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## HIV/AIDS: Can We Get Any Lessons from Assessment in Zimbabwe Education?

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## **HIV/AIDS: CAN WE GET ANY LESSONS FROM ASSESSMENT IN ZIMBABWE EDUCATION?**

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### **HIV/AIDS: HIV/AIDS: CAN WE GET ANY LESSONS FROM ASSESSMENT IN ZIMBABWE EDUCATION?**

#### **Abstract**

HIV/AIDS is such a traumatizing experience not to be left to the medical fraternity alone, but to education as well. In the quest for a sustainable reduction in HIV prevalence rates in Less Developed Countries (LEDCs), a revisit on the role of inclusion of HIV in assessment is perceived crucial. There is no doubt HIV/AIDS is still claiming lives many in sub Saharan Africa, teachers and their students included hence the need for different platforms from which the issue can be talked about. Down playing the power of educational measurement in behavioral change is quite an unfortunate omission in itself. Thus this research is not meant to be an ultimate but is there to provoke debate and more research into the link between educational measurement and reduced HIV prevalence rates in Zimbabwe in a quest for a sustainable reduction. Thus this study argued for the inclusion of HIV/AIDS issues in problem solving skills when teaching and assessing subjects across the curriculum. It was observed that once HIV/AIDS is taught and assessed across the curriculum, both teachers and students would seriously consider such issues hence the purported potential to foster behavioural change. The study recommends this inclusion within the existing school curricula.

**Key words: Assessment; ARVs; HIV/AIDS; Stem; Items; Infusion; LEDCs**

#### **Introduction and background to the study**

The threat of HIV/AIDS to society is undisputed and well documented. A lot of research into the HIV virus has been done mainly in the social sciences, the modern and traditional medical fraternity, agriculture and many other disciplines. These have worked towards prevention measures, research in

immune boosters whilst others are still concentrating on researching on the causes and effects of the disease with others concentrating on orphans and other vulnerable children. In a multi-sectoral approach to fight HIV/AIDS, teachers are hereby viewed as a crucial sector as they spent much of their time with children at school. Thus in the words of Oliver Wendell Holmes (1809-1894) in Cunningham, (2007), a man's mind, once stretched by a new idea, can never return to its original dimension. Whatever new knowledge teachers impart on the students, it is likely to influence the children's present and future behaviour. It is in the interest of this paper to argue for the infusion of HIV/AIDS issues in assessment across the school curriculum.

In postcolonial Zimbabwe, education was made compulsory at primary school level. This saw the sprouting of schools all over the country as a way of implementing Section 4, subsection (2) of the Education Act (Chapter 25:04) of 1987 which stipulates that, 'No child in Zimbabwe shall be refused admission to any school on the grounds of race, tribe, color, religion, creed, place of origin, political opinion or the social status of parents' (Zvobgo, R. J, 1998). This has seen well over 80 % of the population attaining some basic education. The fact that children spent most of their time with teachers at school makes it paramount that issues of sexuality be dealt with at school to complement efforts made by parents from home, if any. On this note in the mid-1980s Zimbabwe's Ministry of Education, Sport and Culture (MoESC) introduced the teaching of Life Skills initially known as Education for Living at primary and secondary school levels. In the late 1980s, the advent of HIV/AIDS introduced such issues within Life Skills as a subject on the school timetable from the 5<sup>th</sup> to the 7<sup>th</sup> grade and at all levels of secondary school education. But, Life Skills as a subject is not assessed in the summative exams at both primary and secondary school levels.

Putting a non-examinable subject on the school timetable and having teachers seriously teach the subject are two different things. In Zimbabwe, like in most other countries where summative exams determine the final educational outcome of a student, teachers have a tendency of concentrating on the teaching of subject content that is frequently assessed in the final exams (Masole, 2004; Chehore, 2004; Chalila, Chiunda and Kaira, 2004). This paper thus argues that if teachers concentrate much on areas that are often examined then its likely to follow that once issues of HIV/AIDS are included within the different subject content examined, then teachers will include such issues in the teaching, learning and assessment process, hence the purported potential to influence behavioral change. If the aim of education the world over is to impart knowledge and behavioral change for good future citizenship

(Gary Marx, web), then this paper argued for the inclusion of HIV/AIDS issues in the learning process and subsequently assessment both at school and at national level so as to foster a possible behavioral change in the future citizens.

