HIV/AIDS EDUCATION IN BUTARE-VILLE SECONDARY SCHOOLS (RWANDA): ANALYZING CURRENT PEDAGOGIC DISCOURSE USING A BERNSTEINIAN FRAMEWORK

By

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DECLARATION

I declare that *HIV/AIDS education in Butare-Ville secondary schools (Rwanda): Analyzing current pedagogic discourse using a Bernsteinian framework* is my work, except where indicated, and that it has not been submitted before for any degree or examination at any university.

Signed: _____

Nyilimana Vedaste

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ABSTRACT

HIV/AIDS Education in Butare- Ville Secondary Schools (Rwanda): Analyzing current Pedagogic Discourse using a Bernsteinian framework.

This thesis is concerned with the questions of "the what and how of HIV/AIDS school education". This study is located in three secondary schools in Butare-Ville, Rwanda, which were selected to show the picture of current pedagogic practices of fighting the pandemic in various schools. The first part of the study is concerned with the analysis of National policy of HIV/AIDS education of grade 9. This analysis examines how HIV/AIDS education is planned and integrated in various school subjects and what the Ministry of Education's policy is on how it should be implemented. I examined the instructional and regulative discourses within the national policy. Through curricula of other subjects which integrate into HIV/ AIDS education, I also examined how the knowledge of instruction is organized in terms of vertical and horizontal organization.

The second part of the study is concerned with how the National HIV/AIDS Policy of HIV/AIDS education is transmitted in the classrooms in terms of classification and framing. In consideration of how students are educated about the disease, I explored students' grouping in terms of gender for getting knowledge and life skills to protect themselves from the pandemic.

The theoretical resources for the analysis are drawn from Bernstein. The contribution of this thesis is two-fold. Firstly, it offers methodological techniques for evaluating of HIV/AIDS discourse with regard to how it is constructed and distributed in the classroom using a Bernsteinian framework. Secondly, the thesis points forward to further research in HIV/AIDS education for change in curriculum and pedagogic practices.

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GLOSSARY AND ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome

AVEGA: Association des Rescapés du Genocide au Rwanda

AVERT: International Organization for averting HIV and AIDS worldwide based in the UK

CNLS: Commission Nationale de Lutte Contre le Sida

EDSR: Enquête Démographique et de Santé au Rwanda

FHI: Family Health International

GDP: Gross Domestic Product

GoR: Government of Rwanda

HIV: Human Immunodeficiency Virus

ICT: Information, Communication and Technology

Inwent: Internationale Weiterbildung und Entwicklung

L(s): Learner(s)

Minecofin: Ministère des Finances et de la Planification Economique

Mineduc: Ministère de l' Education, de la Science, de la Technologie et de Recherche Scientifique

MST: Maladies Sexuellement Transmissibles

NGO(s): Non-Governmental Organization (s)

NSW/ACT IEU: Independent Education Union servicing New South Wales.

OBE: Outcomes-Based Education

ONUSIDA: Programme Commun des Nations Unies sur le SIDA

PNLS: Programme National de Lutte contre le SIDA

SAAP: Support to the International Patnership on AIDS in Africa

SIDA: Syndrome de l'Immunodéficience Acquise

SWAA: Society of Women Against AIDS in Africa

TB: Tuberculosis

T(s): Teacher(s)

UNAIDS: United Nations Joint Program on HIV/AIDS

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations International Children's Emergency Fund

USAID: United States Agency for International Development

WHO: World Health Organization

CHAPTER 1: INTRODUCTION

1.1 Introduction

Nearly two-thirds of the 39.4 million people infected with HIV/AIDS live in Africa (Avert, 2005). Unfortunately, many countries in sub-Saharan Africa have failed to bring the epidemic under control (Avert, 2005) despite basic knowledge among primary and secondary pupils (The East African Standard in *The Somaliland Times*, 2002). Faced with this tragedy one wonders what role the Ministries of Education and teachers play in organizing and transmitting information to stop the spread of the pandemic. This thesis attempts to answer this question by investigating diverse strategies that the Rwandan Ministry of Education and teachers deploy to combat the epidemic through formal education in three secondary schools in Butare Province, Rwanda. Rwanda is used as the field of work because it is among the sub-Saharan African countries most touched by the HIV/AIDS pandemic.

This introductory chapter will focus on four points. The first point gives the background of HIV/AIDS in the Republic of Rwanda. The second part tackles the rationale of the study including my experiences in the area and Bernstein's theories of pedagogic discourse. The third part presents key questions to be investigated. The fourth part is an overview of this thesis.

1.2 Background of the pandemic in the Republic of Rwanda

HIV/AIDS affects every country in the world. In addition to struggling with poverty, today sub-Saharan African countries are the most affected by the HIV/AIDS epidemic (Piot, 1999:99). In Africa, according to Hough (2001), poverty, low levels of education, unsanitary living conditions and limited access to basic services contribute to the rapid spread of HIV/AIDS. Rwanda too lacks those basic services. Before presenting the current situation of HIV/AIDS in Rwanda, I will review its spread throughout the world.

1.2.1 Current world estimates of HIV/AIDS epidemic

UNAIDS/WHO estimates that 37.2 million adults and 2.2 million children were living with HIV/AIDS at the end of 2004 (Avert, 2005). 95% of the global total of infected persons lives in the developing world. The area most devastated by the disease is sub-Saharan Africa (DeJong, 2003; ONUSIDA in Mineduc, 2003 and Avert, 2005). According to Avert, 60% of the infected world's population lives in sub-Saharan African countries. This brought the total number of people living with HIV/AIDS in the region to 25.4 million by the end of the year of 2004. Prevalence varies considerably across the continent, ranging from less than 1% in Mauritania to almost 40% in Botswana and Swaziland. The following section describes the present situation in Rwanda.

1.2. 2 History of HIV/AIDS in Rwanda

According to CNLS (2002), the National Center for HIV/AIDS, STD and TB prevention (2004) and Impanda (2005) more than 13% of Rwandan people are living with HIV. This can be seen as a consequence of Rwanda's socio-economic situation. The following discussion describes different causes of the expansion of the disease in Rwanda and strategies that can be used to combat its spread.

USAID/Rwanda (2004) argues that the evolution of HIV/AIDS in Rwanda has been shaped by the civil war of 1990, which reached its highest point of genocide in 1994. In 1990, the statistical data showed a wide range of HIV prevalence rates from less than 1% in certain rural areas to 37.7 % in the higher risk groups in some urban sites (USAID/Rwanda, 2004). In 1997, the infected persons were 11.1% in both the rural and the urban populations (Musabyimana, 1999 and Bennett et al. 2003).

The tragedies incurred in the war of 1990 and the genocide of 1994 created an environment conducive to the rapid spread of HIV/AIDS. Over 3.5 million Rwandan people, almost 43% of the population, have been involved in population movement, displacement and resettlement. The promiscuity in diverse camps has inevitably contributed to the spread of HIV/AIDS. In addition to this, other factors have contributed, or are contributing, to the spread of the disease.

The war and genocide had a particular impact on women. For example, USAID/RWANDA (2004) reports that it is estimated that soldiers or rebel militia raped at least 250 000 women and girls during the genocide. Consequently, survivors face a significant HIV/AIDS epidemic and children born of rape and infected with HIV have increased the spread of the disease. Widows, wives whose husbands are in prison and orphans represent Rwanda's most vulnerable population. Some women are engaging in prostitution to survive.

Bennett et al. (2003), AVEGA (2002) and Amnesty International (2004) established a correlation between conflict and the spread of HIV in Rwanda during the genocide. To Bennett et al. and Amnesty International, rape was a tool of war during the genocide. They estimated that a possible 200 000-500 000 women and young girls were raped and sexually exploited during that time, increasing the spread of various sexually transmitted diseases including HIV. Statistical data of their research has shown that of 2000 raped women tested for HIV/AIDS after the genocide, 85% were HIV positive. AVEGA, an association for genocide widows, carried out a study in 2000 of 11250 women who had survived rape during the genocide. The finding was that 66.6 % had HIV.

African cultural values and attitudes also promote a rapid expansion of the disease. In Rwanda there are the practices of polygamy, guhungura (to marry the wife of a dead brother, so called because the wife belongs to the family), gukazanura (a father has a sexual relationships with the wife of his son even if he is still alive), gushinga icumu (a man has a sexual relationship with the wife of another and puts his lance in the front of the house door) and gusangira abagore (a woman is shared by several men). These traditional practices tend to have disappeared but they are still practiced in some regions of the country. Musabyimana (1999: 3) argues that there is sexual anarchy in Rwanda from the wandering: sexual violence and exploitation of minors, many cases of infidelity and the system of "deuxième bureau" (clandestine second wife) and nomadic sexuality. Given these Rwandan sexual practices, one cannot hope to stop HIV if education is inadequate.

Presently the level of literacy amongst Rwandan adults is about 48%. The level of access to the media is also low. A survey done in 2000 by EDSR has shown that 35.5% of males and 58.8% of females do not have access to any media and only 5.1% of males

and 1.6% have access to three forms of media: reading at least one newspaper per day, watching television at least once per week and listening to the radio at least once per week (CNLS, 2002). This has implications for sexual education.

A survey conducted by the national program to fight AIDS (PNLS) in 1998 has revealed that, in Rwanda, people first engage in sexual intercourse at the age of 14 for girls and 13 for boys (Musabyimana, 1999). Another survey led by DHS in 2000 informs us that youths who had not attended school had had sex before eighteen and 54% of sexually active girls had had sexual relations with persons older than themselves and they did so in an unprotected way (CNLS, 2002). This practice of unprotected sex is the consequence of ignorance or inappropriate sexual education. In the table below, CNLS shows the degree of knowledge about and prevention of the disease.

Table1.1 HIV/AIDS knowledge, condom use and testing in Rwanda

Population Sub-groups	% of people ever heard of AIDS	% about HIV/AIDS protection		Condom use (% about last sex)	%of tested people for HIV/AIDS
Pop. 15-49		Abstinence	Condom		
Male	99.7	52.2	64.9	50.3	7.1
Female	99.6	76.3	36.9	14.7	4.8
Youth 15-19 Male					
Female	74.9	59.5	59.5	19.6	1.2
	72.1	55.7	55.7	11.3	1.0
In- school youth:					
Male	95.2	77.8	66.7	56.0	10.1
Female	94.5	81.1	50.4	60.0	10.0
Out-of school youth:					
Male	60.8	45.1	33.9	34.6	4.8
Female	64.8	50.4	27.8	25.6	6.3
Commercial sex workers	92.7	79.4	79.4	81.3	40.4
Truckers	99.0	91.1	91.1	91.2	28.9

Source: (CNLS, 2002:10)

One can conclude from this table that Rwandan people face a crucial problem of condom use. Almost all people interviewed were informed about AIDS, however that knowledge does not translate to a significant impact on condom use among youths out of school and the female population in general. The table reveals also a second problem, that of testing.

At present the estimated number of infected persons is 13%. However, the above observation poses a problem about the reliability of this figure. If the majority of Rwandan people are not tested and do not use condom during intercourse, it means that the statistics that are presented are certainly inaccurate.

Poverty is also a factor in the spread of HIV/AIDS. Rwanda is among the poorest countries in the world. It depends on outside aid to balance its national budget, to finance foreign purchases, and to fund development projects with a balance of payments deficit averaging 17% of GDP (Hall, 2004). The Report of United Nations of Human Development shows that Rwanda occupied the 164th place of the 174 poorest countries in 2001 (CNLS, 2002:19). Most of the Rwandan population lives without any income, and often also without housing, water and electricity. Faced with this situation, young people have no choice. They opt for rural exodus to sell themselves as prostitutes, or to fall into criminal activities such as theft in order to get money to buy food. In the midst of this crisis, the Rwandan government has not managed to combat the disease although it has attempted some strategies.

Multiple efforts have been employed to prevent the disease. Since 1983, the Rwandan government has led various campaigns of sensitization to fight the disease: programs broadcast on National radio and the creation of a National program to fight against the epidemic, PNLS (Programme National de Lutte Contre le SIDA), a Center of Information on HIV/AIDS (CRIS) to help the existing projects called San Francisco, TRAC (Treatment and Research on AIDS Center) and VCT (Voluntary Counseling and Testing), and National AIDS Council Commission (NACC). In addition to this informal education, Rwanda also invests its efforts in HIV/AIDS education in school systems to prevent the disease. This needs to be investigated through school-based discourses.

1.3 Rationale

What kind of HIV/AIDS education is taught in Rwanda and how? This question focuses on the what and how of the official recontextualizing field (ORF) and pedagogic recontextualizing field (PRF). In order to answer this question, two methods are used: analysis of the national HIV/AIDS education policy and observation of HIV/AIDS practice in the classroom using Bernstein's code theory.

HIV/AIDS education is complex. In response to the issue, Silin (1995:241) proposes HIV/AIDS education be tackled in a multifaceted and recontextualized approach by "abandoning the instrumentalist assumptions of information and skill based - programs that have led many to theorize the problem of HIV/AIDS education as one bringing a gap between knowledge and behavior". This needs an "appropriate pedagogy, curriculum and materials" (Coombe, 2004). The present study sets out to investigate what is happening in HIV/AIDS education in Rwanda.

1.3.1 HIV/AIDS education research in Rwandan classrooms

Research about HIV/AIDS education in Rwandan schools is very limited in educational literature. The Canadian International Development Agency (CIDA) (2004) introduced the HIV/AIDS life-skills and life learning in only one school of thirty young people in Butare Province. This is minimal in terms of the Rwandan student population. Voluntary Services Overseas (VSO) is working with the Ministry of Education to counter the growing threat of AIDS (VSO, 2004). Neither CIDA nor VSO has investigated how HIV/AIDS education was taught in the classrooms before they undertook their activities. No educational research in the classroom has motivated their respective activities. Neither project shows what is happening in the classroom now that did not happen previously.

The ministry of Education is creating a manual that specifically targets future educators of primary schools in Training Colleges. The objective of that manual is to provide the future teachers with relevant information about HIV/AIDS and its prevention, and proposes new methodological approaches. In the absence of the necessary teaching tools, what presently are teachers doing in the classrooms? The focus is HIV/AIDS

education in grade 9 of secondary schools. The HIV/AIDS education in grade 9 is incorporated in Biology.

1.3.2 Personal experience

My experience dates from 2001 in one secondary school where I was headmaster. Observing lessons to mentor teachers was one of my duties. One day a teacher asked me not to observe his lesson about HIV/AIDS integrated in "Religion" in grade 12. He expressed his worries about my presence in the classroom. He said, "Your presence would humiliate me in front of the learners".

Recently, I understood the teacher's reaction through Silin's experience (1995: 232). Silin reported that teachers claim privacy and control when the classroom door is closed because they believe that they are free to say what they want when they are alone with students. Silin observed also that those teachers "react with anger and frustration" when faced with any supervision of what they do in HIV/AIDS education in the classroom (p.228). I have become concerned about what teachers in the classroom do during HIV/AIDS education.

In my opinion, HIV/AIDS education will only be meaningful and effective if it results in behavioral change. It can be meaningful and effective if young people come to take responsibility for avoiding and preventing the disease and engage in responsible sexual behavior. To achieve this objective is the ideal. So what is really happening in the classroom?

1.3.3 Theoretical approach

In addition to my experience described above, this study is also motivated by a theoretical interest in Bernstein's theories. Morais et al., (1999) have analyzed the theory of instruction in science syllabuses of 1975 and 1991 in Portugal. The study was theoretically based on Bernstein's theory of pedagogic discourse. Inspired by that study in 2004, I undertook to analyze Rwandan Mathematics programs of 1979 of grades 9 and 10, and of 1996 (grade 9) and of 1998 (grade 10). The study focused on analyzing control relations contained in various sentences relating to the aims of programs; aims of

different branches of Mathematics such as algebra, geometry, trigonometry, algorithm and statistics; methodological instruction of teaching and evaluation.

The two programs came out of different contexts. The school reform of 1979 was to combat imperialist methodology initiated by Belgian colonizers and missionaries. The national curriculum was developed in the view of the needs of social development. The program of 1996 came two years after the genocide to harmonize school programs, based on unity and reconciliation. The designers of the new program were from different cultures, mostly (92%) from the Democratic Republic of Congo and Burundi, still under the European education system. My research showed that the sentences analyzed in the program of 1975 were more or less attuned towards learners, while the programs of 1996 and 1998 to teachers. In Bernstein's terms of framing (1971) one can conclude that the latter were very strongly framed and the former was relatively weakly framed.

My unpublished study and personal observations on the spread of and education about HIV/AIDS have raised a question about the existence of a theory of instruction on HIV/AIDS in Rwanda and its implementation. From this unpublished research I found Bernstein's code theory useful in research. This explains my second motivation for this study.

Bernstein's code theory is the main basis of the conceptual framework for this thesis for analyzing diverse activities done in the classrooms that I visited. I believe that Bernstein's code theory provides a realistic description of a given lesson in the classroom using an observation schedule (see annex A) in terms of strengths of "classification and framing"(Bernstein, 1971a). In every classroom situation, one can describe the characteristics of the given lessons in terms of what Bernstein calls strong/weak classification and framing.

The Rwandan Ministry of Education's program will be analyzed by considering Bernstein's theory of official recontextualizing field (ORF) and pedagogic recontextualizing field (PRF). In order to be informed about what is happening in the classrooms; direct observation, questionnaires and interviews are judged to be appropriate techniques to gain reliable information.

1.4 Key questions

"What do the Ministry of Education and teachers do to safeguard young people from HIV/AIDS through school education?" Through this general question three specific questions are asked. These questions are:

- *Did the Rwandan Ministry of education organize HIV/AIDS education in the secondary schools? If so, how?*
- *What methodological approaches do teachers employ in the classroom situation to offer information about the disease?*
- *How do teachers organize learners in doing diverse tasks in the classroom situation in terms of gender to help students to get more information about the disease?*

The first question is tackled by examining the Rwandan national policy of HIV/AIDS discourse. The second question refers to methodological approaches in the classrooms in terms of classification and framing. The third question explores teachers' strategies for organizing their classrooms to allow students to get the necessary information.

1.5 Overview of the thesis

The work is organized as follows: Chapter 1 describes present Rwandan HIV/AIDS crisis situation and some strategies to prevent it. It explaines the motivation of this study and states key questions relating to curriculum and pedagogy. Chapter 2 explores the literature review of recent studies linking HIV/AIDS to schools. Chapter 3 locates Bernstein's theoretical framework based on pedagogic discourse. Chapter 4 concerns research design and methodology. It presents the paradigm, sample, methods and instruments of data collection, and acknowledges the limitations of the research. Chapters 5 and 6 present and analyze the data collection from the Ministry's documents, direct observation, and questionnaires and interviews. They also present the analysis of those findings. Chapter 7 concludes and suggests some recommendations to improve the quality and quantity of HIV/AIDS education in Rwandan schools.

1.6 Conclusion

Rwanda is facing the problem of an HIV/AIDS pandemic. This chapter has presented different causes of the spread of HIV/AIDS in that country such as poverty, illiteracy and conflict. The objective of this chapter was to show the context in which HIV/AIDS education takes place in Rwanda. It was also to explain the rationale of the project based on my own experience of HIV/AIDS education and my interest in using a Bernsteinian framework. The focus is to answer different questions relating to curriculum design and pedagogy for grade 9 in secondary schools. This Chapter also gives an overview of its inclusions.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

One role of the school is to inculcate skills, attitudes and knowledge (Hyde et al., 2001). However, HIV/AIDS education is an embarrassing topic for teachers and schools. This embarrassment is linked to the nature of the illness itself and to its teaching practice. The scientific origin of the disease is one of the embarrassing questions that teachers encounter in secondary level schools. The second issue is linked to teachers' moral and cultural positions in talking about HIV/AIDS in the classroom. Many authors have written about the role of the school in preventing the disease and diverse pedagogic ways to tackle the epidemic. Policies on what can be taught and how it can be taught are debated. Nevertheless, few studies refer to *how* the disease is taught in the classroom.

This chapter offers a synthesis of different ways that have been suggested of how this terrifying disease that is devastating the world should be tackled. The focus is on school systems, especially in the classroom. It also offers HIV/AIDS education in Rwandan literature.

2.2 HIV/AIDS perceptions

Does HIV/AIDS really exist? This question seems stupid, yet it takes root in diverse myths that surround HIV/AIDS. HIV/AIDS, more than any other fatal disease, is associated with sex, making it a veritable taboo subject. To Ramsoorjooj (2002:109) the disease is considered "mysterious".

2.2.1 HIV/AIDS and myths

Numerous myths are identified by HIV/AIDS literature. Some myths arise from the first incident in New York where a young gay man, Rick Welkoff, was diagnosed with a strange form of skin cancer, Kaposi's sarcoma. Consequently, it was believed that the disease affects homosexual men, drug users, and Haitians and could be called "WOGS", Wrath of God syndrome (Doka, 1997). Thus HIV/AIDS is comparable with a Gomorrah and Sodom belief that it struck suddenly from God's punishment (Colleen et. al., 1993;

Van der Vliet, 1996; Nduati and Kiai, 1997; Musabyimana, 1999 and Ramsoorjooj, 2002).

Overpopulation is a key issue in developing countries. Some see HIV/AIDS as a Malthusian solution to overpopulation particularly in Africa and India (Colleen, 1993). So, it is not only a malediction but also it is a natural remedy to reduce the population on the planet.

2.2.2 Contradictory views on the origins of the disease

Acquired Immune Deficiency Syndrome (AIDS) is the most recent infectious disease to afflict humankind. Several views have been put forward to explain its origins. According to Dozie (1999), most of the theories point to the African continent as the likely home of the disease. To the same authors, speculation also exists on its being a man-made disease or on the link to Anemia in horses and Hepatitis B discovered in gay people. The first two theories are fixed in minds of some Rwandan people.

Considering the origins of HIV/AIDS is an ethical issue. It is so confusing that it can lead to prejudices, even to racial discrimination. Some people with fixed convictions about its origins blame others as the scapegoats for the disaster. According to Daka (1997) and Rwegera (1999) some people are not convinced by scientific explanations of the origins of the disease because the epidemic is said to have come from Africa, while opponents of this claim that the virus comes from Europe.

From the above research about the origin of HIV, one can conclude that teachers face a great problem of "the limits of science" (Silin, 1995:243) to satisfy many learners' interrogations about the disease.

The new disease was first recognized by the Center for Diseases Control in June 1981 in Los Angeles. How do we explain that in this short time more than 39.4 million people are living with the HIV? "We are often embarrassed when learners ask us similar questions in the classroom", teachers of our sample said during the interviews.

Comprehensive HIV/AIDS education should take place within schools to give accurate information and develop values and skills that are necessary to prevent the disease. There is no other institution that can reach the majority of young people to provide a coherent program (Rwegera, 1997: 95 and Hyde et al., 2001) and to make sense of the complex and confusing realities of HIV/ADS (Silin, 1995:227). It means that the role of the school is to create a comfortable climate to demystify children's false perceptions collected in their cultural and social environment, especially in Africa where to talk about sex publicly is considered a taboo.

Indeed, cultural and religious beliefs sow confusion in HIV/AIDS education. Parker et al., (1998) give an example from South Africa arguing that cultural sensitivity is crucial to the programs because most of them are connected to sex. On the one hand, some cultural practices are helpful such as traditional morality, which discouraged early sex. On the other hand, some traditions and religious practices are not helpful in the prevention because they oppress women, making it difficult for them to refuse sexual demands. For example, in Swaziland, where women are still considered legal minors and are taught to be subservient to men, stopping the spread of the disease may necessitate cultural changes (Itano, 2005). Similarly in modern Botwsana, it is deemed acceptable for men to have more than one sexual partner and this makes women more vulnerable to the risk of being infected by HIV (Hope, 1999). This often causes a real contradiction between modernism and traditionalism. For example, the King of Swaziland has eleven wives, some very young, despite the Kingdom call for girls to delay marriage to reduce the spread of HIV/AIDS (Itano, ibid.).

