

Addressing HIV/AIDS Education:

A Look at Teacher Preparedness in Ghana

Jim Martin Weiler
University of Education, Winneba

Cassandra J. Martin-Weiler
University of Education, Winneba

Our research shows that social science university trained Ghanaian student/teachers do have the knowledge, confidence, and willingness to address HIV/AIDS issues in their teaching, yet they do not. The reason, we argue, is that teachers have little incentive to address contentious issues in the classroom. Questionnaires were administered to 382 University of Education, Winneba students, 61 of whom were just returning from year-long placements. We conclude with the argument that the rethinking of the current dominant approach to curriculum is necessary and that a curriculum that will better support teachers in addressing controversial issues such as HIV/AIDS in the classroom should be considered.

Keywords: Teacher Preparation; HIV/AIDS Education; Addressing Social Issues; Critical Pedagogy

According to the United Nations Millennium Development Goals (MDG) Report (2010), knowledge and understanding are the first steps in combating the spread of HIV, but success has not been as great as hoped. They state:

Though some progress has been made, comprehensive and correct knowledge of HIV among young people is still unacceptably low in most countries. Less than one third of young men and less than one fifth of young women in developing countries claim such knowledge about HIV” (p. 41).

In many cases, education is seen as the panacea to solve the world’s problems (e.g. sex education to combat high birth rates, health education to combat malnutrition, drivers’ education to combat automobile accidents). We too believe in the value of education. However, if education is going to be effective in addressing these social problems, including HIV/AIDS, a critical examination of its role is necessary. Simply imposing more knowledge on students and teachers has not been sufficient in bringing the desired changes.

In the real world, the rational decision made by organizations like the United Nations are not implemented simply by a decree from a nation’s ministry of education. Lipsky (1980) argues

that teachers, as well as social workers and police officers, have great autonomy in implementing policy. If goals are ambiguous and/or conflicting, clients have little discretion over the services that are rendered. If resources are lacking, the street level bureaucrat (Lipsky, 1980), i.e. the teacher, will greatly determine what happens to the policy. This perspective directly challenges the notion that if teachers are informed about what to do that they will do it.

Being knowledgeable about what to teach is only one part of how prepared a teacher is to address HIV/AIDS as an issue for the classroom. Another aspect is how willing and confident teachers are to undertake such an endeavor. Studies (Ahmed, Flisher, Mathews, Mukoma & Jansen, 2009; Helleve, Flisher, Onya, Kaaya, Mukoma, Swai & Klepp, 2009; Helleve, Flisher, Onya, Mukoma & Klepp, 2011; Mathews, Boon, Flisher & Schaalma, 2006, Peltzer & Promtussananon, 2003) have examined what factors influence teachers' confidence in an African context. They found training and attitudes to be key factors. The teachers in these studies were responsible for teaching HIV/AIDS education. In the study conducted by Mathews et al. (2006), only 70% of those teachers had reported implementing HIV/AIDS education. Our study relates to the larger population of teachers who do not have a mandate to specifically teach HIV/AIDS education. Our question was focused on how issues relating HIV/AIDS enter the classrooms of core subject areas, namely social sciences?

A need exists to critically examine the context in which HIV/AIDS is conceptualized as a curricular issue. For instance, instruction can be a tool to increase students' consciousness in responding to social problems. Whether the idea becomes reality or merely rhetoric depends on how we approach the curriculum. Silin (1995) articulated how the curricular approach to HIV/AIDS influences the impact it will have.

In defining HIV/AIDS as a biomedical event that can be addressed only by those trained in science and health education, we attempt to make it safe contained within a specific discipline, so that it will not contaminate other areas of study. When the topic of HIV/AIDS is sanitized, teachers and students are protected from the truly unhealthy aspects of society that might otherwise be revealed; the status quo is ensured. (p. 229)

The argument is to treat contentious issues not in a purely academic manner. What makes HIV/AIDS not just a health issue, but also a social science issue, is that its implication reaches into the realms of values and politics. How we treat the most vulnerable people, what resources are dedicated to treatment and prevention, how we behave in personal relationships, and how we view the disease are strong statements about a society.