In Kenya, like in Zimbabwe, the HIV/AIDS/STD curriculum has been included in a running programme since 1989 (IDRC, web [http://www.idrc.ca/ecosalud/ev-28671-201-1-DO\\_TOPIC.html](http://www.idrc.ca/ecosalud/ev-28671-201-1-DO_TOPIC.html)). Whereas Kenya and Zimbabwe had the issues of HIV/AIDS infused in some programmes of some sort, Botswana aimed at creating an opportunity for behavioural change using a multi-sectoral approach through the Teacher Capacity Building (TCB) project (Daily News-Botswana, 2002 web). The project apart from teaching about HIV/AIDS prevention as part of a multi-sectoral response strategy to end the silence, stigmatisation and denial about HIV/AIDS, was aimed at breaking down the silence associated with speaking openly about HIV/AIDS in a classroom setting (Ibid).

The Zimbabwe School Examinations Council (ZIMSEC) has included HIV/AIDS issues in its exams but where it has been done, it dealt much on the cognitive domain that is concentrating on the: what, where and the how questions that are knowledge based (Dirwai, 2006). Assessment by so doing has been concentrated on the diseases and its end result but has left out high order skills on application and behavioral change. Left out from the examinations papers studied in this argument, were issues that could easily be addressed by the affective domain such as empathy and sympathy with the orphaned and the sick. Such affective domain skills are purported to have the potential of possibly removing stigmatisation in the people. Thus in the words of Kubiszyn and Borich (1993) the affective taxonomy describes a process by which another person's, group's or society's ideas, beliefs, customs, philosophies, are gradually accepted and internalized by a different person, group or society. The affective domain has the power of appeal to the inner feelings hence could be capitalised to appeal on behavioral change amongst the youths to combat HIV/AIDS.

### **Statement of the problem**

The best news Zimbabwe had in 2003 was the reported drop in the number of HIV-positive people from 33.7 % in the year 2000 to 24.9 % (Daily HIV/AIDS Report [http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?hint=1&DR\\_ID=19499](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=19499)). This was followed by news on the drop in adult HIV prevalence rate from 29 % in 1999 to 15.6 % by 2007 (Herald, 2007). The trend is likely to go on until the 'war' is won. This drop has been attributed to the massive drive on

public education and awareness campaign on issues of abstinence and condom use amongst other devices in place. But the fact remains that today HIV/AIDS has remained the greatest threat to humanity. Zimbabwe has a higher number of orphans, in proportion to its population, than any other country in the world, according to UNICEF (2005) and mostly are HIV/AIDS orphans. The need for a multi-sectoral strategy when dealing with issues of HIV/AIDS has included assessment in education. Research has shown that assessment of concepts taught has the capacity to change behavior in the candidate's life way after school (Gary Marx, web, undated). It has also been documented that once a subject taught is not examined then both teachers and students do not take the subject seriously (Masole, 2004; Chehore, 2004; Chalila et-al, 2004). Thus mapping a way forward in the fight against HIV/AIDS through assessment across the school curriculum is the main issue under study.

### **Conceptual framework**

The conceptual framework may be thought of as a mental diagram, or map, which interrelates concepts, showing where, when and how they fit together (Mayer and Greenwood, 1980). Thus the framework envisaged in this study therefore follows the premise that once HIV/AIDS is assessed across the school subjects, all teachers will take a combined responsibility in the teaching of HIV/AIDS and students will take AIDS lessons seriously. Once assessed at the end of the year it is always taught and reinforced, fostering a potential behavioral change in life during and after school. This argument hinges on the concept of Curriculum Inclusion that has been used for, 'including children with disability in mainstream classes (<http://www.ed.wright.edu/~prenick>). In this paper 'inclusion' is all about the teaching and assessing subject content of HIV/AIDS across the school curriculum. Thus once students are taught and assessed about aspects of HIV/AIDS across the curriculum, they are likely to be better prepared for the effects and after effects of the pandemic in life hence a potential behavioral change predicted.