Rwandan experience shows that to talk about sex is limited to people of the same age and sex (Musabyimana, 1999). Consequently, young people often get false or incomplete information from their peers. Some parents and churches oppose the program of HIV/AIDS education claiming that schools are promoting immorality. This leads to truncated information. According to Jack (1996:84), there are moral questions of dealing with sex and sexuality that may confront HIV/AIDS education in the classroom. Other educationists suggest offering children everything necessary to protect them (King, 1978).

"Igiti kigororwa kikiri gito" is a Rwandan proverb, which says that a tree is set upright when it is still a young plant and refers to education. It supports Quackenbush and Villareal (1998) and Ghukasyan (2003) that HIV/AIDS education needs to begin with the youngest children.

Quacknbush and Villereal argue that HIV/AIDS education in the early grades is advantageous because it breaks down complexities that surround the disease, making the subject more open to discussion, stripped from any taboos. Ghukasyan emphasizes a methodological sequential approach by starting slowly in the early grades and increasing awareness in the later grades. Sileo (2005) supports the point of view of the above authors. To Sileo, HIV/AIDS prevention must start at preschool and kindergarten with the basic precautions that must be used any time a person is exposed to blood or other bodily fluids.

In summary, the above paragraphs aimed to frame the context in which the official curriculum and pedagogy work. The official curriculum is here used to mean the content selected and legitimated by society in Rwanda.

2.3 HIV/AIDS and school curriculum

HIV/AIDS presents a complex set of challenges for policy makers (Silin, 1995:224). For example, the New York State AIDS instructional guide presents a total of 38 lesson plans clustered by grade levels. The K-3 lessons deal with health in general. The 4-6 lessons deal with HIV/AIDS definition and transmission. In grade 7-8 the lessons address HIV in discussion of the possibility of prevention through sexual abstinence. On grade 9-12, the social and economic consequences of HIV/AIDS are confined to a single lesson featuring a debate on mandatory HIV anti- body testing. Certain lessons are geared to elicit sympathy for people with HIV/AIDS and thus attempt to curb potential discrimination.

Silin has some criticisms of the New York program. Firstly, it divides content into separated sections that can affect children's minds. Consequently, the program presents a specific body of information rather than the psychological order that may reflect children's questions and interests. The second criticism is that HIV/AIDS is a medical

phenomenon to be located within the confines of the health curriculum. However, there are economic, political and social aspects as well as biomedical ones that are linked to the issue. To Silin, a successful response is a collaborative curriculum that involves teachers from all the disciplines, medical agents, administrators and parents. Here, Silin suggests an integrated curriculum involving various agents of education and an interdisciplinary curriculum.

Nduati and Kiai (1997) give us some African Countries' programs. According to Nduati and Kiai, the approach in Uganda and Kenya has been to infuse HIV/AIDS education into existing subjects and thus it becomes an examinable topic. In contrast, it was developed as a separate non-examinable subject in Malawi.

Postmodernism critiques the rigid disciplines demarcation (Mansilla et al. 2000) by promoting an interdisciplinary approach. Many authors support the postmodernist perspective in HIV/AIDS curricula but Draka (1994) observes that there is a problem. Draka argues that some curricula can be constructed superficially. In this way the integrated subject can get short shrift.

Although Ghukasyan (2003) supports an integrated curriculum, he disagrees with NSW/ACT to integrate HIV/AIDS in Biology. Ghukasyan argues that many elements of HIV/AIDS education are mutually dependent. HIV/AIDS knowledge, sexual and educational health, and appropriate consideration of values, attitudes and beliefs are strongly related to the development of personal and social skills. However, Biology is not the best subject in which to transmit those skills because it puts too much emphasis on medical aspects marginalizing preventive and behavioral aspects. The arguments of Silin, Draka, and Nduati and Kiai on integrated curriculum focus on interdisciplinary relations. Vandal in Education World (2004) gives us one of the multidisciplinary advantages. To Vandal, pupils in mathematic class solve problems using AIDS-related statistics, and in cooking class they put together a special diet for an HIV-mother.

Values and myths play a key role in organizing HIV/AIDS content. Silin (1995: 231) highlights this idea arguing that personal values, prejudices, and misconceptions play a critical role in determining what information teachers do and do not provide. To Mannah (2001), all training programs, resource materials and methodologies that

include issues relating to HIV/AIDS should take into consideration various elements that I summarize as follows:

1. Consideration and understanding of local problems linked to HIV/AIDS
2. HIV/AIDS should not be confined to Life Skills only, but cut across the entire school curriculum
3. All programs and learning support must be developmentally appropriate for learners as well as to their lived realities
4. The HIV/AIDS should not be limited to scientific and medical components of the disease but should include policies in the broader social, economic and cultural domains

Generally, many authors suggest that all facts and information about the disease, symptoms, management of infection and testing should be given and methods of prevention must be clearly and honestly presented, (Piot, 1999; Parker et al., 1998 and Inwent, 2004). To Piot, if people are dying from the disease, it is because of ignorance, stigma, humiliation and fear of retribution that surrounds AIDS (p. 101). His conclusion is to speak out strongly and publicly about the disease and to mobilize political support and human and financial resources in the struggle against AIDS.

Teachers need life skills education to handle the difficult and sensitive content of HIV/AIDS (Parker et al., 1998). Many authors deplore the great lack of trained teachers on HIV/AIDS, like Kelling (1992), Nduati and Kiai (1997), and Holden (2004). Indeed my investigation has shown that many teachers expressed the lack of adequate knowledge and self-confidence to teach sexuality to adolescents.

In their manual, Parker et al. (1998) emphasize life skills education in South Africa. Their recommendations of empowering teachers and learners with basic life skills, promoting attitudes and behavior changes and suggesting they address not only HIV/AIDS but also other social problems such as alcohol, drug abuse, violence and crime show their interest in social issues. Inwent (2005) is concerned that sexual education and reproductive health must reinforce prevention. Aware that HIV/AIDS is becoming more an illness of young people aged from 15 to 24 years, especially young females (62% of the infected), Inwent encourages every young person's initiatives to prevent the disease.

But not all educationists share this approach, such as King (1978), and Skeen and Hudson (1978). King in his research in three American schools observed that teachers have a determination to protect young pupils from harsh and corrupting realities of the adult world. Similarly, this is the Armenian (Ghukasyan, 2003) position on HIV/AIDS education. Armenian educationists have given an opinion favoring silence. This means that health education and information about HIV/AIDS and other STDs are not currently included in the Armenian school curriculum. According to Ghukasyan, there is in Armenia a persistent belief shared by government officials that sex education would entice adolescents to engage in sexual behavior. Therefore, although the young are willing to receive information about sexuality, HIV/AIDS and necessary tools for protection, schools prefer to remain silence about this topic.

Nduati and Kiai (1997) relate the same issue in African countries, that it has shown that adolescents who were still virgins tend to postpone sexual activity. Nevertheless, one survey that Pearson and Davis (1996) conducted in Nottinghamshire, in England, on HIV/AIDS-related knowledge, beliefs and attitudes among 14-years-olds showed that 95% knew about the use of condoms during sexual intercourse and knew that condoms reduce more the risks of HIV/AIDS infection. Those adolescents expressed positive attitudes towards condom use. A few of these approaches in Africa fail to represent the reality of the targeted audience and are therefore unable to make maximum impact in Africa (Mannah, 2001). This leads to the following question: What would be a better HIV/AIDS policy for the African schools?

A study led in Uganda, Malawi and Botswana by the University of Sussex has shown that curriculum design and delivery of HIV/AIDS education remain seriously problematic. The report from the University of Sussex (Science in Africa, 2002) shows that "integration and infusion" approach to the HIV/AIDS topic is not effective. However, the Ugandan policy does appear to make a difference. I shall now examine its policy, focusing on secondary schools.

HIV/AIDS prevalence in Uganda has been falling since 1992. It was 30% in 1986, but 8 % in 2001 (Hyde, et al., 2001) and approximately 6.1% in 2002. A survey made by Bernett et al. (1995) in Uganda shows that in 1987 health education was integrated into the Basic Science curriculum on the basis of 40% health education and 60% science. A

syllabus, teacher guide and pupil textbooks were developed and were refined in 1991-1995. At secondary schools, AIDS is included in the Biology syllabus, within a section on common diseases. Macmillan's publishers in conjunction with TASO (The AIDS Support Organization) have produced for the secondary school level students "A Special AIDS pack" and "A safer living, safer loving". The latter encourages participatory learning through the use of active methods such as role play, small group discussions, case studies and interactive radio and community action projects, which go beyond the classroom and can help pupils to explore and practice positive health behavior.

In the opinion of Bernett, Koming and Francis (1995), the Ugandan HIV/AIDS program is well established. Evidence from the policy analysis and from the teachers suggests that most of the teaching focuses on three issues around health. Firstly, it focuses on personal health and hygiene, such as mention of specific diseases, disease vectors, personal cleanliness, diet and food hygiene, drugs (including smoking, and alcohol), exercise, and accidents. Secondarily, it focuses on personal relationships (with parents, with friends and with self). The third issue concentrates on the environment (both local- such as sanitation facilities, housing, refuse disposal, water quality and more general – such as pollution from traffic and industry).

For Bernett et al., Uganda had many exciting examples of innovation and development within school health education generally and AIDS particularly. The Ugandan health education program is supported by established coordinating mechanisms at the central level. In 2002, the Biology syllabus was reviewed to incorporate recent advances in knowledge of HIV/AIDS and the links between HIV/AIDS and the environment incorporated in combined Biology and Health Education. This new curriculum presents the social components of HIV/AIDS such as stigmatization and psychological impact on people affected in one way or another. In the classroom, teachers and students exhaustively discuss HIV/AIDS, traditional and religious attitudes and how they intersect with HIV/AIDS, for example support for the sick, alcoholism, etc (Hyde, et al., 2001).

From the Ugandan description of HIV/AIDS policy included in Biology and offered through Health Education, one can conclude that the Ugandan strategy to integrate the disease into other curricula has been advantageous. These strategies have improved the

knowledge and life skills of students and enhanced their ability to avoid ' that can lead to new infection. A brief comparative study between ' Ugandan policies is made in Chapter 5.

2.4 Recent studies of HIV/AIDS education in the classroom

I introduced HIV/AIDS education in the classroom in chapter 1 showing that there is little research in this area. Nevertheless, many authors have suggested what schools should do to ensure the effectiveness of HIV/AIDS programs. For example, Avert.org (2005) proposes interactive teaching methods such as role-play and discussion. Doka (1997) advises presenting sensitively HIV/AIDS information in the context of ongoing educational relationships. Cornelius (2004) suggests an experiential teaching as a better approach to promote safe HIV/AIDS education. Mannah (2002), reporting teachers' experiences of HIV/AIDS in the classrooms and school community in Pretoria, shows that HIV/AIDS must be discussed in the context of gender, socialization and poverty.

Hernes (2002) is convinced that there is no single program and no single actor in the fight against HIV/AIDS. In the same way, Sileo (2005) finds that it is better to invite a person living with HIV/AIDS as a guest speaker to the classroom program. In addition to the invitation, Sileo proposes 20 other ways to tackle the disease in the classroom such as KWL approach. KWL consists of what the students know; what they want to know; and what they learned. In this method, it is considered important to find out what they know about HIV/AIDS in order to dispel the myths they have before teaching them the facts.

Torabi (1997) reports on a study of HIV/AIDS education through video education in 20 public schools in both urban and rural areas in St Petersburg in Russia. The results confirmed that the use of video education significantly improved students' scores on knowledge and attitudes related to HIV/AIDS prevention.

Inspite of the various approaches from the above authors focusing on audio-visual, active learning and community participation there are many barriers to the effectiveness of HIV/AIDS education programs. Only two will be considered in this study. The first barrier is that teachers continue to teach as they have been taught and compete for

control (Drake, 1994). Drake (p.180) argues that teachers become "balkanized" with strong and enduring boundaries and are reluctant to move outside those boundaries. Nduati and Kiai (1997) pick out the second barrier. They find that there is difficulty in identifying culturally appropriate words to describe various body parts and matters related to sexuality. According to Mannah (2001), language plays a crucial role in the effectiveness of training programs and resource materials. Mannah suggests that more resources and training programs should be developed in indigenous languages and not translated from English or French, a practice which generally distorts the message.

Chapter 1 pointed out that there is a lack of HIV/AIDS literature designed for teaching in the classroom. I attribute this to the combination of many factors related to moral issues, a new subject that is searching for its own identity, and a lack of appropriate instruments to evaluate behavior at the end of instruction.

The few authors who have tackled the issue investigated pupils' knowledge of HIV/AIDS especially in primary schools. Silin (1995) and Forquar (1990 b) were interested by pupils' logic in associating drugs and smoking to the disease. Silin and Forquar found that learners' misconceptions about HIV/AIDS were surprisingly rational. After debates on the topic " What do people use drugs for?" in classrooms of 6- and 7-year-olds, including steroids used by Olympic athletes and cocaine, pupils saw only drugs as the source of HIV/AIDS rather that infected blood. They "clearly equated AIDS with death" (Silin, p. 227). Forquar found the same children's logic, that smoking could cause the disease when observing 8- and 10-year-olds. To the children, cigarettes contain nicotine and nicotine is a drug and drugs are somehow implicated in HIV/AIDS transmission. Therefore, smoking is the source of the disease infection. Hudson and Skeen (1987) conducted another study. Their objective was to find out what is said in the classroom.

Bernstein has been used in a number of studies on various aspects of pedagogy. For example, Antunes and Morais (1998) have developed a study to investigate the extent to which children were able to distinguish power and relations in the classroom. Ferreira and Morais (1998, 2000) have oriented their study to problem solving in the clasroom. Morais, Neves and Fontinhas (1999) have used the Bernsteinian theory of frame to analyze different theories of instruction through sentences that Portuguese syllabuses of

the sciences of nature of years 5, 6 and 7. They aimed to investigate the changes that have taken place between 1975 and 1991 in school reforms.

In Australia, Rose (2004) has described how indigenous children have been consistently failed by the education system over the years by using Bernsteinian models of sequencing and pacing. In South Africa, Ensor (2004) has used the concepts of recognition and realization rules in the context of teacher education showing the need to construct a model that shows the potential variation in teacher education discourse as a whole and in its different aspects. A recent study of Hoadley (2005) answers one main issue from social class in producing social differences.

In Rwanda, any study about analyzing the HIV/AIDS pedagogic discourse and using Bernstein's theory would be new. Kabayiza (1998) has analyzed some problems linked to education of youths out of school to prevent the disease, Rwagatare (1999) has investigated psychosocial impacts of the pandemic and Manirafasha (2000) has explored psychological repercussions of antiretroviral treatments among infected persons. Only Mukagacondo (1999) has oriented her study to school investigating diverse students' attitudes of grade 12 in Butare-ville vis-à-vis HIV/AIDS testing. The present study is original and unique because it is applied to HIV/AIDS school education and Bernstein brings a vast array of pedagogic analytical tools to the question of HIV/AIDS education.

2.5 Conclusion

HIV/AIDS in the classroom seems to be a challenge in education. It is necessary to teach about it in schools in order to equip our children with the life skills to prevent infection and it should cut across the entire school curriculum while considering local dynamics. Myths about the origins of the disease, debates about the selection of desirable content and various methodological approaches abound in the literature. Although secondary school students appear to have a good knowledge about the disease and its transmission (Somaliland Times, 2002), it does not seem to impact on their behavior. To me the key issue lies in how it is taught in the classroom. In this study I have shown that there are very few studies focusing on the classroom situation. None of those studies refers to the Bernsteinian framework. This confirms the originality of my study.

CHAPTER 3: THEORETICAL FRAMEWORK

3.1 Introduction

Chapter 3 constitutes the analytical framework for the current study. It focuses mainly on Bernstein's theory of pedagogic discourse from the macro level to the micro level. Bernstein's concepts such as regulative/instructional discourses, vertical/horizontal knowledge structure and classification /framing relations constitute the theoretical frame of this chapter. It also examines the instructional form of pedagogy in terms of differentiation between organizational groups within the classroom. Bernstein's code theory of instruction will be discussed first.

3.2 Bernstein and code theory

The code theory is central to Bernstein's concern (Hoadley, 2005:49). Bernstein's work on pedagogy is now arousing new interest (Ficher, 2004) and his theories provide a sociological framework for the investigation of the how of social class and social practice (Hasan, 2002: 538). Ficher argues that Bernstein considered the way in which classroom discourses reflect the dominant culture. To Bernstein, code refers to the structure of the culture and consists of regulative principles, tacitly acquired through socialization. In language he identified two types of classes, working-class and middle-class, in which he established a distinction between elaborated code and restricted code.

Code theory draws attention to the relations between macro power relations and micro practices of transmission, acquisition and evaluation and the positioning to which these practices give rise (Bernstein, 1990: 119). In this context of code theory, Bernstein (1971) has differentiated between the stratified school and the differentiated school. To Bernstein, the establishment of the two types of schools (stratified and differentiated) is not based on geographical school locality or its social status, but on the nature of ritual activities in the classroom, boundaries between subjects, relationships between agents and teacher and learners' roles in the teaching/learning process. Indeed, different modalities of control have enormous impact on determining the kind of school. According to Bernstein, stratified control has its roots in positional forms of transmission and differentiated control in personal forms of transmission. This shows

that there are multiple approaches to transmit discourses. The analysis below shows that Bernstein's theory is based on existent approaches.

Gunter et al. (1995) list various approaches such as the direct instruction model, concept attainment model, concept development model, classroom discussion model and the model for memory to name a few. The analysis of these models comes down to two classical organization models: deductive and inductive. To Gunter (p.51): "In a deductive model of instruction, the lesson usually begins with the presentation of generalization, rule, or a concept definition. Students are given specific examples along with facts associated with the generalization, concept, or rule. In moving from the general to the specific, students are encouraged to draw inferences and make predictions based on the examples", while "In inductive lesson designs, students are first presented with specific data and facts, and gradually, through the process of investigation and reasoning, they form the generalization, rule, or concept definition".

The authors conclude by saying that induction is more conducive to stimulating students' thinking, while deduction, particularly the lecture, can be very effective when used judiciously and sparingly to deliver information.

Expository strategy and heuristic strategy are two models proposed by Ayot and Patel (1992). According to Ayot and Patel (p. 78) in "expository strategy, learners are expected to get information from the teachers, in quantity and quality as decided and given by them". They oppose the expository strategy and favor the heuristic strategy. In "heuristic strategy the teacher plays a minimum role in exposing the new learning material and allows the learner to find out, collect, get or create new material". Nevertheless, between the expository strategy and heuristic strategy, Ayot and Patel insert other strategies such as demonstration method, history method, questioning discussion, and assignment-supervised study. Ayot and Patel (1992:81) present a scale of methods from the teacher-centred to the learner-centred methods as follows: lecture method, demonstration method, history method, questioning discussion, and assignment supervised study and discovery inquiry. Through these methods some activities are done only by the teacher or the learner and others by all together the teacher and the learner. Bernstein's coding concerns us both in the conceptualization of classification and in framing.

3.3 Bernstein and pedagogy

What does pedagogy mean in Bernstein's conception? Bernstein defines pedagogy as the form or the mode of transmission of discourse, (Bernstein 1971b: 158).
The teaching / learning process is a "series of activities", to use Bernstein's concepts (1971) that are often hierarchically organized. Hierarchy refers to organization into different levels of importance from the highest levels to the lowest. It is a conventional strategic method that all societies or organizations take for their functioning. Take for example the classroom situation. Hierarchy can be found between teacher and learners. It can also be so between or within knowledge instruction. According to Bernstein (1999:159), segmentation of knowledge presents a certain hierarchy. Consequently, the teacher in a hierarchical position in the classroom does not offer only the content but also he/she helps the learners to build themselves physically and socially.

According to Quicke (1999:3), a learner is someone "who actually or potentially has the capacity to make moral choices, act autonomously and think rationally" and who is encouraged "to build creatively and critically on the existing knowledge and experience" (p.161). From this perspective, one can conclude that learning provides substantive content in a critical and creative way.

3.3.1 Pedagogic discourse

Bernstein distinguishes three forms of rules when analyzing pedagogic discourse. To Bernstein (1996:47), pedagogic discourse is a principle of circulation and reordering of discourse. He argues that pedagogic discourse is generated by a recontextualizing discourse moving from a recontextualizing principle to a recontextualizing field with agents practicing ideologies (pp. 47-48). This section examines the three forms of rules: distributive rules, recontestualizing rules and evaluative rules.

In the Bernsteinian theory of pedagogic discourse, the recontextualizing rules are derived from the distributive rules, and the evaluative rules are derived from the recontextualizing rules (Bernstein, 1996).

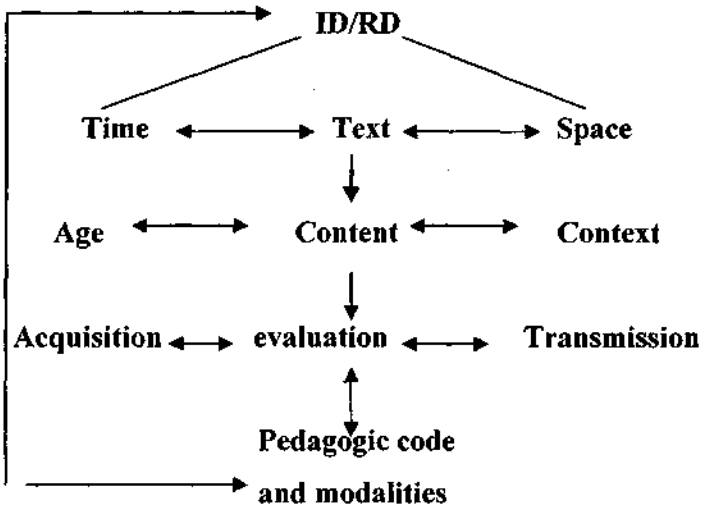
To Bernstein, the distributive rules have as function to regulate the relationships between power, social group, form of consciousness and practice. These rules also specialized forms of knowledge, forms of consciousness and forms of practice to social groups, and distribute forms of conciousness through distributing forms of knowledge.

The recontextualizing rules create specialize communications through which pedagogic subjects are selected and created (Bernstein, 1996:46). The recontextualizing rules as a principle creates agents and field, but it also creates discourse-through delocating and relocating other discourses. So, science as we study it in school is not what scientists do in laboratories. 'Science' as a discourse has been delocated from its field of practice, combined with discourse of education, pedagogy, etc. and relocated as a discourse of 'school science'. Similarly, HIV/AIDS education found in schools has been recontextualized from a number of other discourses, including the bio-medical, sociological, social aspects.

Bernstein (1996: 46) has identified two discourses in pedagogic discourse. Those discourses are instructional discourse (ID) and regulative discourse (RD). The former is a discourse that creates specialized skills and their relationship to each other. The latter is a moral discourse creating order, relations and identity (Bernstein, 1990:211). Bernstein (1996) argues that pedagogic discourse is the rules, which lead to the embedding of one discourse in another, to create one text, to create one discourse. Then, the instructional discourse is embedded in the regulative discourse. Bernstein (1996:46) warns us not to confuse pedagogic discourse and discourse. He defines pedagogic discourse as "a recontextualizing principle" that creates recontextualizing fields, agents with recontextualizing functions with practicing ideologies. Two recontextualizing fields are created by the pedagogic discourse: official recontextualized field and pedagogic recontextualizing field. The official recontextualizing field (ORF) consists of the state and its agents and ministries, while the pedagogic recontextualizing field consists of pedagogues in schools and colleges, and departments of education, specialized journals, and private research foundations. Finally, the role of the recontextualizing principle is to recontextualize the "what and the how" of instruction discourse. Discourse is the subject or content of pedagogic practice.

The evaluative rules constitute any pedagogic practice in the purpose to transmit criteria. To Bernstein (1996: 49-50) pedagogic practice is continuous evaluation and evaluation starting at the most abstract level and then moving in steps to the level of the classroom itself. Bernstein explains this by stating that at the most of abstract level, pedagogic discourse specializes time, a text and a space. This level is transformed to the second level and third level as it is shown in Bernsteinian model.