Other researchers (Ahmed et al., 2009; Deutschlander, 2010; Helleve et al., 2009, 2011; Mathews et al., 2006; Mwebi, 2007) have argued that addressing an issue like HIV/AIDS is different from most other issues. Rather than focusing primarily on the cognitive domain (e.g. knowing the ways to contract the virus), there is a strong need to emphasize the affective domain (e.g. examining personal values) and change behaviors (e.g. making good decisions). Clearly, preparing teachers to address HIV/AIDS in the classroom is complex.

Our research examined how prepared University of Education, Winneba (UEW) students are to respond to the social problem of HIV/AIDS. We wanted to know how knowledgeable, willing, and confident they are to address such issues in the classroom. Also we wanted to know if the interns in the classroom addressed HIV/AIDS issues. We decided to ask them their views and knowledge about a host of related issues. HIV/AIDS is not the only social issue that requires teachers' attention, but we believe that it is a good proxy for contentious issues that will not go

away no matter how deliberately they are ignored. As far as the MDGs are concerned, nations and education reformers need to decide how we want to continue treating contentious social issues. Do we want to treat them as abstract and theoretical topics that can be tested easily or do we want to delve into complex issues that are perceived as risky?

Background to HIV/AIDS Education in Ghana

The first identified cases of HIV infection in Ghana occurred in 1986. In response, the National AIDS Control Programme was established. A 1995 Department for International Development study (Barnett, Konign, & Francis, 1995) looked at HIV/AIDS education in four countries in Africa and Asia. Ghana was one of the countries included. They found that efforts towards HIV/AIDS education in schools were minimal with teacher preparation non-existent at that time. It referred to a survey conducted in 1990 that was to guide school health policy in Ghana. They found that, "Results indicated poor environmental conditions in schools, and minimal time developed to teaching around health issues" (p. 96).

Even with this low standard, the consequences were not catastrophic. According to UNAIDS, the rate of HIV infection in Ghana was 1.9% (2008a). This statistic appears to be a fairly low one in Africa. However, if we look at the World Health Organization's statistics for Ghana (2005), the percentages of adults with the infection show an increase from 2.3% to 3.4% from 2000 to 2002. Also, the most affected age group in 2004 was 25-29 year olds with a 4.5% prevalent rate of infection. During this same period, funding of HIV/AIDS activities also increased to reach over \$32 million in 2006. However, between 2005 and 2006, spending on prevention programs decreased by \$3.8 million (UNAIDS, 2008a).

In terms of reaching universal access to HIV prevention, treatment, care, and support by 2010; the UNAIDS Fact Sheet on Ghana states, "Persistently low levels of knowledge underscore the need to improve basic knowledge levels to help reduce stigma and discrimination" (2008b, p. 1). There is evidence of a decline in knowledge from 2005 to 2007. According to Ghana's AIDS Commission (2010), awareness of HIV/AIDS remains very high (98% for men and 99% for women), but comprehensive knowledge (e.g. identifying ways of transmission) remains low (under 35%).

While Ghana is facing the above situation, what is the response of social science educators? Those of us, who believe that the social sciences have a responsibility to address the social issues of the day, hope that university-trained students are prepared to take up the challenge as teachers to address HIV/AIDS. This work examines how pre-service and in-service teachers perceive HIV/AIDS and their role in addressing it.

Related Literature

It is the authors' view that addressing HIV/AIDS in teaching and learning is more than a cognitive, academic exercise. It requires a teachers' full commitment in terms of encouraging personal values and experiences as part of the learning process. Studies (Helleve et al., 2009, 2011; Mwebi, 2007) show that teachers had to find different approaches in their teaching about HIV/AIDS including using role-play methods. Their teaching focus turned toward creating an open and safe environment while crossing cultural, gender, and age barriers. Helleve et al. (2009) acknowledged that "It is less challenging to provide knowledge for educators than to address affective aspects, values, and attitudes" (p. 56). In many African cultures, children are

not comfortable openly discussing issues relating to sexuality with an adult who may be of a different gender. As for the teachers' perspective, some were uncomfortable when asked about their own personal experiences (i.e. Has that ever happened to you?).

