



The Recontextualisation of the National HIV Counselling and Testing Training Curriculum in Central Uganda: Trainers' Perceptions and Practices

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Abstract

Like any other pedagogical practice, training of health care providers on HIV Counselling and Testing (HCT) for HIV prevention, care and treatment services involves an organized attempt to assist learning through instruction, observation and practice. Both the National HCT policy and curriculum launched by the Uganda Ministry of Health in 2005 advocate for employment of adult learner-centred learning methodologies for knowledge and skills transfer during HCT trainings to build the required proficiency of HCT counsellors. This paper examines how pedagogy is structured during the delivery of HCT training sessions vis-a-vis what the national HCT curriculum spells out. The paper is informed by a study that examined the implementation of the national HIV Counseling and Testing training curriculum within five HIV Counsellor training institutions in Central Uganda. Bernstein's [1, 2] theory of the pedagogic device was used to analyse the curriculum texts and trainers practice. The findings reveal that despite trainers' recognition for participatory and learners-centred approaches towards curriculum implementation, trainers exhibit dominance over the selection, sequencing and pacing of the curriculum content.

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This practice is influenced by institutional contexts and trainers' beliefs; inadequate time, the type of training session being conducted; the overall duration of the course, the type of learners to mention but a few.

Keywords: Curriculum; HIV; Recontextualisation; Training; Bernstein; Uganda; Counselling; Testing

1. Introduction

Training and capacity building is considered a critical component of HIV mitigation strategies [2]. The aim is to build the required competencies of health care providers (both medical and non medical) to address emerging issues and challenges towards HIV prevention and scaling up of service provision. Like any other pedagogic practice, training involves an organized attempt to assist learning through instruction, observation and practice. Training is defined as the act of teaching or learning new information, behaviour, skills or actions that can be used to perform job-specific tasks or improve performance [4]. Unlike education which focuses on "*learning about*", training focuses on "*learning how*" to carry out a particular job-specific task. Cross [5] adds that training is the best way to change behaviour, to improve performance and ensure that competencies are developed to address the specific needs of a particular society.

Within the context of adult learning, the learning outcomes focus on higher order thinking and integrated abilities about what learners are expected to know and be able to do. The examples of higher order thinking include the following; demonstrating the ability to implement a competence: critical thinking, responsible use of ethical principles, effective research, communication and problem-solving skills in the context of a particular field of study. Learning outcomes are also designed to be assessable, transferable, and relevant to learners' lives as workers and citizens in a diverse world [6]. Training programs in a number of HIV Counsellor Training institutions come in to address a number of emerging issues and challenges that need immediate attention. Training is also viewed as a quick intervention to scaling up HIV prevention efforts through building the required competencies for health care providers to address a number of emerging issues and challenges that need immediate attention. In high HIV prevalence areas, the dominant training models in HIV Counsellor training and practice are behaviourist with an emphasis on measurable skills and abilities. Training courses in this context are generally short – term and specific, short cycle, part-time; community-based; generally practical, flexible, learner- centred and self-governing [7].

With over 30 years into the HIV and AIDS epidemic, Uganda has made several strides in reducing the HIV prevalence rate down from a peak of 18% in 1992 for those aged 14-49 years to 6.4% in 2005 [8]. This decline was attributed to a combination of mixed HIV prevention methodologies such as provision of age-appropriate sex education, community-based behavioural prevention, condom use programmes, and prevention programmes among key populations such sex workers and provision of Anti retroviral therapy (ART) to those already living with HIV [9].

