

The Impact of Health and Life Skills on Student Teachers' Behaviour at a Teachers' College in Zimbabwe

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Abstract

The purpose of this study is to examine the impact of health and life skills on student teachers' sexual and reproductive health behaviour with the aim of suggesting sound and preventive measures to the spread of HIV and AIDS among student teachers at a teachers' college in Masvingo, Zimbabwe. Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with demands and challenges in everyday life. The study is informed by Bandura's social cognitive theory and Rogers' person centered theory. A qualitative phenomenological case study design was used with focus group discussions, interviews and document analysis as data collection instruments to twelve (six males and six females) third year students, the dean of students, two wardens and the lecturer in charge of health and life skills who were purposively selected at Bondolfi Teachers' College in Masvingo, Zimbabwe. For easy analysis of data, the researchers used the content analysis method. The study established that health and life skills have a positive effect on the lives of students' sexual and reproductive health attitudes. The skills help the student teachers to take positive actions to protect themselves and to promote health and meaningful social relationships. Generally, students' knowledge base on sexual and reproductive health was noted to be high. Poverty as well as peer pressure were identified as major challenges affecting the effective implementation of health and life skills programmes in teachers' colleges. The research study proposed that training workshops and other capacity building workshops must be held with students to sensitise them and raise their awareness on appropriate skills to help students in need of sexual and reproductive help. There is also need for students to have an on-campus Voluntary Counselling and Testing (VCT) to test and conscientise them of the HIV/ AIDS pandemic. The study also proposed the need to address the root problems affecting effective implementation of health and life skills education to students at Bondolfi Teachers' College. Thus, the study will also influence students towards positive living, curbing of HIV transmission by students and creation of student friendly environments to address several sexual and reproductive health challenges among learners.

Keywords: a case study, behaviour, health and life skills, impact, student teacher,

INTRODUCTION

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with demands and challenges in everyday life (UNAIDS, 2010). There are many different reasons why these life skills are taught. In Zimbabwe and Thailand the impetus for initiating life skills education was the prevention of HIV/AIDS. According to Jackson (2012), HIV and AIDS pandemic continue to spread at an alarming rate across the globe. Evidence is showing that new infections are rising especially between the 15 to 24 age group which is the productive age. Life Skills globally is an important vehicle for young people to negotiate and mediate challenges and risks in their lives and also enable productive participation in society (UNICEF, 2007). Against this background, this study explores the impact of health and life skills on student teachers' behaviour at a teachers college in Zimbabwe. Apart from evidence of the programme in developing relevant knowledge skills and attitudes among learners both in thematic risk areas and

general psychosocial skills and traditional examinations written, there is no commensurate effort in systematic monitoring and evaluation at the system level or at the level of the individual learner (UNICEF, 2010). In the *Newsday* of 13 March 2014, Ropofadzo Mapimhidze argues that there is a tendency in Zimbabwe tertiary institutions where students get degrees or diplomas posthumously, a pointer which clearly indicates that HIV and other related infections have severely hit these institutions hard. Kelly (2010) concurs with the above position when he argues that HIV prevalence and other sexually transmitted infection rates among these institutions remain high, as most students face challenges in seeking accommodation off campus, thus compromising their health because they sometimes end up engaging in transactional sexual relationships with older persons who have a big financial muscle (Chinyoka, 2013 and UNAIDS, 2010).

Unlike previously perceived, now young men may get involved in sexual relationships with older women, who in turn shower them with gifts and cash for college requirements or engage in illicit deals of selling illegal drugs and alcohol (Muradzikwa, 2014). High level of poverty have created the dog eat dog type of situation in Zimbabwe (Chinyoka, 2013). To make ends meet, some college students engage in prostitution, drug abuse etc. Chinyoka (2013) further supports that the vulnerability of the young men and women saying that it is as a result of the lack of resources making young people to fail to negotiate for safer sex. Jaiteh (2014) posits that young women are more exposed to unprotected sex than their male counterparts as they succumb to unplanned pregnancies. Schultz (2007) argues that stigma and discrimination remains the major challenge in the fight against HIV and AIDS. More often than not, students who are diagnosed as HIV positive find it a bitter pill to swallow. Some tend to suffer from denial hence do not take the necessary recommendations to live positively (Jackson, 2012). In cases where some students deny their HIV status, they cannot open up so that they get all the help they require let alone adhere to the medication in form of Antiretroviral Therapy (ART). At Bondolfi Teachers College, the continued cases of sexually transmitted infections and unintended pregnancies have caused instability in these tertiary institutions.