There is another level beyond the affective domain of sharing values related to the virus and the people who have it. In this regard, researchers discuss the need for teachers to take a critical approach towards the topic. Mwebi (2007) articulated the ideals of the Kenyan Child-to-Child HIV/AIDS curriculum approach. The approach was based on ideas of Dewey (1929) and Freire (1970) that support and challenge students to connect the issues to their lives, examine the larger social/political contexts and implications, and then to take action to bring about change. In this view, students are no longer innocent bystanders or possible victims; rather, they are agents of change.

This critical approach is reflected in Giroux's (1988) *Teachers as Intellectuals*. He advocated that teachers take responsibility to make changes in the classroom. He argued that teachers are capable and they are in the best position to help students critically examine their realities in order to be able to change them. He argues that knowledge is not an end in itself for students to passively absorb. Rather, the teachers are to collaborate with students to problematize knowledge. Thus, knowledge becomes real, authentic, and contextualized in the sense that it demands a response.

It is not easy for teachers to engage in this critical process. Clandinin and Connelly (1992) point out that, historically, teachers have not been viewed in the way that Giroux advocates. They show that teachers were viewed as the "conduit" that transmits the curriculum to the students. "Teachers were generally told what to do and, at least in Canada, supervised to make sure they did it" (p. 367). Clandinin and Connelly also argue for teachers to have a more active role with the curriculum (i.e. "teacher as curriculum maker"). In their view, building from realities of society and students' interests, teachers are to develop rigorous and thoughtful learning experiences and opportunities.

McCutcheon (1988) creates a similar dichotomy between the "traditional" and the "deliberatist" role of teachers in curriculum. A teacher of the former perspective passively implements what is handed down to her or him, and the deliberatist teacher is a critical, reflective practitioner who takes an active role in constructing meaningful learning experiences.

When discussing teachers as reflective and active practitioners, it is difficult not to call on Dewey. He was the first great advocate for this role of the teacher. Dewey (1900) made strong pleas for teachers to connect the reality of students' lives to the ideas of the classroom.

Silin (1995) builds on Dewey's concept in his belief that, "The role of teachers is to help their students make sense of the world" (p. 230). While many educational theorists advocate such a paradigm, it is clear that it is not the dominant approach practiced in classrooms. In his experiences assisting schools in addressing HIV/AIDS, Silin (1995) observes, "Almost always, teachers had felt unprepared to take advantage of the moment to begin a dialogue that could lead to more structured learning" (p. 231).

A South African study (Hattingh & de Kock, 2008) showed similar findings. When they examined teachers' perception of their role prior to and after their internship, they found that the university students did focus on issues of HIV/AIDS as a part of their role. However, rather than seeing themselves as agents of change, they saw themselves in the maternal role of caretaker. Interestingly, the dominance of that role minimized once they completed their teaching practice.

Reluctance to address HIV/AIDS as an integral part of the role of the teacher is nothing new in most countries, Ghana included. The Barnett et al. (1995) study indicated that the efforts

made focused on health education or media campaigns aimed at “out-of-school youth”. The study also pointed out the importance of the teacher, yet it acknowledged the complexities involved in getting teachers to address HIV/AIDS issues. It states, “Teachers stress the importance of hygiene education and express embarrassment and some reluctance about teaching sex education – but agree that it should be in the curriculum” (p. 105). This view concurs with our thinking that teachers believe that HIV/AIDS is an important issue to address, but having such a belief is not the only factor involved. Their study continued with, “Teachers accept that sexual aspects of AIDS must be addressed – but feel they need help on this (and prefer to involve health workers)” (Barnett et al., 1995, p. 105).

It is important to note that our study did not attempt to answer the question of whether addressing HIV/AIDS in class is effective. This is an important issue which others have addressed. For example a study in South Africa (James et al., 2006) pointed to mixed results. The authors found that in the short term, a life skills program can be effective in promoting knowledge and behavior change, but the long-term effects are less well known. While it is our hope that the outcomes are effective, our research focuses on teachers attempting to address the issue.