### **Methodology**

The research design was mainly qualitative. The study dwelt much on document analysis where past exam papers in the different subject areas in Zimbabwean curriculum were studied. Examples have been drawn from the 2004 exams already studied (Dirwai, 2006) as compared to the 2007 exams studied. The years in between were more of a repetition of the 2004 pattern in the quality of items on HIV/AIDS hence was not worth noting, but the 2007 reflected a notable shift. The 23 University of Zimbabwe 2007 Post Graduate teachers interviewed provided a platform to reflect on the change in teachers' perception from the 2004 teachers' views noted before. Therefore the qualitative study relied much on document

analysis and detailed interviews. The interviews were thus used in triangulation. Use of triangulations in case studies is viewed as a process whereby the researcher could guard against the accusation of researcher bias and subjectivity or the accusations that the research resulted from a single methodology and a single source (Denzin, 1978; <http://www.tele.sunyit.edu/traingulation.htm>). Due to financial constraints, the 2007-8 study had limitations as it relied mainly on document analysis and limited interviews unlike the 2006 report which had a lot of empirical evidence from school visits made. But the observations noted are worth recognising as they might contribute by generating more interest in such types of research if funds permit.

### **Review of related literature**

Assessment is an ongoing process of setting high expectations for student learning, measuring progress towards established learning outcomes, and providing a basis for reflection, discussion and feedback to improve academic programs (Northwestern Health Sciences University, 2006) whilst summative assessment is taken as a judgment about how well one is doing, usually made by comparing one's performance to some standard or to the performance of others ([http://access.nku.edu/oca/What\\_is\\_assessment2.htm](http://access.nku.edu/oca/What_is_assessment2.htm)). Assessment as part of the educational process of teaching and learning can be used as a potential tool to measure the learning outcomes and that includes change in behaviour and attitude. Thus the general aim of education is to impart knowledge and general behavioral change hence as noted in the words of Oliver Wendell Holmes (1809-1894) in Cunningham, (2007), a man's mind, once stretched by a new idea, can never return to its original dimension. In order to change one's mind and ideas, behavior and attitudes, teachers always come up with measurements to assess such issues and foster changes (Kubiszyn, and Borich, 1993). Such yardsticks as the Likert's scale using the affective taxonomy have been used to measure attitudes and these are honestly used they have the potential to reveal whether there is an appreciation of attitude change or not.

Literature has shown that in order for assessment in its plight to change behaviour in the future citizen, it has to include high order skills or real life situations for the pupils to practice solving problems in class as they would do in real life situations (Resnick 1987). Thus many tests used in class have been criticized for failing to solve real life situations (Ibid). There are different life situations a curriculum can target for its population to solve, such as drug abuse and environmental hazards and degradation. This paper advocates for the infusion and solving of HIV/AIDS in the Less Developed Countries through assessment.

Thus literature also noted that the last decade has witnessed the growing need for significant changes in educational assessment practices (Archbald and Newmann 1988, Shepard 1989) and these in most cases advocates on problem solving of real life situations. Such reforms in assessment that have to include problem solving of real life situations are not just for national exams but the teacher-based tests as well (Kentucky Department of Education, 1991). Thus like in apprenticeship and the medical fraternity assessments, students are supposed to display skills tested, they would be displaying them in real life situations. Real world skills assessed in apprenticeship and the medical fraternities are strongly linked to the desired change in behaviour as the assessments are done in the real world of work. Capitalizing on that notion, once HIV/AIDS is continuously assessed across the curriculum, there is that potential for it to instill behavioral change.

In her opening remarks to a three-day workshop on HIV/AIDS in Ghana, Fry-Annan (2007), reiterated that teachers were supposed to include issues of HIV/AIDS in the examinable subjects even though such issues were missing from the schools' timetable. It was noted that once such an approach was well implemented, both teachers and students could extend the message to their communities enhancing sensitization on the disease (Ibid). Thus there are several dimensions that teachers can use to enhance knowledge and behavioral change, and summative assessment of such issues once they are taught across the curriculum, is one of them. Including the issues of HIV/AIDS in examinable subjects is on its own, an appeal to both teachers and students to take the issues seriously as they know these would be tested and could affect their summative exams results. This is foreseen to overcome the weakness noted before where the subject Life Skills where issues of HIV/AIDS are taught, were not taken seriously once they are not examined. All in all infusion within the educational set-up is not a new phenomena but has been advocated for different reasons by different authorities the world over (<http://www.ed.wright.edu/~prenick/>) when they looked at aspects of inclusion.