The general behaviour of some students at these higher levels of learning has been a cause for concern; male students have become prone to the abuse of drugs. Singizi (2013) supports the fact that Health and Life Skills Education plays a pivotal role in ensuring that tertiary students' behaviour is kept under check. He further argues that in Zimbabwe the programme drastically facilitated behaviour change, provision of information on STIs and HIV and AIDS and also builds life skills to enable students to make informed decisions on health matters, (UNAIDS and WHO, 2000). The researchers were however disturbed by a general rise in the cases recorded at a local clinic on sexually transmitted infections. These STIs according to the clinic's statistics were tantamount to an outbreak. All these facts triggered the researchers to explore how the programme of life skills education is influencing the student teacher's behaviour. In Zimbabwe, not so much has been written on this issue hence these researchers want to close the gap in research and add more information on the board of knowledge pertaining to the impact of health and life skills on student teachers' behaviour at a teachers' college in Zimbabwe.

Theoretical Framework

The study is guided mainly by Albert Bandura's social cognitive theory and Carl Rogers Person Centred Theory. Bandura's social learning theory / social cognitive theory avers that students learn

through observation, imitation and vicarious reinforcement (Santrock, 2009). According to the social learning theory, learning is both a cognitive process and a behavioural one because people often carry their observations around in their heads and do not act on them until a later time. Tuckman and Monetti (2011) assert that Carl Rogers believes people are rationale, forward moving and realistic beings. He further argues that people have the potential to be good. They want to self actualise. Rogers admits that people possess the capacity to regulate and control their own behaviour. Therefore through workshops and counselling sessions that take place within the college, Health and Life Skills facilitates the strengthening of students' personal resources and development of human potential. Carl Rogers' theory is most suited in helping students develop self which becomes a cornerstone in one's behaviour change particularly in terms of sexual and reproductive health.

Purpose of the Study

The study seeks to examine the impact of Health and Life Skills Education in student teachers' behaviour at Bondolfi Teachers' College in Zimbabwe. The following research questions guided the study:

- What is the impact of Health and Life Skills Education on student teachers' sexual health behaviour?
- What recommendations can be suggested to promote positive students teachers' sexual behavior?

METHODOLOGY

The main aim of the study was descriptive and exploratory.

Research Design

A research design can be viewed as a plan and structure of the study, (Gwimbi and Dirwai, 2013). A research design can also be viewed as a procedural plan that is adopted by the researcher to answer questions of validity, objectively, accurately and economically (Tuckman and Monetti, 2012). The researchers adopted a qualitative phenomenological case study to carry out an in depth analysis of the impact of health and life skills on the sexual and reproductive health of student teachers within the college.

Sampling

A sample can be viewed as a subset or fraction of the population (Creswell, 2011). Thus, a sample can be a proportion of the total population under study. In this research, twelve students were purposively selected, six males and six females. Four staff members were also purposively selected, that is two wardens, one dean and one lecturer who teaches health and life skills education. These four were selected as they are always involved in the student affairs. The

researchers anticipated that they would provide rich data or information for this particular research.

Data Collection and Analysis

The researchers reviewed related literature and further collected data through interviews, focus group discussions and document analysis. These research instruments were used in gathering data from students and staff members. For the sake of analysing data the researchers opted for thematic analysis. Tuckman and Monetti, (2011) argue that content analysis help in discovering repeated similarities in people’s stories. This was also supported by Chinyoka (2013) who asserts that content analysis is appropriate in many fields, particularly social sciences. The approach is suitable when looking at beliefs, values, and social context of narratives (Beck 2003, Nelson- Jones, 2004). Content analysis is capable of looking at documents, text or speech to see what themes emerge (Gribbs, 2012). This method or procedure enables cases to be analysed in an unbiased manner.