Despite the considerable progress made in reducing HIV transmission rates and in treating its dire consequences, HIV and AIDS have continued to challenge the public and all sectors with new infections on the rise in Uganda. With a population of 31.78 million [10], recent studies have reported an increase in the HIV

prevalence rate in Uganda from 6.7% in 2008 to 7.3% in 2012 among the 15-49 year olds with an estimated 150,000 new infections occurring in 2011. Young people aged 15 -24 account for 40% of the new infections that occurred in 2011[11]. Another study conducted by UNESCO [12] reveals that the HIV knowledge levels among young people in Eastern and Southern Africa (ESA) remain below 40% and every hour 50 young people are infected with HIV in the ESA region translating to 430,000 young people are infected with HIV per year [11]. The increase in HIV rates among young people indicates that among many factors, there could be crucial knowledge and proficiency gaps amongst HCT service providers who support young people to understand the risks associated with HIV and more so adopt the risk reduction options.

This article therefore seeks to contribute to the debate regarding the effectiveness of training and capacity development interventions as a mitigation strategy to HIV prevention. It describes the realities and challenges trainers face as key curriculum recontextualising agents [12] based on the experiences obtained in selected HIV Counsellor training institutions in Uganda and how their practice is likely to impact on the proficiency of counsellors. The article is based on a qualitative study that examined the 'extent' and 'ways in which' the national HIV Counseling and Testing (HCT) training curriculum was being implemented in selected HIV Counsellor training institutions in Uganda; and how its implementation influenced the counsellors' proficiency in providing quality HCT services to their clients [13].

1.1 Curriculum Implementation for HIV Counsellor Training in Uganda

In 2005, the Ministry of Health in Uganda launched a new Voluntary HIV Counselling and Testing policy [14] which aimed to put in place high quality HIV Counselling and Testing (HCT) services within the reach of every Ugandan through a multi-sectoral approach to control HIV and AIDS. The scaling up of HIV testing and counselling services requires effective capacity-building and training in order to ensure that services are of consistently high quality and that they meet the needs of the communities they serve. The policy documents aligned to the World Health Organisation [3] guidelines indicate that training and capacity-building goes beyond training and the attainment of skills for healthcare providers. It includes strengthening of organizational systems, establishing support linkages and networks for HIV prevention interventions.

With the launch of the national HCT policy, a national HCT curriculum was also launched to standardise the training of health care providers with an aim of scaling up the quality of HCT services to be provided in a variety of settings. The curriculum was to be implemented in two weeks with a one week of supervised practicum for the counsellor trainees. The service providers would then be able to effectively provide clients with useful, accurate information about HIV/AIDS in a safe, conducive environment so that clients can make informed decisions about their personal health needs and practices. The intended pedagogic discourse within the official curriculum was expected to utilize learner-centered training methods that employ various adult learning principles upon which knowledge and skills transfer is expected to be taking place for the achievement of the course objectives

Statistics from Uganda AIDS Commission [15] report that since then over 44 AIDS Service Organisation and training institutions have been actively involved in HIV Counsellor Training in Uganda where almost 43% are

based in Kampala District. Coupled with increased donor funding to scale up HIV prevention efforts, more agencies emerged to meet the critical need of HIV Counsellors (UNASO, 2005). The background of the service providers trained ranges from social workers to teachers, health workers, community counselling aides and many other professionals. Regarding HCT training for young people, the specific competencies considered include providing accurate information on HIV and AIDS to children/adolescents and their parents or guardians, preparing children/ adolescents and their families/guardians for HIV Testing, conducting pre and post test counselling to children/adolescents and their families/ for risk assessment and reduction, ongoing support and referral, advocate for and work within the legal and ethical framework for caring and supporting children and adolescents.

This mix of HCT service providers and their trainers has put to question the level of understanding of pedagogic practices amongst trainers needed for building the required competencies. Despite the varied background of the learners, the trainer is expected to identify and utilize a wide variation in skills, past experiences, training styles and instill motivation within the learners, signifying that each teaching-learning transaction is personalised and paced to the needs of the learners, attention levels and the time available. The contribution of this paper is therefore two-fold. It offers a methodology for examining how curriculum implementation in non-formal education particularly in the training of HCT counsellors and analysing the key factors that influence trainers' implementation and interpretation of the curriculum within the selected HIV counsellor training institutions.