Methods

The researchers used two sets of questionnaires for this study. The first set was given to students studying on the three Winneba campuses of the University of Education at Winneba (UEW) in Ghana. Three hundred twenty students from 18 departments were convenience sampled, representing 7-9 percent of the population of UEW students on campus. Eighty-nine (27.8%) of the respondents came from the Faculty of Social Sciences Education (FSSE), which constituted approximately 10 percent of FSSE students who were on campus.

In addition to eliciting background information, the questionnaire included fifty different question items. Various formats of Likert scales and multiple choice options were used. The questionnaire was aimed at discovering students’ self-reported knowledge, perceptions, and attitudes towards HIV/AIDS and addressing it in the classroom.

In May of 2009 the second set of questionnaires was distributed to 61 returning interns of a social science education cohort of 202 following a year-long placement. Respondents came from the four areas of history, economics, geography, and political science. Convenience sampling was used in both cases.

The first page of the interns’ questionnaire focused on the general internship experience. The second page, which was used for this study, focused on experience, behaviors, and attitudes toward HIV/AIDS. The questions included some of those from the first set of questionnaires with one additional question: “Have issues regarding HIV/AIDS come up during the teaching of your internship?” with possible responses of: “Never”, “One time”, “2-3 times”, “4 or more times”. It should be noted that this question simply asked if such issues arose, not if they planned or taught a lesson on it.

The means of respondents’ replies to some were combined to give a composite of the general area. The issues are identified in Table 1 below.

Table 3
Cross Tabulation of Knowledge and Responding to HIV Issues

Issue	Number of Items	Sample Item	Response Format
Concern about HIV/AIDS	7	How concerned are you about the issues below... That a friend may have HIV/AIDS	Likert scale (Not at all, Slightly, Generally, Greatly)
Knowledge (self-identified)	9	In terms of being knowledgeable of HIV/AIDS, rate how well you know... How to lead a discussion on HIV/AIDS as a classroom teacher	Likert scale (Do not know, Know little, Know generally, Know deeply)
Confidence	6	I feel awkward talking about HIV/AIDS	Likert scale (Strongly agree, Agree, Undecided, Disagree, Strongly disagree)
Willingness	2	As a teacher, I should find a way to teach about HIV/AIDS (either as a part of my subject area or separately)	Likert scale (Strongly agree, Agree, Undecided, Disagree, Strongly disagree)

Predictive Analytics Software (PASW) Statistics 17.0 was used for compiling the frequencies and cross-tabulations.

The Findings

The findings of the study are presented first by the knowledge reported by the respondents from both questionnaires. The purpose is to show the general level of self-reported knowledge of HIV/AIDS and how to address it in the classroom. Then, we took the data from the returning interns and compared their knowledge with the number of times HIV/AIDS issues came up in their teaching. We continued the process by looking at issues of willingness and confidence to teach about HIV/AIDS. With both issues, we presented the general results from the two questionnaires and then we used cross-tabs to compare each issue with the number of times HIV/AIDS was addressed in the classroom.

Knowledge

In general, the respondents reported being knowledgeable about HIV/AIDS and how to respond to it. With a possible range of 1 (knowing nothing of any of the aspects) to 4 (knowing deeply about all the aspects), Table 2 below shows how the respondents self reported. Respondents of the first questionnaire were separated between those from social sciences and those from other subject areas. The means for each group were over 3 (knows generally), with social studies and social sciences students having the highest at 3.23.

Table 2
 Means of Knowledge of Various Groups

	N	Minimum	Maximum	Mean	Std. Deviation
Social Science	87	1.57	4.00	3.23	.51
Other Areas	233	1.14	4.00	3.07	.56
Interns (Social Sciences)	61	2.00	4.00	3.15	.50

The mean scores were consistent with Peltzer and Promtussananon (2003) survey results of South African secondary school teachers where they found, “Generally, teachers felt they had knowledge and ability to teach about HIV/AIDS” (p. 353). Durojaiye (2011) had similar results in Nigeria. It is also understandable that social science student responses tended to be higher than others. The social sciences are based on social issues, and the students should be aware of those issues, and prepared to address them in the classroom. The slightly lower means of social science interns (3.15 as compared to 3.23) might reflect a conclusion of a South African study (Hattingh & de Kock, 2008) where students become less certain of their content knowledge as they progress through their teaching practice.

