

**EXPERIENCES OF TEACHERS ON TEACHING HIV AND
AIDS – A CASE STUDY OF SELECTED SCHOOLS IN
LESOTHO**

by

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DECLARATION

I, Lydia Qenehelo Malibeng, declare that this thesis is my own work. I also declare that it has not been submitted for degree purposes at any other University. And I have indicated and acknowledged all the sources used accordingly.



07 March 2014

Student's signature

Date

Supervisor's signature

Date

DEDICATION

This Thesis is lovingly dedicated to the late :

Dr Daxita Ishwarlal Rajput

Her laughter used to relief my stress, she believed in me and motivated me from B.Ed. Hons and boldly told me that I am going for M.Ed.

Father I. Seithleko

Father Seithleko My first work manager. It was all his idea for me to come to the university. May God bless his off-spring.

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Led me to social welfare, I managed to finish at college because of him.

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ABSTRACT

This case study constitutes three high schools in Lesotho that were selected by the Ministry of Education as pilot schools for Life Skills Education. The aim of the study was to identify factors contributing to teachers' experiences in teaching HIV and AIDS. Research questions were: what are the experiences of teachers' in teaching HIV and AIDS? and Why do teachers experience the teaching of HIV and AIDS in this way? A qualitative approach was used to gather in depth information about the experiences of teachers on teaching HIV and AIDS in the classroom. Data was done through lesson observations and interviews with four teachers who took part in the study. Themes that emerged from data were analysed using qualitative thematic approach. Themes: curriculum, sexual behaviour, teacher knowledge about HIV and AIDS, and communication. The results revealed a number of problems which teachers experience in teaching of Life Skills/HIV and AIDS. Among the problems teachers noted two main hindrances in teaching of Life Skills/HIV and AIDS emerged. The teachers indicated that they were not supplied with the syllabus and books. Teachers tried to improvise and looked for teaching resources for themselves. However, they reported that due to lack of time, efficient internet services, their efforts were not successful. In addition in the absence of the syllabus the teachers found it difficult to identify the relevant material. This seems to be compounded by the fact that schools were not prepared to fund such activities, such that the expenses for these activities were borne by the teachers. Embarrassment caused by sex terminology, condoms demonstrations, presented another problem as the teachers indicated that they felt uncomfortable to teach about HIV and AIDS in addition to which some of the students in the class were infected. Teachers also indicated that limited knowledge of the community about HIV and AIDS and claims by traditional healers that they can cure HIV and AIDS create misconceptions which are difficult to address in class. Therefore, the findings showed that teachers rarely teach about HIV and AIDS due to different problems they encounter on teaching Life Skills/HIV and AIDS. The study recommends that the Ministry of Education and training should implement and organize ongoing training for the teaching of Life Skills/HIV and AIDS, targeting all teachers in the schools. Training must equip teachers with the clear knowledge of HIV and AIDS. Trainers must be experienced specialists in the subject. Proper follow-up must be conducted in order to find out teachers' understanding from the training.

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CHAPTER 1

1.1. Introduction

In 2000 His Majesty King Letsie 111 announced that HIV and AIDS were deemed a national disaster (Government of Lesotho, 2006, p. 2; T'seole, 2011). After a discussion at the national curriculum development centre and with the stakeholders in the Ministry of Education and Training (2007), Lesotho decided to develop a subject to deal with HIV and AIDS epidemic. Owing to the stigma attached to HIV and AIDS, Lesotho settled for Life Skills Education (Monaheng, 2007). This chapter gives the rationale of the study; the history of Lesotho country; the economy, and education system of the country. The key questions of the study are also presented.

HIV and AIDS is a problem in Lesotho, the curriculum implementers looked for all possible ways of including sexuality education in the school curriculum, albeit in an implicit manner; therefore Life Skills was chosen. This subject was introduced into Lesotho schools in 2006 (Monaheng, 2007). Schools are important partners in the running of support and in helping affected and infected people (Blackett-Dibinga, Kechi, & Matinhure, 2006). The intention of sexuality education in schools is to serve school children with the practical help in reducing HIV and AIDS, unintended pregnancy, and sexual transmitted diseases among the teenagers. Even though teachers recognize that they are in the front line in teaching about sexuality issues, (Masinga, 2007) discovered that teachers often experience anxiety and concern with regard to language and content which must be covered. Sexuality education is stagnant in sub-Saharan Africa; many adults are not comfortable with communicating on this matter to young people as they (adults) interpret this as a risk which could inspire early sexual practice, or which could undermine normal beliefs (Bhana, 2008; USAID, 2003). Therefore the study investigates the experiences of teachers in teaching HIV and AIDS at school.

1.2. Focus of the study

Demuth (1986) states that the interaction between Basotho adults and children is not open to sex education, making it difficult for elders to speak openly about HIV and AIDS-related issues. UNGASS (2009) suggests that uncommunicativeness amongst parents and children, and teachers and learners, flexibly to discuss sex, is a deep-rooted part of Basotho principles.

The open discussion of sexual relationships is seen as escalating exposure to HIV infection, STI's and early pregnancies among the adolescents and young adults. As a result, teachers experience difficulties in teaching sexuality education in the classroom. Their difficulties include language factors, cultural factors, lack of knowledge, parental and community resistance, inappropriate behaviour of male teachers, HIV and AIDS status of teachers, and religion (Masinga, 2007). Schools have been engaged in the implementation of life-skills programmes in Lesotho. This programme includes sections on HIV and AIDS which teachers have to teach to the learners (Chabela, 2010). The focus of this study is on investigating the experiences of teachers in teaching of Life Skills in the sections on HIV and AIDS.

1.3. The rationale for the study

From a teacher perspective - in (2011) the researcher identified a child in her class who had been molested by her father. The situation, although reported to the police, made the researcher angry. Besides that, there were two learners in the school whose parents reported that they were HIV-positive. The children were from different families. The researcher was embarrassed that teachers secretly informed other learners not to have any contact with these learners or play any games with them that can cause bleeding, as this would infect them. Unfortunately, learners did not keep that secret. One child was removed from school by his parents; the other had to remain in school because her grandparents could not afford to take her to another school. She experienced serious torture from other learners. As a teacher, the researcher finds it difficult to teach her learners at school issues related to sexuality because of her cultural and religious background. This has shaped her unwillingness to talk to any child about sexuality education. As a teacher, from a professional perspective, teaching sexuality education is uncomfortable. The researcher's past experiences with sexuality, and her future teaching of sexuality education, have ignited in her a desire to delve deeper into the way in which teachers are teaching HIV and AIDS in school. The study is to find out the experiences of teachers in teaching HIV and AIDS. The findings will guide teachers on what should be done in order to effectively teach about HIV and AIDS.

1.4. Significance of the study

Monaheng (2007) states that, despite the efforts taken by Ministry of Education to include sexuality education in the school curriculum, the churches and parents of Lesotho have

objected to this step. Curriculum developers have finally decided to avoid using words such as sexuality education and HIV and AIDS; settling for Life Skills, the main aim being to implement HIV and AIDS in teaching (Motalingoane-Khau, 2010). Teachers have not been free to teach about HIV- and AIDS-related issues. Research has revealed that there is still silence around the teaching of sexuality. The education curriculum has been viewed as a threat which could introduce sex practices considered Western, imposing these on Third World countries (Mulana, 2006). Such teaching is seen as encouraging the learners to be interested in sex issues, which brings harm to children and society in general. There is still a lack of information for teachers, even those who are qualified, on the way in which how the teaching of HIV and AIDS should be conducted at schools. Therefore, this study investigates the way in which teachers experiences the teaching of HIV and AIDS. The study is going to inform the ministry of education about the teachers' experiences in the teaching of HIV and AIDS. As a result, the findings of the study will be able to give direction on how teachers can be helped in the teaching of HIV and AIDS.

1.5. Background to the country of Lesotho

According to Kingdom of Lesotho (2011a), the country is categorized into ten districts: Berea, Butha-Buthe, Leribe, Mafeteng, Maseru, Mohale's Hoek, Mokhothlong, Qacha's Nek, Quthing, and Thaba-Tseka. Maseru is the national central urban and the district with the highest population. The most urbanized districts are Berea, Leribe Mafeteng, and Maseru. The division of districts is for administrative purposes; each division is headed by a district administrator. Lesotho is an independent kingdom, roughly the same size as Belgium, with an area of 30, 528 square kilometres (Ansell, 2006; Ogbonnaya, 2007). It is surrounded by the Republic of South Africa, being economically integrated with the latter country. Harsh winters and high altitudes make much of the country inaccessible in winter. More than eighty per cent of the state is 1,800 metres above sea level (Kingdom of Lesotho, 2011a; NAC & HEARD, 2009).

The population is estimated as 2,084,182, mostly consisting of Basotho people whose language is Sesotho. The largest ethnic group in Lesotho is Basotho at 99.7%. Other ethnic groups within the country make up the remaining 0.3% (Kingdom of Lesotho, 2011b). Lesotho recognizes only Sesotho and English as its official languages (Seotsanyana & Muzvidziwa, 2002). Moreover, Lesotho is a Third World country; a small nation faced with

huge developmental challenges, the greatest of these being that of poverty. Surveys of livelihoods in Lesotho show that the incidence of poverty is generally high. The Ministry of Education and Training, Lesotho (2001), rightly concludes that there can be no development, empowerment, and enrichment without human development; therefore, human development may be made accessible through proper education.

Lesotho is a constitutional monarchy with the king as head of state; however, its executive powers are vested in an elected prime minister who is a head of government having executive authority. The king serves a largely ceremonial function; he does not actively participate in political initiatives (Kingdom of Lesotho, 2011a). The country is a member of SADC and the Commonwealth of Nations (National Report of the Kingdom of Lesotho, 2008). Lesotho is also a member of the Common Monetary Area (CMA), which integrates Lesotho, Namibia, and Swaziland into the South African money and capital markets. The main religion is Christian (80%), with 20% indigenous beliefs (National Report of the Kingdom of Lesotho, 2008).

1.6. Economy

NAC and HEARD (2009) state that, until the 1980s, nearly half of all Basotho men were working in South African mines, accounting for about fifty per cent of Lesotho's revenue. Lesotho citizens had depended greatly on allowances from Basotho males employed largely on the South African mines; and the Government of Lesotho drew the majority of its income from import duties. In addition, Owosu-Ampomah (2009) states that Basotho men were living in South Africa far from their families in Lesotho. Owing to loneliness, Basotho men started extramarital affairs in South Africa which led to their infection by HIV and AIDS. Moreover, the scaling down of mineworkers over the past years has changed Lesotho's internal labour markets. HIV and AIDS claimed heavily the lives of young Basotho able men (NAC & HEARD, 2009). As a result, the major problem within Lesotho is the increasing unemployment rate, which leads to poverty and an HIV and AIDS epidemic (Nyabanyaba, 2008).

The World Bank (2005a) states that the declining payment of migrant mine workers to the incomes of rural homes has led to more poverty, especially in mountainous areas. As a result,

education has also become unaffordable to children whose parents were retrenched from the South African mines. Lesotho's largest occupation area is exports-positioned clothing production (Ansell, 2006). Natural resources are water, agricultural and grazing land, diamonds, sand, clay, and building stone. Major trading partners are the US, Canada, UK, Hong Kong, China, India, South Korea, and Germany (UNESCO, 2008a).

The majority of households survive on farming, livestock, and agriculture, thirteen per cent of the land being suitable for cropping. Eighty per cent of the resident population is engaged in subsistence agriculture. The lowlands part of Lesotho forms the main agricultural area: almost fifty per cent of the population earns some income through crop cultivation or animal husbandry. In 2010, agriculture accounted for an estimated 7.1 per cent of GDP (Kingdom of Lesotho, 2011a). Agricultural products comprise corn, wheat, beans, sorghum, barley and livestock. Industries comprise food, beverages, textiles, apparel assembly, handicrafts, construction, and tourism. Lesotho also exports diamonds, wool, and mohair to markets (NAC & HEARD, 2009).

Lesotho has nearly 7,000 kilometres of unpaved and modern all-weather roads. There is a short rail line (freight) connecting the national capital town Maseru with Bloemfontein, South Africa; owned and operated by South Africa (the half-mile trunk within Lesotho being operated by Lesotho Flour Mills, Ltd.) Lesotho is a member of the Southern African Customs Union (SACU) in which tariffs have been eliminated on the trade of goods with other member countries, which include Botswana, Namibia, South Africa, and Swaziland. With the exception of Botswana, these countries also form a common currency and exchange control area known as the Common Monetary Area (CMA). The South African rand is used interchangeably with the loti in Lesotho. The loti is equal to the South African rand (Kingdom of Lesotho, 2011a).

1.7. Lesotho education

In pre-colonial times there was formal Sesotho education which took place in initiation schools for both boys and girls. Here they were taught how to care for their families, to show appropriate behaviour, in order to live properly within their society (Raselimo, 2010a). Informal Sesotho education was mainly the responsibility of the elders and local leaders.

Both sons and daughters studied traditional morals and beliefs, individual and family responsibility, and duties to one's clan and people. The development of lifelong skills of children was not the responsibility of Christian education (Seotsanyana & Muzvidziwa, 2002). Therefore, before colonial education, boys and girls were taught basic skills which are required in agricultural production, animal husbandry, and home management. Missionaries occupied a fundamental role in the establishment of colonial education in Lesotho, and constantly do so in the post-independence era (Seotsanyana & Muzvidziwa, 2002).

The majority of schools (ninety per cent) in Lesotho belong to churches. In the early nineteenth century, when Lesotho was a British protectorate, formal education in Lesotho was introduced by the missionaries, who started teaching the locals the basics of reading and writing (Ministry of Education, 1978; Molapo, 2009; UNESCO, 2010/11). The three main church denominations which arrived in the nineteenth century in Lesotho were the Lesotho Evangelical Church, followed by the Roman Catholic Church and the Anglican Church of Lesotho. Other churches owned a lesser part of schools (Phamotse et al., 2005). These three main church denominations each had its own schools and its own syllabus catering to the needs of the school (Seotsanyana & Muzvidziwa, 2002). Even though the church schools are run under the supervision of their particular church authority, their teachers' wages are paid by the Lesotho government (World Bank, 2005b). Therefore, missionary education replaced the traditional way of learning offered through the circumcision schools and other traditional social institutions in Lesotho (Morojele, 2009). Mokobocho-Mohlakoana (2005) points out that individuals who maintain the traditional ways of education decrease in number as Christianity increases, because Christianity as practised in Lesotho opposes some cultural Sesotho instruction as approved by the initiation schools.

In addition, there are small numbers, fewer than ten per cent of schools which are entirely owned by the government. Moreover, there are some community schools funded by the government. Government schools, church schools and community schools fall under Free Primary Education system. Apart from the above-mentioned groups, there are a few private schools financed by fee income. However, there are some private schools/English medium schools which comprise elements of both private and public (Urwick, Mapuru, & Nkhobothi, 2005). Therefore, in all schools except for a limited number of private schools, teacher

incomes are paid by the Ministry of Education and Training (Phamotse et al., 2005; World Bank, 2005b). The Ministry of Education and Training is in charge of the administration and instruction of education in Lesotho.

Under the education regulations of Lesotho, teachers on the payroll are employed as support for the Teaching Service Commission (TSC) (Phamotse et al., 2005). However, the school boards recommend the employment of teachers, while the Teaching Service Department (TSD) makes the final decision on the employment and dismissal of teachers (Moeletsi, 2005). Private or English-medium schools use English throughout primary schooling, while public schools use Sesotho as a medium of instruction for the first three years of their curriculum. From Grade 4 upwards the official language is English (Urwick et al., 2005). Running of schools is conducted by the school principals through the school boards, while the Ministry of Education and Training is responsible for teaching/learning and academic control of the formal education and training system through the different units of the ministry. The Examination Council of Lesotho is a department of the Ministry of Education and Training in control of the administration of external examinations in the country (Ogbonnaya, 2007).

Similar to schools, there were seven widely dispersed mission-controlled colleges in the country. Teaching was dependent upon a large number of untrained teachers. When Lesotho acquired its independence in 1966, one of its major tasks was to reorganize teacher education. The leading teacher training colleges were founded by the church ministers. When Lesotho gained its independence there were seven colleges which the Government closed. In 1975 the National Teacher Training College (NTTC) was established, now known as the Lesotho College of Education (LCE). (Ministry of Education and Training, 2001, 2005b). When it opened in 1975, NTTC offered two full-time 3-year programmes: Primary Teachers' Certificate (PTC) and Secondary Teachers' Certificate (STC) (Ntoi, 2002). From 1998 the certificate programmes were progressively substituted by the diploma programmes of the same duration (Lesotho College of Education, 2011-2012). Therefore, all qualified teachers in Lesotho are trained at one of two institutions: Teachers' College (LCE) and National University of Lesotho.

Until now there is still only one College of Education (LCE). It is not possible for the college to produce sufficient newly trained teachers to meet the demands of the primary education system (Phamotse et al., 2005). As a result there has been a mass recruitment of unqualified teachers increasing from 22% in 1999 to 36% in 2004 (Urwick et al., 2005). The task of the Lesotho College of Education is to train teachers for the primary, junior secondary and vocational/technical schools. It offers in-service training for practising teachers (Monaheng, 2007; UNESCO, 2010/11), also in-service part-time distance teacher education, so as to enable both unqualified and under-qualified primary school teachers to receive further education. Employment of teachers is not strictly based on any certification, however, the minimum requirement for a teacher to be employed is that the teacher must hold a certificate, whether a diploma, degree, or higher-level degree (Ogbonnaya, 2007).

Kolosoa (2009) indicates that in 2006 Life Skills Education became part of the Lesotho curriculum. The main aim was to control the HIV and AIDS pandemic through education. Life Skills has two components: (i) Population and family life education. (ii) HIV and AIDS. Life Skills is a stand-alone subject, compulsory for all 1st year students at LCE. There are roughly 800 1st year students (about 400 primary trainees and 400 secondary trainees). Continuous assessment is the sole instrument applied, there is no examination. College expectation is that Life Skills be included in all other departments/disciplines. For this reason all the disciplines take turns to attend HIV and AIDS workshops. For example, even Distance Education lecturers (in 2012) and Home Economics lecturers were obliged to attend workshop training on HIV and AIDS in order to cater for all the disciplines. In their second year students undergo teaching practise for a year. The college is intending to merge Life Skills with Guidance (Lesotho College of Education, 2011-2012).