1.2 The Theoretical Vantage Point

To better understand the relationship between how knowledge is selected, organized, transmitted and utilized for effective service provision, the theoretical discussions for the pedagogic analysis in the study were drawn from Bernstein's [1,2] theory of the pedagogic device. This theory was used to examine 'how' the training of HCT counsellors is conducted as well as examine 'what' trainers interpret as the salient pedagogic features for training counsellors in non-formal adult learning environments as compared to the official curriculum. It also explores 'what' the trainers interpret as the salient pedagogic features for training counsellors in communicating HIV prevention and risk reduction messages to children and adolescents as well as the underlying benefits for selecting those salient features. Lastly it gives a detailed account as to why trainers recontextualise pedagogic texts for counselling children and adolescent for HIV in particular and different ways.

Recontextualisation is defined as the process through which an official pedagogic discourse undergoes transformation during its implementation and utilization process where it is converted into instructional knowledge within an environment of social practice such as the classroom [16, 2]. This negotiation process involves the selection of privileged texts from the national curriculum and repackaging them into educational materials such as lesson plans, training handouts, text books, classroom activity sheet to be used for teaching and learning. The reproduction of knowledge at this level is likely to experience varying degrees of speciality as compared to the original curriculum texts thereby changing the ideological meaning of the intended curriculum texts that may lead to different learning outcomes and learner identities [17]. The process is likely to be influenced further by the interactions between the trainers and the learners in terms of who has the power and control over what is selected and transmitted during organization, transmission and acquisition of curricula [18].

To gain an understanding of the underlying principles for in service training for health care providers within adult learning environments, theoretical concepts from Malcolm Knowles [19, 20] are utilized with a particular focus on the social processes and assumptions which state that adult learners are expected to have a high degree of influence on what they are to be educated for, and how they are to be educated hence likely to influence how curriculum recontextualisation takes place.

2. Methods for Data Collection

In order to effectively analyze the events taking place at the HCT training institutions, a qualitative research design was chosen for the study with an analysis for various case studies. Multiple and extensive data gathering procedures were employed that were subsequently submitted to an interpretative analysis process. These included; document review and analysis of various literature and official HCT training documents; administration of questionnaires; use of key informant interviews and observation of training and counselling sessions. Audio-visual recording was used during the observation of the training sessions. Participants for the study included ten trainers and ten trainees from five different HCT institutions selected purposively from five districts in central Uganda. Key informant interviews were held with five training managers from each of the five training institutions and two focal persons in MOH in charge of HCT training and capacity building.

The data collection process was carried out in two phases. The first phase of data collection was carried out within the key curriculum recontextualising agencies which were the HCT training institutions and at the Ministry of Health (MOH). This phase involved a review of the national HCT curriculum to ascertain its propositions for HCT training and particularly the module focusing on counselling children and adolescents for HIV prevention. The second phase of data collection was carried out at the AIDS Service Organisations during practicum to observe counsellor trainees as they utilised the knowledge and skills acquired for service provision. Data collection at this level helped to ascertain the outcomes of the training on counsellors' proficiency during their practice but the key findings are not extensively presented in this paper.

This paper mainly focuses on the observations of the trainers' pedagogic analysis who were observed over a period of Eight (8) months, from November 2009 – to July 2010 and how their practice is likely to impact on the proficiency of counsellors. It worth noting that at the time of the study and given the exploratory and descriptive nature of the study, only five institutions were purposively selected to participate in the study out of 30 institutions based on the data provided by UNASO [21]. The results are therefore generalizable to the HCT training institutions sampled and give an insight of what the picture could be like if more participants and other sampling methods were used. The characteristics of the training institutions are presented in table 1 below;

The training sessions were observed using an observation guide or protocol in order to gain an insight on how the trainers interpreted and implemented the national HCT curriculum. The observation guide helped to provide a structured way of taking notes during the training sessions. The observations also helped to identify the factors that influenced the recontextualisation process within the training session. The duration of the training sessions observed ranged from 120 minutes to 180 minutes, characterized with several breaks that would take 15-30minutes.