Figure 3.1 Levels of evaluative rules



Source: Bernstein, 1996:51

The above figure shows the relationship between pedagogic discourse that embeds two discourses (ID and RD) and pedagogic codes and modalities. It also shows that pedagogic discourse transformation is made from text through content to evaluation. The present study analyzes the relationships between the Rwandan national policy of HIV/AIDS in grade 9 and evaluative rules.

3.3. 2 Bernstein and vertical and horizontal structures of knowledge

Bernstein contrasts a collection–type curriculum with an integrated–type curriculum.
As we saw above when establishing a comparison between stratified control and differentiated control, Bernstein in "Ritual education" (1971b) showed how stratified control is applied in a vertical structure according to its organization, boundaries, and the roles of teachers and learners. To Bernstein, the relationships are positional and

everything is clear. Bernstein contrasts horizontal and vertical forms of discourse by considering the degree of insulation or strength of boundary (Bourne, 2003:498 and 500). According to Bernstein, in all societies there are at least two basic classes of knowledge: esoteric and mundane. There is a relative gap between the two forms of knowledge that Bernstein (1996:44) terms "potential discursive gap".

Muller (2000:63) finds that mundane or everyday knowledge (horizontal discourse) and esoteric knowledge (vertical discourse) are sometimes unclear. In the same way, Breier (2004: 3) affirms that Bernstein has developed the concepts of horizontal and vertical discourse but they are not well developed, in particular the concept of "horizontal discourse". It is true that Bernstein explains horizontal discourse in various ways. According to Muller (2004), Bernstein distinguishes between two forms of discourse, horizontal and vertical, between two kinds of knowledge, hierarchical and horizontal. On the one hand, he defines it as commonsense knowledge, everyday community knowledge, and the everyday life of the pupil, his family and his peers (Bernstein, 1971: 215).
In this perspective, horizontal discourse does not and cannot have a knowledge structure because it has no recontextualizing principle regulating it and actors by definition are common to all (Muller, 2000). Even if everyday knowledge cannot have a knowledge structure, no one can deny that it has an impact on the teaching/learning process. The everyday knowledge interests this current study because the experiences are integrated and focused in the world through identities and traditions to which a person is attached.

On the other hand, Bernstein speaks of horizontal in the vertical discourse. Vertical discourse takes "the form of a coherent, explicit, systematically principled structure, hierarchically organized", or it takes "the form of specialized languages" (Bernstein, 1996:170-171).

3.3. 3 Classification and framing

"How a society selects, classifies, distributes, transmits and evaluates the educational knowledge, it considers to be public, reflects both the distribution of power and the principles of social control", (Bernstein, 1971:47). Weak or strong classification or framing is a product of the official recontextualizing field (ORF). The recontextualizing

field has the function to create autonomy of education (Bernstein, 1996). The state and its selected agents and ministries dominate the ORF.

Bernstein distinguishes ORF from the pedagogic recontextualizing field (PRF), which consists of pedagogues in school and colleges and departments of education. According to Bernstein (1996:48) the state attempts "to reduce relative autonomy over the construction of pedagogic discourse and over its social contexts", but if "PRF can have an effect on pedagogic discourse independently of ORF, then there is both some autonomy and struggle over pedagogic discourse and its practices". Similarly, in the classroom, students can have or cannot have autonomy over the pedagogic discourse.

Hoadley (2005), citing Bernstein argues that "the fact that the instructional is embedded in the regulative, means that the hierarchical relation between transmitter and acquirer regulates the selection, sequencing, pace and evaluative criteria of the instructional knowledge". It is this that leads Hoadley to equate that:

$$\text{Framing} = \frac{\text{Instructional discourse}}{\text{Regulative discourse}} \quad \frac{\text{I D}}{\text{R D}}$$

The above equation shows that framing is the result of instructional and regulative discourse. Bernstein finds his argument on classification and framing. He argues that power and control are analytically distinguished and operate at different levels of analysis. Empirically, we shall find that they are embedded in each other (Bernstein, 1996:19). Classification is associated with power, and framing with control.

The term of classification in Bernstein means power relations and the degree of maintenance between categories including the boundaries between agents, spaces and discourses. Classification can be weak or strong. In the classroom situation, classification shows the degree of reference from other subjects in the particular content (inter-disciplinary relations), the degree of reference from school knowledge and everyday knowledge (Inter-discursive relations). Intra-disciplinary relations are the degree of reference made to other content in the subject area when teaching a particular content, to similar past or future topics, or the move from the particular to the general.

The relations between spaces the specialization of space for teaching and learning; insulation between teacher and learners' spaces and subjects also concern classification. **Finally, conceptual demand in the instructional knowledge and instructional density that the learner may grasp can also be classified (Delete this part).** The figure below gives us a synthetic view of classification in the classroom.

Table 3.1: Classification relations

Classification	**Discursive rules**	**Inter-disciplinary relations** (Between subject areas)
		Inter-discursive relations (Between school knowledge and everyday knowledge)
		Intra-disciplinary relations (within the subject area)
	Spaces	**Specialization of space for teaching and learning**
		Insulation between teacher and learner spaces
		Between subjects (teacher-learner)

Strong classification means strong boundaries such as a rigid timetable consisting of clearly separated subjects. Weak classification refers to weak boundaries between subjects with referencing to other subjects. To Bernstein (1971), strong classification reduces the power of the pupil over what, when and how he receives knowledge and increases the teacher's power in pedagogical relationships. He agrees that there are various ways of knowing and strategic teaching resources. Consequently, the medium is the message. This interests my investigation in terms of kinds of material aids that teachers employ in HIV/AIDS in Rwanda.

Framing refers to the message system of pedagogy. It refers to "the degree of control teacher and learner possess over the selection, sequencing, pacing and evaluation of knowledge transmitted and received in the pedagogical relationship" (Bernstein 1975:88). Framing can also be weak or strong. For example, rigid teacher control over what is taught can be seen as strong framing over selection, while when the learners manipulate and select the topics according to their needs and interests and stage of development it appears to be weak framing.

Framing refers also to teacher and learner's control over the order, character and manner in their relations. To Hoadley (2005) framing has to do with the way in which the relationships between the teacher and learner is set up, where strong framing refers to a limited degree of options for students, and weak framing implies more apparent control. Those relations could be physical, learners' changing of places in the classroom for example. This shows that framing is concerned with social relations. The figure below refers to what framing is related to.

Table 3.2: Framing relations

Framing	**Discursive rules**	**Selection**
		Sequencing
		Pacing
		Evaluation criteria
	Hierarchical rules	**Teacher-learner**
		Learner-learner

Classification and framing may vary independently. I mean that one may be weak and the other strong, for example, C-F+. This depends on internal or external classification/framing. Internal classification/framing refers to the way in which the teacher establishes the rules for the selection, sequencing and pacing in the transmission of knowledge between her and the learners in the classroom while the external classification/framing refers to the relations between the teacher and external regulators such as other teachers, administrators, parents and the curriculum (Hoadley, 2005).

These relations expressed in terms of strengths lead to this Bernstein's formula (2000):

the classroom		**Differentiated**
	Integrated	**Uniform**
		Differentiated
	Specialized	**Uniform**
		Differentiated

Source: Pedro in Hoadley, 2005

Each mode of teacher/learner grouping, homogenous, integrated or specialized presents two perspectives that the teacher has the choice to apply: uniform or differentiated. According to Hoadley (2005), the homogenous mode takes place when the teacher is working with the whole class, the integrated when the learners are working with each other, and specialized if the teacher works with learners in particular context individuals or groups.

From this scheme of grouping I shall examine also the form of grouping in terms of gender: co-education or separated education. I argue this because in HIV/AIDS, " women face gender issues due to cultural, social and economic inequalities (Nichols et al., 2002). The following example from Burundi illustrates African woman in that situation. " A Rundikazi (Rundi woman) in public does not speak, nor she does look you in the eyes" (Berger in Cornwall, 2005). This Burundian description of gender inequality can be applicable as well as to Rwandan women. This situation is very strong when one tackles sexuality and HIV/AIDS issues. Thus, according Macklin (1989:39), "AIDS education should be adapted so that it is culturally and developmentally appropriate for any target audience". The present study targets HIV/AIDS education participation of students in the classroom according the forms of grouping with respect to gender as mixed or single sex.

3.4 Conclusion

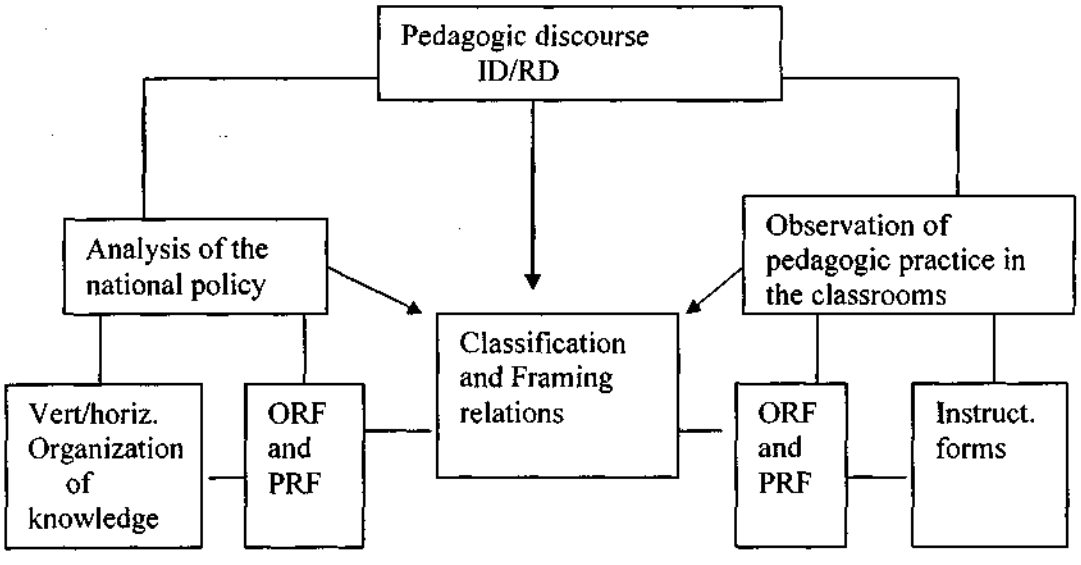
Bernstein's framework is the cornerstone of this study. In the Chapter 3 of theoretical framework some key terms have been defined. Pedagogic discourse was defined as a rule that selects and creates specialized pedagogic subjects through its contexts and contents (Bernstein, 1996:46). Pedagogic discourse embeds two discourses:

instructional discourse and regulative discourse and the instructional discourse is embedded in the regulative discourse. Vertical and horizontal structures of knowledge were also discussed in this chapter.

In this Chapter, I also discussed classification and framing relations. Classification was defined as power relation between contents, specialized spaces and agents while framing refers to the specific pedagogical relationship of teacher and taught (1971a). The instructional forms looking at the differentiation between different organizational groups within the whole class or individuals in terms of homogenous, integrated and specialized in the classroom have also been discussed. I will use the instructional forms to analyse gender issue in terms of co-education and separated education.

In short, the process of analysis can be summarized as follows in the figure below.

Figure 3.2. Schema of analysis of the study



CHAPTER 4: RESEARCH METHODOLOGY

4.1 Introduction

In chapter 3, I set out the theoretical Bernsteinian framework of the study. This chapter presents a general methodological orientation and sets some strategies for collecting data and research instruments and parameters (Vithal and Jansen, 2003).

4.2 General methodological orientation

This study is an investigation of HIV/AIDS education in the classrooms of secondary schools in Rwanda. It deals with "what these schools are doing" rather than "why it is so" attempting to explain what is (Wiersma, 1980: 139). It means that the current study is descriptive non-experimental research (Milland and Wergin, 2002:12) aiming at describing and attempting to explain what is happening in the classroom. The data collection fell into four categories: document analysis, direct observation of the lessons, written questionnaires and personal interviews. In addition to the Rwandan Ministry of Education's documents related to HIV/AIDS programs of different grades that I analyzed, I also collected the data from three schools established in Butare-Ville through observation using an observation schedule, written questionnaires that I addressed to teachers and students, and oral interviews with teachers who were involved in the teaching of HIV/AIDS education.

This study is based on qualitative research and located in the interpretive paradigm. Qualitative research is defined as a process of enquiry that draws data from the context in which events occur, an attempt to describe these occurrences, as a means of determining the process in which events are embedded and the perspectives of those participating in the events, using induction to derive possible explanations based on observed phenomena (Gorman and Clayton, 2005). Nevertheless, some quantitative data are shown in the study to highlight and concretize certain situation. Those quantitative data were also analyzed and interpreted.

4.3 Sample

The sample consists of Rwandan secondary schools of the academic year of 2005. Because it was impossible or impractical to consult all the people (Struwig and Stead, 2001) of the sampled schools, only three of eight schools of Butare-Ville in Butare Province have constituted the sample of this study. These schools are Groupe Scolaire Officiel de Butare, Groupe Scolaire des Parents de Butare and Petit Séminaire Virgo Fidelis de Butare. I used stratified random sampling because it was impossible to investigate all grades. My option was limited only to classes of grade 9.

Indeed, some Rwandan idioms such as "Utunyogwe" (green peas) like the sugar daddies or mummies illustrate the young girls' vulnerability. Adults often corrupt Utunyogwe that are considered tastier than fag peas and still virgin. In Rwandan culture, utunyogwe are generally between fifteen and eighteen. This is the rationale for choosing grade 9 because learners of this grade are adolescent. A myth that is going round in most African countries and that is found in Rwanda is that a man can be cured of HIV/AIDS if he sleeps with a virgin has made young girls vulnerable or susceptible, for they are targets as therapeutic means to the infected men (Oyaro, 2004:50).

I focused mainly on the diverse activities of 135 learners and three teachers that taught two lessons each and seven teachers who were teaching HIV/AIDS through other subjects. This shows the limitations of the study linked to sample size and period of research as they are described in the following paragraphs.

4.3.1 Brief description of the sampled schools

As listed above, the three schools Groupe Scolaire de Butare, Groupe Scolaire des Parents de Butare and Petit Séminaire Virgo Fidelis de Butare were the principal sources of information. All these schools are located within a radius of one kilometer from Butare- Centreville. Butare- Centreville is known to accommodate many students from other provinces and is accessible.

Groupe Scolaire Officiel de Butare is an old public school founded in 1929 under the name of "Indatwa" that means elites by Belgian colonialists. Before the genocide, the

management of the school was entrusted to one religious congregation: the Brothers of Charity. Presently, the headmaster is a Rwandan priest. Groupe Scolaire Officiel is a school that enrolls many students every year. More than 1500 students actually attend the school. It is a boarding school but few students are day pupils. The statistics of how many were part of the latter were not available when I was doing my research. Conditions of discipline are very rigorous. The school has its own-armed security guards. The majority of students are males. The teachers' salaries and all school material are provided by the state. The Ministry of Education appoints teachers.

Groupe Scolaire des Parents was the first private school in Rwanda. It was founded in 1972 in response to the lack of secondary schools. As we saw in the Chapter 1, all secondary schools were under supervision of the missionaries. The school is under parents' supervision. Generally, the school enrolls students who have failed from public schools or at the National Council examination. The state intervention in the school is to provide the curricula. Students also write their exams at the end of each level of secondary schools, as do their peers at public schools. It is a coeducational school. Students' discipline is flexible when compared with the Groupe Scolaire Officiel. A parents' committee selects the headmaster, head of academics and head of discipline. Salaries of all school staff come from students' tuition fees.

Petit Séminaire Virgo Fidelis is a Roman Catholic Seminary for future priests. The Bishop of Butare Diocese appoints the headmaster, head of academics and head of discipline. All members of staff of the school are priests. All students are boarders and are only males. The discipline is very rigorous. Teachers' salaries come from the Diocese. Recruitment of teachers is from the same faith and generally past scholars of the seminary. The school is very selective. The state's intervention is exactly like the Groupe Scolaire des Parents.

It emerges from the above description of the sampled schools that they are of different status. Teachers are recruited differently and their salaries are from different sources. Groupe Scolaire Officiel receives school materials and funds from the state while the other schools receive only the school programs and registration for writing national examinations.

4.3.2 Description of sampled population

The data of this study came from a wide variety of persons. The sample included teachers and students who helped me to get raw data through observation, interviews and questionnaires.

4.3.2.1 Teachers

Ten teachers answered the questionnaire and have been interviewed. Those are sub-divided into three groups. Three Biology teachers that I observed when they were teaching constitute the first group. Only one of them has been trained in HIV/AIDS teaching and is Biology teaching for twenty-six years. The two other teachers have five years of teaching experience. In addition to these three teachers, seven other teachers who are tutors of various subjects such as Civics, Religion and Economy within the sampled schools have contributed to this research. These school subjects integrate the HIV/AIDS topic. These teachers have answered the questionnaire and have also been interviewed.

4.3.2.2 Students

Genocide has had an impact on education in Rwanda. Theoretically, the school age is from 3 years to 19 years from pre-primary to the end of secondary school. Nevertheless, the theoretical school age is not respected. The following table shows the theoretical ages required of each level from pre-primary to secondary school.

Table 4.1: Rwandan Education Systems

Levels	Age group
Pre-primary school (3 years)	3-6 years old
Primary school (6 years)	7-12 years
Lower secondary school (3 years) (Tronc Commun)	13-15 years
Higher secondary school (3 years) (Sections)	16-19 years

Source: GoR, 2002

This study focuses on the classrooms of grade 9. It means the sampled students should be theoretically aged fifteen years.

Although the Rwandan population is 54% female, statistical data shows that only 23 % of females have the possibility of making decisions about their sexual health such as testing, treatment and contraception (CNLS, 2000:23). From the same source, 52% of women aged between 15-49 years live in unrecognized marriages and 12% of them are in polygamous marriages. Faced with this social injustice Rwandan women are placed at a higher risk of infection. For Holden (2004:88), one strategy to reduce the possibility of the spread of the disease is to raise the awareness of teachers and pupils about the rights of girls and women. Separated education has been also suggested but it is tackled in more detail later.

Table 4.2: Students' ages and gender representation

Ages	14		15		16		17		18		19		20		21		22		Tot.
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
G.S.O	1	-	2	3	7	4	11	8	3	1	2	1	2	1	-		-		46
G.S.P			3	2	6	2	-	10	5	4	3	5	3	1	4	-	1	-	49
P.S.V	-		2		5	-	21	-	12		-		-		-		-		40

Legend: G.S.O: Groupe Scolaire Officiel
G.S.P: Groupe Scolaire des Parents
P.S.V: Petit Séminaire Virgo Fidelis

M: Males
F: Females

The above table shows the ages of students in grade 9 in the three schools. It illustrates the difference between theory and practice. The analysis showed that students were heterogeneous in terms of age. Some students are overage due to the liberalization of teaching as a response to the aftermath of genocide. This was to give students who had interrupted their education during the genocide a chance to continue their studies.

The above table also shows that students of Groupe Scolaire Officiel and Groupe Scolaire des Parents are heterogeneous moving from 14 to 21 years. Only the Petit

Séminaire Virgo Fidelis seems to be homogenous varying between 15 and 18 years old. The above table shows also gender inequality in secondary schools. Although females are numerous in Rwanda, the number of girls in secondary schools is low. In GSO, they are 18 of 46 and 26 of 49 in GSP. Only single male students frequent the P.S.V.

Table 4.3: Average of student's age

Ages	Groupe Scolaire Officiel	Groupe Scolaire des Parents	Petit Séminaire Virgo Fidelis
Average $\bar{X}=\frac{\sum xi}{N}$	17 years	18 years	16 years

Legend: $\bar{X}$: average

$\sum xi$: Sum of scores

N: Number of scores

Measures of tendency are commonly referred to as averages. It is the arithmetic average: the sum of all the scores divided by the number of scores (Wiersma, 1980:3). This shows us that the real school age is not respected in the three schools. Most of the population of this study is between fifteen and eighteen.

4.4 Data collection

4.4.1 Phase of piloting

The aim of the piloting phase was to test research instruments and to adjust them. I conducted one pilot classroom observation in Groupe Scolaire Saint Joseph de Kabgayi, Gitarama Province. I used an observation schedule and tape recording. I also conducted an interview with teachers Biology of the same school. A questionnaire's guide was constructed for "interview open-ended face-to-face conversations" (Nias in Waldford,

1995) supported with tape recording and hand-written field notes. Finally, the piloting was concerned with the questionnaires. I distributed written questionnaires to the heads of academics of four schools: Groupe Scolaire Saint Joseph, Groupe Scolaire Saint Elizabeth, Ecole Technique de Kabgayi and Ecole des Infirmières de Kabgayi. All are located in Gitarama Province. This is because the heads of academic have an overview of content of diverse school subjects. The heads of academics helped me to establish a list of school subjects I will analyze such as the curricula of Biology, Geography, Educational Policy, Religion and Domestic Economy, which contain HIV/AIDS topics. The students' written questionnaire was also piloted in Groupe Scolaire Saint Joseph where I distributed 10 questionnaires to students who are members of an anti-AIDS club of that school. The headmasters, heads of academics and of discipline played a key role in convincing teachers and learners to participate in the research to test my instruments.

4.4.2 Calendar of data collection in Butare Province

The data collection extended over three months, starting from the 18th of December 2004 to the 22nd of March 2005. From the 18th of December 2004 to the 15th of January 2005, I collected the data from six curricula of secondary schools as listed above and seven informal interview with the heads of academics of Groupe Scolaire Officiel, Groupe Scolaire des Parents and Petit Séminaire Virgo Fidelis. I also visited the coordinators of HIV/AIDS programs in the Ministry of education, Caritas, FHI and SAAP. The period from the 16th of January to the 22nd of March was allocated to observing, interviewing, distributing and collecting the questionnaires. Questionnaires and interviews were done after observing diverse lessons.

4.4.3 Observation in the classroom

To Ensor and Hoadley (2004), a classroom observation poses some problems such as the setting which we wish to observe (which classrooms, how many etc), the aspect of classroom life which is to become the focus of enquiry (teachers' questioning, form of classroom interaction), tools to record and store the data for study and analysis (observation schedule, video recording) and the subjects or events to be observed (individual, group, behavior type, strategy) to name a few.

Bell (1999) encourages direct observation despite diverse problems as are described by Ensor and Hoadley. Nisbet and Watt (1980) cited by Bell (1999) point out that direct observation might be more reliable than what people say in many instances. For example, interviews provide important data, but reveal only how people perceive what happens, not what actually happens. For this reason, I used direct observation in the classroom to collect more reliable information on what teachers are doing in HIV/AIDS education in the classrooms.

I observed 6 lessons (See appendix B), two lessons in each school. Previously I planned to observe 9 lessons. It became impossible because the Ministry of Education programs allocated only two weeks for teaching HIV/AIDS education.

Two complementary simultaneous activities were done during this observation: coding what was happening in the classroom on an observation schedule and tape-recording of what was said. The first activity focused on what the teachers and learners were doing in terms of classification and framing relations, while the second was to record everything that teachers and students said in the classroom. The observation schedule is presented in appendix A.

Nuremberg and Helsinki' s declaration cited by Namee and Bridges (2002:3) laid out the inviolable principle of subjects of research' s consent. The subjects of research have the right to be informed of the nature and purposes of the research. Autonomously they choose to participate in it. To respond to this ethical issue the heads of academics prepared and explained students and teachers the purpose of my visit at least two days in advance. I promised confidentiality, guaranteeing that the data would not be reported to anyone else in any form. This explains why teachers remain anonymous. They are identifiable by code, for example, the teacher of Groupe Scolaire Officiel de Butare is referred to as TBO.

4.4.4 Interviews and questionnaires

The interviews and questionnaires for teachers and students consist of items, often in question form, to which the individual responds (Wiersma, 1980:141). According to Wiersma, an interview is a face-to-face confrontation, an oral exchange, between an

interviewer and an individual or a group of individuals. The questionnaire is a list of questions or statements to which the individual is asked to respond in writing. Bell (1999) differenciates between the two techniques arguing that a skillful interview can follow up ideas, probe responses and investigate motives and feelings, which the questionnaires cannot do.