1.7.1. Free Primary Education

Lesotho has been facing severe challenges of increasing numbers of children not attending school, especially in rural areas where people are occupied with subsistence events to help their families to survive (Lesotho Country Report, 2007). Children who were able to go to school were those whose parents were working - tuition fees had to be paid. In early 1990 three important conferences were held which led to the revision of the primary schools' syllabus. The 1990 Jomtein conference in Thailand forced Lesotho to realize that there were

global changes in education and that Lesotho had to make changes to its education. Additionally, the Ministry of Education and Training (2001) stated that the notion of introducing a Free Education programme in Lesotho dates back to the National Education Dialogue of 1978, signed in 1990.

In order to maintain an international image and in the endeavour to solve its socio-economic problems, the government of Lesotho introduced a Free Primary Education programme, in the fulfilment of its obligation that, as a member of the United Nations, free education shall be made available at the elementary stage (Ramaqele, 2002). Therefore, a Free Primary Education (FPE) programme was implemented in 2000, starting in Grade 1, the following year moved to Grade 2, until all the 7 Grades were covered in 2006. The FPE policy requires that parents should send their children to school without having to pay any school fees (Ministry of Education and Training, 2001).

The Ministry of Education and Training (2008) stipulates that the government, long before the World Declaration on Education for All, was already in the process of making education accessible to its citizens. Hence, Lesotho's education system has taken into account worldwide concerns, particularly Education for All, the UN Convention on the Rights of the Child, and the Millennium Development Goals, as well as Lesotho's constitutional obligation to no-fee and compulsory education. Vision 2020 targets the elimination of insufficiency through delivery of basic education for all (Ministry of Education, 2004).

The government, through the Ministry of Education established Day-Care Centres in 1985, now called ECCD, or Early Childhood Care and Development (UNESCO, 2007c). Pre-school education (includes integrated early childhood care and development) catered to children 3 – 5 years. Day-care centres are mainly operated by the local communities and non-governmental organizations (Lesotho. 2011). Attendance is not compulsory; there is no funding. There are children who go straight to primary school without starting at ECCD (UNESCO, 2007). Since the introduction of FPE in 2000 the number of learners in primary education has been expanding rapidly (Phamotse et al., 2005). Primary education lasts for 7 years and the official starting age is 6 years. Primary education is divided into two cycles: lower primary (Grades 1- 4) and higher primary (Grades 5-7). At the end of Grade 7 learners

sit for the Primary School Learning Examination After the primary level, it is secondary education which takes 3 years from Grade 8 - 10. This offers the Junior Certificate. In the fourth year scholars proceed to a two-year programme which is at high school level, culminating in the external examination of Cambridge Overseas School Certificate (C.O.S.C) O-level). C.O.S.C allows learners access to tertiary programmes, covering higher education (Lesotho, 2011).

The diagram below shows the schooling system in Lesotho.

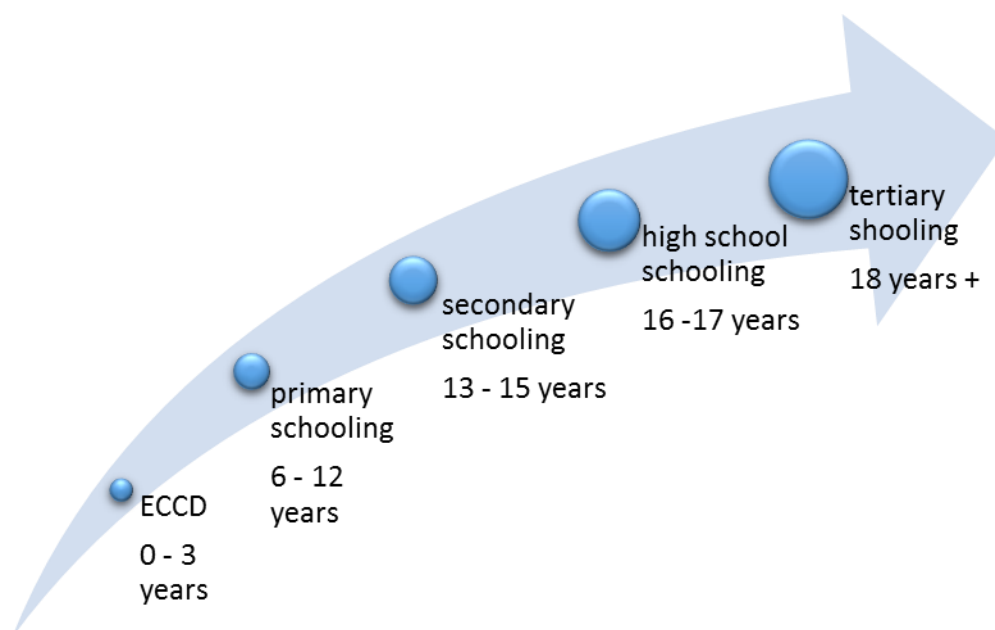


Figure 1.1. Schooling system in Lesotho

1.8. Life Skills education in Lesotho

There are differing views on the definition of life skills. WHO (1999) indicates that the subject of life skills is open to wide interpretation. Moreover, the WHO Department of Mental Health acknowledged five necessary domains of life skills that are important in many cultures: decision-making and question-solving; imaginative thinking and thoughtful thinking; communication and interpersonal skills; self-awareness and compassion; handling feelings and managing stress (Ministry of Education and Training Lesotho, 2007, p. vi).

The Ministry of Education and Training, Lesotho (2007) mentions a number of necessities and trials with which certainly the youth, and the public in general are faced; these being HIV and AIDS, stress and worry, conflict, drug and substance abuse, absence of safety and

assurance of safety, gender, scarcity, unemployment, selfhood, human rights and responsibilities, youth pregnancy, environmental decline, and population increase. However, from all the broad themes mentioned, the study focuses on HIV and AIDS as a section of Life Skills Education. Therefore, the introduction of Life Skills Education in schools is a mediation curriculum which imbues the school-going youth with important daily life skills with which to deal competently with the needs and problems mentioned.

Kolosoia (2009) states that in three different stages of growth from infancy to adolescence, children need to learn countless skills such as language, reading, writing, and mathematics, which are considered the most basic of the skills children must master. Moreover, the field of health education has demonstrated that children need another group of skills now generally referred to as “life skills”. A Life Skills curriculum is taught at Grades 4 to 7 levels. In the secondary schools the syllabus is offered at the lower levels from Grades 8 to 10 (Kolosoia, 2009). Therefore, individual nations and countries have the flexibility and opportunity to prepare and develop a priority curriculum that addresses the particular social behaviour problem of their own country (Kolosoia, 2009).

Gachuhi, (1999) discovered that life skills programmes, family life education, or reproductive health programmes for children and young people often face opposition from parents, religious and community leaders, and from some young people themselves, who do not understand that they are at great risk. Normally, the HIV and AIDS school curriculum in different countries is referred to in different terms, such as Health Education, Skills-Based Education, Life Orientation, or Sexuality Education (Kolosoia, 2009; UNESCO, 2007b; WHO, 1999). In Lesotho, because the curriculum developers were avoiding unwanted terms such as HIV and AIDS or sexuality education they settled for Life Skills Education.

In support, (Shiundu and Mohammed (1996) point out that a name is not just a name for calling only - a name conveys a concept. On the other hand, one might argue that, in avoiding the usage of certain terms or words, this may perpetuate the problem which is being solved. When the subject is taught there may also be the avoiding of certain terms. Moshabesha (2010) states that in Lesotho, the Ministry of Education and Training has introduced a new subject – Life Skills Education, as a compulsory subject for both formal and informal

education programmes (National Report of the Kingdom of Lesotho, 2008). Therefore, the aim of the Life Skills Education in Lesotho is to help young people face the challenges of everyday life, particularly as related to HIV and AIDS infection (Ministry of Education and Training, 2005b).

1.8.1. Aims of the Life Skills curriculum in Lesotho

Life skills Education aims at equipping learners with the necessary skills with which to face life challenges, namely, advocating accountable healthy life styles; emphasizing positive approaches towards the environment; assisting learners to make up-to-date choices in life; establishing worthy relationships with one another and with their societies; imparting good nationality skills to learners; guiding learners to attain non-violent conflict-resolution skills; elevating learners' consciousness of their rights and responsibilities as human beings; and supporting the learners' ability to communicate competently in various circumstances (Ministry of Education and Training Lesotho, 2007, p. vi; Moshabesha, 2010). The Ministry of Education in Lesotho realized that children are faced with various daily problems such as drug abuse, teenage pregnancy, and, at the worst, the disease of HIV and AIDS. Therefore, the Life Skills Education was found to encompass a variety of skills that would assist the school children to fight the problems facing them. Different countries choose different terms referring to HIV and AIDS. However, it was found that in the various cultures children are helped to deal with decision-making, communication skills, and coping with stress.

1.9. Key questions

The following key questions are an important part of the research, directing the research. The choice of methodology to be used in the study guides the researcher on suitable reading material (Jansen, 2007). Life Skills Education/HIV and AIDS Education had been introduced into a few schools chosen as pilot schools. The study aims to ask:

- What are the experiences of teachers in teaching HIV and AIDS?
- Why do teachers experience the teaching of HIV and AIDS in this way?

1.10. The study outline (Consists of 5 chapters)

Chapter 1 provides the topic of the study: the experiences of teachers in teaching about HIV and AIDS. The focus of the study is the investigation of the teaching apropos HIV and AIDS

by the teachers. The rationale is driven by the experiences that the researcher underwent. Lack of communication has an impact in the teaching of HIV and AIDS. The study is informed by two key questions: What are the experiences of teachers in teaching HIV and AIDS? Why do teachers experience the teaching of HIV and AIDS in this way? It also touches on: effects of HIV and AIDS in the economy of Lesotho; the history of the Lesotho Education system; the effects of HIV and AIDS which led to the implementation of Life Skills Education in Lesotho.

Chapter 2 defines HIV and AIDS, and clarifies the relationship between Life Skills and HIV and AIDS. It gives reasons for the inclusion of schools and teachers; and what is undertaken by other countries to halt the HIV epidemic. According to the literature there are number of problems which teachers experience or have experienced which hinders the teaching of HIV and AIDS. The theories of Bandura and Paulo Freire are employed in guiding the study.

Chapter 3 mentions the research design and methodology used for the research. This is an essential section in the research as it determines the research results. It presents a research paradigm which is interpretivist and which employs a qualitative approach, dealing with teachers' experiences in the teaching of HIV and AIDS. The research design methods of data-collection processes, such as observation and interviews, are discussed. The context of the study is described, and the selection of the participants in the study is given. The ethical issues have also been considered.

Chapter 4, the findings and discussion, presents the results from the data collected, addressing the key research questions. Data was grouped into main themes that emerged from the interviews and observation namely, teachers' experiences of the Life Skills/HIV and AIDS curriculum, sexual behaviour, teacher knowledge about HIV and AIDS, and communication. Participants' direct quotes are used in support of the experiences of teachers in teaching HIV and AIDS.

1.11. Conclusion

This chapter provided the background information on Lesotho, the rationale, the significance of the study, the economy of Lesotho and how it is affected by the HIV and AIDS epidemic,

and the education system of Lesotho. The design structure of the study was highlighted in this chapter. The next chapter comprises the review of literature on international countries and sub-Saharan countries.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

HIV and AIDS were first identified in the South African Development Community (SADC) in 1981 (Dawson, Chunis, Smith, & Carbon, 2009 online; UNAIDS, 2004), making 2013 the 32nd year since the first case in the region. Globally, researchers have been trying to find a cure, and millions of dollars have been pumped into awareness programmes, however the pandemic has shown very few signs of abating. HIV does not only affect the lives of those people infected; it also impacts on the lives of almost every person in the world - no single group is unaffected by the HIV epidemic (Health8Cross, 2012). HIV is a global disease that has spread very rapidly owing to ignorance. Globally, millions of people have died and are continuing to die because there is still no cure. More than 2,400 young people become infected with HIV every day (AVERT, 2012). In Lesotho the impact of HIV and AIDS has been seen in a drop in attendance rates at schools (Nyabanyaba, 2008).

van Dyk (2008) mentions that no cure has been found, and that infections are continuing. This means that more effort must be applied in seeking to remedy this disaster; hence this study explores and describes difficulties associated with effectively communicating with the youth about HIV and AIDS. The study will cover knowledge of the epidemic from books, research papers, government documents, reports, conference papers, newspapers, data bases, Internet sources, primary and secondary sources. The information will be used to raise teachers' awareness of the issues; helping them to develop ways of working that will empower them with the best practices and life skills, such as problem solving, critical thinking, effective communication skills, decision-making, creative thinking, interpersonal relationship skills, self-awareness building skills, empathy, and coping with stress and emotions (Visser, 2004, p. 16).

This chapter explores the existing relevant international literature on HIV and AIDS, including work in developed countries such as United Kingdom, Australia, and in the developing nations in the Caribbean and in sub-Saharan Africa, including Lesotho and South Africa. South Africa is included in sub-Sahara, however, it is specifically focused on as a neighbouring country of Lesotho. The aim of this study is to understand teacher experiences

of teaching about HIV and AIDS in the classroom. The key concepts are defined: the justification for HIV- and AIDS-teaching in schools, and an argument over the recent results of other studies; the methods used to teach HIV and AIDS; and the challenges and the experiences of teachers in teaching HIV and AIDS in the classroom.

2.2. What is HIV and AIDS?

Scientists believe that the Human Immunodeficiency Virus or HIV, the virus that causes AIDS (Acquired Immune Deficiency Syndrome), has been infecting humans in Africa long before it was known. It is a global epidemic (pandemic), causing millions of deaths each year. AIDS is a group of many diverse illnesses that became visible in the body (Jonker, 2011; van Dyk, 2008). There is no disease which has been recognized as AIDS. AIDS is the final stage of HIV: it causes severe damage to the immune system. As a result death may occur, and generally it does occur (Hargreaves & Boler, 2006).

○ Sexuality education

Sex education and AIDS education are inseparably connected (Esau, 2010). “Sexuality education is something that desperately needs to be covered in classes without the assumption that they will learn from their parents or elsewhere. Smith, Schlichthorst, Mitchel, Walsh, Lyons, Blackman and Pitts (2011, p.7) state that “too many kids are falling pregnant or contracting various STIs before they even reach year 10. Not enough is being done in this area”. Sexuality teaching is well established in other countries. For example, in Nigeria guidelines for inclusive sexuality education have been established, copying from international guidelines developed by the Sexuality Information and Education Council of the United States (SIECUS). According to SIECUS (1996), teacher training for sexuality education dates back to the beginning of the century in the United States. As early as 1912, the National Education Association called for programmes to prepare teachers for sexuality education. SIECUS (1996) believes that comprehensive sexuality education is an important component of every grade in all schools. In 1965, SIECUS urged that all pre-kindergarten through to 12th grade pre-service teachers should receive at least one course in human sexuality.

In Lesotho the Ministry of Education and Training (2005d) defines sexuality education as a lifelong process which provides students with the knowledge, understanding, and skills with

which to develop positive attitudes towards sexuality, to take care of their sexual health, and to enhance their interpersonal relationships, now and in the future. It incorporates health, socio-ecology and personal well-being (Ministry of Education and Training, 2005c). Sinkinson (2009) states that the behaviour of young people with regard to sex, and the high levels of unintended pregnancies amongst the youth have led state schools to introduce sexuality education for youth aimed at reducing sexual risks in New Zealand.

Sexuality education is vital to the promotion of self-esteem and self-acceptance (Kiragu, 2007). Moreover, sexuality comprises not only dealing with sex, even though people commonly describe sexuality in terms of private parts. Sexuality involves and is made up of many factors such as morals and principles, views, practices, physical aspects, sexual selves and public beliefs (HEAIDS, 2010). Sexuality education aims to promote responsible learners who can engage in warm, caring, and satisfying relationships with other people through its impact on individual learners, the school environment and on society. In Lesotho sexuality education was introduced in 2008 in schools, where one in-service teacher from each school was sent on a one-week training workshop. The expectation was that the trained teacher would then return to school and train the remaining teachers (Chabela, 2010). The above section highlighted HIV and AIDS as an outbreak affecting countries globally. Therefore, various countries decided to introduce subject at school level to deal with HIV and AIDS.

2.3. Life Skills education

ILO /WHO/ UNESCO made an urgent call for educational systems to find ways of halting and reversing the spread of the HIV pandemic (UNICEF, 2004). Life skills-based education programmes have subsequently been developed in sub-Saharan Africa, the Caribbean region, south and south-eastern Asia, as an approach to equipping learners with personal and interpersonal skills and competences needed in meeting and overcoming various daily life challenges (UNESCO, 2008a). Hoadley (2007) reports that in the context of HIV and AIDS innumerable policies have been designed in South Africa over recent years, all encouraging an expanded role for schools in response to the HIV pandemic. Education ministries have been including HIV and AIDS education in the primary and secondary school curriculum in various countries. Life Skills programmes aim to foster positive behaviour across a range of psycho-social skills, and to bring about change in behaviour that has been learned early in the

child’s life which may translate to inappropriate behaviour at a later stage of life (Ministry of Education and Training, 2005d). The main response internationally has been the development of HIV-preventive education (USAID, 2003). Life Skills differs from other subjects because it is mostly concerned with teaching values. Values are not learned in the same way as are other curriculum subjects: they are better learned by living them (Chirwa, 2009). Jansen (2008), as cited in (Chirwa, 2009), reports that values are learned through observing and imitating teachers’ behaviour. Teachers, as professionals, are expected to behave differently from parents or people in other occupations and in society in general. There is an assumption that teachers will be role models; and as such, they are expected to lead an exemplary lifestyle (Machawira, 2008; World Bank, 2008). Life Skills are an integral part of teacher training, enabling teachers to pass on crucial competences, including facts about HIV and AIDS. High expectations are being placed on teachers to help reduce the infections among adolescents and young adults (UNESCO, 2008c).

Examples of Life Skills

Social skills	Cognitive skills	Emotional Coping skills
○ Communication skills	○ Decision-making skills	○ Managing stress
○ Negotiation/refusal skills	○ Understanding the consequences of actions	○ Managing feelings, including anger
○ Assertiveness skills	○ Determining alternative solutions to problems	○ Skills for increasing the internal locus of control (self-management, self-monitoring)
○ Interpersonal skills (for developing healthy relationships)	○ Critical thinking skills (including analysing of peers and media influences)	
○ Cooperation skills		

Table 2.1. Examples of Life Skills

Extracted from (Ministry of Education and Training, 2005a, p. 47)

Life Skills, as shown in the above table, are divided into three categories - social; cognitive; and emotional coping skills. The three skills cannot work individually: they support one another. Social skills are about communication, developing healthy relationships with other people and cooperating well. Cognitive skills help learners to make reasonable decisions, to

be able to solve problems and to think critically. Emotional skills help learners learn how to manage stress, feelings, and anger, and to live in harmony with other people.