Table 1: Summary of Key Data on the Selected HIV Counsellor Training Institutions

Training Institution	Date Established	Location	No of Trainers	Class enrolment per training course	HCT course implementation Duration
Bulamu Training Institution	1988	Peri-urban	19	25	4 weeks
Mirembe Training Institution	1999	Urban	16	31-40	1 week
Mazzi Training Institution	1990	Rural	12	25	3 weeks
Kakebe Training Institution	2001	Urban	05	20	1 week
Twekembe Training Institution	1999	Peri-urban	08	15	2 weeks

In terms of course delivery, two trainers would be in charge of each training course throughout its duration, say for 3 weeks. While one trainer is facilitating the training sessions, the other would be playing the role of a co-facilitator to support the trainer playing the leading role. For purposes of attaining the objectives of this research, all trainers had to be observed conducting a training session from the start to the end. Out of the 12 training modules in the curriculum, the training module focusing on child and adolescent counselling for HIV prevention in the HCT curriculum was selected for observation of the trainers' pedagogic practice. The module had four training sessions delivered over a period two - three days which would give each trainer ample time to plan carefully for session delivery.

With written consent from the institution and course participants, all training sessions were video recorded. The data from video tapes for the recorded training sessions was immediately transcribed into verbatim after each session in order to make raw data available for preliminary analysis and to spot possible areas to be followed. Cohen & Manion [22] state that data received through observation allows the researcher to gather '*live data from live situations*'. This also allows the researcher to encounter the real life scenario about a phenomenon that is being described. Patton [23] adds that observation data permits the researcher to understand the extent to which events occur which would not have been possible while using only data obtained through interviews.

Training session observations therefore provided an opportunity to get first hand information and data on how the trainers selected, interpreted and transmitted the curriculum texts for HIV counselling and testing within the training environment. Observations were also used to capture data through the researcher's personal experience about events related to the interaction between the trainer and the learners during training. At the end of each of the training session, interviews were held with the trainers primarily focusing on the training sessions that had just been observed. The trainers agreed to participate in the interview after conducting their training sessions which were used to probe further into some of the key issues arising from the classroom observation for example clarification on some aspects of the lesson and the rationale for the choices made with regard to pedagogic strategies employed.

3. Analysis of Trainers’ Pedagogic Practices

In order to analyze the data collected during HCT training sessions, a coding instrument was developed using the Bernstein concepts of “classification” and “framing”. Bernstein uses the concepts of "classification" and "framing" to explain the power and control relationships that influence what is taught in the classrooms and how teaching and learning is conducted. Following insights generated from antecedent studies by other Bernsteinian scholars (Morais and Neves [24]; Neves and Morais [25]; Singh [17]; Sikoyo [26]) an analysis tool was developed and utilized that provided a four point scale to the concepts of “classification” and “framing”. This tool developed helped to examine the power and control relations in terms of strength or weakness. For example the classification of categories can be highly specialised or distinct or pure, ranging from weakly specialised or mixed relations ‘weak’ (C⁻), or ‘very weak’ (C⁻⁺) to ‘very strong’ (C⁺⁺) or ‘strong’ (C⁺) relations. Values were assigned to these scales and recorded in numerical form as follows; C⁺⁺ = 4, C⁺ = 3, C⁻ = 2, C⁻⁺ = 1 respectively [27]. Table 2 below represents a summary of key issues that guided the analysis of the trainer’s practice;

Table 2: A summary of key issues that guided the analysis of the trainer’s practice