4.4.4.1 Teachers' interviews

We saw that HIV/AIDS is an ethical issue. Therefore, to analyze responses from transcripts (Bell, 1999:140) is useful but collection of data from the interviews can be difficult if the interviewer makes a tape recording. According to Powney and Watts (1987), making a recording may challenge the motives of the interviewer. A respondent's permission (Bell, 1999) is necessary. I always conducted an interview with the teachers I observed after two lessons but I required permission for tape-recording before I started my interview guaranteeing them anonymity.

The structured interviews (See appendix C) targeted only three Biology teachers of the three sampled schools and four other teachers of the same schools who were tutors of Domestic Economy, Religion, Educational Policy and Geography in which AIDS is incorporated. As instruments, in addition to field-notes, I used also a tape-recording. Each teacher of the three schools was interviewed individually for approximately one hour. This interview focused on teachers' perceptions on the national HIV/AIDS policy, the range of aspects of teachers' work, the source of documentation and their needs for improving the quality of HIV/AIDS teaching.

In collecting data, through unstructured interviews I interviewed another group: the Coordinator of the Department of School Health and Sports in the Ministry of education and Coordinators of NGOs such as Caritas, FHI and SWAA for getting information on their role in fighting the disease. Those four interviews contributed in giving information about HIV/AIDS in general and orientations to promote a safe health education.

4.4.4.2 Teachers and students' questionnaires

I administered structured written questionnaires to teachers and learners. Structured questionnaires were distributed to 10 teachers (See appendix D) who were concerned with HIV/AIDS teaching as follows: 4 copies in Groupe Scolaire Officiel, 3 in Groupe Scolaire des Parents and 3 in Petit Séminaire Virgo Fidelis. These teachers are tutors of the teaching subjects of Religion, Educational policy and Domestic Economy. The objectives that I envisaged were similar to my objectives in the interviews.

Via the heads of discipline, students also answered the questionnaires (See appendix E). The questionnaires were distributed to students from grade 9 to grade 12. As is shown in table 4.2, 135 students of grade 9 attended the course of HIV/AIDS education in Biology in the three schools. From this group, 45 students have answered the questionnaire. Another 45 students who answered the questionnaire were from higher grades. The questionnaires aimed to explore students' perceptions on HIV/AIDS teaching and to collect students' needs to improve HIV/AIDS in secondary schools. Below is a summary of the strategies of collecting data.

Table 4.4: Strategies of data collection

Sources of data	Research participants	Instruments	Information sought	Number of informants
Analysis of Curriculum of Biology, Religion, Educational Policy, Geography and Domestic Economy	-	Reading and taking notes of the what and how of the HIV/AIDS pedagogic discourse	Plan and integration of HIV/AIDS, and comparison between different grades.	-
Direct observation in the classroom	Teachers-learners	1.observation schedule 2.Tape-record	Pedagogical practices in relations to HIV/AIDS.	3 teachers of Biology and 135

				students of grade 9
Structured written Questionnaires	Teachers	Questionnaire form	General information about curriculum and pedagogical practices	10
	Students	Questionnaire form	Perceptions of current approaches in HIV/AIDS teaching	90
Structured Oral Interviews	Teachers	1.Interview protocol 2.Tape recording 3.Transcribing notes	General information on the strengths and weaknesses in HIV/AIDS teaching	7
Informal interview	Coordinators of: -School Health and Sports in the Ministry of Education, - Caritas - FHI - SWAA	1.Tape recording 2. Transcribing notes	- General information and advices to promote a safer health education in schools	4

4.5 Language used in data collection

All schools in Butare Province are Francophone. The language of instruction in secondary school is French. Kinyarwandam as a national mother tongue and English are taught as school subjects. Thus, French was used in the classroom. All questionnaires that I distributed to teachers were written in French. However, all questionnaires distributed to learners and the interviews were done in Kinyarwanda to avoid any misunderstanding. The informal oral questions of interview addressed to the

coordinators of the Ministry of Education and NGOs were asked in Kinyarwanda as well.

4.6 Analysis of data

In the previous paragraphs I showed the manner in which I collected the data. In this section, I shall demonstrate the way in which the data from various sources was analyzed. The data was analyzed in a systematic way from the ORF to PRF at National level and school level. I attempted to make the relationships between data and theory that I related in Chapter 3. A general idea is given by discussing each of the four main data sets: curricula analysis, observation, interviews and questionnaires.

4.6.1 Analysis of Curriculum of Biology of grade 9

By analyzing Rwanda's curricula, my motivation was to make sure of the existence of a HIV/AIDS program and the methods that the Ministry of Education advocates to tackle the subjects. This ORF, which is responsible by the constitution of the official pedagogic discourse, defines the what and the how of the pedagogic discourse (Morais et al. 1999:40 in referring to Bernstein). Morais et al. explain that the what refers to the content and relations to be transmitted and the how refers to the form taken by the transmission of these content and relations. This reminds us of Bernstein' concepts of pedagogic discourse with two discourses in one: instructional discourse and regulative discourse. Instructional discourse is a discourse of competences relative to a given discipline and regulative discourse a discourse of order, relation and identity (Bernstein, 1996: 46).

A scale of classification was established from C++ to C-- to analyze the Rwandan HIV/AIDS policy. I shall explain the use of different codes in this context.

C++: HIV/AIDS program of grade 9 refers seldom to other subject areas, even to Biology in which it is incorporated and to previous or future HIV/AIDS education of other grades.

C +: HIV/AIDS program of grade 9 refers sometimes to other subject areas, even to Biology in which it is incorporated and to previous or future themes of HIV/AIDS education of other grades.

C-: HIV/AIDS program of grade 9 has substantial referencing of other content from other subject areas and to previous or future themes of HIV/AIDS education of other grades.

C--: HIV/AIDS program of grade 9 refers very often to other subject areas and to the previous or future themes of HIV/ AIDS education of other grades.

The second analysis focused on the HIV/AIDS program, making the interpretation of the message expressed in the discourse of the program related to "the transmission – acquisition context" (Morais, 1999:41), the sentences as unit of analysis. In these conditions, the indicators of framing scale were established. I mean that I examined how the ORF foresaw the teachers and learners' participation in the teaching/learning process in terms of selection, sequencing, pacing and evaluative criteria. I borrowed Morais' instrument (1999:42) to analyze the HIV/AIDS program integrated in Biology. Below is the framing scale that was used.

F++ The sentence contains statements that give a clear emphasis to a directive role of the teacher in the teaching-learning process (for example, tells, informs, explains) or the sentence refers to cognitive and /or socio-affective competences that suggest a passive intervention of the student.

F+ The sentence contains the statements that emphasize the orientating role of the teacher in the teaching-learning process (for example, guides, accompanies, appeals to the participation of the students) or the sentence refers to cognitive and/or socio-affective competences that suggest some participation of the student.

F- The sentence contains statements that emphasize a higher degree of intervention of the student in the teaching –learning process (for example, realizes free activities, independent tasks, project work) or the sentences refers to cognitive and/ or socio-affective competences that suggest a higher degree of student's autonomy.

However, **"F*" should be used where the sentence does not show who has to do what and how.**

4.6.2 Classroom observation

There were two focuses to the analysis of the classroom observation data. The first involved the analysis of the classification and the framing of pedagogic discourse in the classroom situation.

The second was orientated to the instructional form of grouping or individualizing learners during various activities.

4.6.2.1 Lesson codes

I have given the codes to different lessons that I observed. Two lessons were taught in each school. Those lessons were differentiated by their codes:

In Groupe Scolaire Officiel: Lesson 1: L1BO

Lesson 2: L2BO

In Groupe Scolaire des Parents: Lesson 1: L1BP

Lesson 2: L2BP

In Petit Seminaire Virgo Fidelis: Lesson 1: L1BV

Lesson 2: L2BV

All the teachers who were interviewed and questioned have wished to remain anonymous. To respond to the issue, I allocated a pseudonym to each teacher. The teacher of the Groupe Scolaire de Butare as identified TBO, the teacher of Groupe Scolaire des Parents as TBP and the teacher of Petit Seminaire Virgo Fidelis as TBV.

4.6.2.2 Classification and framing

In the classroom I was interested in the variation of classification and framing. In classification, I examined the structuring discourses, spaces and agents. Regarding framing, I examined the relative control of teachers and learners over the selection, sequencing, pacing, evaluation and hierarchical rules. The details have been discussed and schematized in Chapter 3.

A coding instrument (see appendix B) was designed to analyze the data collected in the classroom through diverse indicators. In this study 19 indicators of classification are used. Those indicators describe the degree of reference to knowledge from other subjects or HIV/AIDS education area and to everyday knowledge in doing activities in different phases of the lesson. They describe the relationships between inside and

outside the classroom, movement between teachers and learners' spaces in the classroom.

16 indicators of framing were also used in direct observation. Those indicators describe the degree of control that teacher and learners can have over the selection, sequencing, pacing and evaluating criteria in all activities in the classroom. They describe also the interaction between teachers and learners and the way in which learners interact with one another. For both classification and framing scales of the designed instrument, the scale contained four degrees. Below are some extracts of the coding instrument for analyzing the classroom data in terms of classification and framing of pedagogic discourse.

Classification

Take the indicator 19 for inter-discursive relations (between school and everyday knowledge).

Table 4 .5: Indicator 19 of inter-discursive relations

19. In the discussion of the topic or task	C++	C+	C-	C--
	Everyday knowledge is never referenced	Everyday knowledge on few occasion is referenced	Everyday knowledge is often referenced	Everyday knowledge is constantly referenced
	Only HIV/AIDS knowledge is referenced. No everyday knowledge is introduced.	On few occasions everyday knowledge is introduced, and the connection between the everyday knowledge between HIV/AIDS and the everyday knowledge is made.	Everyday knowledge is often referenced; the connection between the everyday knowledge is less explicit.	Everyday knowledge is constantly referenced; the distinction between the knowledge and everyday knowledge is implicit.

Framing

Take an example of indicator 2 of discursive rule selection.

Figure 4.6: Indicator 2 of discursive rule selection

In doing an activity	F++	F+	F-	F--
	Learners have very little control over selection	**Learners have a little control over selection**	**Learners have some control over selection**	**Learners have substantial control over selection**
	The teacher always determines the selection of tasks, activities and knowledge. Learners are rarely able to disrupt the selection to suit their own needs. Their interjections are generally dismissed or ignored	**The teacher determines the selection of tasks, activities and knowledge in the classroom most of the time. On very few occasions is selection varied according to learner intervention or production.**	**Learners have the opportunity to vary the selection of tasks, activities, knowledge some of the time. Some learners suggestions are accepted, or the teacher alters selection according to learner's productions.**	**Learners make decisions around the selection of the tasks and activities in the classroom. They are given opportunities to determine the knowledge content of the lessons.**

Framing is expressed in terms of the strength or weakness using standard Bernsteinian notation, F++ representing the strongest framing (or teacher control) over the discursive rules or hierarchical rules and F-- representing very weak framing (Hoadley, 2005).

4.6.2.3 Instructional form in the classroom situation

In the previous chapter 3, I discussed the models of teaching. Some of those models are centred on the individual, others on the group. Some models are also called passive and others active. Goodlad cited by Gunter et al. (1995: xv) shows some teachers' incapacity to vary their teaching methods to maximize the outcomes. The conclusion from their research in a good number of classrooms in America is the following:
"The data from our observations in more than 1000 classrooms support the popular image of a teacher standing or sitting in front of a class imparting knowledge to a group of students. Explaining and lecturing constituted the most frequent teaching activities. On the whole, teachers at all levels did not know how to vary their instructional procedures, did not want to, or had some difficulty to do so."

The purpose of this study was to look at the variation of methods within the classroom in terms of communalization or individualization in terms of gender.

My experience in teaching confirms that there are close relationships between the instructional form and the mode of transmission of knowledge. For example, if the classroom is homogenous and the tasks are uniform, the expository and history methods predominate in the teaching/learning process. However, if the classroom is integrated and the tasks are differentiated, in many cases the assignment-supervised study and discovery inquiry are used. Consequently, the instructional forms have a significant impact on knowledge acquisition.

I borrowed the adapted Pedro's schema in Hoadley (2005) to focus on teacher and learners grouping in a given tasks as it is shown below and to examine how learners were grouped in terms of gender. In my opinion, the grouping whether mixed or single sex has an impact on the teaching / learning of HIV/AIDS due to cultural factors.

4.7 Validity issue

In qualitative research, method validity can raise some problems because analysis and interpretation of the collected data can be biased. Validity involves two concepts: internal validity and external validity. The extent to which the results can be accurately interpreted is called internal validity while the extent to which the results can be generalized to population and conditions is external validity (Wiersma, 1980:7). Aware of that issue, I attempted to minimize biased results not only by observing the lessons and analyzing diverse curricula of other grades but also by interviewing and questioning teachers, students and other people involved directly or indirectly in HIV/AIDS school education. The guarantee of confidentiality in the interview and questionnaires, that I established between the heads at all levels, teachers and learners makes me sure of the validity of this research. I believe that the instruments I used were adequate to the context.

As to the internal validity, all observations were tape-recorded and transcribed in full. I did so to isolate some extracts to illustrate and to support my analysis and discussions. All the teachers and learners were warned that my presence did not aim to evaluate them but examine how HIV/AIDS is taught presently for further teaching improvement. I believe that the internal validity has been achieved because of the teachers' attitudes towards me. Here is one extract from an interview with teacher of Groupe Scolaire Officiel. "I thank you for coming to see how we are confused to teach HIV/AIDS. We need your recommendations to improve our teaching procedures". Similar reactions are expressed throughout this study. The questionnaires inspired freedom due to the anonymity of the respondents. It asked teachers to mention the class in which they teach HIV/AIDS in the subjects of their qualifications. To learners it was to identify themselves only by grade and their age. For both I got back the questionnaires in closed envelopes that I had distributed to teachers and learners.

In regards to external validity, generalization issue is discussed in the section below of limitations of the study.

4.8 Limitations of the study

I do not claim that this study is exhaustive. It presents some limitations linked to the sample size and period located to the research.

4.8.1 Sample size

My sample is not representative of numerous secondary schools in Rwanda. The sample for this study comprised three Francophone schools established in the south of the country. Those schools were selected for their accessibility, environment and student diversity. The rigid timetable (only two weeks are destined to HIV/AIDS education in terms of 100 minutes per week) has been a handicap to extend my research to a long time.

4.8.2 Period of research

As explained above, the timetable is rigid. This emanates from the Ministry of Education. The HIV/AIDS teaching is immediately followed by school exams and the Easter holidays. Psychologically, the sampled students were not in an atmosphere conducive to providing more information through informal interviews.

4.9 Conclusion

This chapter covered the strategies that I undertook to complete my study. It is a qualitative study but some quantitative data have been used to describe some situations. The collected data from document analysis; direct observation, structured questionnaires and interviews have been interpreted. This study aimed to understand what is happening in three Rwandan classrooms and what the Ministry of Education's role was in helping teachers in their practice to ensure safe education to young people to prevent HIV/AIDS infection.

The data from questionnaires and interviews were to support and highlight the findings from the curriculum analysis and observation. The limitations of the study have been presented to indicate recommendations aiming for further investigations in the HIV/AIDS education in the classroom.

CHAPTER 5: PRESENTATION AND ANALYSIS OF DATA

5.1 Introduction

One of the purposes of this study is to examine how an HIV/AIDS program is planned and incorporated into other subjects. In Chapter 2 I discussed different authors' opinions of what should be contained in a school curriculum. In this analysis, I made a link between Rwandan HIV/AIDS program and the Bernsteinian concepts of instructional discourse and regulative discourse. I also examined Rwandan HIV/AIDS knowledge structure in terms of vertical and horizontal forms.

Chapter 4 presented various techniques that I used for collecting the data that helped in answering various key questions of this study. Chapters 5 and 6 examine and analyze the data that I collected during the research. Three analyses are made.
The first one deals with the analysis of diverse curricula that I mentioned above to answer the question relating to the how and what of HIV/AIDS education organization in various secondary schools by the Ministry of Education. The second analysis focuses on answering the question relating to teachers' strategies for offering information about the disease to students and is tackled in Chapter 6. The third analysis of instructional forms for transmitting information is also done in Chapter 6.

5.2 Analysis of Curricula integrating HIV/AIDS education

In Chapter 3, I defined the official pedagogic discourse as the official text constructed at a macro level. I examined the official pedagogic discourse of HIV/AIDS education of grade 9 in Rwanda in terms of regulative and instructional discourse and its relations within and between the content in terms of vertical and horizontal relations.

Who is mandated to select and transfer knowledge? Instructional and regulative discourses apply to the above question in our analysis. The relationships between instructional and the regulative discourses are in hierarchical order.
According to Bernstein (1996:48), regulative discourse plays the role of creating order, relations and identity.

The analysis of the curriculum of Biology has shown that the Ministry of Education has specified different themes to teach and given methodological instructions that are required to transmit information.

Is there a curriculum for HIV/AIDS education in Rwandan secondary schools? The Coordinator of Unity of Health and Sport in schools in the Ministry of Education, through interview has revealed that there is no specific curriculum of HIV/AIDS. But in 1996 the Rwandan Ministry of Education resolved to integrate a HIV/AIDS program in diverse curricula such as Religion, Geography, Economy, and Biology and Educational Policy. This point is discussed in more detail in the section on HIV/AIDS across the curriculum.

As for grade 9, HIV/AIDS is integrated into Biology. One sub-chapter of MST+ SIDA (STDs +AIDS) is integrated in the third chapter of Anatomie et Physiologie des Appareils Reproducteurs Mâle et Femelle (Anatomy and Physiology of Male and Female Reproductive Systems). The program is so stated: four sessions of 50 minutes each for the whole school year. Until now, the Ministry of Education in collaboration with UNICEF has provided a booklet "SIDA: Tuyimenye, Tuyirinde, Tuyirwanye" (AIDS: Know about it, Prevent it and Fight it). That booklet serves both the primary and the secondary schools. The Ministry of education (2003) also has provided 4494 posters and folders for primary and secondary schools.

The booklet is not useful in secondary schools. 8 out of the 10 teachers (80%) who have answered the questionnaires said that it is not appropriate to the students' age. Six (60%) say also that the booklet is written in the indigenous language while the subject must be taught in French, translation from Kinyarwanda to French being another issue. It must be noted that some biology teachers are from the Democratic Republic of Congo and cannot speak the local language, as for example the teacher of Petit Séminaire Saint Léon de Kabgayi. To me, this shows that HIV/AIDS in some schools is taught without Rwandan culture being taken into consideration.

Presently, what are teachers in school doing? My investigation has shown that the state does not have a fixed curriculum of HIV/AIDS education. For that reason, every teacher decides what to teach. This is why different teachers from the three schools do not have

a common record of work. They use different sources of information. The teacher of the Groupe Scolaire Officiel (GBO) got information from the national programme to fight the disease (PNLS). Both the teachers of Groupe Scolaire des Parents (GBP) and Petit Séminaire Virgo Fidelis (PBV) got most of their information from the NGOs involved in HIV/AIDS education programs, respectively in Family Health International (FHI) and Caritas/Rwanda. The table below shows some similarities and differences about the records taken from individual teachers' records of work.

Table 5.1: Teachers' individual record of work

Session	Groupe Scolaire Officiel	Groupe Scolaire des Parents	Petit Séminaire Virgo Fidelis
Session 1 50 min.	STDs: -Definition -Current STDs in Rwanda	STDs: -Definition -Examples	STDs: -Identification of the diseases including HIV/ AIDS. -Examples -Difference between HIV and AIDS
Session 2 50 min.	HIV: Causes and ways of transmission	HIV/AIDS -Generalities -National and international statistics	HIV/AIDS: -Transmission - Consequences
Session 3 50 min.	Impact of HIV/AIDS on -Economy, -Education -Health -Society	HIV/AIDS: Consequences on: -Personal level -Community level	HIV/AIDS: Prevention: - Abstinence; - Faithfulness -Respect for God's Commandments.
Session 4 50 min.	HIV/AIDS Prevention - Abstinence - Fidelity - Condom use	HIV/AIDS Prevention: - Abstinence - Fidelity - Condom use - Avoidance of drugs	HIV/AIDS: Mobilization of youth in fighting against: - Stigmatization - Discrimination

The above records of work show that, with small differences, they tackle the same themes: STDs and HIV/AIDS definitions, HIV transmission and prevention and the consequences of the diseases. My investigation with teachers revealed they did not consult each other. Nevertheless, the Ministry of Education has provided a context to

teach HIV/AIDS and other diseases (STDs + HIV/AIDS) and had formally suggested the main themes to tackle: various STDs, modes of transmission, strategies of prevention and students' behavior vis à vis STDs and AIDS. Those themes are not detailed. I coded instructional discourse as C-e because teachers have fewer instructions of the what of HIV/AIDS education.

5.2.1 Regulative discourse and instructional discourse

Regulative discourse is also a key issue in specifying what the teacher/ student should do. The only methodological indication that accompanies the Ministry's statement program is "Discussions and synthesis" (Ministère de l' Enseignement Primaire et Secondaire, 1996). Teachers are confused because they do not know how to proceed. In my opinion, the confusion is from the lack of teacher training. Presently, the Ministry of Education counts approximately 6000 teachers of secondary schools, public and private together. But only 74 (1.2 %) have been trained in HIV/AIDS teaching (Rwigamba in Impanda, 2005: 6).

When analyzing the sentences that are contained in the HIV/AIDS program one can say that the recommendation "discussions and synthesis" does not clarify teachers and students' roles in that approach. I coded regulative discourse F-* because the Ministry of education does not provide many details about methodological approaches and does not show who has to do what and how. Nevertheless, when interpreting the Ministry of Education's intention, one can say that it was to allow teachers to give learners "the opportunity to participate in socializing teaching activities", (Fraser, 1990:86).

How do teachers interpret the instructions from the Ministry of Education? Responding to the questionnaire, 7 of 10 teachers (70%) agreed that discussions and syntheses are useful to teach HIV/AIDS but they consciously refuse to engage learners in discussions to escape learners' questions. **"They ask the embarrassing questions", "They are excited to ask questions that can lead you to talk more about sexuality", "No, I cannot allow discussions in my classroom with those adolescents and I don't like to talk only about sexuality. When you engage in discussion in the classroom with those adolescents you create a disorder in the classroom. They talk and talk without falling silent".** The above comments by teachers reveal that HIV/AIDS

teaching is not currently linked to sexuality and the records of work do not show topics about sexuality. Similar remarks appear during the interviews. Five of seven teachers (71%) that I interviewed showed their embarrassment to organize group discussions. **"We often underestimate the students knowledge considering them as the 'tables rase' with respect to HIV/AIDS".** Literally, (table rase "tabula rasa", Silin, 1995:229) means an empty slate. This expression means that the educational relationships tend to be hierarchical and ritualized and the pupil is seen as ignorant, with little status and few rights (Bernstein, 1971).

Eight of ten teachers (80%) who answered question one of the interview claimed that they clearly knew that the Ministry expects discussions and syntheses from those discussions, but they are embarrassed to apply them. **"I don't know where to start", "I consider this as wasting time", and "I don't know why the Ministry introduced that program in the curriculum of Biology. I never learnt HIV at University. It is a subject to teach in religion or ethics."**

In conclusion, the program content of HIV/AIDS education incorporated in Biology in Rwanda is not detailed. The Ministry of Education created a context by presenting basic themes of discussions. Consequently, teachers through the NGOs create the content to transmit to students. The what and the how of Rwandan HIV/AIDS education from the Ministry of Education has been coded C-/F-*. The weak external framing and weak specification of what is to be taught, and how means that teachers construct their practices along the lines privileges strong internal framing. Thus: F_{-e} is related to F_{++i}.

5.2.2 Vertical and horizontal organization of HIV/AIDS knowledge

In Chapter 3, I established a difference between horizontal and vertical organization of knowledge. In Chapter 4, I expressed my intention to analyze the relationships between HIV/AIDS education and other subjects and to analyze different sentences looking for the instructional theory. In this chapter, we saw how the Ministry of Education has been reluctant to determine the "what and the how" of instruction of grade 9. The Ministry of Education, by suggesting "discussion and synthesis", would like to invite teachers and learners to find a way to share their experiences. Nothing is clear on this point.