2.3.1. Life Skills Education syllabus in Lesotho: Dealing with HIV and AIDS

Skills: In the first year in high school, Grade 8, the syllabus covers four topics: HIV transmission, HIV prevention, and HIV prevalence in the country (Lesotho) and the impact of HIV and AIDS. This learning will equip the learners with communication skills. Learners must be able to communicate properly, be able to find information for themselves in their learning, and not rely on being spoon-fed by teachers. The teacher's duty is to guide learners in finding information unaided, being able to think critically. Learners need to be assertive so as to avoid being abused sexually by mature people. Values and attitudes encompass living with others, requiring learners to treat each other with respect.

Suggested activities: discussion of HIV transmission, learning through play and songs about HIV and AIDS pandemic, games designed in relation to the transmission of HIV, learning through role play which will include teaching learners to be able to resist peer pressure and to avoid being sexually abused by adults. Learners must be made aware of the benefits of abstinence.

Suggested resources to be used: learners' experiences, all the materials to be used in the teaching of Life Skills /HIV and AIDS have to be related to Life Skills Education/HIV and AIDS Education. The curriculum includes everyone, even disadvantaged people and disabled people. Therefore a sign-language specialist is included in the case of deaf learners.

Assessment: teachers must ask short questions, also using observation as a means of assessment. Learners work in groups and present their work in groups. For self-assessment, learners must be given answers which must be checked for correctness. Peer assessment is similar to self-assessment, the difference being that the learner checks whether other learners got the answers correct (Ministry of Education and Training Lesotho, 2007). In addition, Moshabesha (2010, p. 5) shows that the copies of the syllabus given to schools in Lesotho comprised the following: aims of the Life Skills' curriculum, the importance of life skills, issues with Life Skills education, teaching methods, learning outcomes, suggested teaching

and learning activities, suggested teaching and learning resources, suggested modes of assessment, themes, topics and Life Skills' values and attitudes.

2.3.2. Life Skills and values, HIV and AIDS, psychological well-being

Teachers spend considerable time with young people in their formative years. They can influence learners' personalities, as also their emotional, and social development (UNESCO, 2008c). Teachers are powerful agents producing and reproducing what is taught in HIV and AIDS education; and the way in which it is taught in the classroom regardless of the formal requirements of the curriculum (Bhana, 2008). In most countries, life skills education is taught from Grade 4 to high-school level (Machawira, 2008). Younger children in lower grade classes (Grade R learners) are not included, although they could potentially also benefit from the information. This situation obtains in Lesotho (Chabela, 2010). These learners are a more vulnerable group than any other group because they can easily be abused by mature people. One teacher reported teaching Grades 1-3 about HIV and AIDS because the children are living with the reality of the disease every day of their lives, and they need to know about it. The teacher said, "I try to put it in a way they will understand" (Machawira, 2008, p. 127). Most teachers are sensitive to the age of learners and the way in which to handle different age groups.

Teacher educators have a key role to play in changing the course of the AIDS epidemic. One important way in which they can do this is by continuing to break the silence around HIV and AIDS in teacher training institutions, schools and communities; and by providing care and support to their colleagues, learners and peers (Holderness, 2012). It is important that schoolteachers are knowledgeable about HIV and AIDS, so that they can convey precise information about the pandemic to children (Bankole & Mabekoje, 2008). Teachers are a fundamental part of passing on useful knowledge about HIV and AIDS to young people. In order for the life skills programme to make an impact, teachers must be supplied with the necessary skills (McGinty & Mundy, 2009).

Teachers must be equipped to respond to the complex needs of learners and educators affected by HIV and AIDS (Holderness, 2012). Teachers are the primary role players within the individual classroom environment (Chirwa, 2009). Research on teachers' knowledge and

readiness to teach learners about HIV and AIDS and sexuality has revealed mixed results. HIV and AIDS have produced a great deal of change to many aspects of life including teaching, however, not all people who have to deal with or learn new ways of working follow the new expectations with regard to change (Hargreaves & Boler, 2006).

2.4. Relationship between Sexuality Education and HIV and AIDS

The principal way in which AIDS is transmitted is via unshielded vaginal/anal intercourse (i.e. sexual intercourse without a condom) or maybe under certain conditions, through oral interaction, therefore HIV and AIDS is mainly related, and thought to be related, primarily to sexual behaviour. However, HIV and AIDS may be transmitted in many different ways including by receiving blood from an infected donor; needle-sharing by drug users; and transferral from mother to child during pregnancy (Department of Education, 2002a; van Dyk, 2008). AIDS is an acquired disease; it cannot be inherited. The virus enters the body from outside. Although the word disease is used, AIDS is not a specific illness.

The spread of AIDS is an extraordinary kind of crisis which continues to outpace the global response (Hargreaves & Boler, 2006; UNAIDS, 2004). There is no part of the world which is omitted; the disease continues to spread, and the infection is mutating and altering its character, creating new opportunities for transmission, developing ahead of any attempts to prevent it (Hargreaves & Boler, 2006; UNAIDS, 2004). To date there is no cure; and despite the high level of awareness, the quality of mystery and misunderstanding about the means of transmission, and the urgency of the epidemic still continues (Grundlingh, 2009).

2.5. Schools as weapons

Schools are underperforming; and are therefore areas that require urgent attention in improving outcomes, enabling learners to obtain the maximum benefit from the educational system (Sathiparsad, 2003). In addition, Sathiparsad argues that the school curriculum must teach a full range of attitudes, values, and assumptions that will train the learner for life within his society. The challenges presented by HIV and AIDS led Lesotho to join 164 nations in adopting a curriculum that includes life-skills education as a basic learning tool for all young people in schools (Koloso, 2009). For a long time HIV and AIDS was considered essentially a medical problem (Kelly (2000). However, it has now become clear that

prevention is the most effective strategy; education is found to be the best solution in preventing the transmission of HIV and AIDS. Education has been demonstrated to provide solutions to countless world problems including sex education for fighting HIV and AIDS, high teenage birth rates, sexually transmitted diseases, health education for fighting malnutrition; and driver education in reducing automobile accidents (Weiler, 2012). Therefore, Baxen (2006, p. 6) contends that ‘it would be reasonable for governments to spend resources on prevention strategies, such as education, rather than on costly health-care systems after people are already infected’. The main concern of the Life Skills Education curriculum is the prevention of HIV and AIDS (Chabela, 2010; Wamahiu, 2012).

The United Nations reported that it is through the education sector that HIV and AIDS can successfully be tackled. The responsibility lies with the ministries of education (UNAIDS, 2008), with teachers playing a crucial part in teaching sexuality education, creating a safe environment for discussing potentially controversial issues, thus helping young people to connect with everyday life situations. Kelly (2000) further states that, owing to the sense of stigma and shame attached to HIV and AIDS, the topic is not spoken about within society in general; which affects the way it is taught in schools. Masinga (2007) reports that teachers find it difficult to talk openly about sex, sexual intercourse, or sexual organs. This attitude emanates from culture and upbringing, especially within the African communities. In order to help teachers to address this difficulty, educational leaders must intervene by producing a clear curriculum and textbooks which address the needs of sexuality education (Murphy & Gallagher, 2009). In the fight against HIV and AIDS, schools were found to be appropriate institutions to deal with HIV and AIDS before the learners become infected, moreover the majority of children attend schools.

2.6. Justification for HIV and AIDS teaching in schools

There is an assumption that if learners are well-informed about the epidemic, this will naturally lead to noticeable changes in their sexual behaviour and practices (Grundlingh, 2009). Baxen (2008) indicates that education, especially formal schooling is a key prevention strategy. Considering the high HIV and AIDS prevalence rate among teenagers, and the large number of teenage pregnancies among school-aged children, the challenge for the education sector is huge. Teenage pregnancies in Lesotho affect school attendance, which is 52.1%

from age 15-24 (WHO, 2008 - 2013). Kelly (2000) states that among the children who attend school, most reach puberty while still at school. It is therefore the best place to reach children, especially in their early years, before they become sexually active and form unhelpful permanent attitudes and behaviour (International HIV/AIDS Alliance, 2008; UNESCO, 2009) There are different types of schools - pre-school, followed by primary, then secondary school, and for some, high school and tertiary-level education. Globally, the hope of the world in relation to reducing HIV infection is through education. Therefore, the school is the best structure and the most direct way of reaching huge numbers of children (Visser, 2004). Consequently, the countries in sub-Saharan Africa have decided to work together in introducing sexuality and HIV and AIDS education policies into their school curriculum (Ahmed, Flisher, Mukoma, & Jansen, 2009; Machawira, 2008).

Ebersohn and Ferreira (2011) state that teachers and schools are a key part of a child's world, as is playing, learning, and growing. Teachers and schools play a crucial role in modelling learner well-being. Moreover, the Office of Health and HIV/AIDS (2006) notes that schools play a significant role in early childhood development. Schools provide opportunities for social interaction, character building, and enhanced learning. Schools influence a child's growth and ability to achieve in life. Quality education not only enhances a child's future potential, it also provides him or her with the skills necessary for functioning as a productive member of society.

Kelly (2000) suggests that it is reasonable to target uninfected schoolchildren that have missed being infected through their mothers. There will be less funding required, furthermore, the majority of children reach puberty during their primary school years, caused by the late age of starting school and by grade repetition. Girls who have completed secondary education have a lower risk of HIV infection and practise safer sex than girls who have only primary education. Education systems can contribute to gender inequalities in society, which in turn increases the risk of infection among girls (UNAIDS, 2008, p. 10).

2.6.1. Knowledge of HIV and AIDS

Although some progress has been made, comprehensive and correct knowledge of HIV among young people is still unacceptably low in most countries. (Weiler, 2012, p. 41) found

that less than one-third of young men and less than one-fifth of young women in developing countries claimed to have such knowledge about HIV. All modes of communication should be examined for their potential effectiveness in reaching target audiences (Griesel-Roux, Ebersohn, Smit, & Eloff, 2005).

2.7. International literature

HIV and AIDS has affected every part of the world: no country is left untouched (WHO, 2003). Therefore, many countries are adopting the means to empower young people in the war against HIV and AIDS pandemic (Koloso, 2009). This section views a few countries, namely, United Kingdom, Australia, the Caribbean, sub-Saharan Africa, South Africa and Lesotho, on what is being implemented in bringing HIV and AIDS under control.

2.7.1. United Kingdom

Dr Middleton, Vice-President of the United Kingdom Faculty of Public Health noted that, 'prevention is better than cure when there is no cure' United Kingdom (United Kingdom, 2011, p. 21). Early in the AIDS epidemic the United Kingdom used huge public campaigns, with leaflets sent to all households; and posters placed across the country to be seen with the following messages:

- 'AIDS- DON'T DIE OF IGNORANCE'
- 'AIDS IS NOT PREJUDICED-IT CAN KILL ANYONE'
- 'Gay or straight, male or female, anyone can get AIDS from sexual intercourse. So the more partners, the greater the risk. Protect yourself. Use a condom' (United Kingdom, 2011, p. no page).

It is compulsory for schools in San Francisco and New York to teach some parts of sex education as part of the National Science Curriculum which must be taught to all pupils of primary and secondary age. Its main aim is not to teach children about sex; it is about ensuring their safety and security in intimate relationships. Moreover, the United Kingdom (2011) reports that, even though teaching about HIV and AIDS is part of the National Curriculum, at present it is inadequate. However, despite this policy, HIV and AIDS has not received the attention it deserves; and there are still preventable new infections (United Kingdom, 2011).

2.7.2. Australia

Carman, Mitchell, Schlichthorst, and Smith (2011) state that school education remains a key preventer of the AIDS/HIV epidemic in Australia. Resources have been produced which assist young people in schools to find information about sexuality and sexual behaviour. Additionally, there is information which supports young people's decision-making, lessening dangerous behaviour, preventing the escalation of sexual infections, and preparing them for a healthy and enjoyable future. However, Carman et al. (2011) found that 16% of teachers delivering this curriculum had had no training in the subject, with most of them depending on in-service training to assist their teaching (Carman et al., 2011).

Sinkinson (2009) reports that sexuality education worldwide is uncommon, although a number of countries require that pre-service teachers should receive training. However, this requirement is, most of the time, not firmly applied. Currently, there is not enough information about the provision of training for in-service or pre-service teachers by universities and colleges. Studies in this area are either outdated or non-existent (Ollis, Harrison, & Maharaj, 2013). As a result, academics of Deaken University, Australia, have developed a new teacher-education programme called a sexuality-education programme for pre-service teachers, which sets a lead for Australia and the world to follow. The programme is the first in Australia and the world, is a pre-service teacher education programme which will assist new teachers in developing the ability to teach sexuality education lessons in the classrooms. This curriculum is understood to be leading in Australia and probably globally; designed teaching materials cover topics such as technology, sexual issues, and pornography (Ollis, et al., 2013).

2.7.3. Caribbean

The HIV and AIDS epidemic is particularly acute in the Caribbean, which has the second-highest prevalence in the world after sub-Saharan Africa (UNESCO, 2009). In August 2008 the first meeting of Ministers of Education and Health in Latin America and the Caribbean was held, along with officials from other countries (UNAIDS Inter-Agency Task Team, 2009). A declaration was signed at the end of that first meeting, with Ministers agreeing to implement comprehensive sex education in schools, as an essential part of being human. Two objectives were agreed:

- By the year 2015 to have reduced by seventy five per cent the total of schools administered by the Ministries of Education that do not offer inclusive sexuality education; and
- By the year 2015 to reduce by fifty per cent the number of adolescents and youths who are not covered by health services that appropriately attend to their sexual and reproductive health needs.

2.7.4. Sub-Saharan Africa

A frighteningly large number of people in sub-Saharan Africa still do not believe they can be infected by the AIDS virus, and stigma and discrimination still hinder people from knowing their HIV status. UNAIDS, the Inter-Agency Task Team on Education has, since 2002, helped the education sectors in sub-Saharan Africa to take a firmer stand in response to AIDS. UNAIDS and IATT established the Accelerated Initiative Working Group in order to accelerate the response of the education sector to HIV and AIDS in sub-Saharan Africa (World Bank, 2010, p. xxviii). Five objectives of the Group were: For the education department to encourage guidance and to produce a regional response to HIV and AIDS; to complement care among development associates in order to help countries and to decrease their operational expenses; to encourage direction with the national AIDS specialists and to improve the approach to AIDS funding; the distribution of material on HIV and AIDS that has detailed importance to the education sector; to provide the practical content and application of the education zone to HIV and AIDS (World Bank, 2010, p. xxix).

2.7.5. South Africa

van Rooyen (1997) states that sexuality education became part of the school curriculum in South Africa in January 1996. However, Tharver and Leao (2012) mention that the imbalances in financial support for the school provision between rich and poor schools has impacted on the ability of teachers to implement the life skills programme in many South African schools. Schools and institutions in remote areas frequently lack the income to provide training of teachers. Despite these problems, within the SADC region, South Africa is at the forefront in the battle against HIV and AIDS. Education about the epidemic is introduced at pre-primary level, and continues throughout the secondary curriculum.

Moreover the policy shows that HIV and AIDS education can be part of life-skills education and it can be incorporated into the curriculum (Thaver & Leao, 2012).

The present strategy in South Africa represents a change from earlier approaches such as Tirisano, Love Life billboard campaign, and Soul City, TV and radio programmes, health education booklets distributed in newspapers and a national life skills programme for school children. TV programmes include weekly drama for adults on health issues that provide basic information about HIV, and Soul buddyz, a children's programme (Commonwealth Secretariat and ADEA, 2006). The aims of the South African anti HIV and AIDS initiative are the following: produce material about HIV and AIDS to lessen spread; create life skills that would assist good conduct in youth such as communicating and decision-making skills ; create consciousness and acceptance amongst youth of those with HIV and AIDS (Department of Education, 1999). Two teachers were trained in every school in the country in order to transform the school by linking other teachers and parents in the transformation progress to the integrated life skills training and HIV/AIDS education as part of the school curriculum (Visser, 2005).

2.7.6. Lesotho

In Lesotho transmission of HIV/AIDS occurs as described earlier; it is also transmitted through Basotho cultural practices. For instance, when a family member has passed away, as a sign of mourning, all the relatives of the deceased person will be shaved using one razor or one pair of scissors. Moreover, scarification implies habitual practise of non-sterile sharing of blades used by traditional healers, at the initiation schools, or in wife inheritance after a husband's death (Ranotsi & Worku, 2006; World Data on Education, 2010/11). Furthermore, when these practices occur in traditional schooling, young boys quickly adopt adult lifestyles, including early marriage, and therefore early sexual activity that further increases the chances of contracting HIV and AIDS (UNGASS, 2009, pp. 35 - 36).

According to recent estimates of Kingdom of Lesotho (2011a) the HIV and AIDS prevalence in Lesotho is 23.2 % for people aged between 15 and 49; making Lesotho the third-highest hit by the pandemic after Botswana and Swaziland. Understanding of the HIV epidemic in Lesotho has improved significantly since 2007; and the annual number of AIDS-related

deaths has been declining since 2005 (UNGASS, 2009). Nevertheless, the HIV and AIDS pandemic is still one of the gravest problems facing Africa (World Bank, 2012). The rate of decline is not yet sufficient to achieve the goal of reducing new HIV infections by 50% by 2015 (UNAIDS, 2012). In 2011, Lesotho's HIV prevalence rate for adults (15 to 49 years) remained at 23%, signalling a continuing stabilization of the epidemic. However, gender disparities in HIV prevalence remain: 26.7% of all adult women are HIV-positive compared with 18% of all adult men; with approximately 60% of all HIV-positive adults and children being female. In 2011, there were an estimated 252,669 HIV-positive adults (15 to 49 years) and 37,172 HIV-positive children (0 to 14 years) living in Lesotho (UNGASS, 2009).

Problems, including child molestation, rape, drug abuse, pornography, abortion, and particularly HIV and AIDS led the Ministry of Education and Training to introduce sexuality education/life skills education in Lesotho schools as a compulsory subject for both formal and informal education (UNESCO, 2008b). In 2006, Life Skills Education was introduced into two institutions: the Lesotho College of Education and the National University of Lesotho. In primary schools and secondary schools it was introduced in 2008 (Koloso, 2009, p. 2). The country used a range of measures to inform people about HIV and AIDS; including a campaign called 'Footballers against AIDS' in which footballers were recruited to deliver HIV and AIDS information to the youths, fans, and the community. Information, education, and communication materials were distributed at league football matches designed as HIV and AIDS-awareness matches. Educational comic books, videos, football and health camps, and interschool sports competitions were developed, which extended this campaign to other sports.