Conceptual Category	Conceptual dimension
	Framing
Discursive rules (Instructional or knowledge-related)	Extent to which the trainer controls selection of content Extent to which the trainer controls sequencing of content Extent to which the trainer controls pacing of content Extent to which the trainer makes explicit the rules of evaluation of learner’s performance
Hierarchical rules (regulative discourses)	Extent to which the trainer makes formal or informal the social relations between trainer and learners Extent to which the learners make formal or informal the social relations between each other
	Classification
Classification of discourses	Extent to which the trainer relates HCT knowledge to other forms of knowledge (Relations between spaces) Intra-discursive (strength of boundary between the subject area/training module and other subject areas/modules) Inter-discursive (strength of boundary between the subject area and everyday knowledge)
Classification of space	Relations between spaces Trainer – Learner (strength of demarcation between spaces used by the trainers and learners)
Classification of agents -	Relations between agents Learner-learner (strength of demarcation of pedagogic identities)

Based on the training session observations, trainers’ practices were coded and categorized into 34 pedagogic features. An example of one key indicator under the principles of framing, to determine the extent to which the trainer controls the selection of content can be shown in the Table 3 below;

Table 3: A coding instrument indicator for selection of content

Conceptual Category	Conceptual Dimension	Strength of Framing (Control Relations)				
		Very Strong < ----- > Very weak				
Framing	Indicator		F ⁺⁺	F ⁺	F ⁻	F ⁻⁻
Discursive rules (instructional or knowledge-related)	Extent to which the trainer controls selection of content.	<i>Macro Selection of Content</i>	Trainer selects and states the content to be studied in each training session highlighting the key components	Trainer selects and states the content considered to be the most important to be studied in the session but accepts learner’s suggestions	Trainer selects and provides a priority content list to be studied but asks learners to make addition to the content	Learners make a selection of content they would like to explore but may request intervention

For the interview data, attempts were made to identify and establish patterns and relationships between identical categories within the collected data using Nvivo software. All evidence from the categories was presented in a descriptive form. Data was coded from the interviews using a coding scheme and then identified themes emerging from the data which were analyzed based on the theoretical constructs to answer the following major research questions for further analysis which included the following:

- a. Trainers’ perceptions of what they perceive an adult learner is and the types of training methods that should be employed in an adult learning environment
- b. Trainers’ perceptions of their roles during any training session
- c. Trainers’ views on how they should prepare for training to be conducted in the context of adult learning
- d. Factors that influence the selection of the content in terms of what is taught and learnt in class
- e. Why particular content was deemed most important for HCT training
- f. Why the trainers recontextualised the HCT curriculum in particular ways
- g. How trainers determined what learners will learn for a particular session
- h. Trainer’s perceptions on the factors that affect the transmission of knowledge and skills acquired during the teaching and learning process.

4. Key findings

The findings presented in this paper are drawn from both observational and interview data regarding the trainers' practices and perspectives in relation to what the official curriculum prescribed. The findings help to create an understanding of trainers' views and perceptions and how they influence the curriculum recontextualisation process within an adult learning environment. .

4.1 Trainers' perceptions and roles in an adult learning environment

Trainers' views and perspectives were sought to find out the role of a trainer in a pedagogic relationship, all trainers except one expressed their role during the pedagogic relations as a facilitator, a guide with a role of creating a conducive environment that ensure that participants are free to interact and engage with the teaching and learning process. The explanations provided by the trainers indicate weak framing where the locus of control of the training session does not lie with the trainer only but learners are given room freely engage in the teaching and learning process as expressed in the examples below;

I act as a guide. I am always observing the sessions, responsible for giving knowledge based on the facts and upgrading their information. I also co-facilitate and ensure that all my sessions allow a conducive and friendly environment...(Interview: 14/06/2010, Bulamu Training Institution)

My role is to guide and facilitate the learning process so that learners are able to acquire the intended knowledge. Learners also have experiences and knowledge and so should be encouraged share as much they can ... (Interview: 22/04/2010, Tweekembe Training Institution)