At all the three schools, HIV/AIDS education is taught in Biology, Educational Policy, Domestic Economy, Religion and Geography. This list corresponds 100% to the findings from the Heads of academics of Gitarama-Province and all teachers of Butare's schools that answered the questions. I examined the curricula of Domestic Economy in grade 7, Biology in grade 9, Religion in grade 8 and 12, Geography in grade 10 and Educational Policy in grade 11.

Different themes are tackled due to the grades. The following table shows us an overview of those themes.

Table 5.2: HIV/AIDS' themes through different grades

Grade	Program	Themes
7	Domestic economy	Notion on HIV/AIDS Socio- economic consequenses
8	Religion	Knowledge of HIV/AIDS, Behaviors Mutual respect between individuals
9	**BIOLOGY**	**STDs + AIDS:** **Naming the STDs** **Modes of transmission of AIDS** **Strategies of prevention of AIDS** **Advice relative to behaviors faced with the STDs and AIDS.**
10	Geography	Socio-demographic issues
11	Educational policy	Socio-economic consequences
12	Religion	Religious attitudes: Avoidance of adulterous behavior Maintenance of familial harmony Supporting the widows and orphans of HIV/AIDS.

The above table shows us that some themes that are tackled in HIV/AIDS education in Biology of grade 9 are also tackled in others grades. For example, the curriculum of Religion offers the best area to provide strategies and advice on prevention (grades 8 and 12), contemporary issues such as socio-demographic issues (Geography in grade 10) and socio-economic issues (Domestic Economy in grade 7 and Educational Policy in grade 11). The relationships within HIV/AIDS area are observed showing and are frequent referencing. The programs for Domestic Economy in grade 7 and Religion in grade 8 seem to be the introduction to programs for grade 9. Indeed, the students have been clear in answering question 1: "In which subject did you learn most about the disease?" The answer was Biology for 27 of 46 students (59%) of GBO; 31of 49 students (63%) of GBP; and 21 of 40 students (52%) of PBV. The remaining percentages are shared in descending order between Religion, Domestic Economy and Educational Policy.

HIV/AIDS education in grade 9 has substantial referencing to the content from other subject areas mainly from Religion, Domestic Economy, Geography and Educational Policy. It refers also to previous and future themes in other grades. In addition to contemporary issues that are linked to the disease, HIV/AIDS education in grade 9 also focuses largely on the bio-medical aspects. The question remains whether HIV/AIDS school education should not have its own knowledge structure. The Ugandan organization shows that there is another way to tackle the disease through Biology.

Despite the fact that HIV/AIDS education is tackled under various aspects, the Ugandan strategies of organization differ from Rwandan strategies.
A comparative study between the Rwandan and Ugandan policies on HIV/AIDS education shows some similarities and differences as we can see in the following table.

Table 5.3: Comparison between Rwandan and Ugandan HIV/AIDS policies

	Uganda	Rwanda	Comments
Integration	-HIV/AIDS is integrated in all science subjects especially in Biology through Health Education.	-HIV/AIDS is integrated in Biology, educational Policy, Geography, Religion and Domestic Economy	- Uganda and Rwanda integrate HIV/AIDS in other school subjects, especially in Biology. - The Ugandan policy is

	- HIV/AIDS in Biology stretches through all grades of secondary schools	- HIV/AIDS is integrated only in Biology's curriculum of grade 9	vertically organized in Biology at all grades. It is well organized horizontally through different themes in health education. - Rwandan policy is horizontally organized through different subjects.
Content	Formal official detailed content through Health Education focusing on: - Generalities of HIV/AIDS: definitions, modes of transmission and strategies of prevention within common STDs - Concerns with personal health and hygiene including counseling and testing - Concerns with personal relationships with all members of society and self - Concerns with environment	Official themes on: - Generalities of HIV/AIDS: Definitions, modes of transmission and strategies of prevention and tackled through the STDs. - Relationships with the infected persons - Impact on personal and society	- Both curricula tackle the biological aspects of HIV/AIDS. Other aspects relating to relationships and society are very limited in Rwandan policy and counseling and testing are not taken into consideration. -Ugandan policy has a n elaborated content through health education implying more the everyday knowledge, traditional and religious attitudes and how they intersect with HIV/AIDS than Rwandan policy. - The Rwandan policy seems to be theoretical while the Ugandan policy looks like practical.
Material aids	- A Special AIDS pack - A Safer Living, Safer Loving manual for students - Teacher's guide	- Booklet in Kinyarwanda for both the primary and secondary schools.	- Rwandan schools lack didactic manuals (examples: Teacher' Guide and Students' manual).

Allocation of timetable HIV/AIDS in biology program	- 40% of Health Education and 60% of Biology	- Two weeks in the entire school year in terms of 2 periods per week (100 minutes)	- Rwandan policy allocates a short time to HIV/AIDS in comparison to Uganda. Generally, school years in Rwanda vary between 36 and 38 weeks. This means HIV/AIDS program is offered in 2 of 36 or 38 weeks (6%) while Biology takes the remaining weeks (94%).
General teaching methods	- Participatory learning (interactive methods) - Invitation of guest speakers	- Discussions and synthesis	- In Rwanda, talk and chalk are used in the detriment of the proposed approach of discussions and syntheses

5.3 Conclusion

This chapter analyzed the data from the curricula from the Ministry of Education, and questionnaire and interview. The instructional discourse is presented as very modest in terms of content. It has been coded C-. The regulative discourse has been coded F-* for its lack of details and the confusion it causes the teachers who have not been trained in HIV/AIDS education. The analysis of the structure of the knowledge of grade 9 showed that it refers often to content from other subjects. The comparative study between Rwandan and Ugandan policies has shown that there are different manners to integrate HIV/AIDS in Biology. The Ugandan policy of HIV/AIDS does so vertically, while the Rwandan policy is a topic inserted in Biology that is tackled in various subjects. Although both the Rwandan and Ugandan policies tackle the disease in bio-medical, psychosocial and cultural, and economic approaches, the Rwandan approach is segmentally organized. Thus, HIV/AIDS education in grade 9 appears as a topic in Biology.

CHAPTER 6: DIRECT OBSERVATION IN THE CLASSROOM

6.1 Introduction

This chapter aims to analyze classification and framing relations in the classroom situation. These terms are explained in Chapter 3 stating that classification refers to power relations, while framing refers to control relations. Classification and framing give us more detail about the strengths of the "what to pedagogize" and the "how to pedagogize" it, to use Bernstein's expressions (1996:40). I observed six lessons; two lessons in each school (see Appendix B). Below is the timetable of observed lessons.

Table 6.1: Calendar of observation

School	Date	Hour	Themes
Groupe Scolaire Officiel (GBO)	21/02/2005	11.35-12.25	STDs and current STDs in Rwanda
	28/02/2005	11.35-12.25	HIV/AIDS transmission
Groupe Scolaire des Parents (GBP)	23/02/2005	9.45-10.35	Consequences of HIV/AIDS
	25/02/2005	10.45-11.35	HIV/AIDS prevention
Petit Séminaire Virgo Fidelis (PBV)	1/3/2005	8.O5-8.55	HIV/AIDS prevention
	8/02/2005	8.05-8.55	Fighting against stigmatization and discrimination

6.2 Classification and framing relations

6.2.1 Classification

Classification is associated with power relations. According to Haavlsrud in Morais et al. (2001:329), classification is a major tool in understanding power relationships according to these sub-categories: discursive relations, spaces, agents, conceptual demand and instructional density. I examined three sub-categories: Discursive relations, spaces and agents.

6.2.1.1 Discursive relations

The discursive relations include three sorts of discursive relations that are:

. Inter-disciplinary relations

. Inter-discursive relations

. Intra-disciplinary relations

Each aspect of the observed lessons on HIV/AIDS will be analyzed.

Inter-disciplinary relations

Inter-disciplinary relations can be understood as the extent to which reference is made to knowledge from other subjects in the teaching of particular content. In Rwanda, the HIV/AIDS education is inserted in various school subjects. Thus I examined the relationships between HIV/AIDS and those subjects. Two focus points of analysis served to analyze the data of those inter-disciplinary relations. Those focus points are:

- In the introduction/ explanation/ exposition to the topic or task

- In the tasks that are set for learners

Inter-disciplinary relations in this research appeared in some lessons and not in others. I shall now give an analysis of each lesson and further a comparison between some of the six lessons. Illustrative extracts will make the comparisons more understandable.

The lessons L1BO and L2BO can be coded C++. There are very strong boundaries between the HIV/AIDS subject and other subjects. For example, in L1BO, only the terms *air, water, soil and dead creature* were introduced into the lesson during its introduction. In L2BO, the teacher TBO seldom referred to other situations. The teacher referred only to sport and military art to explain how much the lymphocytes (CD4) protect our immune system. The two cases show that TBO rarely referred to content from other subjects. These lessons show the very strong boundaries (Ci ++).

The lessons L1BP and L2BP can be coded C+. The teacher referred to economical, psychological and social issues. For example, in L1BP the teacher introduced concepts such as *productivity, discrimination, and familial disunity* to name a few. The teacher

referred to the lessons of moral and religion. In the lesson L2BP, the learners have related some rare cases. For example, in the introduction of the new lesson, learners have inserted the terms **"interahamwe" and "genocidaires"** that refer to the group of killers that participated in the 1994 Rwandan genocide. These terms are often found in Civics subject and Educational Policy. I coded the lesson C+

Lesson L1BV and lesson L2BV introduced content from other areas. They can be coded (C-). Lesson L1BV seems to have been obscured by content from Moral and Religion studies. The introduction was dominated by covering sexual behavior from Rwandan traditional culture such as ***guharika*** (polygamy), ***guhungura*** (to marry the wife of his dead brother) and ***gukazanura*** (to have sexual relationships with the wife of your son). The new lesson focused on *abstinence, faithfulness and respect for God's commandments*. HIV/AIDS as a central theme was mentioned at the start of the lesson but rarely during the lesson. Lesson L2BVabout *Fighting against stigmatization and discrimination* tackled moral and civic areas: duties that we have to family and as a member of society.

In Bernstein's terms, HIV/AIDS education is addressed to students in weak grammar in Biology that is generally known to have strong internal grammar. Consequently, teachers of Biology might be tempted to teach it in strong framing if they are not trained how to act in such situations. These two lessons L1BV and L2BV with significant differences show that their content was closely related to the content of other subjects (C-), but L1BV referred to other subjects more than L2BV.

Inter-discursive relations

Inter-discursive relations refer to the instructional knowledge and everyday knowledge. Three focus points are the basis for analysis to identify those relations. They are:

In the discussion of the topic

In the responses and questions of the learners

In the tasks that are given to learners

Generally, the lessons show that inter- discursive relations (school/ everyday knowledge) were rarely referred to in the tasks that the learners did (C+). Generally it was to answer oral questions that were closely related to repetition of the content that

the teachers offered. However, some lessons referred sometimes to the content from students' experiences. The 6 lessons will be analyzed.

Inter-discursive relations appeared rarely in L1BO (C++). Only "poverty" can be considered as an intruder in the whole text. It is the only other concept that is referred to during the lesson. Otherwise, only bio-medical concepts were covered from the introduction to the conclusion.

However, the L2BO, L1BP, L2BP, L1BV and L2BV show some relations between the subject knowledge and everyday knowledge. Everyday knowledge is sometimes referred to in L2BO (C+). For example, TBO used soccer and military techniques to explain how the T4 lymphocytes protect us. By explaining how HIV is not transmitted L2BO illustrates how much everyday knowledge has been integrated into the content. For example, the physical environment **(air, mosquitoes, and water)** and domestic areas **(cooking utensils and bedroom)** are integrated in the content. L1BP can be coded C- referring to the sharing of learners' experiences. All the examples given by the learners were welcome because each learner's example was enriching and the subject of debate. By contrast, in L2BP everyday knowledge appears on fewer occasions (C++). For example, only during the second sequence of the lesson the TBP warned learners to reject some alienating myths about condoms and how to use them, and the Rwandan genocide context was recalled.

The teacher TBV often referred to everyday knowledge. In L1BV everyday knowledge has weakened the classification. The students worked in-group discussions. Through those groups the students shared their daily experiences. I coded the lesson C-.
The lesson L2BV also referred to everyday knowledge through *stigmatization and discrimination.* Students have mostly described various Rwandan attitudes towards the infected persons. This lesson has been coded also C-.

Intra-disciplinary relations

Intra-disciplinary relations refer to the extent to which reference is made to other content within the subject area in the teaching of particular content, to similar past or future

topics or the move from the general to the particular. These relations refer also to internal classification.

I observed that any content related to past or future topics emerged in the text did not explain the topic or new concept but only revised the last lessons (L1BO, L2BO, L1BP, L2BP and L1BV) or informed learners of future lessons. For example, **"Soon we will see "how HIV/AIDS is transmitted"** (L1BO) and **"You will take the notes in the next lesson when we start with the "hygiene of the reproductive system"** (L2BP).

In all the lessons the teachers moved from the general to the particular (C++). I coded all the lessons C++ because there was strong insulation between the new lessons and previous or future lessons except for revision and information about the previous or future lessons.

6.2.1.2 Agents' spaces

I shall now focus on relations between teachers and learners in terms of places. In teaching/learning the teacher's role is to control and to monitor different activities carried out in the classroom and to "help their pupils to acquire knowledge, insight and skills" (Fraser, 1990:14) and according to Van Vuuren (1976: 378) quoted by Fraser (1990: 32) to teach "certain norms and values" in appropriate milieu. This role can be carried out in positional or personalized relations. According to Bernstein (1971), positional relations mean strong boundaries between agents (heads, teachers and learners), while personalized relations show weak boundaries between the agents. The latter is characterized by participation while the former by domination. In the all lessons I observed, the teachers were placed in a dominant position.

The L1BO showed strong classification in teacher and learners' roles and strong insulation between teacher and learners' spaces. During the teaching/learning process the role of teacher and learners was specialized (C++), both plunged in academic activities. Teacher-giver and learner-receiver marked the lesson in much bounded discipline. Two zones were created in the classroom. A demarcation line separated the teacher and learners' spaces: ie, a platform that only the teacher has access to. No learner executed any exercise on the blackboard. Everybody remained in his own space. In L2BO the teacher maintained the same attitude (C++).

In L1BP, although learners needed the teacher's permission to answer and to go to the blackboard, the climate was fairly strong (C+). It was the same in L2BP, except for the rare cases during revision where some learners moved from their seats to the blackboard (C+), teacher and learners remained in their own places. Note here that despite that insulation, there was dialogue between teacher and learners.

In the case of lessons in PBV, lesson L1BV shows that all the teacher and learners moved from their seats in the classroom to go outside for group discussions but in absolute silence (during the displacement). The teacher moved to monitor what learners were doing expecting some learners' questions. This means that the insulation between teacher and learners' spaces was quite strong (C+). In the second lesson, (L2BV) the strategy changed. Teacher and learners' spaces were very bounded (C++).

During the lessons, learners were always engaged in schoolwork. There was insulation between them. I did not see any student go to open the windows or do activities or movement that were not recommended by the teacher.

Summary of classification

As we saw above, the relationships between teachers and learners can be characterized as positional, and these relations are likely outcomes of culturally established relations between adults and youth and traditional modes of social relations in schools.
From the above discussions one can says that most of the lessons were strongly classified.

Table 6.2: Coded summary of classification of the 6 lessons

Classification	Categories	L1B0	L2BO	L1BP	L2BP	L1BV	L2BV
	Inter-disciplinary relations	C++	C++	C+	C+	C-	C-
	Inter-discursive relations	C++	C+	C+	C++	C-	C+

	Intra-disciplinary relations	C+	C+	C+	C+	C+	C+
	Agents	C++	C++	C+	C+	C++	C++

When examining all the variations from inter- disciplinary, inter-discursive relations and intra-disciplinary relations, and agents' spaces the balance of classification the differences appear. For example, in L1BO classification appeared as follows. C++ = 69%, C+ = 24 %, C- = 7 % and C-- = 0%. By contrast, in L1BV, C++ = 21%, C+ = 33 %, C- = 42 % and C-- = 4 %.

The graphs below show those differences.

Figure 6.1: Classification of the lesson L1BO

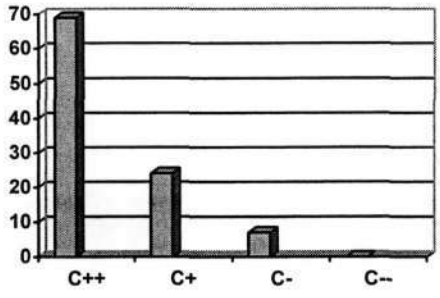
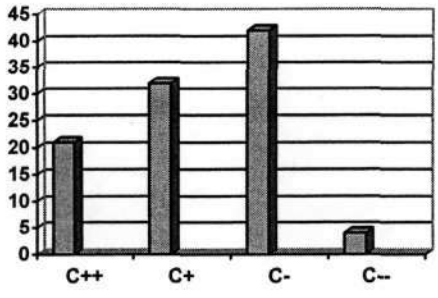


Figure 6.2: Classification of lesson L1BV



Note that the strength or weakness of classification depends on the teacher. For example, L2BP and L1BV had a same theme to tackle: HIV/AIDS prevention, yet classification in lesson L1BV is weaker than L2BP. The former stressed condom use,

$$\frac{E}{+\text{-}C_{ie}/+\text{-}F_{ie}}$$

To Hoadley (2005) interpreting this Bernstein's formula shows that E stands for orientation to meaning- elaborated, and the line stands for the embedding of the orientation in classification and framing values and variation in these classification and framing values gives rise to different modalities of pedagogic practice.

3.3.4 Instructional forms in the classroom situation

Students' activities are important for mastering the concepts in the teaching/learning process. Different individualized instruction programs such as independent study packages, self-directed study, learner-centred programs, individual projects and programmed instruction (Fraser et al., 1990:66) to name a few have been the models of individualization. Consequently students are given the opportunity to become involved in teaching/learning process by experimenting, observing drawing conclusions and solving problems on their own (p.73). Cawood et al., (1982:131) in Fraser et al. (p.84) criticize this pedagogical model arguing that pupils learn more effectively when their individual achievements are stimulated by social support, acceptance and encouragements.

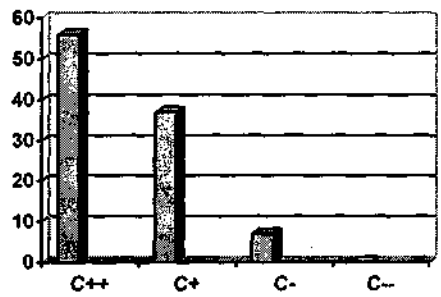
In this study, I examined classification not only in terms of agents' space relations but also in grouping learners in terms of gender. To Pedro in Hoadley (2005), this entails looking at different organizational groups within classrooms- the whole class, groups and individuals. I focused on the grouping of students in homogenous, integrated and specialized groups according to gender issue. The following table shows the forms of grouping according to Hoadley (2005) that I will adapt to gender issue.

Table3.3 Forms of student grouping in the classroom

Activity	**Teacher-learner grouping**	**Task**
Organization of	**Homogenous**	**Uniform**

while the latter religious values. We can also observe how each lesson was classified differently. In the L2BP classification appeared as follows. C++ = 56 %, C+ = 37 %, C- = 7 % and C-- = 0 %.

Figure 6.3: Classification of the lesson L2BP



The lesson L1BV is represented above (Figure 6.2)

Comparatively, the above lessons differ in their classifications. If the lessons L1BV and L2BV seem to be weaker than other lessons, my investigation has shown that the teacher of PBV was trained in HIV/AIDS teaching while others were not.

The language of instruction in the teaching /learning process is a key issue. If students did not grasp the concepts I think that it was because the language of instruction did not allow students to master those terms. For this reason, teachers who answered the questionnaire suggested it should be taught in their mother tongue (Kinyarwanda) instead of French. However, teachers prefer to continue to teach in French because "**we are free to name different parts of the body in French what we cannot do if it was in Kinyarwanda**". This point is detailed further in questionaire and interview data presentation.

6.2.2 Framing

The concept of framing relations has been described as useful in generating a general characterization of pedagogic discourse in terms of control. Two dimensions were taken into account in my research. They are:

. Discursive rules

. Hierarchical rules

Framing refers to the control that teachers and learners have over the instructional knowledge. Framing also refers to the hierarchical rules. These hierarchical rules refer to the norms of social conduct in the classroom between teacher-learner and learner-learner. I used a similar instrument when observing teachers and learners' activities and behavior. That instrument is described in Chapter 4.

6.2.2.1 Discursive rules

The discursive rules are the extent to which the teacher controls selection, sequencing and pacing of content and the extent to which the teacher makes explicit the rules for evaluation of learners' performances. They refer also to the extent of control learners have over the content due to teacher's strategy to allow them access to it. The evaluative rules are not more discussed in this section because only teachers controlled all evaluative activities (F++) except in L1BV and L2BV where there were shared activities (teachers and learners). I coded these lessons F+. I argue this because for instance in L1BV, students asked questions and gave some observation about findings from group discussions, teacher being a facilitator.

To result of my research I can make general comment that the lessons that I observed were strongly framed with respect to which learners had control over the selection, sequencing and pacing of instructional knowledge. I shall now separately analyze the observed lessons.

Selection and sequencing

The strength of framing over sequence and selection was discerned in:

. The introduction/discussion to a task,

. Doing an activity and when learners concluded an activity.

Lesson L1BO was very strongly framed (F++). Learners did not have any occasion to select the knowledge. Here are some extracts that show it was the teacher who introduced all the classroom activities and determined explicitly what to do, how and when.

T: Okay. Today we are going to study the diseases that devastate our country.... Now we are going to name only the diseases caused by the bacteria and

viruses...Now we are going to study the Sexually Transmitted Diseases...Now I am going to ask you some questions.

The second lesson L2BO was also very strongly framed (F++). Below is an example from the transcript.

T: Before we study how HIV enters the body, see first the consequences of HIV on the immune system. ...Okay. Stop here.

Write a comment about this list. Do people get HIV from all these factors? Now I am going to make sure that you have understood well. Take a quarter of a sheet.

In the GBP, the lesson L1BP was coded F++ in terms of selection and sequence of transmission of knowledge. L2BP was less strongly framed (F+) than L1BP. At the beginning, the lesson was very strongly framed. The teacher was very specific about selection and sequencing. But at the end learners' interventions brought a little change in selection. For example, the teacher had not previously planned to teach about the antiretroviral drugs. Although the teacher accepted a learner's intervention he did not change the order that he has planned in the sequencing (F++).

In PBV, selection and sequencing were also strong. For example, in the lesson L1BV, teacher clearly determined the content of group work for students to discuss (F+). The students determined the sequence of knowledge (definitions and importance of each religious value). The teacher played the role of regulator. Here is one extract to illustrate this:

T: Thank you. All the answers that you gave are correct but today we are going to analyze three of them. They are abstinence, faithfulness and the respect of God's commandments. Now you are going to form three groups for discussion. The first group, from number 1 to 16, your topic is Abstinence. Your task is to define the concept and to demonstrate its importance in fighting the spread of HIV etc...Stop time up. You are going to report your findings orally.

Two situations were presented in the lesson L1BV. There was strong framing with respec to selection (the teachers controlled the content to be discussed) but with respect to sequencing, framing was weaker because the students decided on what order to do things in their groups. The two extremes would produce F+. The lesson L2BV is also

strongly framed (F+). The teacher's objective was to sensitize learners to fight against discrimination and stigmatization. He determined the content: **"We are going to discuss about stigmatization and discrimination"**. Nevertheless, the lesson was conducted in a climate in which the teacher implicitly provoked dialogue.

Pacing

Literally the concept pace means the speed at which something or somebody walks, runs or moves. In the classroom situation, the pacing is the extent to which teacher and learner have control over the speed at which the lesson is conducted. This means that it is the extent to which the teacher deliberately and systematically teaches particular content to the learner so that the latter can learn a logical concept in the respect of individual differences (Fraser, 1990:9). There are many activities that teachers and learners may engage in, in the class situation. Different forms of pacing can be observed. On the other hand, for other teachers, the content is not itself a target but a tool to provide learners with some skills. It is obvious that content-centred and learner-centred teaching differ in terms of pacing. What happened in the six observed lessons?