In summary, in the fight against HIV and AIDS, sexuality education in United Kingdom schools was made compulsory, ensuring that no schoolchildren in the United Kingdom would be left ignorant. Therefore, leaflets were sent to each household. Australian schools implemented sexuality education - teachers in their training (pre-service teachers) had to undergo special education before their teaching career began. UNAIDS, Inter-Agency Task Team on Education, gave assistance to all education sectors in sub-Saharan African countries in the effort to control HIV and AIDS. South Africa developed various approaches with which to fight HIV and AIDS using all forms of media programmes for children and for

adults. Lesotho introduced Life Skills Education for the fight against HIV and AIDS, using education, sports, books and videos as tools.

2.8. Lesotho education policy

The government of Lesotho is concerned about the education that is being provided, mainly the combination of high pupil-teacher ratios; imperfectly skilled teachers; and weak and over-centralised management systems. Added to this, the education sector in Lesotho has been harshly affected by the HIV and AIDS epidemic, losing many teachers to the illness (Ministry of Education and Training, 2005b, p. 2).

The Ministry of Education and Training Strategic Plan mission statement is

- To develop and implement policies which ensure the acquisition of functional literacy among all Basotho; the development of a productive, quality human-resource base through education and training; and the creation of a better understanding of methods of preventing the further spread of HIV and AIDS.

2.8.1. The Strategic Goals and Objectives of Lesotho Education

The Ministry of Education and Training (2005) outlined the following goals and objectives in order to offer education that will benefit Basotho children:

- Improve access and quality education, competence and equality of education at all stages of learning.
- The curriculum and resources must be appropriate to the essentials of Lesotho children, being in line with proper standards and sex/gender awareness.
- Vocational-technical and non-formal education programmes must be able to respond to the necessities of the community at large.
- Development and implementation of common information report system on current and future demands of educational areas of the country.
- Progressive, equivalent, harmony of education and training nationally, regionally, and internationally; disadvantaged groups must be empowered. The challenges posed by HIV and AIDS in education and training must be addressed (Ministry of Education and Training, 2005b, p. 1).

It is in the interests of the Ministry of Education that education should benefit every Mosotho. Therefore, the goals and objectives considered the needs of Lesotho people. HIV and AIDS are considered.

2.8.2. Lesotho school's curriculum

Raselimo (2010b) states that governments make the final decisions on the school curriculum, ensuring compliance through examinations. However, the Kingdom of Lesotho (1978) found that there had been an overemphasis on examinations, which over-emphasized memorization of facts rather than the understanding of the concepts. In 1980, the National Curriculum Development Centre (NCDC), a unit of the Ministry of Education, was established, so as to develop a national curriculum for both primary and secondary education. More specifically, its functions are to:

- plan and improve syllabi in diverse learning areas at both primary education and secondary education stages;
- formulate various instructional resources to be applied at primary and secondary stages; and
- conduct experimental testing of curriculum resources in nominated schools (Raselimo, 2010b; World Data on Education, 2010/11).

Currently, the curriculum materials and syllabus intended for schools in Lesotho are checked and accepted by the government, based on the guidance of the National Curriculum Committee (NCC) which consists of Senior Education Officers (SEO's) from the Ministry of Education and Training, directors from other educational institutions, members of teachers' associations, education secretaries for school principals, the Chief Inspection Officer, and the Registrar of the Examinations Council of Lesotho (ECOL). The function of the NCC is to advise the Minister on policy issues, in order to ensure a high quality of education; and to ensure that national policy and national expectations are aligned. It was established to assist the improvement of curriculum that responds to the learners' and country's requirements (Ministry of Education, 1980; World Bank, 2005a; World Data on Education, 2010/11). The government of Lesotho revised its curriculum by integrating health and sexuality components across the curriculum (Motalingoane-Khau, 2010).

2.9. Teachers' experience of teaching Life Skills/HIV and AIDS and related issues

Teachers encountered various problems when teaching Life Skills/HIV and AIDS which affected the teaching of the mentioned subject.

2.9.1. Teacher Avoidance and Embarrassment

In the United Kingdom a survey of 821 young people conducted by the Sex Education Forum found that a quarter of young people had not learned about HIV and AIDS at school (United Kingdom, 2011). In African Black culture, looking elders in the eyes is regarded as an offence and a sign of disrespect. Answering back when being reprimanded is worse - the child can be taken to the village chief to be punished by the village elders. There is no communication between parents and young ones on issues such as sex. Kelly (2002) indicates that in many societies parents do not either discuss with their children or provide information on sexual issues. Teachers are also often parents and they are part of the communities in which they live; therefore the rules that govern their society include them. This also shapes the way that they teach with constraints imposed by their beliefs and social norms. As a result, many teachers face personal difficulty and embarrassment in communicating openly and effectively about HIV, sexuality, relationships, and other inter-personal behavioural and social issues (Klein & Breck, 2010; UNESCO, 2011).

The Ministry of Education and Training Lesotho (2005) indicates that the way in which people conduct their lives is the result of what they have observed from the people around them. Bandura (1994) points out that learners learn through observation of people around them, therefore students observe the way in which their teachers deliver the topic of sexuality. In turn, teachers' behaviour is influenced by their own experiences when they were students. Khau and Pithouse (2008) state that, when asked to remember their education by teachers about sexuality, the majority of teacher trainees defined an atmosphere in which sexuality was either completely ignored or discussed in a very limited way. The message given to the student teachers is that sexuality education is difficult, giving rise to discomfort of all parties involved. It is not presented as part of the regular curriculum. Uneasiness pervades the classroom atmosphere, and students are discouraged from asking questions (Klein & Breck, 2010). Even though HIV and AIDS has made sex a matter of open discussion in African

societies, such discussions are not yet completely accepted among certain groups in the country (Mbananga, 2004).

Machawira (2008) points out that much research ignores the daily challenges faced by teachers affecting effective teaching and learning (Clark, 2008). Motalingoane-Khau (2010) shows that in Lesotho teachers' fears of teaching sexuality education affect their professional lives, some being infected, and some having lost closest relatives, while some have to cover for colleagues who are infected. HIV and AIDS affects people: the epidemic presents a complex and multi-dimensional challenge to us all to look beyond biomedical models in helping teachers to discover their own important roles in overcoming the epidemic and the accompanying silence. The silence creates fertile ground for the continued spread of HIV and AIDS (Holderness, 2012).

Most teachers lack confidence in teaching about socially sensitive issues, especially those connected with HIV, sex, sexuality, and sexual health, this situation has been identified as one of the stumbling blocks to the effectiveness of classroom sex education (Motalingoane-Khau, 2010). Khau (2012) indicates that these fears include the fear of corrupting children's supposed sexual innocence. As a result, teachers are afraid of talking frankly to children about sex, and hence being labelled as the ones who corrupt children's innocence. As one teacher cited by Machawira (2008, p. 126) put it, "As long as HIV and AIDS is treated differently from other diseases, we will not see the end of it". The teacher also complained that when walking in public places, he used to receive a great deal of so-called 'bus stop' diagnosis, in which people merely look at one before pronouncing a diagnosis of HIV+, accompanied by much whispering behind one's back (p. 84).

2.9.2. Cultural beliefs

There are many different groups of people or tribes across the continent of Africa, each having its unique culture (Hudson, 2010). Culture includes the beliefs and attitudes about any matter which is shared by people of a particular tribe/group (Hornby, Wehmeier, McIntosh, Turnbull, & Ashby, 2006). According to Allen and Heald (2004), cultural beliefs are hard to modify, because they are ordinarily accompanied by cultural silence that forbids discussion about issues underlying social structures which preserve existing power relations. For

example, traditional Xhosa culture does not encourage adults to speak to children about sex (Wood, 2008). Ryan (1989, p. 217) in Masinga mentions that sexuality is a central element of humanity and an issue of importance to the survival of human beings. Boler (2003) notes that sexuality education is an important aspect of education to be offered to young people. However, for centuries, for the majority of people, sex has been denoted as taboo, therefore rarely talked about. In fact, sex is a taboo subject in many cultures; teachers sharing the same way of life as the rest of their society.

Moreover, (Masinga 2007) indicates that, in school communities, culture plays a key role in the way in which children learn about sexuality. This is where boys and girls learn to view and relate to each other as the opposite sex. The effect of this is that by admitting sexual roles, society tends to assist the subordination of women. It seems also that sex roles are determined by customary beliefs based on particular expectations, whereby girls are expected to behave in a 'womanly' way and boys in a 'manly' way (Mosetse, 2006). Furthermore, Kelly (2000) emphasizes that many cultures experience embarrassment and problems with discussing sexuality with children. As a result, teachers have difficulties in discussing sexuality issues in their teaching, owing to their cultural views. Teachers' attitudes and beliefs may in fact influence their teaching (Freire, 2004). As Masinga (2009, p. 248) puts it, "My own culture has a silence on sexuality matters and I have not been raised or taught to talk about sex and other related matters." Because of these cultural differences, knowledge of how HIV and AIDS education is being implemented in schools is sparse, and often subjective (Boler, 2003). The difficulty of implementation is also acknowledged by (UNAIDS, 1997).

2.9.3. Parental/community resistance

One of the challenges facing teachers in the teaching of Life Skills Education/HIV and AIDS Education is the lack of support and guidance; and the possibility of parents and the community opposing teachers' attempts to teach sex-related matters (Bankole & Mabekoje, 2008). This is supported by Tijuana, Finger, Ruland and Savariaud (2004), who report that teachers do not address some of the major HIV and AIDS-prevention concerns owing to anxiety of public and parental disapproval. While many parents would like their children to be taught about HIV and AIDS at school, they strongly oppose teaching about sex (UNESCO, 2008a), even though it is within the context of sexual relationships that HIV and

AIDS is most often transmitted. Therefore, many parents expect HIV and AIDS curricula to avoid discussions of sex (UNESCO, 2007c). One head teacher states that “parents feel that we spoil students by teaching about condoms, they will be ignorant in the field of sex. If we teach them about AIDS we have to teach them about sex too” (Boler, 2003, p. 33). Related to the fear of community response to condom discussions, teachers also expressed concern that parents would disapprove if they knew that the students were being taught about sex (Kachingwe et al., 2005). Teachers' fear and anxiety induced by parental objection functions to regulate and limit the information which may or may not be discussed in HIV and AIDS lessons (Bhana, 2008).

Moreover, most parents in rural areas of Lesotho are not educated. Those who are educated are not in the position to know what is appropriate for learners to be taught. It is clear that there is still much to be done in raising the awareness of community members who are parents of learners in schools on HIV and AIDS education. This cannot be treated in isolation from sex because sexual activity is the major contributing factor to the pandemic. This may call for talks on the issue during parents' meetings in schools. Motalingoane-Khau (2010) asserts that parents are not against sexuality education, however, they have reservations about the content and the way in which it is taught. Because rural communities are not in agreement with the formal curriculum on what should be taught in sexuality education, students miss out on vital information that could save their lives.

2.9.4. Religion

There is an urgent need for UNAIDS to engage religious leaders from all faith traditions in the AIDS response. Collaboration is often possible on AIDS even in situations of significant inter-religious tension and conflict (Cherian, 2004). Teachers report that teaching about sex and sexuality issues in some religious schools is not accepted by school principals (Bankole & Mabekoje, 2008; Esau, 2010). Boler (2003) indicates that in Kenya there is conflicting information given by traditional healers as well as church leaders. Therefore, if HIV and AIDS education is to succeed, it must include religious leaders as they represent a key group forbidding the discussion of safer sex, leading to HIV and AIDS lessons which emphasize abstinence, without raising issues of safe sex (Boler, 2003).

According to Jackson (2002), the Catholic Church preaches abstinence under all circumstances; not solely for the prevention of HIV and AIDS. Sex is to be for procreation only (UNESCO, 2007c). Religious barriers that oppose the use of condoms lead to ineffective prevention strategies. Therefore, some teachers avoid sexuality related issues for fear of dismissal, avoiding topics touching on the use of condoms; instead they teach learners to abstain from sex (Tijuana et al., 2004). As a result, teachers have difficulty developing a clear position on the use of condoms, leading to negative and inaccurate messages on condoms (Boler, 2003; Gachuhi, 1999). In addition, some teachers indicate that discussing sex with 9- and 10-year-olds can create serious anxiety in their learners. This would be at variance with the teachers' personal beliefs and values (Ahmed et al., 2009; Tijuana et al., 2004).

2.9.5. Inappropriate behaviour of male teachers

Teachers are perceived as role models in the community. However, there has been concern that teachers do not act as positive role models for young people, and that their own sexual behaviour contradicts the behaviour advocated by them during HIV and AIDS education (Boler, 2003); in many instances the school environment is the scene of gross misbehaviour on the part of teachers who should promote exemplary behaviour (Hoadley, (2007). The South African Medical Research Council reported in 2000 that half of all schoolgirls had been forced to have sex against their will, one-third of them by teachers (Coombe, 2002). Jackson (2002) also reports that male teachers frequently engage in sex with their students, risking HIV transmission to youth. Hussain and Ashraf (1979) believe that this is a new trend; and that in the past teachers were looked up to or respected in the same light as church ministers. Neither collectively nor individually, were such role models engaged in practices that might harm the interests of their pupils (Hussain & Ashraf, 1979 p.104).

In Lesotho teachers were allowed to teach in churches on Sundays if there was no church minister. Teachers choose not to teach HIV and AIDS as required by the curriculum, even though this is available. One teacher cited by (Jackson, 2002, p. 304) said, "Can these teachers stand before a classroom and speak of AIDS when they know how inappropriately they behave; and the students know it too?" It would not be easy for teachers who have seduced children to take the role of teaching them how to behave correctly. Some male

teachers are involved in affairs with schoolgirls. They could not honestly or comfortably address the issue in the classroom setting of personal behaviour change (Wood, 2008). Moreover, Kelly (2000) points out that it will also be more difficult for those teachers who exploit their students sexually to incorporate HIV and AIDS issues into teaching encounters in a way that will enlighten students and help them to adopt behaviour that will protect them against the likelihood of infection. By contrast, young male teachers, as with their female counterparts, report that they cannot teach sex education to the learners for fear of being hated by the community (Bhana, 2008). Being young and male contributes to their vulnerability, with the school and the community inspecting them closely for signs of sexual abuse. They add that no one in the community can believe that sex education is part of the government curriculum (Bhana, 2008; Oshi, Nakalema, & Oshi, 2005).

2.9.6. Teachers' HIV and AIDS status

According to EDUCAIDS (2012), the Ministry of Education and Training communicated with infected teachers in Lesotho in 2010, in order to network with movements such as the Lesotho Network of People living with HIV and AIDS (LENEPWA) in the attempt to gain support. Teachers, as with everyone else, are at risk of HIV infection (UNESCO, 2008a) and people living with HIV and AIDS may experience humiliation from colleagues and principals, including social isolation and ridicule, experiencing discriminatory practices such as termination (Kelly, 2002). Once a teacher knows that he/she is infected, his/her life changes. Victims become concerned with thoughts of dying, therefore being diagnosed with HIV and AIDS is like having death sentence hanging over a teacher's life (Ganyaza-Twalo, 2010; Kachingwe et al., 2005). Alongside that, the teacher may be worried about his/her dependants and children, and how they will survive when the parent/bread-winner has died. As a result, the teacher's performance becomes affected; he/she may not be able to give learners the attention they deserve (Machawira, 2008). Furthermore, it is not easy to teach Life Skills and HIV and AIDS education because the teacher is constantly reminded of his/her own status (Machawira, 2008, p. 85).

Teachers with HIV and AIDS find it a challenge to teach Life Skills Education/HIV and AIDS Education, while school policy protects infected teachers. The network established was to help infected teachers articulate their needs (EDUCAIDS, 2012). However, Kelly (2000)

mentions that fear of an employer's reaction can cause a person living with HIV and AIDS to feel nervous, afraid of an adverse reaction to the news. James-Traore, Finger, Ruland, and Savariaud (2004) state that teachers may not want to teach about issues related to HIV and AIDS because of their own HIV and AIDS status. An infected teacher says, "Sometimes I ended up avoiding teaching some topics in the syllabus. For example, I would not be comfortable delivering a lesson dealing with the signs and symptoms of HIV and AIDS. I felt like I was opening up and exposing myself to the pupils, and this would make me uncomfortable"(Machawira, 2008, p. 153).

Similarly, another teacher says, "Talking about the signs and symptoms of HIV and AIDS to a class of pupils was very difficult because I felt that the pupils could see some of the symptoms on me". (Machawira, 2008, p. 154) maintains that it is best for such a teacher not to teach this subject which keeps on reminding the victim of the disease. Infected teachers also experience internal changes as a result of to the extensive psychological and emotional turmoil that they undergo. However, this does not remain confined to oneself: it also reshapes the external space of teachers. In other words, whatever teachers feel internally determines their interaction with issues related to HIV and AIDS in the classroom (Machawira, 2008). Some teachers admitted that they longed to chat to somebody about their own HIV and AIDS difficulties. Kelly (2000) shows that unanswered HIV and AIDS inter-related tensions which teachers experience makes it difficult for them to incorporate HIV and AIDS issues into teaching. Therefore, teachers find themselves unwilling to teach HIV and AIDS sexuality education; purposely avoiding some aspects of the curriculum.

2.9.7. Inadequate Teacher Training

Teachers are in the forefront as accurate information-givers whom learners can rely on for controversial complex issues of sexuality (James-Traore et al., 2004; Mulana, 2006). They are essential to the change procedure, therefore teacher training is important (Mayatmmr, 1974). For successful curriculum implementation which must be offered from pre-school to 12th grade, teachers have to be well trained to apply good teaching skills, knowledge/understanding, and appropriate techniques, in order to teach comprehensive sexuality education (Shiundu & Mohammed, undated; SIECUS, 1996). Additionally, Chirwa, (2009) states that teachers are the primary role players within the structural context

of the individual classroom environment. Teachers, especially primary school teachers, are responsible for teaching all subjects; they face a daunting challenge in implementing curriculum changes in education (Corrigan, Dillon, & Gunstone, 2011).

It has been mentioned earlier that in 2000 Lesotho introduced the Free Primary Education (FPE). This was part of a trend across the Commonwealth of Africa; and was linked to the international agreements of 2000 and the Dakar Framework for Action and Millennium Development Goals, to which Lesotho was a signatory (Urwick, 2011). Once education became free, enrolment in primary schools increased. As a result, the Ministry of Education Lesotho was forced to recruit large number of unqualified teachers who were gradually trained by in-service methods (Urwick, 2011). Despite having the longest history of formal education in sub-Saharan Africa, Lesotho continues to rely upon large numbers of unqualified teachers to staff its schools (Miric, 2009), with about a quarter of teachers being unqualified (Lewin, 2002).