The views above conform to Knowles' adult learning principles where the trainer is seen as "a guide", "a facilitator", "someone that directs learning", a "co-learner" or someone that learns from his or her learners. Bernstein refers to that as *weak framing over the selection, sequencing and pacing of content* where learners should be given enough room to freely engage in the teaching and learning process. Bernstein [2] explains that role definition as being 'blurred' by the asymmetrical power relations in the pedagogic relation between the trainer and their learners. This approach resonates with Knowles concepts of 'andragogy' where he emphasizes that learners are self-directed and autonomous; and that the role of the teacher should be that of a facilitator of learning rather than a presenter of content, emphasizing learner choices more than expert control [2, 19, 20]. An example from the interview data cited below illustrates this particular finding as follows:

Me, I am a facilitator. I am facilitating learning and at the same time I have to guide. Guide and direct the learning....I am also a co-learner because I have to learn from my students. That is why students should talk in class...I also need to learn from them. I am really learning a lot from my students... (Interview: 19/02/10, Mazzi Training Institution)

The views expressed during the interview above also suggest that adult learners bring to a learning situation a background of experience that is a rich resource for themselves and for others. This implies that during the process of curriculum implementation, learning should remain an active process where a learner goes through an

experience and learns from it rather than information. Learners bring a variety of life and work experiences to the classroom and are most responsive to learning models that provide an opportunity to apply theory to their experiences to enrich the learning process for themselves and their peers [19]. The use of experiential learning techniques such as discussion methods, case studies, problem-solving exercises help learners to tap into the accumulated knowledge and skills of their peers while techniques such as simulation exercises and field experiences provides learners with analytical experiences.

Mager [18] suggests that a rich, adult-focused instructional approach takes into account the experiences and knowledge that adults bring to the session. It then expands upon and refines this prior knowledge by connecting it to new learning, making the instruction relevant to important issues and tasks in the adults' lives. Taylor B., Sinha, G. and Ghoshal, T., [28] warn that if this approach is not well managed, the role of the trainer renders him/her almost invisible which may affect the realization of the intended course objectives.

One trainer however expressed a different view which indicated that trainers' role is to deliver accurate information to the learner. The trainer was taking on an explicit role to ensure that learners understand the content as shown below;

I want to deliver accurate, simple and practical information to participants. I should check learner's understanding after each session and also find out how learners will apply the knowledge acquired from the session.... (Interview: 06/03/10, Mazzi Training Institution)

This view indicated strongly framed evaluation criteria to ensure that learners obtain the legitimate curriculum content. Where the trainer regulates the curriculum explicitly, the transmitter has explicit control over the selection, pacing and criteria while the acquirer has less control.

4.2 Trainers' practice

The training session observations however showed that in nine out of ten training sessions, trainers exhibited dominance over content selection, sequencing and pacing of content indicating strong framing in the training sessions at the micro level. Strong framing (F^+) indicates that the transmitter in a pedagogical relationship (i.e. the trainer) explicitly regulates the selection of content for a particular learning context. If the framing is weak (F^-) then the acquirer (learner) has increased, apparent control over one or more elements of the pedagogy. This would be exhibited in the way trainers selected the thematic areas and topics to be studied, the learning activities, the training materials and so forth. The usage of adult learning principles as advocated for in curriculum to promote self directed learning was not exhibited by most trainers. Learners were not necessarily active, creative and self-regulating during the training session because most trainers explicitly regulated and controlled the selection, sequencing and pacing of the training sessions.

This indicated that role of a trainer was distinct as a key regulator of the instruction process and not as a facilitator. Most trainers did not give learners enough room to participate in the selection, sequencing and pacing of the content. The enactments of adult learning principles by the trainers was reflected and interpreted as routinized usage of group-work and a question-and-answer method, underpinned by strong classification and

framing relations over the regulative and instructional aspects. The trainers explicitly regulated the selection of content for a particular learning context where learners did not have an apparent control over one or more elements of the pedagogy. There seemed to be confusion in the role of the trainer as a key recontextualising agent with constant power and control struggles with in the pedagogic relationships. In some instances it was obvious that trainers wanted to prove to the learners that they are still in charge. Interview data indicates that this was greatly attributed to the lack of time for teaching and learning.