In the next step, we looked to see how strong the correlation was with having knowledge of HIV/AIDS issues and how to address it in the classroom, and the interns actually addressing such issues in the classroom. In other words, are those with knowledge more likely to respond to HIV/AIDS issues in the classroom? The assumption is that that these two variables would have a positive correlation. Mathews et al. (2006) found, “One of the strongest predictors of the implementation of HIV/AIDS education was teacher training.” (p. 392). Our results concur as shown in Table 3.

What is striking is that so few interns indicated that issues regarding HIV/AIDS ever arose in the classroom. Even with those who rated themselves as deeply knowledgeable, 75% indicated that such issues rarely (never or one time) were mentioned inside the classroom. Of course, we are dealing with small numbers. For instance, only eight out of the sample of 60 (13.33%) indicated that these issues were at least mentioned four or more times during their eight-month internship. It seems to these researchers that social science teachers would typically use examples, illustrations, and applications of real issues. Four or more times for a current social issue to be mentioned over the course of a year do not necessitate a thorough investigation.

Table 3
 Cross Tabulation of Knowledge and Responding to HIV Issues

		HIV/AIDS Issues came up				Total
		Never	Once	2-3 Times	4 or More	
Know little	2.00	1 (50%)	1 (50%)	0	0	2 (100%)
	2.50	8 (80%)	1 (10%)	1 (10%)	0	10 (100%)
Know generally	3.00	7 (43.75%)	7 (43.75%)	1 (6.25%)	1 (6.25%)	16 (100%)
	3.50	10 (41.66%)	4 (16.66%)	5 (20.83%)	5 (20.83%)	24 (100%)
Know deeply	4.00	5 (62.5%)	1 (12.5%)	0	2 (25%)	8 (100%)
	Total	31 (51.66%)	14 (23.33%)	7 (11.66%)	8 (13.33%)	60 (100%)

Willingness

In general, all groups tend to indicate that they are willing to teach about HIV/AIDS even if it

is not a part of the syllabus. Table 4 shows that the average respondent falls between “Strongly agreeing (1)” and “Agreeing (2)” for both groups of the first questionnaire. The interns showed less agreement with a mean of 2.11, but it still clearly indicated agreement.

Table 4
 Means of Willingness to Address HIV Issues

	N	Minimum	Maximum	Mean	Std. Deviation
Social Sciences	88	1.00	5.00	1.87	.82
All Other Areas	219	1.00	5.00	1.89	.78
Interns (Social Sciences)	61	1.00	5.00	2.11	1.00

As mentioned with the issue of knowledge, interns may be more skeptical of teaching issues after they have returned from the field. The reality of the difficulty of teaching particular issues was most likely still fresh in their minds.

Again, we compared the variable willingness with what the interns reported actually happening during their placement. Again we see the familiar correlation that we would expect to see. Those who indicated that HIV/AIDS should be taught in their classrooms claimed that such issues did come up more than those who did not indicate that it should be taught.

The trend continues. It would make sense for interns who state that they should teach HIV/AIDS issues to actually have those issues addressed in their classrooms. And, yes, it is more likely that the issues will come up in their classes; but what is striking is how many who claimed they should teach it (18 agreed and an additional 26 strongly agreed) did not do so. Half (22 out of 44) of these interns who stated that they should “find a way to teach about HIV/AIDS” admitted that the issue never came up in a planned or spontaneous way.