My analysis leans to two indicators that are:

. In the introduction/ discussion/ question and answer

. In the learners doing an activity

The lesson L1BO was conducted without any debate and discussion (F++). The lesson process was to name, to write, to repeat and to answer or to read teacher's questions. L2BO differed from L1BO. It can be coded (F+) because of dialogue introduced in the classroom:

T: I am sure that everybody knows how HIV is transmitted. Now tell me how?

Note this: every answer, true or wrong, will be accepted and written on the blackboard. Don't laugh if your peers give a wrong answer. We will discuss them afterwards.

Variations of the strength of pacing were observed in GBP. In lesson L1BP pacing was weak (F-). The pacing was slow because the teacher asked questions and learners answered but on some very few occasions the teacher stopped learners when they

described the HIV/AIDS positive symptoms. Below is of many examples to show why this sequence was F+.

T: Yes, tell us.

L: He was weak.

T: Can you explain how you saw it?

L: He was sitting near his house on a mat and had a stick. He found it difficult to speak.

T: Who told you that he was infected?

L: Everybody knows he is HIV positive.

My argument is not founded on the learner's answer, but from this extract that one can see that the learners did not have any limit to answer teacher's question. He could have said more than he did. The lesson L2BP can be coded F+ because of learners reacted freely to teacher's questions. The teacher accepted learner's questions about homosexuality and antiretroviral, but he decided himself to answer aiming to gain time. Through the questioning-answer approach that the teacher used, learners had a little control over the pacing of instructional knowledge. Learners were freely allowed to ask questions. Here is an example.

T: Do you have another question? (Silence). **If there is no one question, I am going to ask some questions about what we were saying.**

In school PBV, there was also variation in pacing from the same teacher. I coded the lesson L1BV F+. In L1BV the pacing was very strong at the beginning of the lesson and at the end. At the beginning learners were not motivated and the teacher had to use a technique to wake them up. **Allez ...Allez** *(go on...go on).* During discussions, students worked at their own pace during the 10 minutes. Very strong pacing was shown in students' reports **"Any question or comment? Okay. Just one question to pass to the last group because we do not have enough time ...don't waste our time")** and through the following example:

T: Pass to group three. Be brief, the time is short. Two minutes to go. Try to summarize.

However, the students in their discussion were given most of the time allowed for the lesson. Even during learners' discussions the teacher responded to any learners' enquiries without formal control. I coded this lesson F+. In the lesson L2BV the teacher

orchestrated every activity through questioning- answer method, and instructed learners on appropriate personal attitudes. In term of pacing I coded L2BV F++.

It emerges from these lessons that the pacing differs only from teachers' methods. For example, in the case of expository method, as for example L1BO, the pacing was very strong. But in the case of group discussions the pacing became weaker, for example in L1BV.

6.2.2.2 Hierarchical rules

Two categories of hierarchical rules can be distinguished. The first category is the extent to which both teacher and learners have control over the order, character and manner. The second is the extent to which learners have control over each other in terms of conduct and relationships. As we saw above, spaces between teacher- learners were demarcated in the classrooms.

The teacher's place most of the time was on the platform, except one case from six lessons (L1BV) in which group discussions were used and some cases when learners were invited to go to the blackboard.

Teacher-learner relations

Teacher's positional control marked teacher-learners' relationships. The Rwandan social structure, consciously or unconsciously, creates a certain distance between adult and child. This cultural mentality has repercussions on school structure. For this reason, all six lessons I observed were coded F+. Indeed, in those lessons, only in one case where the learners managed their books, all learners performed certain routines and disciplinary norms (F--). The teachers did not interact physically with learners (F++) and learners did things in the classroom in response to instructions from the teacher (F+).

Learner-learner relations

In the three schools, students did not move from their seats. In the way in which learners interacted with one another, they were never given directions from the teacher on how to behave towards one another (F--), except for the one case that the teacher recommended

learners to avoid laughing at peer's incorrect answers (L2BO) or to answer when a particular student was questioned. The combination of F++ and F - - results in F+.

From the above description of the 6 lessons, one can conclude that the L1BO, L2BO, L1BP and L2BP had relatively weak external framing. The lessons L1BV and L2BV were more or less internally weakly framed. The lesson L2BV was mostly internally weakly framed only during the evaluation (F_{i+}) while the L1BV was so during nearly the entire lesson ($_{+}/-F_{i-}$).

Table 6.3: Coded summary of the framing of the 6 lessons

Categories	Rules	Contr. over	L1BO	L2BO	L1BP	L2BP	L1BV	L2BV
Fram.	Disc. rules	Select.	F++	F++	F ++	F+	F+	F+
		Seque.	F++	F++	F++	F++	F-	F+
		Pacing	F++	F+	F-	F+	F+	F++
	Hier. rules	Teach-learn.	F++	F++	F++	F++	F++	F++
		Learn-learn.	F +	F+	F+	F+	F+	F+

The above table shows us that the lessons of L1BO, L2BO and L2BP are very strongly framed. The lessons L1BP and L2BV were relatively strongly framed. The lesson L1BV is comparatively weaker than other lessons.

Schematically, comparative analysis shows that the lessons were taught differently. For example L2BO and L1BV, reveal that one is very strong while the other is weak. Schematically, they can be represented as follows if in L2BO, F++ = 58%, F+ = 27%, F- = 12.5% and F-- =12.5% and in L1BV F++ = 23%, F++ = 27%, F- =16% and F-- = 34%.

Figure 6.4: Framing of Lesson L2BO

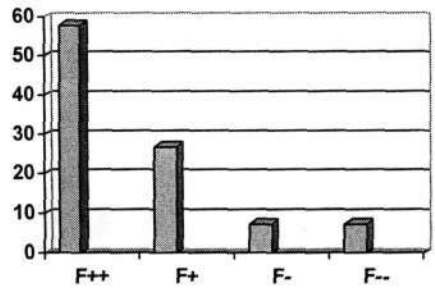
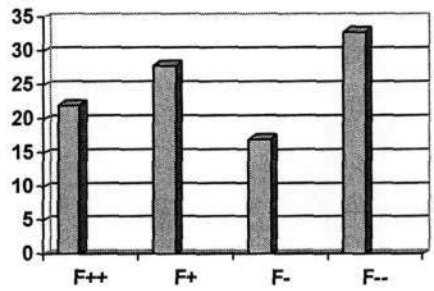
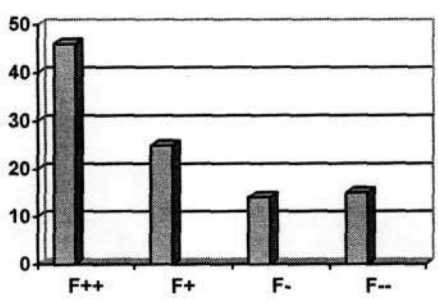


Figure 6.5: Framing of lesson L1BV



The lessons L2BP and L1BV had similar theme: 'Strategies of HIV/AIDS prevention', but their framings differ. In L2BP the F_{++} =46%, F_{+} = 25%, F- = 14%and F-- = 15%. Schematically L2BP is represented like this:

Figure 6.6: Lesson L2BP



The lesson L1BV is represented above (Figure 6.5)

Discussion

A general picture of the six lessons that I observed presents strong framing in terms of selection and sequencing. Teachers taught what they had read in the few available documents they possessed from the NGOs. Nevertheless, in one lesson that the teacher has conducted through discussion as its teaching method, the framing was weak.

As we saw, the Rwandan official pedagogic discourse is conceived in terms of discussions and synthesis, but most of the lessons did not follow that suggested approach. Different hypotheses that one can offer are the lack of teachers' training, teachers' habits in teaching Biology, and teachers' and learners' customary relations. When analyzing different methodological indications that are contained in Chapter 3 of the Biology program (p. 36-38), where HIV/AIDS is incorporated into (Mineduc, 1996:37), the fact is that the teacher's role is to explain, illustrate, demonstrate, schematize and describe in the teaching/learning process. The students' role is also defined. At the end of the lesson the students should be able to explain, name, describe and to establish a comparison between ..., to name a few. It is in the same way that most of the lessons that I observed were taught in terms of very strong classification and framing.

To me very strong classification and framing of the diverse lessons I observed depended on teachers' methodological approaches and students' grouping in terms of gender. From the six lessons that I observed, I firstly noticed two main methodological approaches: questions-answers and chalk- talk.

All teachers used questions- answers as a method to tackle different themes, except in the lesson L1BV where the teacher used group discussions. In my opinion, it is very important that teacher be equipped with various methods in HIV/AIDS teaching. Those methods can be role-play, games, brainstorming, mind mapping, discussions, case studies, field visits, group work, video and presentation by guest speakers. This list of methods has to be more or less strongly learner-centred to ensure that learners not only acquire knowledge but also transfer that knowledge to action.

The questions-answers method cannot on its own satisfy the three Ts' objectives of teaching: transmission, transaction and transformation. By transmission, understand that the teacher is a source of information as regards learners who are expected to get that information. Transaction implies a self-discovery method with the teacher acting as a guide to what is to be achieved. By transformation, I mean learners initiate their own learning activities to develop their attitudes and solutions to a given issue. In this situation the teacher becomes a facilitator.

My argument is that the questions-answers strategy is not sufficient to teach HIV/AIDS. The reason is that the teacher plays a dominant role when the question and answer method is used. For instance the teacher sets the questions and the students directly answer those questions (Fraser, 1990:157). The solution to the issue can be found in Bernstein (1971). He argues that with the integrated code, there is a shift from content closure to content openness, from strong to markedly reduced framing. From the lessons that I observed, I found that teachers asked closed questions in what Fraser (p.181) calls "vertical discussions". Below are examples in extracts from the lessons L1BP and L2BV.

Example 1

T: Do you regularly see infected people? [...] How did the victim of HIV/AIDS appear?
L: He was very sick and was from the hospital. He was also a poor man. He was begging.
T: How did you know that he was HIV positive?
L: My cousin who is his neighbor told me that the victim had tested HIV positive 2 years ago, (Extract from L1BP).

Example 2

T: Do you see some attitudes that people adopt towards the infected persons? Do non-infected people communicate easily with the infected ones?
Ls: No
T: Why?
L1: Because the infected people are seen as sinners, they have fornicated or they are prostitutes.
T: Does... have another reason?
L2: Because they are damned by society for being immoral
T: What signs show you that the infected people are not accepted in society?
L3: Generally, the victims are subject of mockery and curiosity (extract from L2BV).

The above examples show that the questions were unilateral; teachers being the questioners while students were the answerers. The reverse was very rare in all the lessons. Yet when "students ask why out of genuine interest, they are likely to grasp the information and retain it as their own understanding" (Gunter et al., 1995:159).

The questions-answers method has risks to ask only a small number of students. Take an example from L2B0. From the introduction to the evaluation, I observed 26 students' interventions but only 12 students of 46 (26%) answered the questions. Gunter (1995:85) proposes some better techniques of asking questions such as "In a minute I will ask someone to do this problem on the board, so be prepared" or "After we view the filmstrip, I will ask the following questions". Gunter sees problems with questions like "Are there any questions?" Gunter believes few students want to announce their ignorance. This happened in Groupe Scolaire Officiel. Here is one extract from lesson L1BO.

T: Any question about the STDs?

Ls: Silence

T: If there is no question, it means that you have understood. Now I am going to ask you some questions (he erased what he had written on the blackboard and asked oral questions). As a result only 8 students of 46 (17%) raised their hands to answer those oral questions.

In Chapter 6, the analysis showed a very strong insulation between the teachers and the learners at the three schools. I have explained that those boundaries were the fruit of Rwandan culture that legitimizes teachers' domination in the classrooms. I noticed that the chalk-talk approach reinforces the boundaries.

Except L1BO, all six lessons that I observed were chalk- talk. My experience in teaching has shown me that such an approach favors memorization rather than acquisition of life skills. Take the example of the lesson L2BP. The teaching of the condom use was purely verbal. It is difficult to believe that the students would really have mastered how to use a condom. In my opinion, one important principle to teach HIV/AIDS education is that the facts and information about the disease should be direct, frank and concrete. In this way, it could be better to present that activity in the form of a

concrete and observable method. Unforunately no one teacher has used school material aids.

However, all six lessons offered the possibility of using teaching media such as video, pictures, films, photographs, guest speakers and other teaching material aids. To Fraser (1990: 166) a teaching medium is any person or object, which is used purposefully to convey learning content in the given situation. In Chapter 2, Torabi showed the importance of video education in students' knowledge, attitudes and practices in Russia. Similarly, Sileo (2005) argue that with a video student can see the face of HIV and AIDS. Therefore, video use and a guest speaker would have been appropriate in the lesson L1BP and an artificial penis and a condom to the lesson L2BP to name two examples.

In the case of the lesson L1BP, an infected guest speaker showing the external symptoms could have been invited to address learners about the physical, social and economic consequences of HIV/AIDS. Infected volunteers could render that service as I mentioned in Chapter 1. For lack of a guest speaker the teacher could have used audiovisual material such as a video, pictures and so forth to tackle that theme. My investigation has shown that the principals of schools and parents do not like the use of video in the teaching/learning of HIV/AIDS education because they argued that most films on the area are often related to sexuality, consequently immoral.

The above discussions can explain why most of the six lessons that I observed were strong in terms of classification and framing as it is shown in the following table.

Table 6.5: Coded synthetic table of classification and framing

Items	Categ.	Sub-categ.	L1BO	L2BO	L1BP	L2BP	L1BV	L2BV
CLASSI	**Relations between discourses**	**Inter-disc. relations between subject areas)**	C++	C++	C+	C+	C-	C-

F I C A T I O N		**Inter-disc. relations between school and everyday**	C++	C+	C+	C++	C-	C+
		Intra-disc. relations	C+	C+	C+	C+	C+	C+
	Relations between agents	**Spec. of Space teach-learn.**	C++	C++	C++	C++	C++	C++
		Insul. teach.-learn.	C++	C++	C+	C+	C+	C+
		Relat. between Subjects (teach-learn.)	C++	C++	C++	C++	C++	C++
F R A M I N G	**Discurs. rules**	**Selection**	F++	F++	F++	F+	F+	F+
		Seque.	F++	F++	F++	F+	F-	F+
		Pacing	F++	F+	F-	F+	F+	F++
		Eval. rules	F++	F++	F++	F++	F+	F+
	Hierar. rules	**Teach.-learn.**	F++	F++	F++	F++	F++	F++
		Learn.-learn.	F+	F+	F+	F+	F+	F+

I tried to make a combination of classification and framing of the 6 lessons and the synthesis of that combination is:

L1BO = C++/F++, L2BO = C++/F++, L1BP = ±C++/F+, L2BP = ± C++/F++, L1BV = C+/F+, L2BV = ± C+/F+

The above synthesis of the 6 lessons I observed shows that they were classified and framed differently. The lessons from Groupe Scolaire Official were very strongly classified and framed. During the interview, the teacher, TBO expressed her displeasure at having to teach HIV/AIDS education in Biology in the following terms: **"I cannot understand why it is necessary to include HIV/AIDS topic in the Biology program. I really do not know how to teach it. I struggle myself to find the content and to**

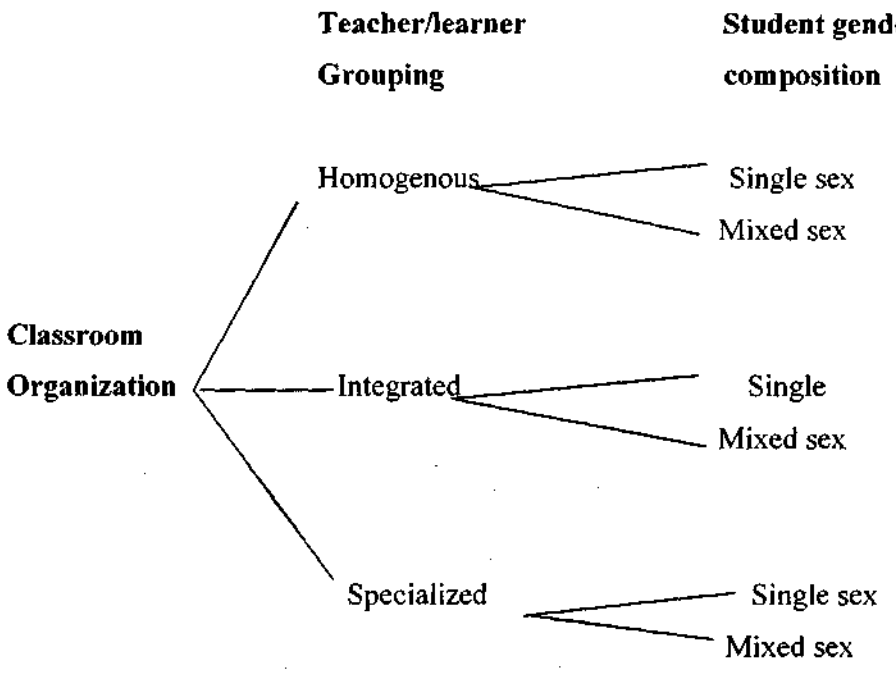
organize it. Yes, I think that it cannot be effectively taught because of the pressure of teaching what is relevant to the exams that students do at the end of grade 9 of secondary schools. It is a moral problem. It would be better to incorporate it in Religion or Civics and not in Biology".

The data shows the role that teachers played in different lessons by examining the strengths of classification and framing. For example, the lesson L1BO was specifically teacher-centred while the lesson L1BV was more or less mixed, because both the teacher and the learners had to participate in the teaching/learning process. In the case of L1BO learners were "clients or consumers" of STDs and HIV/AIDS knowledge, the teacher having made deposits that accumulate interests and values (Berthoff, 1984:3). In L1BV teacher played the role of "assistencialism" (Freire, 1981 in Shor, 1987:164), because the learners themselves identified and analyzed the problems linked to religious values to fight against HIV/AIDS through discussions. The teacher was a facilitator. This leads me to discuss about the grouping of learners during the teaching/learning process.

6.3 Instructional forms

Three forms of instruction are described in Chapter 4. They are homogenous, integrated and specialized forms. Each of them can be uniform or differentiated due to the type of task. In this study I investigated teacher/learning grouping by considering student gender composition instead of uniformity or differentiation of execution of specific school activities. Then, I adapted the schema from Hoadley (2005) as described on the next page.

Figure 6.7. Adaptation of the schema of instructional forms from Hoadley



Statistical data about gender representation in the classrooms that I visited are shown in Chapter 4 as follows:
In G.S.O 18 students of 46 (39%) and in G.S.P 24 students of 49 (49%) were females. The PSV is a single male sex school.

In Chapter 6, I have shown that all the lessons were homogenous and mixed sex except the lesson L1BV that was integrated and single sex and the lesson L2BV that was homogenous and single sex. Generally, female students were totally passive in the classrooms.

Female participation in the all lessons that I observed was very strongly framed in GBO and GBP. This means that only male students were active to intervene when all students were asked to answer questions. For example, in the lesson L1BP, where students were asked to share their experiences about HIV/AIDS transmission, female students followed silently male students' experiences.

The following extract from the lesson L2BP shows females' attitude in the classroom when teacher explained how to use a condom. **T: Do you know how to use a condom?**

Ls: (majority males) **No.** (Others students kept absolute silence).

[...]

T: Please, use the condoms if you cannot abstain. Do you understand?

Ls (majority males) **Yes.** (The girls laughed).

In Rwandan culture, a laugh in similar situations indicates "mockery". This meant that some students did not appreciate the teacher's speech and thought it is immoral to discuss such matters. Nevertheless, "**Some students consider HIV/AIDS lesson as a joke or a taboo, especially girl students. They have to be serious because it is our life that is in danger**", one student of GBO affirms through informal interview.

In the same way, through interviews, teachers expressed their embarrassment to teach mixed sexes about the disease because it is related to sexuality and African morality. Most teachers and students have suggested separated education in HIV/AIDS education although the Rwandan education system promotes mixed education (girls and boys). It happened in G.S.O and in G.S.P. All teachers of G.S.O and G.S.P who were concerned with the grouping of males and females, through questionnaire and interview, expressed their lack of freedom when teaching HIV/AIDS. This gender issue raises better instructional form in the teaching and learning of HIV/AIDS.

6.4 Data collection from interviews and questionnaires

6.4.1 Teachers' interviews

Seven teachers have been interviewed. Seven question-guide of interview that have constituted the guide of interview have been grouped in three items that are:

Item 1: Teachers' attitudes face to HIV/AIDS education. This item includes questions 1 and 2.

Item 2 : Problems linked to culture and gender in the teaching/learning of HIV/AIDS education and group questions 4, 6 and 7.

Item 3: National policy and includes questions 3 and 5.

Analysis of question 1 of item 1 reveals that few teachers (27%) enjoy teaching HIV/AIDS education. The teachers who do not enjoy the HIV/AIDS teaching argue that they encounter some problems linked to the lack of enough knowledge and

methodological approaches. Consequently, they suggested that the Ministry of Education should organize teachers' training to provide them with enough strategies to transmit freely accurate information about the pandemic. The second question of item 1 also shows that teachers (87%) disagreed with HIV/AIDS integration in other subjects and suggested a proper curriculum of HIV/AIDS education. 5 teachers of 7 (83%) criticized the policy of HIV/AIDS as offered by the Ministry of Education. The reason is that that national policy does not provide enough information about content and teachers' guide.

Answers from the second item show that teachers have expressed their worries in teaching HIV/AIDS education to adolescent people. They agreed that they encounter some problems. 5 teachers of 7 (72%) have revealed that HIV/AIDS education is a taboo topic and difficult to tackle in a mixed group (question 6). The same respondents from the GBO and GBP also recognized their weakness to talk about sex in the classroom. The fundamental reason is that those schools are mixed sex. Although PBV is single sex school, 14% of the respondent shared the same opinion with teachers of GBO and GBP. Only, one teacher meaning 14% has expressed his freedom to tackle all themes of HIV/AIDS topic. 6 teachers of 7 (86%) have suggested that separated education can be a better strategy to improve communication between teachers and students as well as between peers.

The question 3 of item 3 to stimulate teachers to improve the quality of HIV/AIDS education, teachers suggested to be provided with enough school material aids such as textbooks, video and cassettes, training, collaboration between themselves and administrators. To the question 5, only 2 teachers of 7 (28%) were ready to teach a HIV/AIDS curriculum elaborated in Kinyarwanda. Nevertheless, all teachers (100%) support a curriculum in local language to help students to understand various terms that are used in the teaching/learning of HIV/AIDS.

6.4.2 Teachers' questionnaire

Ten teachers have been questioned. Ten questions have constituted the questionnaire-guide. The questionnaire was distributed to teachers who were involved in the teaching of HIV/AIDS. To facilitate analysis, they have been grouped in three items that are:

teachers' perception on HIV/AIDS policy, timetable and teacher training, and strategies employed in the HIV/AIDS teaching and recommendations to improve current pedagogic practice.

The data from the first item that included questions 1, 2, 3 and 7 show that 9 teachers of ten (90%) did not support HIV/AIDS integration into other school subjects (Question 1). They argued that they are embarrassed to teach the topic when it is inserted into those subjects because they do not find a direct link between HIV/AIDS education and the subject that they teach. To 8 teachers of 10 (10%), the Ministry of Education's policy is unclear. Those teachers expressed the difficult to interpret it (question 2) and suggested a need of a proper curriculum with elaborated themes in terms of content and teachers' guide (question 3). To question 7, teachers agreed for a curriculum constructed in local language, Kinyarwanda. Nevertheless, 60% of the respondents claimed unable to teach it through that language because HIV/AIDS is linked to sex including some body's parts that are culturally difficult to say to young people. Brief, teachers expressed that they were unmotivated to teach HIV/AIDS education.

Analysis of the second item relating to question 4a has shown that 9 teachers often (90%) disagreed with the timetable. They found very short the four periods of 50 minutes the Ministry of Education allows to HIV/AIDS education. Then, some teachers neglect to tackle the topic when it is integrated into other subject areas. They argued that they neglect it because HIV/AIDS is not an examinable topic except in Biology.