Factors leading to this included: time, trainers' perceptions, trainer's level of experience & knowledge; type of training session, institutional rules and demands, cadre of learners. For training sessions that involved group work, most of them were strongly framed in terms of content selection. Trainers dictated and selected what they felt was important to be covered in that particular training session. An analysis was made to find out what influenced the selection of content; an example of strong framing (F⁺) was as follows:

I focus on the objectives in each of the training sessions and the overall objectives of the training programme(interview: 31/11/09, Mirembe Training Institution)

As a trainer I have to focus on the level the participants are at, i.e. focusing on their training needs or gaps of participants, the level of experience of participants and the training methodology..... (Interview: 19/12/09, Mirembe Training Institution)

As observed above, there were divergent views from trainers regarding when, why and how they selected the content to be taught. This was also evident in a number of training sessions that had group work activities, and role play sessions for HCT counseling. The trainers gave instructions and determined what would be done during these activities while the learners were expected to follow through the instructions until they achieved the expected outcomes of the session. The example in the extract below, shows how Agamu, clearly spelt out what the learners were going to learn in his training session conducted early in the morning;

Extract 6.1:

Trainer: *[Begins the session]* Good morning everyone! Can we settle down, I know you had a good rest and are happy to see your colleagues? Ok. Let us sit down and get to business.

Learners: *[Get ready to start the session]*

Trainer: Today we are going to discuss the Strategies for addressing Sexual and Reproductive Health needs and challenges of HIV positive adolescents. We shall look at the basic skills needed to provide counselling to HIV positive adolescents. In this session we shall also explore a number of counselling theories needed to provide advanced techniques for counselling adolescents who are living with HIV. Are we together?

Learners: Yes

Trainer: Ok, let us begin the session by looking at our detailed objectives. *[Displays the power point presentation showing the objectives for the session]*

It is hoped that by the end of this session you should be able to; Provide comprehensive information to HIV Positive adolescents to enable them make informed choices on Sexuality, Stigma, discrimination and Disclosure, Risk reduction , Contraceptive use. You will also be able to describe the role of peers in supporting HIV Positive adolescents cope with their challenges. Are these objectives clear? Or you have something to add?

Learners: *[Some murmuring]* ...yes *[while others]* say that they are ok

Trainer: *[Trainer ignores the response and puts up the first new print/flip chart]* who can tell us the difference between these two terms “SEX” and “SEXUALITY”.

Learner 1: *[raises the hand half way]* Can I try?

Learners: Yes, tell us

Learner 1: ‘Sex’ refers to the gender of any animal while ‘sexuality’ refers to the manhood or the womanhood of a person.

Learners: *[laugh]*

Trainer: *[as she records what has been said on the newsprint and asks]* why are you laughing?

Agamu’s training session is an example of a training session where the trainer exhibits dominance over the selection of content: This extract is coded as F⁺ showing strong framing over the selection of content

Although a number of trainers took on the overt role in the selection of curriculum texts at the micro level, the findings also reveal that the trainers do not bear the sole responsibility for curriculum implementation but there are some other external forces involved which include training institutional cultures, beliefs and ideologies. It was noted that in some training institutions the HCT course would be implemented for a shorter period (for example Mirembe Training Institution and Kakebe Training Institution, running the course for one week) as compared to others like Mazzi Training Institution and Tweekembe Training Institution that delivered the course in two weeks or more. This implied that the trainers in the institutions where the HCT course was being delivered for say one week, the trainers were under pressure to complete the curriculum. The pedagogic practice would then be driven by mere accomplishments of learning tasks rather than being directed at fulfilling particular instructional ends.