Table 5
 Cross Tabulation of Willingness and Responding to HIV Issues

	HIV/AIDS Issues came up					Total
		Never	One time	2-3 times	4 or more times	
Strongly agree	1-1.5	12(46.15%)	4(15.38%)	5(19.23%)	5(19.23%)	26(100%)
Agree	2-2.5	10(55.55%)	5(27.77%)	2(11.11%)	1(5.55%)	18(100%)
Undecided	3-3.5	8(57.14%)	4(28.57%)	0	2(14.29%)	14(100%)
Disagree	4-4.5	1(100%)	0	0	0	1(100%)
Strongly disagree	5	0	1(100%)	0	0	1(100%)
Total		31	14	7	8	60

Confidence

Perhaps university students have the knowledge to teach about the topic and the willingness to do so, but what about the confidence in being able to address such a contentious issue? The data is not as one-sided as in the other two areas. In general, confidence levels cannot be rated as high or as low. The middle between showing confidence and not showing confidence would be indicated by 3.0. In this case, the higher numbers (closer to 5) would suggest greater confidence and lower ones (closer to 1) would suggest less.

Table 6
 Means of Confidence in Addressing HIV/AIDS Issues

	N	Minimum	Maximum	Mean	Std. Deviation
Social Science	89	1.50	4.33	3.14	.66
Other Areas	219	1.50	5.00	3.10	.72
Interns (Social Sciences)	61	1.83	4.50	3.21	.73

Interestingly, the social science education interns reported a higher level of confidence (3.21) than other students on campus (social studies / social sciences at 3.14 or other departments at 3.1), which is a departure from the other factors discussed above.

Following the same trend as the first two factors, having confidence in thinking about, talking about, and responding to HIV/AIDS is positively correlated with the issues coming up in the classroom. Those interns who indicated higher levels of confidence also showed greater likelihood of bringing up these issues in the classroom.

Table 7
 Cross Tabulation of Confidence and Responding to HIV Issues

	HIV/AIDS Issues came up					Total
		Never	One time	2-3 times	4 or more times	
Low levels of confidence	1.83-2.83	12(54.54%)	6(27.27%)	2(9.09%)	2(9.09%)	22(100%)
Mid levels of confidence	3.00	2(66.66%)	1(33.33%)	0	0	3(100%)
High levels of confidence	3.17-3.83	12(57.14%)	5(23.81%)	1(4.76%)	3(14.29%)	21(100%)
Very high confidence	4.0-4.50	5(38.46%)	2(15.38%)	3(23.08%)	3(23.08%)	13(100%)
Totals		31	14	6	8	59

While those with more confidence regarding HIV/AIDS issues are more likely to address such issues in the classroom, the difference is marginal between those with low levels of confidence (1.83-2.83) and those with high levels of confidence (3.17-3.83). It is only when regarding those with very high levels of confidence (4.0-4.5) that there is a significant difference. Still, the numbers are not impressive. Of those thirteen most confident interns, only three indicated that the HIV/AIDS issues arose four or more times.

Discussion

The message is clear that university-trained interns are not taking up the call to respond to the social problem of HIV/AIDS in the classroom despite their knowledge, despite their willingness, and despite their confidence. We believe that the inadequacy does not lie with the student but in the curriculum's approach to the study of the social sciences. HIV/AIDS could easily be placed as a topic in various social science curricula. However, the result would most likely be an ineffective, sanitized, and academic approach.

The senior high school social science curricula are not structured in a way that supports and challenges teachers to meaningfully address current, sensitive social issues. The curriculum does

not promote teachers as intellectual. Instead it promotes teachers as conduits of the curriculum. As a result, controversial social issues, such as HIV/AIDS, are avoided.

When teachers are faced with contentious issues that are not in the curriculum, they take great risks such as the risk of making students uncomfortable, the risk of offending parents and administrators, and the risk of being viewed as zealots or worse. These risks are real. Educational theorists (Cohen, 1988; Sedlak, 1986; Jackson, 1990) have pointed out that when students are uncomfortable, they can make teaching very difficult. Teaching careers are ruined over saying the wrong thing or being misunderstood much more easily than by poor teaching.

While the risks are great, the reward is ambiguous and in the distant future. Perhaps lessons will be more interesting when the topic relates to current social issues, but that does not mean students will pass exams with higher marks. Hopefully, students will become more conscious citizens prepared to respond to social ills, but that reward is further down the road than most teachers can see.