Validation or Trustworthiness of Data Collected

During interviews and focus group discussions notes were jotted down in order to reduce cases of memory loss by the researcher and eliminate incompleteness or meaningless data. Document analysis relied on permanent documents that are filed and information contained there can be obtained anytime when needed. This therefore ensures that bias in analysing of data is reduced drastically.

Ethical Considerations

The researchers sought permission to hold the research from the Ministry of Higher and Tertiary Education Science and Technology Development as well as the Principal of the identified college. Further the permission was sought from all the participants. The researchers discussed with the participants issues to do with confidentiality, anonymity, informed consent and the rights of participants to voluntarily take part in the study or withdraw if they feel that they are no longer interested.

FINDINGS AND DISCUSSION

The analysis of the empirical data yielded six themes as indicated below:



Fig 1: Showing themes derived from the findings (field data, 2014)

Theme 1: Empowerment of students on sexual health related challenges

Theme 1 yielded the following sub themes are shown in figure 2, below:-



Figure 2: Showing sub themes emerging from theme 1 (field data, 2014)

Lectures

Results obtained from focus group discussions, interviews of college staff, observations and document evidence (document analysis) pointed to the fact that the major method in which dissemination of vital information on sexual and reproductive health emanate from lectures. The

lecturer - in-charge of health and life skills concurred with both the wardens and the dean in the effectiveness of lectures in teaching students on health and life skills education .The lecturer in charge of HLS had this to say,

lectures are the major method we employ so that all our students get vital information together while they jot

down notes. The number of our students necessitate us to use the method if we are to ensure that much ground is covered over a short space of time as we have 1 hour 30 minutes per week to lecture to our students.

Through the use of document analysis, the researchers identified that students get a wide variety of information from lectures and they have volumes of notes to prove that they have recorded large amounts of information. Pamphlets, handouts and films that the researchers saw being shown all prove beyond reasonable doubt that high quality work is being done in form of lectures. Furthermore, assignments, tests and mark profiles all pointed to the fact that more work is offered during lectures. Sometimes, some lectures may be offered by resource persons or guest speakers. The students lamented that this has a great impact in their understanding of life skills. In support of the above, the Ministry of Higher and Tertiary Education (2004) supports the idea that lectures are really very effective in dissemination of information to a large group of people especially students. Empirical findings from life skills training case study carried out by Weil Medical College of Cornell University in Europe also established that positive behavioural change can be achieved through effective education, (Botvin and Griffin, 2014).

Workshops

This research also established that, the dean, wardens and Lecturer- in- Charge of life skills also dove-tailed on the value of workshops in teaching life skills. The Lecturer - In - Charge argued that workshops are carried out using participatory methodologies hence these are in form of hands on approach which are very vivid. The researchers were also shown registers as evidence that workshops were being held regularly per term. It was also observed that a number of organizations had to be invited to facilitate a number of workshops for example, Student and Youths Working on Reproductive Health Action Team(SAYWHAT),Population Services International(PSI),National AIDS Council (NAC), and Zimbabwe National Family Planning Council(ZNFPC). In line with the above arguments, Latif (2001) argues that Carl Rogers admits that people possess the capacity to regulate, control their own behaviour and develop intellectually if they are provided with a favourable environment. This was also supported by Rukuni and Maunganidze (2011) who argue that Bandura in his social learning theory asserts that people can learn from their colleagues especially in their natural environment.

Peer Education

The Lecturer- In Charge and the two wardens took peer education as one of the methods that students get information on sexual and reproductive health issues. The Dean admitted that peers can counsel each other and learn from each other, she went further to say that;

There are certain cases which are very sensitive to such an extent that staff members may not be better positioned to assist but peers in their hostels share a number of these issues sometimes, these aspects may be embarrassing to students to share with their lecturers, in most cases peer educators are the bridges between the students and lecturers.