### **Falling HIV prevalence rates in Zimbabwe**

The fall of the HIV prevalence rate from about 29% to almost 15.6 % from 1997-2007 has met with mixed feelings [www.harare.unesco.org/educaids/zimprevalence.html](http://www.harare.unesco.org/educaids/zimprevalence.html) - 11k. Researchers the world over are questioning the reasons behind such a drastic fall in a country with one of the world's highest inflation, shortage of food, drugs and a lack of foreign funding (Craig Timberg, 2007). These factors are supposed to have increased HIV prevalence rates but the opposite have happened in Zimbabwe. Why? Several propositions have been made in trying to explain what really could have assisted thus sudden

drop, which include behavioral change on multi-partnership (<http://www.avert.org/aids-zimbabwe.htm>). Advocates of the viral approach gives credit to the use of Anti-Retroviral Drugs (ARVs) but these, elsewhere where they are widely used such as Botswana and South Africa, research have failed to shown reduction in HIV prevalence rates (Craig Timberg, 2007). Advocates of massive condom use claimed it could be the use of condoms whilst those advocates of abstinence claimed that the delay in the introduction to sexual intercourse might have played a part (Herald, 2007). Those who believe in the history of epidemiology were tempted to think that this was a mere natural process where the disease takes a drastic inclination in its early stages, comes to a climax as the 'host' population becomes resilient and then takes a final decline as it journeys to the sea where it takes a final 'death' (Madzingira, Chizororo and Dirwai, 2002). Thus such advocates of a historical approach to the disease were also tempted by the events that took place in Zimbabwe where there were increasing cases of children born HIV negative from parents who were positive. The disease indeed migrated from further north in Uganda down Zimbabwe and now further down to South Africa and the 'environs' from there it will definitely end up in the 'oceans' facing its final destination-death. Those who believe in globalisation felt that the rapid brain-drain of the vulnerable population might have played a part in moving the disease to other countries leaving the less vulnerable behind whilst those who believe in pain and death posited that the pain of seeing the sick and the subsequent death of a loved one at home, might have played a part instilling fear to those left behind. Fear to contract HIV/AIDS led to a change in behaviour hence the fall in the HIV prevalence rates (<http://www.avert.org/aids-zimbabwe.htm>). As if that was not enough, advocates of the economic approach to the disease reiterated that the fall in the general economy has subsequently affected the disposable incomes of the majority who can no longer afford paying for sexual favour from multiple partners, or can no longer afford multiple partners, hence the fall (Craig Timberg, 2007). The last group reviewed lamented the lack of reliable research data whilst others are still puzzled as to the reasons for the decline in a country under economic sanctions and lack of donor funds where Zimbabwe received US\$4 per HIV positive person annually and Zambia its northern neighbour, US\$187 (UNICEF, 2005). The UN and WHO who actually admitted that indeed the HIV prevalence rates were falling have actually substantiated the claim (Herald, 2007). More research in a multivariate approach could therefore be the answer to the reasons why there was such a remarkable drop.

After perusing from different literature from different websites, all contributions credited the rest of the other disciplines, cultural, medicinal, social, political and economic to mention but a few of them. There



was little credit given to education as a major player in the fight against HIV/AIDS and behavioral change. Little has been credited to assessment as a tool for behavioral change as I advocated at a conference on assessment in the year 2005 (Dirwai, 2006). This is the gap this research is advocating to fill. I admit there is need for more funding in all aspects of HIV, research in assessment included, in order to come up with a significant linear relationship to any claims on the decline of HIV prevalence rates. Thus down playing the power of educational measurement in behavioral change is quite an unfortunate omission in itself.