Westheimer and Kahne (2004) examined programs that were promoting democratic education. They argued that programs that focused only on one aspect (i.e. personal responsibility) failed to encourage students to connect their individual knowledge and behavior with that of the larger society in order to make change. On the other hand, they argued that a social/political change (the justice oriented approach) that does not examine individual behavior or supports collective action is also ineffective.

Their perspective is important for HIV/AIDS programs to take note of because it is relatively easy to teach the knowledge elements, which appears to be done effectively. As noted previously, bringing about a change in behaviors and attitudes is a larger challenge to teachers. An even greater challenge is to lead students to be agents of change.

We believe that the curricula should follow Westheimer and Kahne's (2004) suggestions. The curriculum must support and challenge teachers to focus on three levels:

- students being knowledgeable of and sensitive to HIV/AIDS issues,
- students taking action to address the ignorance/fear/stigma revolving around the pandemic, and
- students examining how these issues relate to a larger political/social/economic context.

So what is the consequence of a curriculum where teachers do not respond to controversial issues in the classroom? Teachers will continue to treat the social sciences as academic subjects that are void of the complexities that reflect the contentious real world. Social sciences will continue to gain legitimacy as an academic endeavor with theories expounded and exams passed, but at what cost?

Unfortunately, this sacrifice means that teachers are not using the classroom as a laboratory to examine and act upon complex social issues. Education, in general, and social sciences in particular forfeit their role as an active agent in equipping students to critically assess, debate, and respond to real social problems. If students are not engaged in dialogue and debate over the difficult issues of the day, they will hardly be prepared to address them once they leave school. In the end, social science further removes itself from the realities of the people of the country.

Thus, the time has come for education reformers to rethink the subjects' approach to the curriculum. If we wish to promote teachers as intellectuals who engage their students in thinking about and responding to the reality that faces them, we need a paradigm shift. We need to find ways to make the curricula more problem-based, responsive to social issues, and more dynamic.

First and foremost, our focus has to be on preparing students for conscious citizenship through action rather than preparation for exams through passivity. If social science does not take up this challenge, it risks losing its credibility, and its high ideals will be merely rhetoric.

References

- Ahmed, N., Flisher, A., Mathews, C., Mukoma, W., & Jansen, S. (2009). HIV education in South African schools: The dilemma and conflict of educators. *Scandinavian Journal of Public Health, 37*(Suppl 2), 48-54.
- Barnett, E., de Konign, K., & Francis, V. (1995). *Health & HIV/AIDS education in primary & secondary schools in Africa & Asia. Policies, practices & potential: Case studies from Pakistan, India, Uganda, Ghana* (Serial No. 14). Education Resource Group, Liverpool School of Tropical Medicine: Department for International Development study.
- Clandinin, D. & Connelly, F. (1992). Teacher as curriculum maker. In P. W. Jackson (Ed.), *Handbook of research on curriculum. AERA* (pp. 363-461). New York: MacMillan Publishing.
- Cohen, D. (1988). Teaching practice: Plus ça change. In P. W. Jackson (Ed.), *Contributing to educational change: Perspectives on research and practice* (pp. 27-84). Berkeley: McCutchan.
- Deutschlander, S. (2010). An analysis of training effects on school personnel's knowledge, attitudes, comfort, and confidence levels toward educating students about HIV/AIDS in Pennsylvania. *International Journal of Mental Health and Addiction, 8*, 444-452.
- Dewey, J. (1900). *The school and society*. Chicago: University of Chicago Press.
- Dewey, J. (1929). *My pedagogic creed*. (Reprinted in Flinders, D. J. & Thornton, S. J. (Eds.) (1997). *The curriculum studies reader*. New York: Routledge.
- Durojaiye, O. (2011). Knowledge, attitude and practice of HIV/AIDS: Behavior change among tertiary education students in Lagos, Nigeria. *Annals of Tropical Medicine and Public Health, 4*(1), 18-24
- Freire, P. (1970). *Pedagogy of the oppressed*. New York: Continuum.
- Ghana Aids Commission. (2010, March). *Ghana's progress report on the United Nations general assembly special session (UNGASS) declaration of commitment on HIV and AIDS*. Reporting period January 2008 – December 2009. Technical assistance from UNAIDS. Retrieved from <http://www.unaids.org/fr/dataanalysis/monitoringcountryprogress/2010progressreportssubmittedbycountries/file,33663,fr..pdf>
- Giroux, H. (1988). *Teachers as intellectuals*. New York: Bergin & Garvey.
- Hattingh, A & de Kock, D. (2008). Perceptions of teacher roles in an experience-rich teacher education programme. *Innovations in Education and Teaching International, 45*(4), 321-332.
- Helleve, A., Flisher, A. J., Onya, H., Kaaya, S., Mukoma, W., Swai, C., & Klepp, K. (2009). Teachers' confidence in teaching HIV/AIDS and sexuality in South African and Tanzanian schools. *Scandinavian Journal of Public Health, 37*(Suppl 2), 55-64.
- Helleve, A., Flisher, A. J., Onya, H., Mukoma, W., & Klepp, K. (2011). Can any teacher teach sexuality and HIV/AIDS? Perspectives of South African life orientation teachers. *Sex Education, 11*(1), 13-26.
- Jackson, P. (1990). *Life in the classroom*. New York: Teachers College Press.