Shiundu and Mohammed (1996) emphasize that the teacher and the training are two aspects of one coin, that cannot be separated; hence the training is given to assist teachers to protect their own health; and not to put the learners at risk through their own behaviour. Teachers have to be trained before they can effectively teach children about prevention of HIV and AIDS, unwanted pregnancy, and sexually transmitted diseases (James-Traore et al., 2004; Machawira, 2008). Life Skills/HIV and AIDS education for teachers is increasingly being recognized (Holderness, 2012; James-Traore et al., 2004). The supply of trained teachers in Lesotho (having a teaching certificate or diploma) has not been adequate, and an increasing proportion of teachers are untrained (Wood, Ntaote, & Theron, 2012).

Teacher training can definitely change teacher attitudes towards sexuality education (Tijuana et al., 2004). Smith, Kippax and Aggleton (2000) in their study of sexuality education in the Asia-Pacific region found that lack of teacher training is a barrier to quality programmes. Similarly, Blacket-Dibinga, Kechi, and Matinhure (2006) show that, although the curriculum is accessible, not all schools have the ability to apply it. Moreover, UNESCO (2008a) reveals that limited attention has been given to help educators deal with the new challenges posed by the epidemic. Teachers must be given proper training on delivering HIV

and AIDS sexuality education. In Australia many teachers note imperfect or no specific training in sexuality education at pre-service or in-service level (Milton, 2010). Hence, lack of training is one important reason for teachers avoiding certain topics when teaching sexuality education, leading to lack of confidence and low priority given to sexuality education (Boler, 2003). Some teachers find sexuality education personally objectionable, owing to lack of sufficient understanding of the subject. They are therefore reluctant to teach sexuality programmes, some teachers even refusing to do so (Rosen, Murray, & Moreland, 2004). Machawira (2008) found that where teachers were given training, programmes have rarely been comprehensive or logical enough to provide sufficient skills and materials for classroom teaching.

Teacher training in any learning area is significant. For teaching information and skills related to health and HIV and AIDS, teachers have to be trained before they can efficiently train children in the prevention of HIV and AIDS, unwanted pregnancy, and sexually transmitted diseases (James-Traore et al., 2004; Machawira, 2008; SIECUS, 1996). It is important for teacher training institutions to equip teacher trainees and in-service teachers with skills and knowledge that support them in addressing these challenges, regardless of their status.

2.9.8. Inadequate teaching resources

UNESCO (2007a) shows that schools in Southern Africa are already overburdened and under-resourced. The study conducted by Milton (2010) demonstrated that Africa's educational system was struggling to develop meaningful education tools needed for both in-service teachers and pre-service programmes. Lack of training resources is also a major challenge to the improvement of more fruitful pre-service training, owing to lack of schoolbooks, reference material, audio and visual aids, and classroom facilities. Schoolbooks for student-teachers in colleges in several African countries are practically non-existent (Shiundu & Mohammed, 1996).

Teachers overwhelmingly report unavailability of teaching tools of which they believe should be special books for sexuality education, and audio-visual aids and other materials that could make the teaching more practical for learners (Bankole & Mabekoje, 2008). Moreover,

available materials are outdated (Ollis et al., 2013; Tijuana et al., 2004). Teachers are faced with the challenge of delivering quality teaching despite inadequate means. Hoadley (2007) indicates that most African schools are poor, overcrowded, and often poorly resourced. Some schools have failed to start delivering the AIDS education because of lack of materials and teachers for this subject, the main problem being poverty in the community and in its schools (Boler, 2003). This impacts on the teaching of sexuality education in schools and the lack of resources, including flip charts, VCRs, and photocopiers, contributing to teachers' failure to teach topics (Tijuana et al., 2004). The lack of electricity prevents audio-visual teaching aids such as videos, television or listening to voice recordings. UNESCO (2008a) reports that most schools in Lesotho do not have electricity. Moreover, there is insufficient accurate and good quality teaching and learning material, and little provision for educators' training, guidance and back-up support related to other subjects taught. Similarly, Lesotho's education system lacks resources in terms of Life Skills Education/HIV and AIDS.

2.9.9. Under-represented Life Skills curriculum

UNESCO (2008) and UNAIDS (1997) suggest that the curriculum is already full and overcrowded; it is often difficult to find a slot for AIDS education, especially when there are many subjects competing for space, with priority given to examination subjects. In addition, Moloji, Morobe and Uwick (2008) states that Lesotho teachers are burdened with too many subjects to teach. Moreover, teachers believe that anything dealing with HIV and AIDS needs multi-skilled people, such as health-care experts, and people especially trained for teaching HIV and AIDS (Boler, 2003, UNESCO, 2008). Teachers argue that HIV and AIDS is not suitable for the curriculum of their subject, however, they have to deal with it when handling subjects as Biology and Health Education (Bankole & Mabekoje, 2008).

HIV and AIDS teaching requires far too much time by way of extra meetings, planning for the topic, and follow-up of such meetings, epidemic-related paperwork, and responding to the concerns of colleagues (Kelly, 2005). Furthermore, a study on daily activities at school shows that most of the teaching time is fully occupied by other duties that teachers have to carry out at school, such as sport and music (Moloji et al., 2008). In Lesotho, learners must also work in the garden planting vegetables. They must clean classrooms, toilets and their surroundings, while teachers have to supervise that this work is conducted correctly (Moloji et

al., 2008). Kachingwe et al. (2005, p. 3), indicate that to prepare the teaching materials for discussion and related activities suitable for lessons is time-consuming. Life skills education programmes require a great deal of time and energy. Some teachers were uncomfortable with the content and found the programme disruptive, and the school gained a negative community reputation, the school being viewed in terms of a focus by teachers only on sex issues.

2.9.10. Teaching methods used to teach Life Skills Education

Teaching about HIV and AIDS involves sensitive topics which produce a variety of different responses in learners. When they are embarrassed, some of the learners make jokes in order to ease the tension (EFAIDS, 2009). Teaching methods that are suitable for life-skills-based education must be youth-centred, gender-sensitive, interactive and participatory (Youth Net 2006). UNESCO (2008) points out that the most commonly used methods for skills-based education consist of operating in small crowds, brainstorming, role-playing, story-telling, case study, and discussions. Class discussions, problem-solving activities, worksheets, homework assignments (including assignments of talking to parents or other adults), clinic visits, question boxes, hotlines, condom demonstrations, quizzes, video presentations, stories, role-play, competitive games, and surveys of attitudes and intentions with anonymous presentation of results, are all used Youth Net (2006).

There are advantages to using participatory teaching and learning methods, as well as working in groups. The learners gain the following skills:

- argument;
- students' awareness of themselves and others;
- encouraging teamwork instead of competition;
- delivering opportunities for group members and their teachers to identify and value each person's skills, improving self-confidence; empowering students to get to know each other better, encompassing relationships;
- recommending paying attention/listening and interaction skills;

Assisting in dealing with delicate issues; stimulating acceptance and understanding of different people characters and their needs; and reassuring invention and creativity (EFAIDS, 2009, p. 7). These participatory teaching methods help the learners to build their self-confidence. Participatory methods encourage children to contribute and cooperate with one

another, to communicate and listen, all skills that will afford the best community. Kachingwe (2005) states that in Malawi, lack of confidence in using unfamiliar methods such as role-play, lack of identified time for the intervention, and exclusion of programme content from examinations, has combined to discourage teachers from implementing the programme. This weighty programme was not able to provide adequate support to teachers in overcoming these barriers. Furthermore, EFAIDS (2009) and Shiundu and Mohammed (1996) point out that teachers experience problems in using the participatory teaching methods because these are not taught in most teacher colleges in Africa. Similarly, many primary and secondary schools have overloaded classrooms.

An institution tutorial room designed for a maximum of 30 to 35 student teachers, commonly accommodates nearly twofold this number, with no suitable space for tutors to deliver lectures properly, to move around and coach individual students, or to organize other participatory activities (Shiundu & Mohammed, 1996). As a result, teachers become demotivated. The way in which teachers are trained becomes the method they use when they begin teaching. In Lesotho a report mentioned that “teachers still stand in front of children and tell them everything, although this is an approach contrary to the demands of new syllabus” (Shiundu & Mohammed, 1996).

Literature shows that teachers endure aspects of the following: embarrassment, cultural beliefs, parents’ resistance, religion, inappropriate male-teacher behaviour, teachers’ status, inadequate training, inadequate resources, overloaded curriculum, and lack of teaching methods with which to teach Life Skills/HIV and AIDS. This topic is more about sexuality, therefore, according to much literature, there is silence about sex matters between elders and the youth. Teachers are often also parents who grew up in an environment wherein sex is not discussed. Teacher training did not prepare teachers for the teaching of sexuality.

2.10. Theoretical framework

This section presents the theoretical framework of the study. A theoretical framework locates the research project and assists the researcher in guessing about the things which may be related within the world. It guides the researcher to view the world, channelling communication between the literature and the study (Henning 2007). Maxwell (2004) states

that there is no theory that can accommodate all data equally well. Therefore, the study will draw from the theory of Bandura's social cognitive learning theory, and Paulo Freire's pedagogy of the oppressed theory.

Bandura's social learning theory

According to Bandura (1977), people learn through observation. He believes that people learn by observing other people, after which they mimetically act out the behaviour. Children, especially, copy all they see from the adults, imitating what they do, adults being the role models for children. Therefore, children are surrounded by various persuasive models such as their parents, their sisters, brothers, other close family members, television programmes; and at school their friends, and teachers. Children observe violent behaviour around them, at home, at school, on television, and in films. In addition, all the models convey examples of 'manly' and 'womanly' behaviour which children observe and copy. Bandura (1977) gives the example that, if children grew up without hearing any speech, it would not be easy to instil the linguistic skills to the child which initiate or establish a language.

Bandura's social cognitive theory interprets human functioning as people surrounded by social systems; with personal agency occurring within a setting of social ethnic influences. The life of a human being is influenced by various aspects such as those social and cultural. There are three modes of human agency: (i) personal agency to learners in controlling their learning tasks, having control over their lives; also enhancing their self-efficacy. (In self-efficacy people believe in being able to control events that affect their lives). (ii) Proxy agency is socially mediated agency which assists people to obtain assets. (iii) Collective agency is applied through group engagement; individuals do not live in isolation. In their everyday lives people naturally achieve goals through shared efforts with others. People pool their knowledge, skills and resources; maintaining each other and working collectively to accomplish what they cannot when working individually (Bandura, 1989). Bandura's social learning theory suggests that the person, the behaviour and the environment are all inseparable in creating learning in an individual. All three aspects affect one another. A person behaves according to the expectations of the environment. Therefore, in the teaching of Life Skills/HIV and AIDS, students are expected to live and behave according to the norms applicable to Basotho children.

Freire (1970) is against a traditional way of teaching because it silences the students. Instead of formal transmission of knowledge to students, there is a lively dialogue process between teacher and the students. It is the cooperative act of teacher and student learning and re-learning the subject. Dialogue enables communication between the students and the teacher. Teachers and students share one another's knowledge. Learning this way becomes dialogical, that is, teachers also learn, in particular about student culture (Freire, 1970). Furthermore, Freire (1970) indicates that teachers have been purposely and knowingly imposing learning material on their students without taking into consideration their reality. The truth/reality is taught by teachers who selectively explain certain realities while concealing others. For example, in the case of students, teachers tend to oppress and overwhelm the students with their values and norms, which effectively silence the students. Freire (1970) shows that to avoid oppressing the students teachers have to learn about their audience, and find out what they know. Education must transform the lives of students. Teachers are being dishonest about sexuality education and are avoiding the giving of relevant information to students on sexual matters.

There has also been lack of communication between parents, the school, the society and the learners about sexuality issues. The schools seemed to be ignoring real-life emergencies. According to Sathiparsad (2003), parents are often dismal role models; and schools busy teaching trigonometry failing to focus on the basic life skills. The parents are not able to communicate sexuality issues with their children. They may presume it the duty of teachers; while teachers think it the duty of each parent to talk to her/his child about the sensitive issues of HIV and AIDS. Bandura (1994) states that society has had an enormous problem in talking openly about sex and sexuality; parents are generally becoming worse at educating their own children; and young people learn from peers who are also not fully informed. The family is the closest to the child, however, in communicating about sexuality matters there is silence. There is silence around sexuality, both at school and home, with the source of information for children becoming their playground (Masinga, 2007, p. 1). Information imparted here is often untrustworthy. To make matters worse, some sectors of society encourage further silence on prophylactic sexual practices; on the principle that such communication will encourage the youth to engage in sex. They oppose educational

programmes in the schools that deal with sexual methods providing protection against AIDS infections.

There must be communication between a student and a teacher. Freire (1970) wanted students to be engaged in problem-solving dialogue that helps them to think critically. Another point is that Freire was concerned with praxis action that is informed and interrelated to certain morals. Dialogue is not just about developing understanding - it is part of creating a difference in the world: the world of learning. Dialogue is an accommodating behaviour which includes respect. The process is important because it can be seen as enhancing the community, building social capital, and leading people to act in ways that make for justice and human flourishing.

2.11. Conclusion

This chapter covered the literature review as well as the theoretical framework. The literature explores the existing relevant literature about HIV and AIDS in developed countries and African countries, on steps taken to halt the HIV pandemic. It gives an explanation of the relationship between Life Skills Education and HIV and AIDS in the context of Lesotho; and the relevance of Life Skills/HIV and AIDS to schools curriculum. The literature also points out the experiences of teachers that affect the teaching of Life Skills/HIV and AIDS in the classroom. Teachers' experiences incorporate aspects of the following: cultural beliefs; parental/community resistance; religion; teachers HIV and AIDS status; inadequate training of teachers, inadequate resources, inappropriate behaviour of male teachers, overloaded curriculum, and lack of communication between elderly people and young people.

CHAPTER 3

RESEARCH DESIGN AND RESEARCH METHODOLOGY

3.1. Introduction

This chapter is on research design and methodology of the study, which is used in answering the following research questions:

- What are the experiences of teachers in teaching HIV and AIDS?; and
- Why do teachers experience the teaching of HIV and AIDS in this way?

The methodology chapter refers to the choice of research strategy adopted by the researcher. The methodology section of a thesis embraces the key components on the way in which the researcher will go about answering the key questions of the research (Yin, 2003). In addition, the researcher spelled out the characteristics of methodology and methods, instruments, styles of research writing, and approach to data collection to be used in the research. Methods are the variety of approaches used in educational research when gathering data to be used. (Cohen, Manion, & Morrison, 2011). The methodology section sets out the research project for the readers. Grix (2004) comments that the two words methods and methodology are often used inappropriately by various authors, generally because the words are misunderstood. The word method is easier to explain and understand than its counterpart. Methods may be applied either in qualitative research which is concerned with interpreting the subjective experiences of teachers in teaching HIV and AIDS; or they may be used in quantitative research which is concerned primarily with quantity and quantifying (Yin, 2003). Different writers define research in a much more practical way. They see research as a way of solving problems. Giddens (1989, p. 660) emphasizes that all research starts from a research problem: there must therefore be a problem. Leedy (1981, p. 2) says that research is “provoking enigmatical, unresolved road blocks to knowledge and human progress for which no answer has yet been found”. For instance, the interest of the study is: what are the experiences of teachers on teaching HIV and AIDS?

3.2. Research paradigm

Research paradigms are fundamental frames of reference that underlie social theories and inquiry. Paradigms do not explain everything; however, they provide logical frameworks

within which theories are created (Babbie, 2007). Nieuwenhuis (2007a, p. 48) indicates that “paradigms represent what we think about the world (but cannot prove)”. There are at least three broad paradigms in the philosophy of the social and human science. This study focuses on an interpretivist paradigm which seeks to interpret and understand the experiences which teachers face in their daily teaching of HIV and AIDS, as a component of Life Skills Education. An interpretive paradigm allows the researcher to interact closely with the participants. Interpretive researches believe that the world is changeable, and that people can articulate the meaning of a certain condition (Yin, 2003). Moreover, Bertram (2010) states that researchers in the social sciences research people’s behaviour, attitude, beliefs, and perceptions. No one is able to quantify behaviour and similar facets of the human condition. There is no particular obvious realism; instead, there are numerous realities or understandings of a particular event. Knowledge is constructed, not found. Within the interpretive research qualitative research is most often located; reality is socially constructed.

3.3. Research approach

This study is in a qualitative approach form, which describes people acting out events. It involves non-numerical data. It is a collection of research designs and methods used to study phenomena of social action about which we cannot have a clear knowledge and understanding (Maree, 2007; Merriam, 2009). The emphasis of a qualitative research study is on offering awareness of a social situation or activity from the standpoint of research members; their feelings towards and experiences of the teaching of HIV and AIDS (Brink, van der Walt, & van Rensburg, 2012). This is called an ‘emic perspective’ or ‘insider’s view’ (Brink et al., 2012, p. 121).

The interpretive approach goes hand in hand with the qualitative method, looking for in-depth description of data rather than numerical data, because the methods or teaching strategies used by the teacher when teaching about HIV and AIDS in schools cannot be measured or counted (Henning, van Rensburg, & Smith, 2009). Qualitative researchers accept that the world is made up of individuals with their own norms, manners, opinions, and values (Maree & Pieterse, 2007), which can affect, for instance, the way in which teachers teach HIV and AIDS. First, the sources of data for qualitative research and social situations or phenomena as they occur in a real-world situation is focused on (Babbie &

Mouton, 2001; Gay & Airasian, 2000, p. 53) because it researches the real problems being experienced by teachers in teaching HIV- and AIDS-related issues in the classroom. Qualitative research strives to find the meaning of a phenomenon for the participants in the study. Hence, qualitative research is interested in understanding participants' experiences (Merriam, 2009).

The following table provides a description of the methodology process, showing the research participants and the research instruments used for data generation.

Critical questions	Mode of enquiry	Source of information	Instruments	Frequency
Critical question 1: What are the experiences of teachers on the teaching of HIV and AIDS?	Qualitative (Cohen, et al., 2011) (Henning, van Rensburg & Smith 2009)	Teachers	1.Observation 3.Semi-structured interview schedule; In-depth interview schedule	1. Teachers were interviewed once. The interview schedule was filled in during the interview
Critical question 2. What challenges do the teachers experience in their teaching of HIV and AIDS?	Qualitative (Gay and Araisian 2000) (Gray 2009)	Teachers	1.Observation 3.Semi-structured interviews; In-depth interview schedule;	2.Teachers were observed and interviewed once
Critical question 3. Why do teachers experience the teaching of HIV and AIDS in this way?	Qualitative (Cohen, et al., 2011) (Henning, van Rensburg & Smith 2009)	Teachers	1.Observation 3.Semi-structured interviews; In-depth interview schedule	1.Teachers were observed and interviewed once

Table 3.1 Methodology process

3.4. Research design

The sources of data for qualitative research are a real-world situation. This research focuses on a real-life situation in that it researches the known problems being experienced by teachers in their teaching of HIV and AIDS in the classroom. The study questions to be answered modified the research design, which will give the answer to the key research questions, and provide information that assists in analysing the problem, whether or not we like those answers (Henning et al., 2009).