A research study in Europe carried out by Public Health in 2006 also provided evidence as to the impact of peer education in prevention of unplanned pregnancies alcohol abuse and sexually transmitted infections. The research argues that peer education is really very effective if the peers are empowered as to how they can handle competently challenges facing their colleagues on sexual reproductive issues. The researcher therefore, feels that the same approach can also be applied in the same way in Zimbabwe to ensure that a drastic change in STIs and unplanned pregnancies is realized. This therefore, means that more resources are needed for the programmes to be effective if they are to be implemented. The above notion is also supported by Bandura who says that through imitation or modeling learning can take place in a very effective manner, (Santrock, 2009). Therefore, if this method of peer education is done in its proper way more positive results are obtained. The following documents also support that peer educators are very active in the colleges, registers of meetings being held and minutes indicate how these peer educators are conducting their duties. Reports on dialogues being held by peer educators and other students prove that some information is being shared among students. According to Botvin and Griffin (2002) peer education was noted as influential in prevention of substance abuse and immoral behaviour. They further argue that structural equation modeling indicates that social competence had a direct impact on the behavior of young people where interpersonal; skills are learnt like confidence and assertiveness. This is in direct conjunction with what Albert Bandura believes as reciprocal determinism where students learn from each other and their environment.

Outreach programmes

A few informants however talked about outreach programmes. The Lecturer - In-Charge of Health and Life Skills mentioned the importance of these in students' learning. Outreach programmes can be held in order to meet people under home based care programmes, orphans and any other vulnerable children in order to learn how they(students) can also help the vulnerable to protect themselves against abuse. This method of learning despite being important in providing information, the researcher thinks that due to lack of documentary evidence and again due to high numbers of students, few cases are witnessed being involved in outreach programmes.

Theme 2: Behaviour change

Abstinence was observed as one of the positive behaviour change strategies being implemented at the college. One (1) student out of the twelve (12) who supported the method of abstinence had this to say. This argument was also supported by the Dean, wardens and the Lecture- in- Charge of health and life skills. The majority of the staff members concurred on the fact that as Catholics themselves, abstinence is the number one weapon against any sexual challenge. The Dean in support of this statement said that, unlike in government institutions, church run institutions emphasise that abstinence is pertinent.

Use of condoms

Nine out of twelve students admitted that the use of condoms through sharing with peer educators helped them to avoid sexual and reproductive challenges especially STIs. One student from those nine (9) who supported the use of condoms argued that;

The major method for our protection as students is condom use. Total abstaining is a challenge to many of us, though some practise it.

From the documents seen, it was noted that the uptake of condoms has increased over time. In the stock register of condoms a steady increase of condoms was noted. The lecturer in health and life skills in support of the above assertions admitted that, their syllabus on health and life skills put more emphasis on condom use both male and female one. This was supported by Jackson (2012) who argues that the most tried and tested method of preventing unplanned pregnancies and contraction of STIs (dual protection) is the use of condoms.

Theme 3: Prevention of STIs, HIV and development of opportunistic infections and unplanned pregnancies

Through interview session, the researcher established that at Bondolfi Teachers' College, the most used

method of prevention of STIs is through condom use. This was supported by the lecturer in health and life skills education who purported that students are continuously empowered on how they can appreciate the valuable role played by the use of condom in preventing STIs and unplanned pregnancies.

Students who supported the use of condoms remarked the following;

we as students indulge in sexual activities regularly and sometimes it is done by different people for a number of reasons therefore condoms are our only hope for prevention of unplanned pregnancies and STIs.

UNAIDS (2007) posits that says that both the males and females if properly engaged may become responsible sexually hence there will be a notable reduction in STIs, HIV, the opportunistic infections and unplanned pregnancies. Through document analysis, the researchers established that condom use was the major method being used by the students. This was revealed by the condom stock registers in the possession of peer educators and the college clinic. However it seemed as if the males were the ones collecting more condoms than females. A low uptake of condoms was witnessed on the female side than the male ones. The researchers concluded that a number of females may not be able to protect themselves against STIs if their boyfriends do not collect the condoms since they tend to assume that males are responsible for keeping condoms.