- James, S., Reddy, P., Ruiter, R., McCauley, A., & van den Borne, B. (2006). Life skills in Kwazulu-Natal: The impact of an HIV and AIDS life skills program on secondary school students in Kwazulu-Natal, South Africa. *AIDS Education and Prevention*, 18(4), 281–294.
- Lipsky, M. (1980). *Street level bureaucracy: Dilemmas of the individual in public services*. New York: Russell Sage Foundation.
- Mathews, C., Boon, H., Flisher, A. J., & Schaalma, H. P. (2006). Factors associated with teachers' implementation of HIV/AIDS education in secondary schools in Cape Town, South Africa. *AIDS Care*, 18(4), 388-397.
- McCutcheon, G. (1988). Curriculum and the work of teachers. In L. Bayer & M. Apple (Eds.), *The curriculum*. Albany: SUNY Press.
- Mwebi, B. M. (2007). One teacher's practice in a Kenyan classroom: Overcoming barriers to teaching HIV/AIDS curriculum. *Curriculum and Teaching Dialogue*, 9(1&2), 79-95.
- Peltzer, K. & Promtussananon, S. (2003). HIV/AIDS education in South Africa: Teacher knowledge about HIV/AIDS: Teacher attitude about and control of HIV/AIDS education. *Social Behavior and Personality*, 31(4), 349-356.
- Sedlak, M. (1986). *Selling students short: Classroom bargains and academic reform in the American high school*. New York: Teachers' College Press.
- Silin, J. (1995). *Sex, death, and the education of our children*. New York: Teachers College Press.
- United Nations. (2010). *Millennium development goals report 2010*. New York.
- UNAIDS, Joint United Nations Programme on HIV/AIDS. (2008a). Country situation: Ghana July 2008. Retrieved September 2009, from http://data.unaids.org/pub/Factsheet/2008/sa08_gh_en.pdf
- UNAIDS, Joint United Nations Programme on HIV/AIDS. (2008b). Progress towards universal access: Ghana. Retrieved from http://data.unaids.org/pub/Factsheet/2008/ua08_gh_en.pdf
- Westheimer, J. & Kahne, J. (2004). What kind of citizen? The politics of educating for democracy. *American Educational Research Journal*, 4(2), 237-269.
- World Health Organization. (2005). Summary country profile for HIV/AIDS treatment scale-up: Ghana. Retrieved from http://www.who.int/liv/HIVCP_GHA.pdf
-

About the Author

Jim Martin Weiler is a Senior Lecturer in the Department of Social Sciences and the Coordinator of Post-Graduate Programmes in the Department of Social Studies at the University of Education, Winneba, Ghana

Cassandra Juanita Martin-Weiler is a social worker in the counseling center at the University of Education, Winneba, Ghana