### **The Research Findings and Discussion of Data**

Responding to the question on what the teachers felt about the inclusion of HIV/AIDS issues across the curriculum taught in Zimbabwe, all the post graduate teachers interviewed concurred that it was now easy to teach or mention issues of HIV/AIDS in class. Several reasons were noted and these included the openness that has gripped the society. Population Services International (PSI)'s 2005-2007 massive campaign on 'Don't be Negative by being Positive' had actually fought a strong battle against stigmatisation. On stigmatisation, from the 2004 survey I carried out from 77 teachers around the country, slightly above 31 % of them felt that there was need for teachers and students to openly talk about HIV/AIDS, hence both teachers and students were encouraged to attend HIV/AIDS workshops. Some forms of stigmatisation especially against orphans were found to exist in schools and the need to use real-life situations to remove stigmatisation was emphasised as noted from participants in this 2004 survey (Dirwai, 2006). PSI thus took up the challenge against stigmatisation from the year 2005 through to 2007 resulting in such a massive positive response as noted from the postgraduate teachers interviewed. The fact that the PSI adverts both from the print and electronic media used real cases of real educators whom the teachers knew of and related to everyday, made the whole thing a reality to emulate. This might have played an important role in the removal of stigmatisation from the educators as argued by the Post Graduate educators interviewed at the University of Zimbabwe in the year 2007. Once stigmatisation was removed then teaching of HIV/AIDS was viewed just as good as teaching any other subject in the curriculum.

As highlighted from the 2004 survey that teachers were not taking HIV/AIDS lessons seriously as it was never an assessed subject, the Zimbabwe School Examinations Council (ZIMSEC) took a gear up from the 2004 exams analysed to the 2007 exams studied. Special emphasis was given to the idea of HIV/AIDS in the stems and part-items within their exam papers in the year 2007. This does not just persuade but

force teachers to teach with HIV/AIDS in mind so as to meet the exam demands and biases in the subjects across the school curriculum. This also force students to read a lot on issues that are often assessed as noted by different authorities (Masole, 2004; Chehore, 2004; Chalila et-al, 2004).

### **HIV/AIDS in Assessment: The Zimbabwean Experience- ZIMSEC**

The Zimbabwe School Examinations Council (ZIMSEC) continued to make some strides by including the HIV/AIDS aspects in its examinations across the school curriculum since the 2004 document analysis done.

The 2007 papers analysed included the Geography (2248/2) of 2007 from Section C (Population, Settlement, Transport and Trade)

#### **Question 9**

(b) Fig. 1.1 shows the relationship between **road development and HIV prevalence** in an African country.

- (i) Draw bar graphs to show the differences in the HIV prevalence rates at centres A, B, C and D in 1987 and 1990. (5)
- (ii) Describe and explain the changes in HIV prevalence and the construction of the highway shown in fig. 1.1 (6)
- (iii) Suggest **two** ways of dealing with the HIV situation in 1990. (2)

This question was loaded with challenges in the face of HIV/AIDS. The stem itself is on HIV prevalence rates but clearly included in geography as a subject. The part-items as was advocated in 2004 remained linked solidly to HIV with the term HIV featuring in all of them. Now, there were various skills tested in this question. The generic skills on knowledge of HIV/AIDS were tested as found in question 9b(iii) where the candidate was asked to suggest two ways of dealing with HIV situation in 1990. There were few chances a candidate was ever going to suggest meaningful ways of dealing with HIV/AIDS if the candidate lacked the basic knowledge of the disease. The fact that the map on road making was used to test the candidate demanded beautiful skills of application of knowledge and subsequently evaluation. The candidate had to be very observant on the changes in prevalence rates between the two years of road making studied, then apply the knowledge of the spreading of HIV/AIDS by the temporary road makers to the 'environs' or vice-versa hence the subsequent changes in the prevalence rates. The question also teaches the candidates on some of the factors that lead to the spread of HIV/AIDS in poor communities. Road makers, who often temporarily stay at a place, are often away from their families

hence running the risk of having sexual partners apart from their regulars. Once multiple unprotected sex is practiced with infected partners, then the risk of contracting HIV/AIDS is also high. All these are supposed to be the debates that run inside the candidate's mind when answering the question number 9.