Abstinence

Interviews held with the Dean confirms that abstinence is still a key method of preventing the spread of HIV and STIs together with unplanned pregnancies. In support of the above perspective, Epstein, Griffin and Botvin (2000) assert that personal self management skills which include decision making and problem solving are identified as critical in molding or influencing young people's behaviour. Therefore, self control skills can be attained if proper training is done. The Dean remarked that;

I personally interact with students regularly and I always insist on self control which is hinged on abstaining. As a Catholic again our ethos strictly specify that abstaining is the number one (1) key method of preventing unplanned pregnancies, STI and HIV. Therefore, I feel most of our students are able to abstain because of guidance and counseling we provide to them on a weekly basis.

The female warden concurred with the Dean but the male warden and the Lecturer-in Charge of life skills argued that only a few students can abstain. Their argument confirms what the researcher also observed and heard in an informal discussion that a number of students tend to engage in sexual activities regularly. It was observed that those who supported the idea of abstaining are the married ones or few single students who are about to get married or those in very stable relationships.

Use of Traditional Herbs

From the focus group discussion, it was also heard that there are certain students who rely heavily on the use of traditional herbs to prevent pregnancy, spread of STIs including HIV. The researchers noted that, students come to the college from diverse backgrounds hence they have different beliefs which they sometimes take long to throw away. In the focus group discussion, it was established that some students though very few argued that they reacted to the material used to manufacture condoms hence they tend to have sex without protecting. The above response pointed to the fact that, this small group of people are the ones who may fuel the spread of STIs and HIV or even impregnate or get unplanned pregnancies after their sexual encounters with their boyfriends or girlfriends. The above argument was supported by the article published in the Mirror 7 November 2014 which indicated that a survey conducted in Masvingo concluded that at least 1 200 cases of STIs were recently recorded. This therefore shows that more behaviour change campaigns are required or even encouragement of other methods of preventing contracting of HIV and STIs, like voluntary male circumcision (VMMC).

Theme 4: Facilitation of positive living

Results from focus group discussion and interviews with two college staff revealed that positive attitude are influenced by a number of activities taking place at the college. A certain student remarked that,

Our approach to positive living is influenced by a number of factors that include lectures, workshops and voluntary counseling and testing (VCT) being conducted. These assist students to a greater extent to accept their HIV status.

The researcher also noted above from the number of students who participated in VCT programme at the college when the people from population services international visit the college to offer a number of health services to the students. For example, VCT, Voluntary Medical Male Circumcision (VMMC) and screening of cervical cancer. Furthermore, the researcher identified

documentary evidence that support the issue of positive living. The Dean produced all registers of HIV support groups in her office, peer education register and the minutes of meetings held on positive living and ways of supporting each other. The researcher also observed that students have a thriving herbal garden meant to benefit everyone who is in need of the herbs. This scenario therefore was supported by Albert Bandura's observational learning theory. Many groups of students have come to realise that the welcoming and accepting environment created by the college helped them to change their attitudes from being negative to positive. Through encouragement and reinforcement many students now are active in supporting the herbal garden and are now at the forefront of encouraging positive living through, herbs, nutrition's and otherwise.

Indifference to Positive Living

Findings from focus group discussion however identified that there are other people who tend to give less value to positive living programmes. Males were identified as not really active when it comes to VCT and information of support groups. Generally men were identified as not likely to visit health services regularly. The assertion was also supported by documentary evidence that shows that few men look for services at the clinic and they rarely come for counselling. The health and life skills lecturer in support of this said that;
Men rarely visit their offices for counselling and other health services. Records from PSI also confirm a similar scenario that men rarely come with their wives for HIV counseling and testing. They simply say if their wives are tested then they can know their results through their spouses.

