and Micro Implementation Public Policy. 1978;26:157-184.
2. Barrett A, et al. Introduction to Improve the Quality of Teaching and Learning: A Recent Literature Review.

Research & Reviews: Journal of Educational Studies

3. Baxen J and Bredlid A. HIV/AIDS in Sub-Saharan Africa: Understanding The Implications of Culture. 2009.
4. Buthelezi T. Providing leadership for managing HIV and AIDS in schools. In *Dealing with HIV and AIDS in the Classroom*. 2008.
5. Creswell JW. *Educational Research: Planning, Conducting and Evaluating Quantitative and Qualitative Research*. New Jersey: Pearson. 2005.
6. Creswell JW. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. London: Sage Publishers. 2007.
7. Creswell JW. *An introduction to Qualitative Research*. Port Elizabeth: Nelson Mandela Metropolitan University. 2008.
8. De LN and Stuart J. Innovative teaching strategies for HIV and AIDS prevention and education. In *Dealing with HIV and AIDS in the Classroom*, edited by Lesley Wood. 2008;128-148.
9. Drew CJ, et al. *Designing and Conducting Research in Education*. London: Sage Publishers. 2008
10. Guthrie G. *Basic Research Methods: An Entry to Social Science Research*. London: Sage Publications. 2010.
11. Guthrie G. Prevalence of the Formalistic paradigm in African schools. *Southern African Review of Education*. 2013;19:121-138.
12. Hartas D. *Educational Research and Inquiry: Key Issues and Debates*. London: Continuum International Publishing Group. 2010.
13. Honig MI. Complexity and Policy Implementation: Challenges and Opportunities for the Field. In *new directions in education policy implementation: Confronting Complexity* edited by Honig. 2006;1-23.
14. Hsieh H and Shannon SE. Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*. 2005;15:1277-1288.
15. Katsinde TJ and Katsinde CS. HIV and AIDS awareness among Secondary School Pupils in Bindura District, Zimbabwe. *Zimbabwe Journal of Educational Research*. 2007;19:99-112.
16. Kelly MJ. *Teacher Formation and development in the context of HIV/AIDS*. 2007.
17. McMillan JH and Schumacher S. *Research in Education: Evidence-based inquiry 7th ed*. New Jersey: Pearson Education. 2010.
18. Ministry of Education, Sport and Culture. *Health and Life Skills Education: The Primary School Aids Syllabus*. Harare: Zimbabwe Publishing House. 2003.
19. Ministry of Education, Sport and Culture. *Gender, HIV/AIDS Life Skills and Counselling Programmes: Trainers Training Manual*. Harare: Zimbabwe Publishing House. 2009.
20. Mugimu CB and Nabbada R. *The role of pre-service and in-service teacher training (PITT) in preparing teachers for HIV curriculum integration*. Kampala: Springer. 2009.
21. Okore M. *An HIV and AIDS Manual for Facilitators, Teacher Educators and Teachers*. Harare: UNESCO. 2009.
22. Posner GJ. *Analyzing the curriculum*. New York: McGraw-Hill. 1995.
23. Punch KF. *Introduction to Research Methods in Education*. London: Sage Publications. 2009.
24. Smith L. *Schools That Change: Evidence-Based Improvement and Effective Change Leadership*. California: Corwin Press. 2008.
25. Spillane JP, et al. Policy Implementation and Cognition: The Role of Human, Social and Distributed Cognition in Framing Policy Implementation. In *New Directions in Education Policy*, edited by Meredith Honig, 2006;47-63.
26. Tabulawa R. *Teaching and Learning in Context: Why Pedagogical Reforms Fail in Sub-Saharan Africa*. 2013.
27. Taylor P and Wallace J. *Contemporary qualitative research*. 2007.
28. Theron L. Resilient Coping Strategies. In: *Dealing with HIV and AIDS in the Classroom*, Wood L (ed), 88-107. Cape Town: Juta & Company Ltd. 2008.
29. UN AIDS *Teachers and HIV and AIDS: Reviewing achievements, identifying challenges*. 2009.
30. UNESCO. *Good Policy and Practice in HIV and AIDS Education, Booklet 6: Pre-service Teacher Training*. 2011.
31. Van RL and Van BD. *Implementation of an HIV/AIDS Programme in South African Schools: Strengths and Weaknesses*. *International Journal of Adolescence and Youths*. 2009;2:81-101.