Lastly linking the skills of HIV prevalence rates and graphicacy was quite a beautiful experience. Instead of the traditional items where vast graphs of different shapes and colours were presented, the 2007 geography 2248/2 presented students with the opportunity to draw such graphs. Skills of graphicacy can actually enhance students' appreciation of phenomena from a different angle other than narrative. Candidates are used to graphs as depicted in temperature and rainfall graphs they encounter from form 1 or even before. Question 9b (ii) actually demands the candidates to bring about a relationship between the changes in HIV prevalence rates and road making as depicted in figure 1.1, which on its own was a very high order of testing the understanding of HIV issues in the candidates. Thus during teaching, teachers are forced if not persuaded to teach students to draw graphs, to link various features, activities with the goings around the community studied as well as to be able to come up with possible solutions to given societal problems using graphical datasets. Such an approach in teaching is envisaged to equip the candidate with enough arsenals to attack any given societal problem such as HIV/AIDS, issues of stigmatisation, environmental issues and natural disasters. This actually reflects the beauty of inclusion.

ZIMSEC Maths 4008/2 is yet another 2007 paper analysed in this study. This paper 2 **November 2007's No. 12 partly read:**

The Table shows the number of patients who are HIV positive recorded at a district hospital.

12. (b) Using a scale of 2cm to represent 200 patients on the vertical axis and 2cm to represent 10 years on the horizontal axis, draw the cumulative frequency curve for the given data. (3)

(c) Use the graph to estimate

- (i) the median age
- (ii) the number of patients in the age group  $22 < x \leq 45$ . (4)

(d) If two patients were chosen at random, find the probability that one is at most 20 years old and the other is more than 60 years. (3)

This Maths paper was quite practical in its approach as there was a lot of applied knowledge in it. Instead of the examiners just providing candidates with figures, the examiners opted to be practical by using a district hospital dataset from real HIV positive patients by age group in order to test the candidates. This was exactly what the teachers demanded in the 2004 survey when they noted that there was need for the use of 'real' datasets on HIV/AIDS statistics to use as examples in schools in order to fight stigmatisation (Dirwai, 2006). The part-items though missed the term HIV, unlike in the geography case, the maths paper still is recommended for maintaining the word patient which implied HIV patient as was mentioned in the stem. This served as a reminder that the whole question was all about an HIV dataset. This dispute the fear teachers had in the year 2003 when I worked as a researcher for ZIMSEC and had the opportunity to ask examiners from the Mashonaland West province of Zimbabwe about including ethnobased knowledge (Traditional Knowledge Systems/TKS) items in exams as well as items on HIV across the curriculum. The majority argued that it was not easy to talk about HIV in subjects like Maths, which are mainly quantitative in nature. There we are! Aspects of HIV/AIDS can actually be introduced in any subject across the curriculum as long as the teachers are willing, get the necessary support and training in item generation of such type. The skills tested in question 12 c (ii) reflect that from graphicacy the candidates were supposed to come up with the mean age of patients. The mean age might have a deeper meaning in society as it reflects the likely ages affected by HIV hence ways to safe guard such ages from the scourge. This might bring some insights to policy makers and implementers and other key stakeholders. Candidates thus by learning Maths they solve this societal problem indirectly by initially understanding the disease and its effects and subsequently coming up with ways of behavioral change at school and after school. Thus in the words of Oliver Wendell Holmes (1809-1894) in Cunningham, (2007), a man's mind, once stretched by a new idea, can never return to its original dimension. Whatever new knowledge teachers impart on the students, it is likely to influence the children's present and future behaviour.

ZIMSEC's Integrated Science 5006/2 of November 2007's number 5 (c) read:

**Question 5 (c)** Describe the effect of the human-immuno deficiency virus (HIV) on the body.

This question actually demanded some basic knowledge of HIV and then applies the knowledge to show what it does to the human body. All in all the argument here is on the need for including HIV/AIDS issues into mainstream assessment thereby making all teachers take a collective approach, as it becomes every

teacher's responsibility to teach about some aspect of HIV/AIDS in their subjects. When such a collective aspect is achieved then the AIDS condition would be cornered and hence behavioural change promoted and a subsequent sustainable decline in the HIV prevalence rates is envisaged.