Research design is an important plan which follows immediately after the research questions have been clarified, setting out the researcher's method of collecting and analysing the data needed for answering the research questions. However, it is not a fixed plan; it is a flexible and non-linear process influenced by practical considerations. Betram (2010) indicates that, for research design, the researcher must consider four major steps which are interconnected: (1) the purpose of the research (2) the theoretical paradigm informing the research (3) the context or situation within which the research is carried out and (4) the research techniques employed in collecting and analysing data. The end product, the design and whatever it includes are, by definition, methodological issues (Durreim, 2008). In this study the researcher conducted the interviews and also observed four high school teachers. After the interview and observation the researcher transcribed the data.

3.5. Case-study design

The research applies a case-study design. Gray (2009) states that case studies may be used for a variety of issues, such as the evaluation of training programmes and the implementation of something new in organizations. Case study is valuable mostly when the researcher has little control over events (Cohen et al., 2011). Similarly, McMillan (2001) states that qualitative researchers either investigate in depth distinct groups such as faculties in an innovative school, or it focuses on one institution. Moreover, the purpose of the case study is to gain a detailed understanding of the processes involved within the setting (Bloor & Wood, 2006).

Case study describes a particular situation, engaging the close reality and comprehensive description of participants' lived experiences of a situation (Cohen, Manion, & Morrison,

2007). Therefore, case study is used to find real life experiences of teachers in their teaching of HIV and AIDS. In qualitative case-study design, the data analysis focuses on one phenomenon which the researcher selects so as to understand in depth; regardless of the number of participants in the study Maree (2007). In a case study, events and situations speak for themselves rather than being interpreted, evaluated, or judged by the researcher (Cohen et al., 2011). The researcher has to be fully prepared to be realistic about the situation being researched: case study is a real-life exercise. It must be undertaken by a single researcher rather than a full research team. However, case study is not easily open to verifying facts; thus such studies may emerge as choosy, unfair, individual, and subjective (Cohen et al., 2011).

3.6. Selection of schools

According to government policy, Life Skills education in Lesotho is taught not in all the primary school grades, only from Grades 4 to 7. In high school, only three grades are targeted - Grades 8 to 10. Grades 1 to 3 and Grades 11 and 12 have been left out of the curriculum. Three selected high schools were the pilot schools for Life Skills Education. The real names of the schools, as well as the participants' names, are fictitious, in order to protect the participating schools and the participants. The schools are named as follows: Karabo – School A, Haeso – School B and Moreneng – School C. All three schools had female secretaries. Education in high schools is not yet free as in primary schools, the parents are still paying for the education of their children. It was mentioned in Chapter 1 that teacher salaries are paid by the government; however, the secretaries are paid by their respective schools. As also mentioned in Chapter 1, the largest ethnic group in Lesotho is Basotho; therefore in all the three schools there is only one racial group, which is Basotho. Football, netball, and volley ball are common sports for schools in Lesotho. Karabo – School A and Haeso – School B have playing fields for all three mentioned sports. Moreneng – School C does not have its own ground for netball and football; however, they use the grounds of primary scholars who share one play area.

In all the three participating schools there are no billboards or charts, or papers about HIV and AIDS. The only place where the learners may receive information on the disease is in town. In the town, at the Social Welfare office there was one A3 size message. Similarly, at

the police station there was an A3 paper chart. At a private company offering printing and copying facilities there is a notice pasted on the door on one-third of a page.

3.6.1. Karabo High School – School A

Karabo – School A, is a Roman Catholic Church school which was established in the early 1980s. Compared with other schools it is seen as a large school, although the roll has dropped to 575 learners, owing to the opening of a number of new schools offering low school fees. It is 27 kilometres from town, and situated up in the hills, surrounded by pine trees, the villages being far from the school. It has sufficient buildings and basic school facilities and so is considered a rich school, the majority of Catholic schools in Lesotho being rich. The payment of school fees is in many forms, according to what the payer (parent or guardian) can offer. For example, the school accepts the best quality (1st grade) of beans, maize, sorghum (50 kg) or a sheep or cow in lieu of the fee. However, money is the preferred mode of fee payment; the food exchanges are cooked in the school for learners' breakfast, lunch and supper in case of boarding students. Day scholars only eat lunch at school. The school has a large pig farm. Once in three months, a pig is slaughtered for the learners. Karabo – School A is the only school among the three participating schools which has a person working in school maintenance, also seeing that there is enough water, coal, and wood in the kitchen, or fixing anything in the school which might need to be fixed. Moreover, this school is a favourite, because it has boarding facilities for girls. Parents prefer it that the learners will also be provided with three daily meals when they live in residence.

Besides the meals aspect, Roman Catholic boarding schools are favoured because they are strict. Girls cannot go out of school grounds without a valid reason, even if they wish to go to their own home. A form must be completed by the student. In return the parent must also sign and give valid reasons for the student's being at home. If a student becomes uncontrollable, the school dismisses such a student. The school accommodates about 300 girls in the hostel; other students' homes are near the school. The whole school yard is fenced. The hostel area situated inside is also securely fenced. Other learners can live in nearby rented accommodation. This is made use of especially by boys. That is, all boys are living in hostels outside the school campus. Another group of learners are those who come from the towns, using taxis and buses daily as transport. There are 21 qualified teachers, of which 15 teachers

have Bachelor of Education degrees, and two teachers have a Diploma in Education. One teacher has a postgraduate Certificate in Education. Most of the teachers at this school are young. There are houses for the teachers which are used by the majority of the educators.

3.6.2. Haeso High School – School B

Haeso – School B, is a Lesotho Evangelical Church school. It is a medium-sized school having a roll of about 350 learners. It was established in 1980; it is situated on a flat area surrounded mostly by the village. It is 30 kilometres from the village near the main road; there are no trees on the school premises. They have a garden in which they grow their own vegetables and keep poultry for the learners' lunch. There is accommodation for learners, however, not on the school premises. The hostel at Haeso – School B is not fenced. It is situated in the village, and it accommodates 100 learners. There are 19 teachers in the school. 4 teachers are the intern students from NUL (National University of Lesotho). Fifteen teachers have degrees. The school principal has a Master of Education degree.

3.6.3. Moreneng High School – School C

Moreneng – School C is an Anglican Church of Lesotho school. It is a small school with a roll of about 250 learners. It was established in 1985, situated on a flat area and surrounded by the village. There are no trees. This school is located far from the main road, about 21 kilometres from the town. The mode of transport to the school is one van and one taxi which transport teachers from the main road to the school. Students walk from the main road to school. There are 11 teachers at the school. One teacher is a volunteer from overseas, and there is one unqualified teacher. Three teachers are qualified with degrees and 2 have diplomas. Three teachers have a Secondary Teachers' Certificate and the principal has university qualifications.

Even though it is a poor school, there is electricity. The furniture, the walls, and the floors appear quite worn out. The library has three desks and two shelves for the books; the rest of the books are packed down on the floor. Learners in this school still practise old ways of respecting teachers. They stand up when they answer the teacher in the classroom. The school has a vegetable garden in which learners each have a plot to water and look after. Besides being empowered by agricultural products, students also are given marks towards

Agriculture as a subject. When the vegetables are ripe, they are sold to the villagers, who unfortunately often steal them during the night when no one is at school to keep watch. The vegetable money belongs to the school, which also rears about 600 chickens, the aim being to generate money. This is also an agricultural project. It aims to motivate learners to be self-reliant when they finish their studying. The school has a five-roomed house shared by two teachers, each using two rooms, with one room for a learner.

3.7. Sampling



Figure: 3.1. Mohale's Hoek district view

Extracted from: <http://www.panoramio.com/photo/9875309> 12/01/2013

This is the view of Mohale's Hoek, the town of the district situated below the mountain.

Mohale's Hoek Town

Mohale's Hoek is one of ten districts of the country, having an area of 3,530km square. The population in 2006 was approximately 174,924. It is the only town in the district (Raselimo, 2010). The study is conducted in this southern part of Lesotho. The researcher's home, Taung, is in Mohale's Hoek district. There are five high schools in the Taung area; however, the other unchosen two schools are too far from the main road and from the researcher's home to be viable for the research. These schools are owned by various church denominations which first came out to Lesotho, as mentioned in Chapter 1. Lesotho schools are classified into four categories which are based on their principal ships as follows:

- Government schools, which are wholly owned by the Lesotho government;

- Church schools which are subsidized by the government;
- Community schools which are subsidized by the government; and
- Private schools which are owned by individuals, groups of individuals, or organizations, and not subsidized by the government (Mohono, 2010; Ramaqele, 2002, p. 6).

3.7.1. Selection of participants

Cohen et al., (2011) points out that in a qualitative research the sample size is small. This study is going to use purposive sampling because the researcher makes specific choices about what to include in the sample. Purposive sampling deliberately avoids representing the wider population. However, the limitation of purposive sampling is that it cannot be generalized over a wider population; it merely represents itself. This is why justification of the sampling selection increases validity.

Purposive sampling seeks only to represent a particular wider population; this study investigates the way in which teachers at three main church schools in the rural area teach about Life Skills Education/HIV and AIDS. The sampling is also conducted by convenience, simply choosing the sample from those to whom the researcher has easy access. The participants of the study were selected because they were available (Durreim, 2008). Four teachers in three schools volunteered to take part for the study, there were three females and one male. At Karabo – School A there are two participants, while at Haeso – School B and at Moreneng – School C the participants were one in each school. Life Skills Education/HIV and AIDS Education as a learning area is not a stand-alone learning area. Therefore it is integrated within other learning areas such as Biology. Two teachers from two schools who volunteered to take part are Biology teachers and the ones who possibly will be best able to teach it.

3.8. Methods of data generation

Fink (2010, p. 114) points out that data-generation methods are often chosen as much for their practicability as for their quality. Therefore, the methods selected by the study are appropriate to the depth of the study. The study will follow the process of qualitative data generation. The researcher needed greater access to the site, having gone there to interview

and observe teachers (Creswell, 2012). Furthermore, the researcher is the instrument of observation (Cohen, 2011). Often, qualitative studies combine various data-generation methods while writing the study (Marshall & Rossman, 2006). The data was collected through one-to-one recorded interviews and recorded observation. The researcher summarized each observation immediately after the lesson.

3.8.1. Semi-structured Interview

Another method of data collection used is the interview guide or schedule. This is a list of questions the researcher intends to ask in an interview (Merriam, 2009). An interview involves direct communication between the participant and the researcher (Babbie, 2007; McMillan, 2006). In conducting an interview the researcher interacts in a natural way with the participants, unlike in a questionnaire in which the participants fill in the given spaces or answer a test, in other words, an interpretive approach. Kelly (2008) states that the interview allowed a warm and close personal interaction between the researcher and the respondents, which enables the researcher ease of understanding the thoughts and feelings of the respondents. The researcher used in-depth and semi-structured interviews (Cohen et al., 2007; Walliman, 2001). The researcher first used an informal interview to build rapport and to get the participant talking, thereby making human connections. However, the researcher made the respondents aware that informal interviews are also part of the data; the formal interview followed (Hatch, 2002).

Cohen et al. (2011, p. 409) conclude that the interview is a flexible data-collection tool; it provides a multi-sensory means of communication to be used, such as verbal, non-verbal, spoken, and heard communication. Moreover, the study used one of the main methods of conducting interviews, that is, a one-to-one method between the interviewer and the respondent, in which the researcher draws information from participants in the study. Interviews may be conducted in a variety of situations, such as at home, at work, and outdoors; participants were interviewed singly (Cohen et al., 2011; McMillan, 2001; Merriam, 2009; Walliman, 2001). Qualitative interviews uncover the hidden issues which cannot be seen through direct observation, and are taken for granted by participants. The qualitative interview offer tools for bringing these to the surface (Hatch, 2002). Merriam (2009) emphasizes that the common and suitable method of data-generation in education is

interviewing for qualitative studies, the purpose being to allow the researcher to enter into the participant's perspective.

The semi-structured interview used requires the participant to answer prearranged questions. It allows the researcher to probe for clarification of answers. The aim of qualitative interviews is to see the world through the eyes of the participants. Open questions were preferable to closed questions, as the former type enables and encourages the participants to answer freely in their own words (Bertram, 2010; Cohen et al., 2007; Hatch, 2002). The interviewees therefore answered using their own words. However, Bertram (2010) acknowledges the limitations of such an interview, saying that the interviewee may try to please the interviewer and say whatever he or she assumes the researcher wishes to hear. This is the problem not only with the interviews but with all data production.

Moreover, an interview can be time-consuming; questions may be long and emotionally exhausting to the participant (Bertram, 2010). As Cohen et al. (2011) indicate, interviews take a great deal of time. Nieuwenhuis (2007a) describes an interview as an activity in which the interviewer questions the interviewee, in order to obtain information about the ideas, beliefs, opinions and behaviour of the interviewee. This is conducted with the aim of portraying the interviewee's point of view or the way in which he or she views the world. The use of an interview may be more appropriate in certain situations than in others, depending on the advantages and limitations. Gay and Airasian (2000) point out that an interview is most appropriate for asking questions of a personal nature or those which require lengthy responses. This shows that interviews generate a great deal of data of a descriptive nature. Cohen (2011) concludes that the interview is a powerful tool for researchers.

It has been mentioned that there are various disadvantages to using interviews as a data-collection method. So as to balance the disadvantages, the researcher took the following steps during the study (Cohen et al., 2011; Terre Blanche, Durreim, & Painter, 2008): In order to avoid causing the participants discomfort the researcher first allowed them to decide the day, time and venue for the recording of the interviews. The interviews were recorded in a comfortable atmosphere; in a natural setting conducive to open and undistorted

communication between the researcher and participant. All four participants named as the place at which they preferred to be interviewed their schools during their non-teaching time.

Time consuming and expensive: the interview was conducted during the non-teaching period of the respondents. Therefore, there was no need for the researcher to request an extension of time: the interview did not affect teaching time. Also, the participants did not need to pay travel expenses, because the interviews were conducted at their places of work.

Subjectivity and bias: the researcher avoided giving any clues to participants' incomplete responses. She remained neutral, showing a pleasant expression, however, not guiding or structuring the responses.

Trust: the researcher assured the participants of the purpose of the study and the way in which the data collected would be used. She also informed them that pseudonyms would be used for them as respondents, also for the schools.

Recording of the interviews and observation: the participants were informed beforehand that the interview would be recorded. One of the participants refused to be recorded, offering to write down the answers. The researcher gave her the interview schedule which she answered during her spare time.

Personal and professional qualities of the researcher: the researcher paid attention to participants so as to clearly understand their responses. Listening helped her to explore and ask questions when she was unsure of what was being conveyed. The researcher listened more than she talked.

Credibility: the researcher asked factual questions based on knowledge and understanding of the Life Skills as a subject, and HIV and AIDS as its component.

Reliability: the researcher thoroughly transcribed the interview record. She then emailed the transcription to the participants for them to check whether she had accurately conveyed the information. The notes which were taken during the interview were also verified.

3.8.2. Observation

Certain daily-life situations cannot be captured through interview recording, or by any other method of data collection. Therefore, direct observation becomes the suitable tool with which to capture such specific patterns of behaviour as gestures, use of language symbols, and traditions (Cohen et al., 2011). The role of the researcher in the study was as an observer, meaning that her only role was that of observing the situation. The researcher remained uninvolved, not participating during the observation. Henning et al., (2009) and Nieuwenhuis (2007b) state that in the observation-data method, only the researcher can tell the story of her observation, recounting the narrative structure of interactions that she has observed. In her own work the researcher has found this to be a most valuable technique (Nieuwenhuis, 2007b, p.112).

In an in-depth interview, observation plays a major part. Interviews are often interwoven with observation, moreover, observations are used in combination in substantiating the analysis. Besides that, observation is the best technique for revealing behaviour, events, activities or situations in which the participants may not be willing or able to discuss the topic under study. The researcher observed directly. Merriam (2009) notes observation as a major means of data collection in qualitative research, offering a first-hand account of the situation under study. Observation involves more than just being there. The researcher was taking notes and recording events, behaviour, and artefacts in the setting of the study. Observation recording is often called field-notes – detailed, non-judgmental, concrete descriptions of what has been observed (Grix, 2006, p. 98). The researcher has to take a passive role. She therefore avoided seeking her own data in the process of observation (Nieuwenhuis, 2007b, p. 84).

However, the disadvantage of observation is that it causes a person to behave differently from when in normal circumstances. In particular, if the teacher normally applies corporal punishment, on the observation day she will refrain. For example, de Vos, Strydom, Fouche, and Delpont (2011) state that if people know that they are being observed and studied, the natural situation is automatically changed, and the researcher will not be able to achieve the purposes of the study objectively.

3.9. Data-analysis Framework

All the responses of interview and observation data for each individual participant are sorted and placed in one's file. Data is also organized into themes (Nieuwenhuis, 2007b). Each participant is identified by pseudonym. Cohen et al., (2011) states that all the information about the participant must be well organized and prepared so that the researcher can use short verbatim quotations from the participants.

3.10. Limitations of the study

Two of the schools the researcher visited for piloting of the study could not allow her to do so, owing to time constraints: it was time for first-term tests. The researcher also wished to use the diary as another method of data collection. Even though the participants were given diaries for a period of two months in which they were to record their daily teaching of Life Skills/HIV and AIDS, they did not comply with this request. It appeared that they did not know or understand how to use a diary. The study was conducted in only three high schools; therefore, the findings from three schools cannot be generalized to all Lesotho high schools. Experiences of teachers in three schools may not be encountered by teachers in other schools. However, some of the findings of the qualitative study may be transferred to certain other schools.

3.11. Ethical considerations

The major aspect of the research is to let the participants know of the ethical considerations concerning the research. An important factor is the confidentiality of the results and discoveries of the study; and the protection of the identities of respondents, also of their schools (Maree & Westhuizen, 2007, pp. 41 - 42). Similarly, Creswell (2012) insists that the researcher must engage in ethical practices in all the steps, owing to inhuman treatment of the participants which took place in past years. As a result, the central procedures for good ethical practices were given out for educational researchers to follow throughout the research process. Ethical issues are more important during data collection, and in writing and disseminating reports. The ethical issues are important in strengthening the research, especially the research that involves people.