The second item was also concerned with teacher's training. 9 teachers of 10 (100%) have not been trained in HIV/AIDS education. The same teachers do not feel free to talk about sex. They argue that cultural aspects and lack of training have an impact on the culture of silence during HIV/AIDS education.

The third item was concerned with strategies to transmit HIV/AIDS education and some recommendations. This item included the questions 5, 6, 8, 9 and 10. 7 teachers of 10 (10%) employ a traditional approach in the teaching/learning of HIV/AIDS. The reason is that teachers are not trained in discussion about sexuality (question 5). Only 1 teacher of 10 (10%) affirmed engaging discussions with student in the teaching/learning of HIV/AIDS. That teacher found some advantages to engage discussions such as

teachers and learners' participation by bringing their own experiences, learner-centred instead of the teacher-centred. 7 of 10 teachers (70%) when motivating why they do not use modern approach, they argued that they teach how they have been taught, focusing on teacher-centred method. 2 teachers of 10 (20%) who answered "No" to the question 6 did not motivate their answer.

By answering question 8 and 9 about teachers' need in HIV/AIDS' material aids and invitation of guest speakers, teachers expressed the need of video, teachers' textbooks, teachers' guide, enough posters and HIV/AIDS curriculum (question 8). 10 teachers of 10 (100%) did not invite guest speakers in their classrooms (question 9). They found unnecessary to do so because students participate to public meeting of sensitization on HIV/AIDS. It also is difficult for teachers to address official invitation to the visitors, especially to the infected persons.

Teachers expressed their recommendations for the effectiveness of HIV/AIDS education (question 10). Those recommendations are: clear policy of HIV/AIDS education, teacher' guide, separated education, teachers' training on learner-centred approach and selected teachers who are able to talk freely about sex.

6.4.3 Students' questionnaire

90 students have answered 11 questions grouped in four items. 48 boys and 42 girls were questioned. The first item was concerned with the first question. 90 students of 90 (100%) have shown their interest to learn about the disease. In descending order, 58 students (65%) learn more about the disease from school, 22 students (24%) from peers, 7 students (8%) from mass media and 3 students of 90 (3%) learn more from their parents.

The second item included the questions 3, 4, 5, 7, 9 and 10. It was concerned with strategies of HIV/AIDS education learning.

To question 3, 52 students of 60 (87%) from the GBO and GBP (expressed their discomfort to learn about the disease in mixed classes. From these students, 8 boys (15%) said that there are not free to say everything in presence of girls and 42 girls (100%) do the same in presence of boys.

In learning about the epidemic, 72 students of 90 (80%) expressed their unhappiness. The reason was that they were not given the opportunity to share their experiences in the classrooms. Only 6 students of PBV from the 72 students expressed that opinion other 66 were from GBO and GBP.

When teachers talk freely about sex in the classroom, 47 of 48 (98%) boys said that there are always attentive and excited to know more about the pandemic. 41 girls of 42 (98%) also are attentive but are shy to express their feelings (question 5). 90 students of 90 (100%) expressed their need to learn about the disease in local language. They argued that there are some French concepts that they did not understand. About question 9 relating to group discussion in the teaching/learning of HIV/AIDS shared opinions are shown. 67 students of 90 (74 %) preferred group discussions in separated group in terms of gender and 21 (23%) proposed group discussions in mixed classes. 3 students (3%) did not answer the question.

To 83 students of 90 (92%) video- teaching shows many advantages such as contact with reality about mode of transmission and prevention. 34 students of 90 (38%) found that video is important in describing symptoms of infected persons. 29 students (30%) said that with a video program it is possible to know more about socio- psychological and economical impacts that the disease causes.

One subject, Biology is seen being the source of a lot and accurate information about the disease. 78 students of 90 (87%) argued that in Biology they learnt the bio-medical and social aspects of the disease. Other 9 students (10%) enjoyed learning about the disease in Religion. Those students argued that they acquired how to prevent the disease according to social and religious moral. 3 (3%)students did not answer the question 2 that constitute the item 3. However, students have listed some important themes that they consider very importatnt to incorporate into HIV/AIDS education (question 8). The fundamental themes are evolution from HIV to AIDS, gender issue and sexual education. Quantitative about data are shown in the following paragraphs.

HIV/AIDS education must include different stages of HIV/AIDS. The students of the three-targeted schools have raised this issue through the answers to the questionnaire as

follows: 26 students of 46 of GBO (56%), 28 students of 49 of GBP (57%) and 15 students of 40 of PBV (37 %).

Levy (2002:92) has claimed that the cure for AIDS might be possible if aggressive Vitamin C therapy is continued for a long time, while other authors believe that there is no cure for HIV/AIDS and list differently various steps from HIV infection to AIDS. For example, Aggleton et al. (1994:22) list four stages in the order: uninfected helper T-lymphocyte; infected helper T-lymphocyte; dormant stage and viral replication. To Mineduc (2005), after HIV infects a person, the disease appears in five stages: flu-like phase; window period; seroconversion; asymptomatic phase and symptomatic phase. Bailey and Moodley (2002:96) list the steps as follows: initial infection with HIV; two weeks to a few months in which the infected person may test negative; seroconversion; asymptomatic HIV/AIDS infection and AIDS. All the above authors agree that an infected person may live many years without any symptom (dormant step) followed by the symptomatic phase leading to AIDS and finally death.

Women and HIV/AIDS remains a key issue in preventing the disease in Rwanda. 7 teachers of the 10 (70%) who answered the questionnaire and 5 of 7 teachers (71%) who have been interviewed underlined gender issues. The students who answered the questionnaire in the order of 17 of 46 (37%) from the GBO, 24 of 49 (49%) from the GBP and 2 of 40 (5%) of the PBV have also emphasized that women need to be educated on HIV/AIDS because they are more vulnerable than men. Females from the two schools, 18 girls of 20 (90%) in GBO and 24 females of 24 (100%) in GBP, have underlined this issue.

The theme that most of the students mentioned was sexual education: 41 students of 46 (89%) of GBO, 45 students of 49 (92%) from GBP and 24 of 40 students (60 %) from the PBV. They argued that they needed to know about puberty and adolescence and sexual relationships. Of the seven teachers that I interviewed five (71%) and eight of ten who answered the questionnaire (80%) did not agree with students' need to incorporate sexual education into HIV/AIDS education. They argue that there are not trained to tackle like moral issue. Those teachers argued that sexual education could lead to public talk about sex in the classroom.

Sexual education is more that just about ABC. The three alphabetical letters mean not having sexual intercourse at all (Abstinence); avoid having more than one partner (Being faithful) and using a condom during sex (Condom use). Of the three ways, Rwandan culture promotes only abstinence and faithfulness. This explains why teachers do not bring school material aids when they are teaching about condoms. In addition to ABC there are specific problems such as teenage pregnancy, AIDS and sexual abuse, which are related to sexuality (Bailey and Moodley p.89). They argue that sexuality is what a male or female feels about themselves at different stages of their lives. According to Sileo (2005) it is by discussing human sexuality through students' role-play that they enable themselves to say "no" to sexual contact.

The questions 6 and 11 constituted item 4. 90 students of 90 affirmed that the Ministry of Education allowed very little time to HIV/AIDS education (question 6). Thus, they suggested at least one period of 1 hour per week. To improve the quality of HIV/AIDS education (question 11), students suggested open discussion (85%), separated education (74%), invitation of infected persons as guest speakers (19%), students' textbooks (65%) and visit of the infected persons at home or hospital (41%).

6.5 Conclusion

Chapters 5 and 6 aimed at presenting and analyzing the data I collected. Three dimensions such as the Rwandan HIV/AIDS national policy, observation of HIV/AIDS teaching in the classroom and modes of grouping in terms of gender issue have been also analyzed using a Bernsteinian framework. In the first analysis, I linked the national policy to official pedagogic discourse (OPD). Thus, concepts such as regulative/instructional discourses and vertical/horizontal organization of knowledge were analyzed. The national discourse of grade 9 is integrated into Biology. It has been shown that HIV/AIDS policy in that grade is horizontally organized and tackled the socio- medical and social aspects. Nevertheless, the national policy is not very clear to teachers in terms of regulative and instructional discourses.

The second analysis that focused on direct observation in the classroom was concentrated on classification and framing. All six lessons that I observed were strongly classified and framed except L2BV and L1BV, which are relatively weaker than others.

Those forms of power and control relations leaded me to examine the forms of grouping in the HIV/AIDS classroom situation. I argue this because PBV is single sex school so that it is easy to talk about sexuality.

Three forms such as homogenous, integrated and specialized were examined in terms of gender. Through the lessons that I observed it has been shown that the mode of instruction was homogenous with mixed sex except L1BV and L2BV were respectively integrated- single sex and homogenous-single sex. Female participation is very low in GBP and GBP. Below is a table of the results of the analysis.

Table 6.5: Synoptic table of data analysis

	Schools						
	Categ.	**L1B0**	**L2BO**	**L1BP**	**L2BP**	**L1BV**	**L2BV**
Official Pedagogic Discourse	**Reg/Instr. discourses**	**C-/F-***	**C-/F-***	**C-/F-***	**C-/F-***	**C-/F-***	**C-/F-***
	Vert./Hor Organis.	**Horiz. Org.**	**Horiz. Org.**	**Horiz. Org.**	**Horiz. Org.**	**Horiz. Org.**	**Horiz.** Org.
Power and Control Relations in relations to local pedagogic contexts	**Classif./ Framing**	**C++/F++**	**C++/F++**	**±C++/F+**	**±C++/F++**	**C+/F+**	**±C+/F+**
Instruct. forms	**Homog.**	**Homo. Mixed sex**	**Homo. Mixed sex**	**Homo. Mixed sex**	**Homo. Mixed sex**	**-**	**Homo. single sex**
	Integ.	**-**	**-**	**-**	**-**	**Integ. single sex.**	**-**
	Spec.	**-**	**-**	**-**	**-**	**-**	**-**

In summary, the findings to the first question relating to the nature of HIV/AIDS the Rwandan national policy on fighting the pandemic the Ministry of Education is very reticent in that it does not dictate content, but allows for open discussion which makes it

easier to be integrated into everyday knowledge. Unfortunately teachers were confused about how to interpret that national policy.

The second question of what strategies teachers employ to effectively offer the pedagogic discourse shows that Rwandan teachers encountered multiple barriers such as weak communication between teacher-learner, lack of material aids and language of transmission of knowledge to name a few. The prevailing method that teachers used was questions- answers. The blackboard constituted the only material aid. In most cases, teachers have applied traditional teaching systems that have leaded mainly on strong classification and framing.

From the third question on class organization during HIV/AIDS teaching/learning process, two forms: homogenous-mixed sex and single sex, and integrated-single sex were organized. I observed that girls were passive in classrooms in GBO and GBP. I also observed in these schools that teachers kept silence on some issues in the presence of girls. Through interview, the teacher of the P.B.V expressed his freedom to tackle all themes due to the status of school in term of single sex.

Considering the above issues the Ministry of Education and teachers would improve the quality and quantity of "the what and the how of pedagogic discourse". For this, some recommendations are presented and discussed in the following chapter.

CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

This chapter presents an overview of the thesis. It briefly relates the main points addressed in each of chapters. Some recommendations to further improvement of HIV/AIDS education and research are also presented to conclude the present chapter.

7.2 Overview of the thesis

The purpose of the study was to analyze HIV/AIDS education in the Rwandan classrooms. Chapter 1 introduced briefly the HIV/AIDS epidemic in the Republic of Rwanda as a background, the rationale for the study, key questions and a summary of the overview of the thesis.

Firstly, I presented an overview of HIV/AIDS throughout the world in general and in Rwanda in particular. It has been shown that the HIV/AIDS epidemic in Rwanda has increased with the war of 1990 and genocide of 1994 in Rwanda. The Rwandan Government is attempting many efforts to stop its rapid spread among the youth through formal education. The second point was centred on the rationale of the study. It has been shown that personal experience and Bernstein's theories motivated my interest to undertake the present study. The third point concerned the three key questions focusing on the national policy of HIV/AIDS education, pedagogy and organizational forms in the teaching/learning situation.

The Chapters 2, 3 and 4 presented, respectively, the literature review, theoretical framework and methodology of the study. Chapter 2 located the study in the broader literature. It showed how much literature on HIV/AIDS is flourishing in attempting to explain the origins of the disease and some myths that surround it. There is also abundant literature in what must be taught and appropriate methodology. In that chapter 2 I mentioned the apparent absence of literature of HIV/AIDS education in the classroom, especially by using a Bernsteinian framework. From the work of Morais (1999) and Hoadley (2005), I showed how Bernstein's code theory is useful to explore

different school activities and material. Unfortunately their studies were not oriented to HIV/AIDS.

In chapter 3, I presented the theoretical framework focusing on Bernstein's code theory, theory of the pedagogic discourse and key concepts of classification and framing. It is through the pedagogic discourse that the concepts of instructional and regulative discourses and vertical and horizontal organization of knowledge were discussed. The concepts of classification and framing were also explained. The same chapter 3 extrapolated the different instructional forms such as homogenous, integrated and specialized.

Chapter 4 presented the methodological issues of the study. I considered both the collection of data and its analysis by presenting the sample, methods and techniques that have been used for the collection of data and analysis. In collecting data the focus was the Ministry of Education's curricula analysis and observation in three schools of Butare-Ville. Those schools are Groupe Scolaire Officiel, Groupe Scolaire des Parents and Petit Séminaire Virgo Fidelis. The three schools also were sources of information through teachers' interview, and teachers and students' questionnaires.

Chapters 5 and 6 presented the analysis of the data. In Chapter 5, the analysis focused on the OPD (Official Pedagogic Discourse) of HIV/AIDS education in grade 9 focusing on its plan and integration into Biology. This allowed me to examine the three key questions that were elaborated in Chapter 1 through the Bernsteinian concepts that I discussed in Chapter 3. As a result of my investigation, the Ministry of education proposes as methodological approach discussions but teachers employed traditional approach of teaching centred on question-answers and talk/chalk.

Chapter 6 gave the analysis of the "what and the how" in the classrooms. It covered the analysis of the forms of instruction adopted by teachers in classroom situations. With regard to instructional forms, it showed that students were grouped in homogenous mixed sex in GBO and GBP. Consequently, female participation was inexistent.

Finally, Chapter 7 presents conclusion and recommendations. My first interest was to analyze the official pedagogic discourse of HIV/AIDS education of grade 9. I also

analyzed the Ministry of Education's curricula available in schools in the order to examine how HIV/AIDS educational policy is constructed and integrated into other subjects. The national policy of HIV/AIDS is horizontally organized and is integrated into Biology, Educational Policy, Geography, Religion and Domestic economy.

The second interest was to observe how the HIV/AIDS education national policy is offered in the classroom. This study was qualitative but interpretation was supported by quantitative data. The third interest was to check the instructional forms that teachers favored in teaching in terms of gender.

To the first question of how the HIV/AIDS national policy is planned and integrated in different discourses, the analysis showed that the Ministry of Education presents OPD of HIV/AIDS in the program of Biology very vaguely and no clear methodological instructions are given. Some students and teachers asked for a curriculum development purely around HIV/AIDS the answer to was yes. This has led to the question of whether HIV/AIDS should be taught as a separate subject with its own structure.

Analysis of Official Pedagogic Discourse comprised both regulative and instructional discourses. The vertical and the horizontal organizations of the knowledge also have been examined. The Rwandan policy of HIV/AIDS promotes integrating HIV/AIDS education into other subjects. In grade 9 HIV/AIDS education is integrated into Biology. In other grades it is integrated into Religion, Domestic Economy, Educational Policy and Geography.

I coded the Instructional discourse C- because the Ministry of Education proposes only the themes of instruction as content. This allows teachers more control in selection, pacing, sequencing and evaluative criteria of the content of instruction.
Through different documents that I analyzed, the Ministry of Education is too reticent in leaving it to teachers' initiative to conduct the lessons through discussions and synthesis. Teachers were confused about how to proceed in HIV/AIDS education practice. I coded the instructional and regulative discourse F_{e-}* and C_{e-}.

Three main themes are suggested in grade 9. Firstly, HIV/AIDS should be taught among other sexually transmitted diseases such as syphilis, genital herpes, vaginatis, gonorrhea

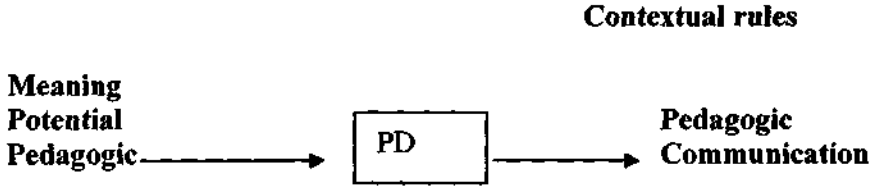
and so forth. Secondly, the topic of HIV/AIDS education in Biology suggests different mode of transmission. Thirdly, it suggests discussions on the modes of prevention. The main objective that the Ministry of Education has is to recommend teachers to advise students on how they should behave. This raises the problem of life skills that students must acquire in the classrooms.

The second question relating to the methodology that the teachers used, through the analysis of classification and framing revealed that there were variations from very strong relations to strong relations. Weak relations rarely appeared in those lessons. This shows that students did not have control over selection, sequencing, pacing and evaluative rules of the content. I am convinced that in such conditions students do not acquire life skills, especially when the lesson is transmitted through second language.

Statistical data from the CNLS (2002:23) show that in addition to the national and official language, Kinyarwanda, which is spoken by the majority of Rwandan population, two other foreign languages are also recognized as official: French and English. French is spoken by 5.3 % of the population while English is spoken by 1.3%. In Secondary schools, HIV/AIDS education is offered in French or in English according to the school's language of instruction. The lessons that I observed were transmitted through French, which is a second language that students understood hardly.

Normally, the teacher's duty is to transmit knowledge to the pupils through communication. Communication implies feedback. The following figure shows the scenario of communication through the pedagogic device in the classroom.

Figure 7.1: Communication system in the classroom



Source: Bernstein (1996:40)

According to Bernstein (1996:41-42), the meaning potential means the potential discourse that is available to be "pedagogized". The pedagogic device acts selectively on the meaning potential and fundamentally regulates the communication to make what is pedagogized possible. In Bernstein's conception contextual rules are required to understand the local communication that makes feedback possible. No one can expect feed back if the contextual rules are not operational. The following paragraphs describe the findings from the lessons that I observed.

Communication in some lessons was very weak. In the lesson L1BO, teacher to ensure that the content had been mastered, asked if there were some questions. Students reacted by absolute silence. In an informal interview, by asking students why they did not ask questions, the answer was **"Even if I understood what the teacher wants, it is hard for me to ask questions in French. It is difficult. If we were allowed to ask those questions in Kinyarwanda, many questions could be asked".**

A concept in a foreign language does not always have the same emphasis when it is expressed in a local language. The above student's answer shows that sometimes students do not understand what teachers say in the classroom when the lesson is offered in the second language. This explains students' passivity when the teacher was listing diverse steps to use condoms in the lesson L2BP. Indeed, there was little students' reaction when the teacher spoke about the penis penetrating in the vagina. The teacher claimed that **"if it had to say imboro (penis) and igituba (vagina) students' reaction would be very intense".** This shows how communication can constitute a handicap in teaching/learning HIV/AIDS due to the language of instruction. I agree with Atkinson that language is subsidiary "to understandings social relations, structures and processes" (Atkinson, 1985:68).

Finally, the answer to the third question of how learners were organized to get the maximum information on the disease, the finding was that homogenous (whole class) form-mixed sex predominated in most of the lessons in two schools, GBO and GBP. I found that girls were inactive participants in HIV/AIDS education in these schools. In PBV the form of instruction of L1BV was integrated-single sex. Through group discussions of L1BV, students were active. In my anticipative hypothesis, this depended on the classroom organization in terms of integrated-single sex. In the same way, the

form of instruction of the lesson L2BV was homogenous-single sex the lesson showed weak relations comparatively to the lessons of GBO and GBP. In conclusion, in Rwandan schools the teaching/learning of HIV/AIDS education in single sex class should be a better strategy to allow students to participate to the process.

7.3 Recommendations

Given what HIV/AIDS is and its seriously affecting Sub-Saharan Africa, as described in Chapter 1, what education in our schools should be implemented to prevent it? HIV/AIDS education in Africa presents a danger of promoting increased sexual practice. Faced with these issues, what would be the best way to structure and to teach an HIV/AIDS education in Rwanda? Some recommendations follow.

7.3.1 Ministry of Education's role

The Ministry of Education is the generator of the Official Pedagogic Discourse. In chapter 5, I discussed the Ministry of education 's reticent attitude and lack of clarity in planning of "the what and how to be taught".

7.3.1.1 New National Policy of HIV/AIDS education

Young people who are in schools are future leaders and the voice of the people. In my opinion, those young people need to know more about the disease in order to prevent it and to talk about it to their peers, especially youths not attending schools. Two complementary options to plan HIV/AIDS education should be envisaged in Rwanda. The first option is to continue to integrate HIV/AIDS education into diverse subjects of diverse grades. The second option is to plan HIV/AIDS education through Health education in all grades. I mean that the Health Education syllabus in Kinyarwanda should include the topics as they are listed in the Ugandan policy to constitute a subject apart. To me, this approach is the best strategy to grasp hierarchically and horizontally the HIV/AIDS education issue.

7.3.1.2 HIV/AIDS policy in local language

Rwandan education system in secondary schools is to transmit knowledge through one of the second languages: French or English. I am convinced that students learn better when they learn through a language that they understand and speak fluently. This is the case of HIV/AIDS as well as other subjects. I suggest that HIV/AIDS, especially in Health Education, should be offered in Kinyarwanda. This will implicate not only HIV/AIDS' teachers in curriculum planning but also the Rwandan linguists to respond to the issue: "Many (black) cultures in the region do not have the language to describe sexual matters", (Nduati and Kiai, 1997:220). In my modest belief, it is under this condition that HIV/AIDS education will be empowered youths with life skills that will allow saving themselves from the pandemic. I believe that a curriculum constructed in local language weakens classification and framing and can lead easier to communication and understanding of concepts.

7.3.1.3 Teacher's Guide

The role of a Teacher's Guide is to advise teachers on how to effectively teach a given subject. In the case of HIV/AIDS, the Teacher's Guide should advise teachers not only about the methodological approaches to provide learners with HIV/AIDS information but also it should empower them with appropriate skills to lead young people to make healthy choices and adopt responsible sexual behavior.

7.3.1.4 Teachers' training

Previously I have shown that only 1.2 % of primary and secondary school teachers have been trained in HIV/AIDS teaching. It should be the Ministry of Education's duty to train at least one teacher of each public or private school and create a system of teachers' dialogue about HIV/AIDS education in their communities.
Some of teachers' requests were to provide them with the relevant information about the pandemic but also all the components of health education "to internalize map of grammar" (Muller, 2004:16) of HIV/AIDS education. Those teachers could constitute a group of experts in teaching HIV/AIDS education and training counselors who can activate dialogue between teachers and learners and between peer groups.

I believe that frank dialogue, shifting from the vertical hierarchy to the horizontal, transforms power. To Shor (1987:34), "Learners enter into the process of learning not by acquiring facts, but by constructing their reality in social exchanges". In the same way, Freire proposes dialogical approach in which everyone teacher/student participate as co-learners. This approach improves students' ability to deal with issues arising in the students' everyday world: issues of health, work and parenting skills etc (Bernstein, 1999:169) to gain life orientation. For Bailey and Moodley (2002), life orientation (or orienting one for life) is needed to empower learners to live meaningful lives in a society that demands rapid transformation.

From the above analysis, one can conclude that teachers' training is an urgent need to orientate teachers how to weaken classification relations in terms of discursive relations and agents' spaces. Similarly, teachers' training is necessary in HIV/AIDS education for weak framing in terms of discursive rules and hierarchical rules. I agree with Cowe and Pecherek (1994) that the main objective of education is to help young people towards achieving skills and personal qualities that they will need for informed decision making. Consequently, this principle cannot be achieved if students cannot have control over the sequencing, pacing, selection and evaluative criteria of the content or if teachers/students' relations are positional.