The three papers looked at were not the only ones with issues of HIV/AIDS, but from an array of subjects across the curriculum observed, the three provided some of the various cognitive skills as demanded by the taxonomies of learning and assessment domain. The challenge still remains to the practicing teachers to continue emulating what ZIMSEC is doing by including issues of HIV/AIDS questions across the curriculum. Thus in their school based tests, teachers should appreciate this inclusion as a way forward to solve any of the societal problems a nation faces. Thus when candidates realise this composite approach to issues of HIV/AIDS from the Maths teacher, the Agriculture teacher, Geography teacher, Accounts, History, Building, Biology, Chemistry, Fashion and fabrics teacher or even the Metal work teacher, there is likely to be a foreseen behavioral change in near and far future.

Because teachers normally adjust the way they teach and assess as dictated not just by the syllabus but also by the national examinations set (Masole, 2004; Chehore, 2004; Chalila et-al, 2004), infusing HIV/AIDS issues across the curriculum has the appeal to teachers and students that such issues are supposed to be seriously learnt. A man's mind, once stretched by a new idea, can never return to its original dimension (Oliver Wendell Holmes, 1809-1894, in Cunningham, 2007). Once learnt and repeatedly assessed then the student's mind would never be the same again, hence the purported change in behaviour. Taking advantage of assessment can therefore be one of the multisectoral approaches that can be tried in an effort to combat HIV/AIDS and foster behavioural change in people.

### **Conclusion**

This paper looked at the efforts made in the inclusion of HIV/AIDS into assessment as noted from the 2004 papers studied and the 2007 exams reviewed. Where as in the 2004 the emphasis was mainly on the knowledge of the disease, ZIMSEC exams took a gear-up in 2007 by putting high order questions that included application and discussion together with graphicacy. So far some efforts have indeed been made towards the inclusion of the pandemic in assessment. This effort has moved from mere cognitive skills mainly knowledge-based to application, interpretation into to the actual psychomotor skills in appreciating graphicacy. This is a recommended effort towards a multi-sectoral approach in combating HIV/AIDS. Once included in assessment, sexual matters once viewed as taboo in most African cultures,

would be openly discussed in class at any time, thereby empowering the students in their reproductive life during and after school. By so doing assessment is purported to bring about the much-desired change in sexual behaviour. It is therefore concluded that examinations put more items on HIV/AIDS across the subject areas, curriculum planners adjust their curricula by that effect and that teachers continue adjusting their teaching methodologies and assessment techniques at school level to include real-life datasets. An aspect now missing is that of caring for the sick. It is thus recommended that items on care givers and home-based care should also be included in the items. There are many orphans in Zimbabwe and the world over, some of these take care of sick love ones at home but do lack psychosocial support when dealing with such challenging issues. Assessment across the curriculum can indeed play a leading role.

### **Recommendations**

Teaching responds to the dictum of assessment and the curriculum. On the strength of such an observation, the paper recommends that Examinations Boards add some aspects of behavioral change in their HIV/AIDS items across the subject areas. The paper also recommends the continuous use of higher order skills and the use of the affective domain, when teaching and assessing issues of HIV/AIDS in the different subjects. The continuous use of real life datasets infused in assessment by ZIMSEC is highly recommended. What is left out so far which has an appeal to behavioral change is the inclusion of: home based care issues; living positively; use and acquisition of Anti-Retroviral drugs; care for the orphaned at school and in the communities; issues of child abuse; teaching against early age at sexual intercourse, abstinence and faithfulness in marriage and other reproductive issues such as the use of the condom. Whilst the students benefit from learning and assessment in real life problem solving issues, teachers indirectly would have influenced behavioral change in the students' adult lives when they hammer on such points during the teaching-learning process in the hope that such (HIV/AIDS) aspects might come in the summative exams. All in all teachers need empowerment through workshops and capacity building on how to set valid and reliable tests with an infused HIV/AIDS bias. Non governmental organisations can still play important roles by involving examiners in the provision of datasets on real life datasets as well as funding workshops on how to generate quality HIV related items within the different subject areas in the curriculum. The paper lastly recommends further research on why some teachers, students in and out of school, despite teaching and being taught, assess and assessed on HIV/AIDS issues, still indulge in sexually risky behaviors.

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