In support of the above argument UNAIDS (2010) asserts that men are active partners in all sexual activities taking place in communities but unfortunately they are not comfortable to seek voluntarily health services. Therefore, UNAIDS (2010) believes that involvement of men can go a long way in reducing HIV, STI Transmission and improving the attitude of positive living.

Theme 5: Reduction of stigma and discrimination

Interviews held on the Lecturer - in Charge of health and life skills, Dean and wardens all pointed out a significant reduction of stigma and discrimination. The Dean had this to say in support of the reduction of HIV stigma and discrimination.
There is a marked difference from when life skills was formally offered and nowadays in terms of the levels of stigma, people now access vital information at the college and how HIV can be transmitted. Myths, certain traditional beliefs and

misconceptions that people used to have been cleared as shown by the amount and quality of information students now have.

Therefore, through counselling, peer education, lectures, invitation of resource persons and outreach programmes students now obtain correct and up to date information hence misconceptions are cleared. This is also in sync with what Albert Ellis said in his theory of Rational Emotive Behaviour Therapy (Neukrug, 2011) that when one has irrational beliefs about certain events they normally end up having unhealthy outcomes. Therefore, if correct information is given to a person, they change their irrational thinking and end up with an effective philosophy of life. Ellis Albert's ABC theory, in this case, answers the question why now there is a positive approach to HIV cases.

The results above disconfirm the assumptions that stigma and discrimination on HIV is very high.

Presence of stigma and discrimination

While overwhelming evidence pointed to the reduction of stigma and discrimination, however the results from focus group discussion and interviews also indicated that stigma and discrimination is not completely gone. A certain female student had this to say;

A, zvinonetsa kuti nyangwe kushamwari yako kuti shamwari ndine utachiona hweHIV. Hauzivi kuti anozodii .Anogona kuzoudzavo vamwe vanhu wozone vanhu vasingachadi kutamba newe vose vava kukuvenga nokuti wataura kuti une HIV.

Jackson (2012) and Kalanda (2010) both dovetailed on the issue that stigma and discrimination, while notable change has been recorded, more needs to be done to ensure there is total acceptance of HIV as a natural phenomenon that requires support from everyone to ensure that people manage their conditions properly.

Theme 6: Creation of student friendly college or environment

Findings from interviews and focus group discussions established that the college is doing a lot to create a conducive environment to cater for students needs. The lecturer in Health and Life Skills remarked that;

Creation of a student friendly environment is a policy issue which operates within the parameters of the Ministry of Higher and Tertiary Education Science and Technology Development regulations, that, stipulate

that teachers' colleges must put in place certain structures that cater for students with health challenges particularly HIV.

The above statement confirms the findings from focus group discussions where students admitted that their college being a church run institution is conscious of a number of services that are critical to cater for all students with health challenges.

Observations made by the researcher indicated that there are a number of structures in college that cater for students' needs. The College Rector, Chaplin, Dean of students, wardens, the Life Skills Department and the college clinic all these provide students' health needs and they can recommend the students to access any services required according to their conditions.

Documentary evidence from the Health Life Skills department and the Dean shows a number of students that require certain social services. These documents convinced the researcher that the college caters for HIV positive living students who require the services and support of the college.

Unmet Students needs

A handful of students in focus group discussion however, said that, while credit is given to college for offering them good services, it needs to cater for all students even the non residents students living positively in terms of ensuring that they also have accommodation at the college and they also get food so that they also access basic services enjoyed by the residents students.

CONCLUSION/RECOMMENDATIONS

The study paid attention on trying to establish the impact of health and life skills offered in teachers' college to the student teachers' sexual health behaviour. (SRH). The researcher recommends that the government needs to seriously revisit its previous programme of cadetship in order to assist many students who are in dire need of financial assistance in colleges. The researcher feels that there is need for the government to enter into Memorandum of Understanding (MOU) with many stakeholders that are able to continue funding programmes in colleges as the current partners are failing to sponsor certain activities it previously funded. There is need for continued aggressive public campaigns in order to empower students against indulging in risky behaviour. The Ministry of Health And Child Care together with some non-governmental organisations must find some persuasive or rather effective strategies to lure men into appreciating the benefits of voluntary counselling and testing. Sexual and reproductive health stakeholders must hold

continuous workshops on assertive training for ladies. Continuous capacity building is required to ensure that all human capital in their respective departments who deal with students always get update information on how they can handle and assist students who are having health challenges.