My investigation has shown that the lessons that I observed were conducted in positional relations. Consequently, it has created strong boundaries favoring a banking model of HIV/AIDS education. To use Bernstein's typology as described in Chapter 2, most of the lessons were conducted under the type of "stratified control".

7.3.2 Teachers' role

7.3.2.1 Promotion of teaching media and discussion approach

It is explained above that the observed lessons offered appropriate opportunities to use the media: video, pictures, journals, film and other material aids.
Unfortunately the teachers were plunged in verbal teaching. I agree with Fraser et al. (1990:68) that instruction and learning can be effective "only if representative facets of reality are placed within the reach of learner". Fraser and collaborators argue that the

subject content should be conceptualized in such a way that the details are converted into concrete facets of reality. So, the heads of schools might promote HIV/AIDS education by making available to teachers appropriate videos and cassettes and allowing guest speakers of HIV/AIDS into the classroom situation. In my opinion, teachers' content will be weakened through these different teaching media. I argue this because only teachers do not possess knowedge; students' experiences and everyday knowledge can complete teachers' content throug discussion. By sharing experiences, students' lives can be positively affected inside and outside the schools. According to Sileo (2005) it is by discussing human sexuality through students' role- play that they enable themselves to say "no" to sexual contact.

7.3.2.2 Separated education

Without undermining gender issue, I recommend genders be separated for education in HIV/AIDS teaching/learning. I argue this because not only the Rwandan teachers "are free to say what they want when they are alone with students" (Silin, 1995: 232) but also they would be free when they deal with homogenous mixed sex groups in HIV/AIDS teaching. Unfortunately African culture of silence to talk about sexuality constitutes a handicap in the teaching/learning of HIV/AIDS education in the face of mixed sex groups.

I support separated education because in Rwandan traditional education this practice was used and was useful for sexual education. Girls used to get information about sexual practices from their peers in urubohero (where young girls met to tan the mats and to share sexuality problems) and from their aunts. Boys also used to get similar information from their peers in itorero (where the young boys used to meet for martial arts and also to share sexuality problems) or their older male relatives. Courageous male and female teachers who can dare to talk about sex would be identified at school not only as experts in HIV/AIDS teaching but also as taking on parental roles.

7.4 Orientation to further research

Some limitations and recommendations have been discussed in this thesis. It emerges from those discussions that further investigations can be undertaken by using the

Bernsteinian framework. What follows are some examples: A comparative study between Rwandan Francophone and Anglophone schools, or between Rwanda and South Africa, Gender in HIV/AIDS education: The advisability of separated education and longitudinal research of implementation of Health Education in Rwandan schools.

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Appendices

Appendix A: Observation schedule

Lesson code: Subject: Topic:
School: Date: Hour:

Relations	Phases of the lesson															
	Introduction/ Revision				New lesson								Conclusion/ Evaluation			
					Sequence 1				Sequence 2							
Classification	C++	C+	C-	C- -	C++	C+	C-	C--	C++	C+	C-	C--	C++	C+	C-	C--
Inter-discip. Relations - In the introduction/ explanation /exposition to the topic or task - In the task that are set for learners																
Interdiscur. Relations - In the discussion - In the questions and responses of learners - In the tasks tha are given to learners																
Intra-discip. relations																
Spec. Spaces Teach.-learn.																
Insul. of space Teach.-learn.																
Relat. Betw. Teach-learn.																

Framing	F++	F+	F-	F--	F++	F+	F-	F--	F++	F+	F-	F--	F++	F+	F-	F--
Selection - In the introduction / discusssion to a task - In doing an activity and learners concluding an activity																
Sequencing - In the introduction/ discussion to a task - In doing an activity and learners concluding an activity																
Pace - In the introduction/discussion/ question and answer - In the learners doing any activity																
Eval.Criteria - In the introduction/explanation/ exposition to a topic/ task - Learners conducting an activity or task - In the kinds of verbal answers required of learners - At the the conclusion of the task/activity																
Hier. Teach-learn.																
Hier. Learn-learn.																
Instructional form	Homogenous						Integrated					Specialized				
	Single sex			Mixed sex			Single sex		Mixed sex			Single sex		Mixed sex		
Conclusion																

Appendix B: Description of the lessons

1. Description of L1BO

School: Groupe Scolaire Officiel de Butare Date: 21/02/2005

Duration: 11:35-12:25 Subject: STDs and HIV/AIDS

Topic: STDs and current STDs in Rwanda

Lesson process

1. **Introduction:** *Different diseases in Rwanda*

1.1 Listing of different diseases: poverty, malaria, diarrhea, tuberculosis and HIV/AIDS.

1.2 Brief revision on bacteriology: Difference between bacteria and virus and some examples.

A bacterium is a very small form of life that exists in large numbers in air, water and soil, and in dead creatures. Examples: meningitis, tetanus and typhoid fever

A virus is a living thing too small to be seen with a microscope and causes infections in people, animals or plants.

Examples: polio, syphilis and HIV/AIDS.

2. **New lesson**: *Sexually Transmitted Diseases (STDs)*

2.1 Introduction

Normally, various bacteria or viruses transmit diseases but differently. For example, malaria is from the bite of a female anopheles mosquito. When the pathogens enter the body and are multiplying, one calls that phenomenon "infection". It becomes a disease

when a body's defenses cannot be mobilized to prevent the pathogens. Then there are also some illnesses that people get through sexual intercourse.

2.2: *Sexually Transmitted Diseases and their causes*

- AIDS or Acquired Immune Deficiency Syndrome is the most serious form and the end stage of infection by HIV or Human Immune-deficiency Virus. AIDS is a set of chronic disorders that weakens the immune system. All patients who are suffering from STDs are candidates for HIV/AIDS.
- Syphilis: It is transmitted by the treponema pollidium. Sex with an infected person puts the motile, spinal bacterium on the surface of genitalia or into the cervix, vagina or oral cavity during the intercourse. It enters the body through very tiny epidermal cuts.
- Gonorrhea: It is transmitted by neisseira gonorrhea.
- Genital herpes: It is transmitted by pathogens: herpes simplex. Mucous of the mouth and genitals are highly susceptible to invasion of herpes simplex.
- Vaginatis: It is transmitted by multiple pathogens such as candida albacans, trichomonas vaginalis and chlamydia.

3. Evaluation: *oral questions*

1. Name different STDs that you know.
   Answers: Vaginatis, AIDS and syphilis.

2. What pathogen causes:
   - Genital herpes? Answer: herpes simplex.
   - Gonorrhea? Answer: neisseria gonorrhea.
   - Vaginatis? Answer: candida albacans and chlamidia.

The teacher announces the next lesson: HIV/AIDS transmission.

2. Description of L2BO

School: Groupe Scolaire de Butare Date: 28/02/2005 Duration: 11:35-12:25
Subject: HIV/AIDS Topic: HIV/AIDS transmission

Lesson process

1. **Revision:** *oral questions*

Questions and answers:

1. Who can remain us of the topic of the last lesson? Answer: The STDs and HIV/AIDS.
2. Name some of the STDs we studied. Answer: Syphilis, vaginatis, AIDS and gonorrhea.
3. What difference do you make between HIV and AIDS? Answer: HIV/AIDS is a virus that causes AIDS that is an illness.

2. **New lesson**: *HIV/AIDS transmission*

2.1 Introduction

When the HIV/AIDS virus enters the body, it attacks the human CD4 or T4 lymphocytes. At the beginning, the virus encounters a certain resistance from the CD4. We can compare the HIV to the militia rebels Interahamwe who want to enter the country by force and CD4 to Rwandan Defense Forces who are at the frontier to protect and to stop the rebels entering. The CD4 can also be compared to the defenders of one soccer team when the strikers' try to kick the ball into the other team's goal. When the defenders are weak, the goal is kicked. The same happens when the CD4 are weak, they are destroyed by the HIV.

2.2 : Modes of transmission

HIH/AIDS is transmitted through:

1. Sexual intercourse: Vaginal or oral intercourse without a condom if one of the partners is infected.
2. Blood: By transfusion, contaminated surgical instruments, contaminated syringes and needles or blades, and any contact with wounded persons if one of them is infected.
3. Materno-foetal: During pregnancy the child can get HIV/AIDS through the placenta and during the birth from the mother's blood.

Note that saliva, tears, mosquitoes, air, water, food, skin contact; clothing, cooking utensils are myths. None of those transmit HIV/AIDS.

4. **Evaluation:** Written Quiz (to be marked later by the teacher)

Questions/10 points

1. Name two ways by which any person can get HIV/AIDS /2 points
2. Do the following situations favor HIV/AIDS infection? Answer yes or no/ 8points
    a) Bedbugs and cockroaches can be AIDS carriers and give it to people.
    b) You can get HIV/AIDS if a person with AIDS coughs and sneezes near you.
    c) People who have unprotected sex with many different people are at the risk of getting AIDS.
    d) Donating blood can give one AIDS.
    e) Sharing syringes to inject drugs such as penicillin can cause AIDS.
    f) A person can get AIDS by having sexual intercourse with an infected person.
    g) You can get AIDS by using a phone, which was just used by someone with AIDS.
    h) You can get AIDS by drinking from the same glass as a person who has it.

3. Description of L1BP

School: Groupe Scolaire des Parents Date: 23/02/2005 Duration: 9:40-10:30

Subject: HIV/AIDS Topic: Consequences of HIV/AIDS

Lesson process

1. Revision: *Oral questions*

Questions and answers

1. What was the topic of the last lesson? Answer: Good behaviors to prevent HIV/AIDS and bad behavior that promotes it.

2. What bad behavior that can promote the spread of HIV/AIDS?

- Sexual harassment at schools
- Infidelity
- Premature sexual relationships
- Domestic and child abuse
- Sexual violence
- Peer pressure

2. New lesson: *Consequences of HIV/AIDS*

2.1 Introduction: Students' experiences

1. He was very sick and was from the hospital. My cousin who is his neighbor told me that the man is positive because he went to the hospital for testing two years ago.
2. He was very weak. He was sitting on the mat near his house and had a stick. He had difficult to speak.
   Everybody knows that he is HIV positive.
3. He was too thin. I saw him before. He was too big. His wife died two years ago. Before he was a shopkeeper and now he is a poor man.

2.2: Consequences of HIV/AIDS

HIV/AIDS has given rise to tremendous personal and social challenges. In consideration of individual consequences, HIV/AIDS is ultimately a life-threatening condition. Everyone with HIV/AIDS with lives the constant stress of knowing that he/she will become seriously ill. A range of anxieties may be involved. Some of the uppermost fears that can affect people with HIV/AIDS are: becoming weak and infirm, loss of control and independence, loss of mental and physical capacities, hospitalization and death.

In consideration of social consequences, the number of orphans will become higher; family's income becomes lower, children work for the families' incomes abandoning schools. Death preparation becomes very expensive.

3. Evaluation: *Oral questions*

Questions and answers

1. Name the consequences of HIV/AIDS at a personal level.
   Answers: fear to die, poverty, illness and hospitalization
2. Remind me of the social consequences.
   Answers: abandoning school, many orphans and decreasing of family's income.

4. Description of L2BP

School: Groupe Scolaire des Parents Date: 25/02/ 2005 Duration: 10:45-11:35

Subject: HIV/AIDS Topic: HIV/AIDS prevention

Lesson process

1. **Revision:** *oral question* (one question)

Question and answers

What are different ways of HIV/AIDS transmission?

Answers:
- unprotected sexual activities
- blood transfusion
- sharing of syringes and needles
- organ transplants
- mother- child

2. **New lesson:** *Strategies of HIV/AIDS prevention*

2.1 Introduction

HIV/AIDS is an incurable disease. It is quite easy to prevent it and to stop its transmission. People, especially young people are at risk wherever they go if they don't take measures to protect themselves. In Rwanda, most of the infected persons (95%) get HIV/AIDS via heterosexuality. Others (5%), get it via blood transfusion, sharing of syringes, needles and child' birth. Note that there are some treatments to increase life expectancy of HIV+ and to reduce the risk of mothers transferring the virus to their newborn children

2.2 Strategies of prevention

Abstinence and fidelity between partners is essential behavior to prevent the disease.

If not, systematic use of condom is the only reliable prevention. To use condom properly you must follow the following steps: carefully open the package so the condom does not tear, do not unroll the condom before putting it on, squeeze the tip of the condom and put it on at the end of a hard penis, continue squeezing the tip of the condom while unrolling it until it covers all the penis. Always, put a condom on before entering your partner. After ejaculation hold the rim of the condom and pull the penis out before it becomes soft. Slide the condom off without spilling the semen inside and dispose of the condom by throwing it away with other rubbish.

3. Evaluation: *Oral questions*

Questions answers

1. What are the main advisable ways to prevent the disease?

Answers: - fidelity between partners

- Abstinence
- Condom use

2. What does a man need to do while he is unrolling the condom?

Answer: He must squeeze the tip of the condom and continue to squeeze the tip until it covers the entire hard penis.

3. What must a man who is using a condom do after ejaculation?

Answer: He holds the rim of the condom, pulls it down before the penis becomes soft and avoids spilling the semen inside and throwing it away with other rubbish.

4. What can you advice can you give to who is infected?

Answer: To take the drugs to increase his/her life expectancy.

5. Description of L1BV

School: Petit Séminaire Virgo Fidelis | Date: 01/03/2005

Duration: 8:40-9:30 | Subject: HIV/AIDS

Topic: Modes of prevention:
Abstinence, Faithfulness and Respect
for God's Commandments

Lesson process

1. Revision: Quiz

1.1 Teacher's introduction

In the last lesson we learnt that they are so many bad ways that can put people at risk of contracting HIV/AIDS. For example, before evangelization in Rwanda there was some traditional sexual behavior that unfortunately is today still practiced in some regions which promotes the disease.

1.2 Quiz

Take half a sheet and answer these questions.

1. What are Rwandan cultural sexual practices that can promote the spread of HIV/AIDS? Why?

   Answer: -Those practices are polygamy, gukazanura, guhungura and gusangira abagore.

   -They promote HIV/AIDS because the partners engage in those practices before testing.

2. Name at least three provinces in which those practices are still followed.

   Ruhengeri, Umutara and Kibungo

2. New lesson: *HIV/AIDS prevention*

1.3 Introduction (through questioning)

It is possible to combat the disease by avoiding having sex before marriage, using a condom, avoiding sharing of needles and razor blades and prostitution, respecting God's commandments.

2.3 Strategies of prevention:

Discussions on: Abstinence, Faithfulness and Respect for God's commandments. Formation of group discussion as follows:
The teacher gives the directives: 10 min of discussion and 5 minutes for expositing the results of the discussion from each group. (All the groups worked outdoors).

Group 1: From number 1 to 13: Abstinence: Definition and importance
Group 2: From number 14 to 27: Faithfulness: Definition and advantages
Group 3: From number 28 to 40: Respect for God's Commandments: Name those commandments and show how they can limit the spread of HIV/AIDS.
The teacher circulated to answer any groups' questions.

2.4 Group presentations

Group 1: Abstinence

Definition: Abstinence is not having intercourse at all and to delay sex until marriage.
Advantages: It is difficult to get HIV/AIDS because:

- HIV/AIDS is transmitted through intercourse
- When you make the decision to be abstinent, you escape bad advice from peer your groups that having sex is nice, or testing is normal.

Group 2: Faithfulness

Definition: Faithfulness is the fact of not having a sexual relationship with any except your partner.
Advantages: Faithfulness protects someone from getting HIV/AIDS because:

- He/she avoids illicit sexual relationships

- He/she avoids polygamy and other cultural practices such as guhungura, gukazanura and gusangira abagore
- He/she cannot cheat with a secret second partner such as a particular secretary
- Faithfulness protects you from indulging in a casual encounter that can expose you to STDs including HIV/AIDS.

Group 3: Respect for God's Commandments

Two commandments from the Bible, which can help someone to avoid HIV/AIDS, are the 6th and 9th commandments. The 6th commandment forbids us to avoid fornication or adultery. The 9th forbids us to covet another man's wife.

Advantages: Both those religious values contribute considerably in fighting against HIV/AIDS because they favor abstinence and faithfulness.

6. Description of L2BV

School: Petit Séminaire Virgo Fidelis | Date: 08/03/2005

Duration: 8:40-9:30 | Subject: HIV/AIDS

Topic: Fighting against stigmatization and discrimination

Lesson process

1. Revision: *oral question* (only one question)

Question answers

Name different consequences of HIV/AIDS

Answers:

- Psycho- social consequence, for example, melancholy
- Consequence on economy in public sectors. For example, if teachers die from HIV/AIDS the government will face the problem of replacing them.
- Consequence on private economy. For example, if a factory has many employees who are infected, the factory' income will decrease because of absenteeism or regular funerals.

2. New lesson

2.1 Introduction (through teacher's questions)

In everyday life non-infected people do not communicate easily with the HIV/AIDS positive ones. The reasons are that HIV/AIDS people are seen as sinners for having fornicated or for being prostitutes. They are also seen as the damned by society for being immoral. Thus, HIV/AIDS people are subject of mockery and curiosity. Like attitudes are bad. It is not good to exclude others from society. Such are also members of this society.

2.1 Stigmatization and discrimination

Definitions:

- Stigmatization is a feeling of disapproval that some persons have about an illness such as HIV/AIDS. The victim is threatened in a way that he/she is considered unimportant, damned or undesirable by the whole society.

- Discrimination is a practice of threatening somebody or a group of persons regarded as inferior to other. For example, in our country, Hutus and Tutsis qualifying to be lower intellectually have discriminated against the Twa.

Fighting against stigmatization and discrimination

HIV/AIDS is a matter of concern for everybody. The infected people are our parents, relatives, children and neighbors. They still need to love and to be loved. They need also to be supported morally, economically, psychologically and spiritually. Ignorance of how HIV/AIDS is transmitted leads to stigmatization and discrimination. People are dying because of ignorance, humiliation and fear that surround AIDS. People are losing their jobs, children are out of schools and some people are killed or kill themselves because they are HIV positive. Even those are not infected are affected. HIV/AIDS touches the whole community. It is not only a matter of the infected persons. It is also so for the non-infected people. We are affected and have a duty to fight against those practices.

3. Evaluation

Written question:

What are you going to do during Easter holidays in terms of fighting against stigmatization and discrimination?

Write down the answer and tell it your neighbor. (After that exercise, students one by one read aloud what they promised to do during the vacation).

Examples:

- I will visit the HIV/AIDS in Butare's Hospital,
- I promise to pray every day with my infected neighbor
- I shall teach the people who practice discrimination and stigmatization that it is bad because infected people are human beings that need our support to live longer with us.
- I am ready to give food and clothes to my neighbor, orphans of HIV/AIDS. I will ask my parents to help me to do so.

Teacher's conclusion

From now you are the workers for fighting against stigmatization and discrimination towards people living with HIV/AIDS.

Appendix C: Guide to interview with teachers

1. Do you enjoy teaching the HIV/AIDS education discourse?

   A. Yes B. No

2. What do you think of the present national policy on HIV/AIDS?

   .....

   .....

3. What should the Ministry of Education do to stimulate teachers to improve the quality of HIV/AIDS education?

   .....

   .....

4. Do you encounter any problem in teaching HIV/AIDS ?

   A. Yes B. No

   Give some examples (if there are).

   ....

   ....

5. What do you think about the secondary school HIV/AIDS curriculum in Kinyarwanda?

   .....

   .....

6. Do you see any advantages or disadvantages in teaching both the girls and boys in the same classroom when teaching HIV/AIDS?

   .....

   .....

7. HIV/AIDS teaching is an important issue but it is still often considered a taboo subject because of Rwandan culture. What do you do to improve your communication with the students about the disease?

   .....

   .....

Appendix D: Questionnaire form for teachers

Dear Participant, (annexed to both teachers and students' questionnaires)

My name is Nyilimana Vedaste. I am a teacher at the Kigali Institute of Education (KIE) and currently an Education Masters Student at the University of KwaZulu-Natal, South Africa.

This year, as part of the course requirement each student has to submit a research study. For this, I have undertaken to carry out an investigation in the area of HIV/AIDS education. The title of my thesis is "HIV/AIDS education in Butare-Ville Secondary Schools (Rwanda): Analyzing current pedagogic discourse using a Bernsteinan framework".

This would require you to answer a questionnaire. At this stage I will like to ensure all participants that the information provided will remain highly confidential throughout the study and will only be used purely for academic purposes. No identifying detail would be required.

Your cooperation and support will be much appreciated if you could assist me in my endeavor to complete my research.

Nyilimana Vedaste _____

University of KwaZulu-Natal

Questionnaire

School: **Subject:** **Grade:**

Experience in HIV/AIDS teaching:

Notice: By subject I mean the subject that you are tutor of and in which HIV/AIDS is incorporated. Grade is the level of schooling where that subject is offered.

1. Circle yes or no at your choice.

Do you support HIV/AIDS' integration in other school subjects?

A. Yes B. No

Why?

.....

.....

2. Circle your own perception on the HIV/AIDS program.

The Ministry's instruction on HIV/AIDS program is?

A. Very clear B. Clear C. Unclear

3. What are your needs from the Ministry of Education about HIV/AIDS program in terms of:

a) Curriculum construction?

.....

.....

b) Pedagogical instructions?

.....

.....

3. Circle your feelings about HIV/AIDS teaching and its timetable and explain where necessary.

a) Your feelings about teaching HIV/AIDS education are:

A. very happy B. happy C. less happy

D. unhappy

Why?

.....

.....

b) Have you been trained in HIV/AIDS education?

A. Yes B. No

c) Do you feel free to talk about sex when faced with mixed students (girls and boys?)

A. Yes B. No

Give a reason for your answer.

.....

.....

5. What methodological approach do you prefer in the classroom?

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Why do you prefer that approach?

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6 Do you often engage in discussions with your students in HIV/AIDS teaching/learning process?

A. Yes B. No

If yes, what advantages do you see in this approach?

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If not, what disadvantages do you see in that approach?

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7. Normally, HIV/AIDS is taught in French. Do you approve of this?

A. Yes B. No

What do you think about a curriculum in Kinyarwanda?

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8. What are your needs in terms of material aids to improve your teaching in HIV/AIDS in the classrooms?

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9. Do you often invite a guest speaker to the classroom?

A. Yes B. No

If no, do you encounter some barriers to invite them? Explain.

A. Yes B. No

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10. In our opinion, how might HIV/AIDS education be most effectively taught in class situations?

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Appendix E: Questionnaire form for students

(The requirement of participation is annexed to this questionnaire)

Identification

School: **Grade:** **Age:** **Gender:**

Circle one answer according to your choice and explain where necessary.

1. a) Are you interested to learn about the HIV/AIDS pandemic at school?

A. Yes B. No

b) From where do you learn most about the disease?

A. Parents B. school C. peers D. mass media

2. HIV/AIDS education is integrated in some subjects that you learn. List the subjects in which you learnt about HIV/AIDS.

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3. Do you always feel comfortable to learn all about the epidemic in a mixed class (Boys and girls together)?

A. Yes B. No

Explain your choice.

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4. a) In learning about HIV/AIDS, are students given enough opportunity to share their experiences in the classrooms?

A. Yes B. No

b) If not, what do you suggest?

5. HIV/AIDS is often seen as a taboo. Describe some students' reactions when the teacher talks freely about sex in the classroom.

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6. What do you think about the timetable for learning HIV/AIDS education?

   (Circle only one)

   A. Too much time B. enough time C. little time

   D. Very little time

7. In what language would you prefer to learn about HIV/AIDS?

   A. Kinyarwanda B. English C. French

   Why?

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   .....

8. Do you have in your mind some topics on HIV/AIDS that can be useful but that are not unfortunately tackled in the classroom? List as many as you can think of.

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9. How would you prefer to learn about HIV/AIDS?

   A. Teacher's exposition B. Teacher's questioning

   C. Group discussions D. Freedom from the teacher

10. Do you think using a video in HIV/AIDS teaching in the classroom would be effective?

    A. Yes B. No

What are its advantages (if any)?

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What are its disadvantages (if any)?

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11. What would you suggest to improve the quality of HIV/AIDS education in the classroom?

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