Furthermore, data collected may be highly personal and sensitive information, therefore the researcher must publish it in such a way that it will not cause embarrassment or harm to the participant, the schools or anybody else. Research must benefit society. This means that each phase of the research writing raises ethical issues (Bertram, 2010; Cohen et al., 2011; Creswell, 2012). Therefore, for the mentioned reasons the researcher obtained letters of consent from the university obtaining permission to visit the schools so as to interview the participants, who are teachers. School premises must also be respected. No one is allowed to go onto school premises for research purposes without prior consent of the Education Officer of Lesotho. Therefore, before going to schools, the researcher first went to the district Department of Education, meeting there with the officer in charge of schools. After being given the permission letters to three schools by the education officer, the next step was to meet with principals of the schools. It was at the beginning of the year, therefore the schools had not yet opened. In two other schools the researcher met with deputy principals because principals were not there on those days.

3.11.1. Informed consent

This means that respondents must be fully informed about the interview and how the results will be used. They need to know that their privacy and sensitivity will be protected. They should know how the research is going to be conducted on them. The researcher ensures the participants' confidentiality and anonymity and protection from any sort of physical harm. Cohen et al., (2011, p. 102) states that researchers should not conduct a study in which personal objectives influence the nature, contents, and conduct of the research. Finally, participants are made aware that if they wish to discontinue being a participant they are at liberty to do so (Bertram, 2010). This informed consent ensures that the participants grasp all the procedures to be taken, and the topic and purpose of the research. The researcher must explain research procedures and goals clearly, so that the participants understand very well what will ensue. Before participants decide whether they are willing to participate in the study they were assured that their privacy and sensitivity would be protected (Henning et al., 2009).

3.11.2. Guidelines for reasonably informed concern

According to Cohen (2011), research procedures must be thoroughly explained. The benefits and appropriate alternative procedures that might be advantageous must be described. Participants must be aware that they are free to withdraw from participating in the study at any time without incurring prejudice.

3.12. Conclusion

This chapter dealt with the methodology used in conducting the study. The methods used for data collection describe how data was collected. The methodology used guided the research, addressing the key questions of the study. An interpretive paradigm, together with a qualitative design was used; the study context and the selection of the participants were discussed. An explanation and procedures of the research were given to the participants. The next chapter presents the data analysis and findings from the observation and interviews.

CHAPTER 4

FINDINGS AND DISCUSSION

4.1. Introduction

In this chapter the data collected from teachers at three high schools in Lesotho were presented and analysed. Tape-recorded semi-structured interviews and observations were used in collecting this data. The data gathered was intended to address the following research questions:

- What are the experiences of teachers in teaching HIV and AIDS? ; and
- Why do teachers experience the teaching of HIV and AIDS in this way?

A thematic approach was used to group and analyse the responses from teachers. The following themes were used to this effect: curriculum, sexual behaviour, teacher knowledge about HIV and AIDS, and communication. Data addressing similar issues was put into the same thematic group. The chapter opens with a brief review of the respondents' biographic information. The details could be related to the findings of the research.

4.2. Biographic information of teachers

3 High Schools	Name of Teacher	Qualification	Subject	Gender	Experience
Karabo - School A	Lintle	B.Ed. B.Ed. Honours	Biology & Chemistry School Management	Female	7 Years
Karabo – School A	Nthati	B.Ad	Sesotho & Development Studies	Female	20 years
Haeso – School B	Mohale	B.Ed.	Biology & Agriculture Physics Science	Male	8 years
Moreneng - School C	Malineo	STC	Religious Ed & Home Economics	Female	23 years

Table: 4.1. Biographic information of teachers

High school teachers are trained to teach in one or two major areas. This differs from primary school teachers who are trained to teach a whole range of subjects reflected in the curriculum. All subjects across the curricula are expected to include elements of Life Skills/HIV and AIDS and teachers are expected to incorporate these elements into their teaching. None of the teachers who make up the sample of this study have qualifications in this respect. However, all of them received some form of induction course on Life Skills/HIV and AIDS.

The following describes the participants in detail:

- **Lintle**

Lintle is a graduate high school teacher, aged 30. Her major subjects are Biology and Physics. She has been teaching Forms A – E (Grades 8 – 12) for the past seven years, that is, teaching from secondary to high school. Currently, Lintle is the only teacher in her school with a post-graduate degree, in which she majored in School Management. Lintle is in charge of basic resources used in the school. She ensures that there is enough chalk, stationery for printing purposes, and other basic teaching resources used on daily basis.

- **Nthati**

Nthati is also a graduate teacher, aged 60. She started teaching in 1989. She is a member of three different movements in the country: ADAAL (Anti-Drug Abuse Association of Lesotho); Phela Friends; and Scripture Union. Nthati teaches young people about HIV and AIDS in the ADAAL movement. She is a facilitator in Phela Friends and in Scripture Union where she is a mentor. ADAAL and Phela Friends deal specifically with Life Skills. Nthati has taught Life Skills for over seven years, both in the clubs and at school, that is, in class.

- **Mohale**

Mr Mohale is a high school teacher aged 33, with 8 years' teaching experience. He majors in Agriculture, Biology, and Chemistry, which he teaches from Form C to E (Grades 10 – 12). Mohale is in control of the school agricultural products; the products from the school vegetable garden are for the consumption of students. The school also rears poultry. Mohale makes sure that there is sufficient poultry for student meals once in a month. In sports Mohale is in charge of soccer for both sexes: ladies' and men's soccer.

- **‘Malineo**

‘Malineo is 57 years old. She is a qualified teacher who holds an STC (Secondary Teacher Certificate). ‘Malineo started teaching as an unqualified teacher, and has taught for about ten years. She graduated from college in 1987, majoring in Religious Education and Home Economics. Home Economics is not offered in the school and ‘Malineo has to teach English in order to comply with the requirements of the school. She teaches from Form A – E (Grades 8 – 12).

All of the study participants do not have Life Skills Education in their training because this is a new subject in the Lesotho curriculum, however, they all integrate the subject into their teaching.

4.3. Teachers’ experience of Life Skills, HIV and AIDS curriculum

The Ministry of Education and Training (2005d) introduced Life Skills Education as part of the curriculum, the main aim of Life Skills Education in Lesotho being to address the HIV and AIDS pandemic through education. Therefore, HIV and AIDS is given priority within Life Skills Education (Chabela, 2010; Lesotho College of Education, 2011-2012; Wamahiu, 2012). The curriculum has been defined in various ways. Some scholars define it as a plan that guides teaching, while others include unplanned activities that learners encounter in school. Ebert II, Ebert, Bently, and Cowin (2013) indicate that the curriculum comprises knowledge, content subjects, and all the planned work the school offers to learners. It includes not only planned but also unplanned work.

The South African National Policy on HIV and AIDS advocates that if all teachers integrate HIV and AIDS issues into their teaching this could increase their awareness of HIV and AIDS. In this way teachers can become competent on safety issues to do with HIV and AIDS (Department of Education, 1999). The Education White Paper 6 requires teachers to develop inclusive education strategies that take into account the impact of the spread of HIV and AIDS. The National Curriculum Statement (NCS) stresses that skills and process abilities should be set in contexts that relate to real-world problems, such as HIV and AIDS. The Revised National Curriculum Statement (RNCS) expects integration of HIV and AIDS education in all learning areas (Van Laren & Ismail, 2009). Part of the Life Skills programme includes HIV and AIDS tuition. In like manner, among the challenges which the youths and

society are facing, HIV and AIDS is the main concern in Lesotho. Therefore, Life Skills Education has been introduced into Lesotho schools as an intervention programme intended to provide the learners with applicable skills of defence against HIV and AIDS and other problems experienced by learners (Ministry of Education and Training, 2006). In response to the first critical question it was found that:

“The teaching of HIV and AIDS will surely bring a behavioural change and improved understanding to our society if Life Skills/HIV and AIDS is compulsory so that every pupil is knowledgeable. At the moment there is no progress in terms of Life Skills/HIV and AIDS, other teachers are not integrating it. It should be examinable so that it is taken seriously like Mathematics and English” (10/04/2013, interview, Nthati, Karabo – School A).

Moreover, teachers are expected to integrate HIV and AIDS across the curriculum. For example, Malineo states that:

“Teachers are not integrating HIV and AIDS/Life Skills in their daily teachings. Even if the lesson by itself is straight forward towards HIV and AIDS they do not integrate it, I realise that they do not but they are expected to integrate HIV and AIDS in each and every subject whether Sesotho, Geography whatever the HIV question appears in all subjects. It means every teacher is expected to touch it in his/her teaching and make it relevant to their teaching” (08/04/2013, interview, Moreneng- School C).

Similarly, Mohale reports that:

“Life Skills Education/HIV and AIDS Education teachers are not able to teach it as expected due to some problems such that the school is still waiting for the Ministry of Education to supply materials” (10/04/2013, interview, Haeso – School B).

Lintle:

“It would be better if at least more teachers have chance to attend Life Skills/HIV and AIDS training to avoid teachers blaming each other” (11/04/2013, interview, Karabo – School A).

Life Skills Education/HIV and AIDS Education, although it has been newly introduced into Lesotho, has many negative aspects. For example, all the subjects in the syllabus provide evidence of what has been gained by learners at the end of their learning. However, Life Skills Education/HIV and AIDS Education is not assessed. Teachers believe that if Life Skills Education/HIV and AIDS Education is compulsory it may be taken seriously. Because Life Skills/HIV and AIDS is not examined, this means that evidence that it has been learned is not available. If it becomes compulsory as with other subjects, it will be allocated reasonable time on the timetable, and it will be taken as seriously as other subjects. There

are aspects of HIV and AIDS arising in every subject, meaning that every teacher is expected to integrate HIV and AIDS into their teaching. However, the participants mention that this is not working. Teachers in their various specialization subjects, although expected to integrate are not incorporating Life Skills/HIV and AIDS into their teaching.

4.3.1 Instructional Materials (Books)

According to Lintle:

“We still do not have books, I teach from experience and students experience in everything that I see and everything that I watch from the TV. The programmes more especially of SABC1 they are educational so I take something and merge it into my teaching. It has been ages that we were promised to be given books to help us with Life Skills/HIV and AIDS but such books never came up” (11/04/2013, interview, Karabo – School A).

Similarly, Mohale indicates that:

“I do not have books, I teach from information I know about HIV and AIDS and the information I got from reading and walking around in the streets and from the Internet” 10/04/2013, interview, Haeso – School B).

Nthati states that she has no books; instead she receives most of the information from the movements of which she is a member (12/04/2013, interview, Karabo – School A).

In addition, Chabela (2010, p. 56)’s study states that the Ministry of Education and Training distribution of syllabus and manuals of Life Skills was uneven. In some schools teachers report being provided with the syllabus and manuals from which to teach Life Skills/HIV and AIDS, while in other schools teachers reported that it was difficult to teach the new subject as they had only the syllabus, no reference material. In other schools none of the materials was given. Moreneng received Life Skills books; Karabo – School A received only the syllabus; and Haeso – School B received none of the materials.

Moreover, Nthati states that:

“There are no books and other resources needed for the teaching of Life Skills/HIV and AIDS. The student wanted me to use devices for them to understand when I was talking about condom use. Students argue that in Biology or Chemistry they make physical experiments, they ask why I do not do that in Life Skills/HIV and AIDS. Grade 9 students asked me, it was not easy to convince him that it is not always the case. It is not easy we may not have samples of private parts” (12/04/2013, interview, Karabo – School A).

On the other hand, Malineo reports from her school:

“We are supplied with the booklets about Life Skills/HIV and AIDS even though there were no teacher’s guide as well as the syllabi. The books are shallow they do not have much, they are the size of the pamphlets” (08/04/2013, interview, Moreneng).

Only one school, Moreneng, reported being given the booklets without the syllabus. There are no relevant resources to enable teachers confidently to teach Life Skills/HIV and AIDS. Teachers have to find relevant information on HIV and AIDS unaided outside the school provision in order to teach the subject. Books are the basic resources for schools: without them teaching becomes difficult for the teacher. Moreover, books have the power to grasp the attention of learners. Topics which have pictures help the learners to make connections and provide better understanding in learning. In some cases there are no pictures in the books, however, learners are able to see how words are written and pronounced.

At the workshop training teachers were promised that Life Skills/HIV and AIDS books would be sent later to their schools. However, teachers report that it is difficult to teach HIV and AIDS/Life Skills as they have no reference material. Moreneng High School was supplied with the books without the syllabus. Karabo – School A was supplied with the syllabus only; and Haeso – School B had nothing supplied to the school. In agreement, Chapman and Adams (2002) revealed that books are costly and therefore schools in poor countries do not get them on time. This is the case in Lesotho, it being one of the poorer-rated countries (Lesotho, 2012). The Ministry of Education has implemented the integration of HIV and AIDS, but has failed to furnish the teaching resources.

Lintle is teaching Life Skills without relevant books to guide her; however, she is still motivated by what she learned at the workshop despite the lack of books for Life Skills/HIV and AIDS. Lintle uses any information she receives in order to teach about HIV and AIDS. At least this teacher has access to television, which is not so with many teachers who are in rural areas. Another point is that it will be impossible to teach Life Skills/HIV and AIDS without having a syllabus because the teacher would not know which topics to include - there is no correct direction to inform teaching. Mohale, as with Lintle, receives HIV information from all forms of media, namely, the radio, Internet, television, newspapers, magazines, health department pamphlets, and from billboards which are placed in town.

However, there are no billboards in any of the three schools, neither are there any near the road. For all their information teachers have to travel to town.

4.3.2. Understanding the Life-Skills syllabus

According to Lintle:

“Life Skills Education is about teaching our learners and you as a teacher. As a teacher you learn every day, the things you come across they teach you how you have to live with others, how you have to tackle problems that you encounter every day and how to overcome them so that is what we give our learners because we can see that in the era that we are now there are so many challenges so we have to equip them with some skills to help them to survive” (11/04/2013, interview, Karabo – School A).

Nthathi states that, besides the workshop she went to, the training she received from ADAAL, Phela Friends, and Why Wait Club, equipped her with the know-how and confidence to teach Life Skills, even though she does not hold a certificate in the subject (12/04/2013, interview, Karabo – School A).

The syllabus is one of the major resources to be given as a guide, so that teachers know what should be taught at different grade levels, and also to ensure consistency in the learning. The distribution of materials was inconsistent as mentioned earlier. At the workshop there was no provision of a Life Skills policy for teachers to view. The workshop lasted a week. Lintle states that after attending the workshop twice, she felt that was what she wanted to give the learners, and in Life Skills Education/HIV and AIDS Education both teachers and learners learn. Life Skills incorporates valuable effects for the well-being of a child, because it helps learners with regard to behaviour, and in their personal lives people have to know themselves. One must first have a good relationship with self as a human being, after which social skills become easy. The learner must know how he wants other people to treat him. The respect the learner gives to others is the respect he will receive. ‘Malineo reports that Life Skills/HIV and AIDS:

“help teachers because when you learn certain subjects you learn what you did not know before, so if you learn something new it means that is going to help you change your life in a certain way. You learn it for the sake of teaching it but you acquire something from it. So it is very good for teachers to know because it will help them also to know who they are because that is what Life Skills/HIV and AIDS is all about” (08/04/2013, interview, Moreneng – School C).

Teachers mentioned that, even though the curriculum expects Life Skills/HIV and AIDS to be integrated on daily teaching and in all the subjects, this is not happening. Teachers value

the Life Skills curriculum, therefore, they indicate that it would be better if all teachers in the school received Life Skills training. According to Lesotho schools' curriculum, HIV and AIDS must be included in every subject. Moreover, teachers state that if Life Skills/HIV and AIDS becomes compulsory and is examined it will be taken seriously - teachers will be given appropriate time in which to teach it. However, teachers report that there are no materials to use in their teaching of Life Skills/HIV and AIDS. Therefore, they work hard to find teaching resources and information to teach, which is not easy from the point of view of time. Teachers also indicated that at other times Life Skills is not deliberately ignored, however, owing to time constraints, sometimes teachers are not able to source information to teach.

4.4. Teacher knowledge about HIV and AIDS

It was reported earlier that there were no teaching materials for teachers to teach HIV and AIDS. However, the respondents of the study realized that HIV and AIDS must be treated urgently; instead of waiting for teaching materials they decided to use HIV and AIDS information from the sources around them. The general information teachers had about HIV and AIDS enabled them not to wait for the Ministry of Education to supply them with books; instead, teachers decided to find information unaided by the government. For instance, Nthathi states that:

“HIV and AIDS must be a concern of everyone in the country since there is no one left out, it affects and infect everyone” (10/04/2013, interview, Karabo – School A).

Lintle points out that:

“HIV and AIDS is a killer disease it does not have any cure as for now and people are supposed to protect themselves from being infected” (10/04/2013, interview, Karabo – School A).

‘Malineo:

“HIV and AIDS is that disease which really makes people miserable in a way that we know that it kills, we know that there is no cure for it, so we are really scared of it and we do not wish anyone to suffer from it. We fear it I do not even want to test for it because I do not want to know whether I am positive or I am negative. What I want is to be faithful and eat well.” (08/04/2013, interview, Moreneng – School C).

Lintle indicated that in all her subjects she dedicates the first five minutes of the lesson to the teaching of HIV and AIDS. She motivates the students, discussing behaviour that might be dangerous for them. On the other hand teachers, even though they are trying their best to teach Life Skills Education/HIV and AIDS Education, find the work too onerous, because in

teaching HIV and AIDS, a teacher has to find information to teach, whereas in all other subjects there are books and a syllabus available to teachers. Teachers will first prepare for the subjects for which they have resources, considering Life Skills/HIV and AIDS afterwards. Moreover, Nthati complained that her workload is already too great: there is not enough time to search for information to teach on HIV and AIDS:

“And we have this same problem now I have to take even Life Skills/HIV and AIDS Education, I already have my major subjects load this is too much” (12/04/2013, interview, Karabo – School A).

Even though teachers are willing to teach Life Skills /HIV and AIDS, they are finally unable to do so, because teachers attend first to subjects which are being examined, hoping to attend to Life Skills Education/HIV and AIDS later; in the end, time is not easily found.

4.4.1. Training

The Ministry of education in Lesotho took a step by making sure that all teachers receive full training for Life Skills Education. According to the participants of the study teachers did not spend an equal amount of time in the training of Life Skills Education. For example,

Lintle indicates that they went to workshop training for two sessions:

“For the first workshop the training on Life Skills Education was for a week. The second time we went they just wanted a feedback, and nobody ever came to say we have this problem or do these corrections. When we submitted the report it was only a day” (11/04/2013, interview, Karabo – School A).