5. Discussion

This paper has examined trainers’ pedagogic practice and perceptions in regard to the recontextualisation of the HCT curriculum. Bernstein’s [1, 2] theory of the pedagogic discourse provides a language for describing how the pedagogic practice is structured where the concepts of classification and framing in are found to be useful in describing the trainer’s practice and their interpretation of the curriculum. They help to analyze the extent of

curriculum implementation using pre-set codes and typologies. They assist to evaluate to what extent teaching and learning is taking place. Despite the trainers' recognition of how the curriculum should be implemented using adult learning training methodologies that are participatory and more interactive and recognizing their roles as facilitators, mentors etc on the contrary most trainers demonstrated dominance over the selection, sequencing and pacing of the curriculum content. It also observed that trainers adopt various strategies (conscious and unconscious, verbal and non-verbal) to achieve the effective transmission of selected discourses and to regulate the pedagogic process which may influence what acquirers may go away with.

Bourdieu as cited by Singh [17] explains that a pedagogic communication is a social space of conflict and competition amongst its participants hence creating or forms of power and control that could have a significant impact over the education knowledge being transmitted. This calls for the adult educator to remain balanced during instruction as they deliver content yet putting into consideration the learners needs, their social and gender relations within the adult learning environment so as to achieve the expected outcomes of the training.

Pogson and Tennant [29] affirm that the trainer's conception of his/her role and the learners' expectations of the trainer can be a potential source of confusion and conflict. Coupled with a suggestion that adult teaching should focus on learner centered approaches, AIDB & UNESCO [30] report that this could pose a challenge to the extent to which trainers select, pace, sequence and interpret instructional material which may consequently affect the learners' field of practice. When trainers regulate content delivery in a strict manner, the intended objectives of adult learning are bound not to be achieved hence creating gaps in the proficiency of learners. Learners will not be given the opportunity to involve in the dialogue and discussion during the teaching and learning process and the trainer's role will cease to be facilitative.

In the previous studies conducted by Gamble [31] to examine the knowledge required for employment and for self-employment in vocational education, Gamble argues that there are always tensions between theory and practice in the curriculum implementation processes for adult educators. The tension arises in terms of where to lay emphasis and how to strike the balance between theory and practice. Gamble therefore suggests that the focus should be on developing some conceptual distinctions between different forms of knowledge required for employability which should assist in rethinking through the curriculum and who should be teaching it. In other words, it is important to think through the learners' employment tasks or competencies required for a particular employment as you develop the curriculum as well as the people to implement it.

The emphasis laid out by Gamble [31] concurs with Knowles concepts of '*andragogy*'. Knowles defines andragogy as "the art and science of helping adults learn". Knowles [19, 20, 32] suggests that adult learners need to know why they need to learn something before undertaking to learn it. This need suggests that training methodologies in adult learning should adopt learner-centered approaches to teaching. In order to motivate learners, the Uganda Ministry of Health, HCT Curriculum and Trainers' Manual [33] states that trainers should present scientific and technical content and supplement the content with relevant examples, practical problems, and discussion questions to keep them more interested as well as relates training to their real life experiences if the learning objectives are to be achieved. Trainers are expected to further elicit feedback from the audience at critical junctures; encourage discussion and keep their didactic presentation short (30 minutes maximum) but

ensure good use of interactive training methods like role-play, group work, case studies, or discussion in between long presentations.

6. Conclusions and Recommendations

This paper indicates that trainers' identity and power remained distinct over that of the learners in terms of the space and relations except for the group activities and practical sessions where it was weak framed. There are also a number of factors affecting the recontextualisation of the curriculum among which include the lack of enough time to complete the planned activities for each training session, institutional contexts and beliefs; the type of training session being conducted; the overall duration of the course, the type of learners present to mention but a few.

The paper therefore recommends that for contextualized instruction through a holistic lens, trainers' capacity is built to improve their performance in order to address the individual differences of adult learners. They also need assistance so that they are able to transfer their technical experience for HIV counselling and testing to others through pedagogical means. This paper also recommends that trainers are mentored by their training institutions to guide the select and utilize more of the adult learning approaches to ensure that competencies are developed based on learners' needs, goals, career plans, learning styles and academic strengths and weaknesses. The training institutions would have to work hand in hand to hold periodic capacity building workshops that are focused on fostering the utilization of adult education pedagogic practices.

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