Last but not least, the researchers feel that men are an important stakeholder in sexual and reproductive issues; therefore they should also partake in VCT as well in order for them to also protect their families and themselves. Assertive training is critical in female students so that they are able to confidently interact with their male counterparts in a healthy manner.

REFERENCES

Botvin, G.J. and Griffin, K.W. (2004) Life Skills Training: Empirical Findings and Future Directions Journal of Primary Prevention Vol 25 October 2004.

Botvin, G.T. (2014) Life Skills Training: Empirical Findings and Future Direction.

Chinyoka, K. (2013). Psychosocial effects of poverty on the academic performance of the girl child in Zimbabwe. Doctoral thesis published online http://uir.unisa.ac.za/bitstream/handle/10500/13066/thesis_chinyokai_k.pdf%3Fsequence%3D1

Creswell, J.W. (2008) Research Design. Qualitative and Quantitative Approaches. London: Sage Publications.

Gribbs, G. (2012) Qualitative Data Analysis: Explorations With Nvivo. Open University Press

Jackson, H. (2012) AIDS Africa, A Continent in Crisis SAFAIDS: Harare.

Jaiteh, M. (2014) Tapping Youth Potential in HIV Prevention. New Delhi: Youth Association Publishers.

Kalanda, F.B. (2010) Life Skills And Reproductive Health Education Changes Behaviour In Students and Teachers.

Latif, A. and Maunganidze, M. (2011) Research Project, Module, Harare: Zimbabwe Open University

Ministry of Health and Child Welfare (2009) National Adolescent Sexual and Reproductive Health Strategy 2010-2015, MOHCW: Harare

Ministry of Health and Child Welfare (2012) Standard National Adolescent Sexual And Reproductive Health (ASRH) Training Manual For Service Providers, MOHCW: Harare

Ministry of higher and tertiary education (2004) Policy on HIV/AIDS For Teachers Colleges, Harare: Ministry of higher and tertiary education

Neukrug, E. (2011) Counselling Theory and Practice, USA: Brooks

Newsday 13 March (2014) 'The gold rush'

Rukuni M. and Maunganidze, L. (2011) Theories and Practices In Counseling, Module CD 102, Harare: Zimbabwe Open University.

Rukuni, M. (2012) Introduction to Selected Theories in Counselling, Module CD 102 Harare: Zimbabwe Open University

Santrock, J., W., (2009) Educational Psychology Second Edition., New York: McGraw Hill

Schultz, C.M. (2007) The Value Of a Life Skills Programme at a Higher Education Institution in South Africa

Singizi, T. (2013) Southern African HIV/AIDS action, issue 55 march, Harare: SAFAIDS

Snowman, J. McCown, R. And Biehler, R. (2009) Psychology applied to teaching, USA: Wardsworth

Thompson, C.L. and Henderson, D.A. (2007) Counselling Children, 7th Edition, USA: Thompson corporation

Tuckman, B.W. (2012) Conducting Educational Research, New York: Harcourt

Tuckman, B.W. and Monetti, D.M. (2011) Educational Psychology. New York: Wadsworth Cengage

UNAIDS (2010) Gender Mainstreaming into The National Response to HIV AND AIDS in Zimbabwe, A Training Guide

UNAIDS (2009) Operational Plan For UNAIDS Action Framework (2010-2014) Addressing Women, Girls and Gender Equality And HIV

UNICEF (2010) Summative Evaluation on HIV/AIDS Life Skills Programme

UNICEF, (2007) In-Service Training Of Primary and Secondary School Teachers In Gender Sensitive Teaching and Participatory Methodologies Of HIV/AIDS and Life Skills And Training Of Peer Educators In HIV/ AIDS And Life Skills Education Gender Dimension Of HIV/AIDS