While Malineo points out that the workshop took place over three sessions. On the other hand, Mohale attended the training once, and did not go for the feedback report. The training given to teachers did not equip them well for the teaching of Life Skills/ HIV and AIDS. Therefore, Mohale states that:

“It is not easy to teach Life Skills Education because the time spent in training was too short we only went for workshop for a week, there was no follow-up to find out whether we were coping” (10/04/2013, interview, Haeso – School B).

Malineo:

“The training covered too much information which did not make it easy for us to understand all of it in a given time” (08/04/2013, interview, Moreneng – School C).

In January 2006 the Ministry of Education selected 50 primary schools and 30 secondary schools as pilot schools for the teaching of Life Skills Education/HIV and AIDS from Grades 4 to 10. In 2007–2009 the subject was dispersed nation-wide (Chabela, 2010, p. 11; Ministry of Education and Training, 2005c). The schools in the study were selected by the Ministry of

Education for the piloting of Life Skills Education. Karabo – School A sent two teachers, to attend the workshop which was held in Maseru, the capital city of Lesotho. However, one other teacher, Nthati, volunteered to attend the workshop owing to the exposure she had had from ADAAL training and Phela training on Life Skills. Haeso – School B sent two teachers; however, one teacher was transferred to another school. Moreneng – School C sent one teacher. Majority of teachers in the school must be given the opportunity to attend training for Life Skills/HIV and AIDS in case, for unforeseen reasons, the qualified teacher happens not to be available. Other teachers in the school will then be able to teach the subject. In support, Milton (2010) indicates that teachers have to be given the opportunity to participate in a sexuality education workshop before teaching the programme.

In Lesotho it takes three years of training for a teacher to receive a Diploma in Education. For Bachelor of Education Degree (B.Ed), the training is four years (Chabela, 2010; Kolosoa, 2009; Ministry of Education and Training, 2005b). Even though, Life Skills Education as a new subject is introduced at pre-service in two higher institutions of learning in Lesotho, workshop training was also given for in-service teachers. It may not be possible for in-service teachers to spend equivalent time on full-time studying. However, time for workshop training must suit the given syllabus in such a way that the training becomes properly effective for the learning of Life Skills Education. It would be useless for the syllabus to be handed over to teachers with insufficient training or clear understanding of the new subject. Participants of the study mentioned that the training took a week – a very short period. In agreement with Onyango (2009) that in-service training of one-off seminars planned for training teachers in new curriculum changes does not lead to professional development of teachers competent to teach sexuality and HIV and AIDS.

Teachers who attended the workshop were supposed to disseminate what they learned to their colleagues at work in order for every teacher to be able to teach Life Skills Education/HIV and AIDS. Lintle states that:

“I first report to the office, the management, the principal. Sometimes when we are sitting I would share with the teachers but not in a formal setting. I first report to the office, the management, the principal. Sometimes when we are sitting I would share with the teachers but not in a formal setting due to different reasons at work places that cause conflicts between people working together. For example, experienced teachers who also arrived earlier in the school do not expect new ideas to be suggested by new teachers in the field. It

may depend on how strong or influential one can be. The church denominations which teachers belong to and teachers' different qualifications sometimes are the source of unfriendliness between teachers" (11/04/2013, interview, Karabo – School A).

This means that the teacher may voluntarily share with other teachers what she learned at the workshop. There is, however, often conflict between people who work together: they are not always friends. Therefore most of the time people who work together may not be on good terms with one another because of disagreement between each other apropos daily work. As a result, it is possible that the people who might benefit when the teacher gives a report from the workshop are the friends or the closest people to the teacher returning from the workshop. Principals selected the teachers who went for the training of Life Skills Education. Sometimes a favoured teacher repeated the workshop. Molapo (2009) found that in Lesotho favouritism at workplaces is the main problem. Being selected to attend a workshop is valued by teachers especially in Lesotho, who enjoy the break from daily teaching work. The next section examines teachers' experience of teaching sexuality; and their understanding of the topic.

4.5 Teaching Sexuality Education

Lintle believes that sexual behaviour as an activity between two people is a means of reproduction (11/04/2013, Karabo – School A, lesson 3). In some cultures sex is commonly allowed only for married couples, even though premarital sex is common. Mturi (2003) states that teenagers engage in risky sexual behaviour that leads them to HIV infection, unintended pregnancies, and sexually transmitted diseases (STD).

4.5.1. Sex before marriage

According to Lintle, "Sex has not been an easily communicated issue between elders and the youths. Parents find it difficult to talk about sex especially to children". There are countries like Nepal where sex before marriage is culturally and socially unacceptable (Basel, 2013). Similarly, sex before marriage has been undebatable among Basotho youths; it is not allowed or expected. It is a disgrace if a newly married wife is discovered not to be a virgin. Her husband could report her to the elders (Khau, 2012; Mturi, 2003). For example, Lintle's (11/04/2013, lesson 1, Karabo – School A) lesson objective was sexual disadvantages. The aim of the lesson was to give the students an outline of the disadvantages of practising sex, so

that they can decide whether to continue sex or not. Lintle could not start to talk about sex; instead she probed the learners, leading their answers to sex.

Teacher: So we said we will be looking at reproduction today, right?

Class: Yes madam.

Teacher: But before we go to reproduction in details I would like us to talk about the... (Not clear here) that you know about the reproduction, be free.

Boy 1: What?

Teacher: The truths that you know about reproduction, however those that are similar to reproduction. Anything that you know...pause what have you heard?

Girl 1: Answer of the learner not clear at all.

Teacher: She has given a definition of something and that is...

Class: Fertilization.

Teacher: Fertilization that's it, so I want you to hear where I want to start. Surely we do know what is HIV disease?

Class: Yes.

Teacher: Indeed that is the mode by which the ...not clear they do what they multiply; they reproduce the young ones is it so?

Class: Yes

Teacher: But what is there? There is knowledge, that one from the corners; I want that at this time. Yes?

Boy 1: It's like we put what we preach into practise.

Teacher: We practise what?

Boy 1: Sex, madam (he said in a small voice)

Teacher: Sex before marriage. Ok sex, so we are going to talk about sex. I am saying we are going to talk about what?

Class: Sex.

Lintle's lesson started from reproduction, asking questions about this topic. It seems that the students did not know the word reproduction, however, they knew about fertilization. Starting from students' knowledge, the teacher linked the reproduction of young ones with fertilization, and then brought HIV into the lesson. Lintle probed the students to say more about how reproduction takes place. The teacher explained that there is a certain behaviour that they practise before they enter marriage. She wanted learners to give only one word for

the practice which leads to the reproduction of young ones. Teacher asked: We practise what? It was not easy for students to give the answer even though teacher make it clear to them what she wanted them to answer. The examples she made were straight to the point. One boy gave an answer: sex. Thereafter, the word sex was used for the first time, very late in the lesson. Then the teacher picked on the word. She was not the one who introduced it; it came direct from the students. She did not want to mention the word sex, therefore she probed the students until the word sex came from them. At that point the lesson went on to sexual intercourse. The teacher and the learners discussed the appropriate age for students to engage in sexual intercourse. For example:

Boy 4: I want to say... pause. That an eighteen year old is no more under the control of (he cleared his throat) under the control of parents.

Teacher: Are you sure? Is it so?

Class: No.....

Teacher: And we don't even have a problem that a parent can do what? Can beat you. So what are you saying yourselves about sex? Do you feel that you are ready to have sexual intercourse? (11/04/2013, lesson 3, Karabo – School A)

Lintle asked students a question, answering her own question that parents can beat the students if they can engage in sex. Moreover, the teacher responded to the question by asking several questions. Even though the teacher asked the students what they are saying about sex in fact, she was not expecting their views about her question, because she added that their parents would beat them. Parents in Lesotho use threats as a common means of social control over children (Demuth, 1986, p. 53). For example, Lintle first instilled fear and discomfort into the students by reminding them about the power that the parents possess against them as Basotho children. Recently in Lesotho, punishing children by beating them was made legally unacceptable; however, in practise, it is still done. It is a normal practice for parents to correct the behaviour of young people; it is still socially acceptable. As long as a person is not yet married or is still in school, that person is considered a child to the elders, despite the age of the person.

Therefore, the first question asked to students indicated that the teacher was expecting the students not to be engaging in sex. The last question, similarly, could not be answered honestly by the students owing to the embarrassment attached to sex. No student in the class

would want the teacher and other students to know that he or she was practising sex. Sex is a private and secret act only to be shared by two people. Therefore, even if there were students already practising sex, they might not like this to be revealed to their classmates or to the teacher. Lintle asked the students about problems they could encounter from practising sex. Students were able to mention almost all sexually transmitted diseases, including the deadly disease of HIV and AIDS. They realized that girls could fall pregnant when still at high school. The students agreed that it was not yet time for them to practise sex because they are not yet married. Lintle asked:

Teacher: Benny, you arrived when we were talking about sexual intercourse asking whether at your age you feel like you are ready to engage in sexual intercourse?

Boy 6: Madam I can say no because I support no to sex in our age.

Teacher: In your age, so tell me class sexual intercourse is related with what? What can you associate it with? It is related with what? Everything that is (not clear here) with this sexual intercourse.

Boy 2: The spread of diseases.

Teacher: Spread of sexual inter... what is it called?

Some learners & teacher: Sexual transmitted infections (11/04/2013, lesson 3, Karabo – School A).

Teacher: What else? (Not clear)

Girl 2: Child pregnancy.

Teacher: Child pregnancy. In STI's we have what and what? What kind of diseases are there? We have syphilis.

Some learners: Gonorrhoea.

Teacher: Syphilis, gonorrhoea, HIV and?

Class: AIDS. Genital herpes, warts.

Teacher: And so on, so you know them is it?

Many teenagers are sexually active, however, they are not yet prepared to have the responsibility of bearing children at their age. Students also mentioned that sex at their age means pregnancy; no one is prepared to have a child while they are still children. More students in the class were against sex for themselves during this time of their schooling, and at their age. They felt that they were not yet mature enough for the responsibility of being

parents and of handling the effects of sex. On the other hand, it is possible that the students are not telling the truth when they say that sex is not yet for them. Sexual activity is commonly kept secret. Parents cannot easily know when their children have started practising sex (Mturi, 2003). The students knew that the expectation is that they refrain from sex at this stage, therefore they could be feigning their denial of this activity. Moreover, students are aware that sexual intercourse leads to sexually transmitted infections (11/04/2013, lesson 3, Karabo – School A).

○ **Learners knowledge of sexually transmitted diseases (STDs)**

Many outcomes can occur as a result of sexual behaviour: one can become infected by various sexually transmitted diseases, including HIV and AIDS, a killer disease. Lack of communication had been pointed out in most research as the source of the effects of sex. Learners are not receiving the desired information from their parents or even from their teachers. As a result, it is normal that young people are sexually active, engaging in harmful premarital sex which leads to health problems such as sexually transmitted diseases; the sexual activity is not supplemented by safety measures. Youngsters do not have a knowledge of the kinds of protection available (Makatjane, 2002; Wamahiu, 2012).

One respondent to Mohale (10/04/2013, lesson 2, Haeso – School C) agreed to give the researcher his lesson plan. The subject was Biology. The topic of the lesson was sexually transmitted diseases. The objectives of the lesson were types of STDs, a description of STDs, including AIDS; explaining causes and mode of transmission. The teacher began his lesson: (He writes on the chalkboard, saying what he is writing) Sexually transmitted diseases. It is normally abbreviated as STDs. Does anyone know what STDs are? The term sexually transmitted diseases what do we mean by the term sexually transmitted diseases? Anyone please. Yes.

Girl 1: I think sexually transmitted diseases are disease transferred to another person.

Teacher: What can other person say?

Girl 2: (speaks in a low tone the researcher couldn't hear).

Teacher: You raise your voice please speak aloud.

Girl 2: It is the disease that is transmitted through having sex.

Teacher: As the term implies this is the disease that are transmitted through having sex or transmitted through sexual intercourse, right?

In the beginning of the lesson learners were quiet and uncomfortable, because there were two adults in their class: the researcher, and the teacher. Learners were not used to these adults. Even though they see Mr Mohale daily at school, he does not normally teach that class. As the lesson proceeded, the children opened up and showed an interest. Mohale was in a hurry. There was no introduction to the lesson; he started by writing on the chalkboard, and also saying what he was writing. The relevant information about HIV and AIDS was known to the students. They were able to answer all the questions about HIV and AIDS and other diseases, including the mode of transmission of HIV. The lesson covered all the known information on HIV and AIDS: what it is, how it enters the body; other sexually transmitted diseases were mentioned. The prevention of HIV and AIDS and all STDs was discussed. Bandura (1994) shows that most sexually active students are well-informed about HIV, however, they do not adopt recommended sex practices. Mohale asked the students whether they were practising sex:

Teacher: You can abstain from sex isn't it? That is you don't have sex at all isn't? No sex at all, you don't have sex. Are there any people here in the class who have ever have sex in their lives?

Class: Yes sir, no sir

Teacher: Those who have made sex in their lives raise up your hands I want to see you now. Are they here?

Class: No sir they are not here.

Teacher: If they are not, you are still growing well. Give me some of the ways in which you can prevent AIDS. Give me some of the ways. Yes.

Students showed that they were knowledgeable about HIV and AIDS.

4.5.2 Premarital childbearing

According to 'Malineo, there are still some children who fall pregnant that means learners are living risky lives. "This shows that there is still more to be done by teachers about HIV, so that the impacts have to be noticeable in learners' lives". Weiler (2012, p. 41) emphasizes

that the progress is still unsatisfactorily low in most countries, in that less than one-third of young men and less than one-fifth of young women in developing countries claim knowledge of HIV. Premarital childbearing is increasing in Lesotho, contrary to what Basotho culture advocates (Mturi, 2003). In support, Motalingoane-Khau (2010) reveals that a high rate of pregnancy among the youth in schools implies that the knowledge and skills that teachers transmit to students about HIV is not contributing to behavioural changes around sexual activities, or the common knowledge is not yet sufficient. The behaviour of the youth has to reflect that they are living with parents. Mohale (10/04/2013, interview, Haeso – School B) indicates that the rate at which the students are falling pregnant seems to be increasing. Therefore, Mohale believes that there is lack of communication between parents and their children:

“There is no communication because it seems like some parent do not talk to children. You will learn that because we reprimand children in too many different cases. There are lot of children who are falling pregnant in the school who stay with parents at home. We talk about this problem in parents meetings, we talk about this to children” (10/04/2013, interview, Haeso – School B).

Parents are failing to communicate with young people, who then obtain information from peers, which is often more misleading (A Bandura, 1994). In agreement with Yako (2007), that teenage mothers in Lesotho indicate lack of knowledge about contraceptives, being misinformed by friends that contraceptives cause illnesses. Parents are not participating in the upbringing of their children. It seems that teachers are expected to do more work in guiding the learners. Mohale points out that, as teachers, they constantly rebuke children for various unacceptable behaviour. Most children are living with their parents, however, many girls are falling pregnant. Parents’ meetings are held at which teachers ask parents to be involved by talking to their children about sex, which the parents seem to avoid. According to A Bandura (1994, p. 1), “ information alone does not necessarily exert much influence on refractory health-impairing behaviours. To achieve self-directed change, people need to be given not only reasons to alter risky habits but also the behavioural means, resources, and social supports to do so” (A Bandura, 1994, p. 1). Learners in their developing stages of life tend to imitate behaviour seen in the community. Therefore, people surrounding the learners, such as parents, teachers, caregivers, and the community, are supposed to live an acceptable life which should be emulated by the youth. Students may adopt unacceptable behaviour,

thinking it normal. Among other factors that cause HIV and AIDS in Lesotho is the low use of condoms (Ranotsi & Worku, 2006). In this vein 'Malineo reports that students are:

“Not so well informed or even if the education is given I do not think it is enough because of the rate they fall pregnant. It shows that it is not enough because they are told to use condoms if they cannot behave. If they were using condoms they would not be falling pregnant. This means they turned their deaf ears to whatever is being said to them” (08/04/2013, interview, Moreneng – School C).

Given the teachers' background and the culture in which they grew up, most teachers find it difficult to discuss sex openly. Sensible advice may be provided to teachers - that it is better to save learners' lives by giving them ways of protecting themselves; however, if this is not acted upon, it becomes irrelevant. Teachers can discuss usage of condoms with learners; however, the best method of preventing pregnancy and other problems caused by sex is by abstaining from sex. There seems to be a common belief that young people are not yet having sex; as a result, the use of condoms is not discussed with learners (Boler, 2003).

Learners should be made aware of the consequences of sex; that the enjoyment is normally only for a few minutes. On the other hand, Bandura (1994) indicates that most students have been given extensive information on how AIDS is spread. The next strategy is to direct students on how to control their behaviour. They must be given ongoing graphic information to instil healthy behaviour. It is dangerous to risk one's life for few minutes of sex, later falling ill and possibly fatally so. Parents are not aware of the importance of discussing sex with their children. Therefore, parents should take the decision to face reality and discuss sex and all that it entails with their children, in order to save their lives. It is better for the child to use condoms and remain alive, than for the life to be lost to HIV and AIDS.

Similarly, Lintle in her observed lesson informed the learners to:

“... use the condoms, you condomise. However even these condoms are not 100% safe do you know? When you feel that you are uncontrollable you cannot control yourself rather use condoms” (11/04/2013, lesson 3, Karabo – School A).

(Lesson 3, Katleho, 11/04/2013) One girl asks about the vaginal gel containing an existing HIV and AIDS drug that reduces a woman's chances of getting HIV from an infected partner she asked:

“I do not actually know but it is like there is a gel which is smeared thirty minutes before sexual intercourse. I want to know if it is true or 100% safe to prevent transmission of HIV” (11/04/2013, lesson 3, Karabo – School A).

Lintle was not au fait with the gel, however, she explained that she had heard that this product is not yet available in Lesotho; it is something which we hear about in the media. On the troubling issue of pregnancy among the learners, parents complain about the schools, that teachers are giving learners the kind of food which should not be eaten by girls. Young people, according to culture, are not allowed to eat eggs or the intestines of an animal. These are foodstuffs rich in protein, and therefore regarded as a cause of fertility in young girls, making them sexually active. Only when they are married should they eat eggs and intestines; they have to wait to be given such food. In support, Morojele (2012, no page) shows that “within traditional Basotho communities certain foods such as sheep intestines and eggs was a taboo for girls to eat”. Therefore, culturally, Basotho girls should refrain from eating eggs and sheep’s intestines. Makatjane (2002) points out that health practitioners have encouraged the taboo food to be eaten by young people. Basotho adults consider this stimulating of sexual desire; the youth become more sexually active every year.

Sexuality education has recently become part of the curriculum in Lesotho, in order to control HIV and AIDS. Sex is not and has not been allowed or expected among the Basotho young people - they are expected to remain virgins until married. In all the lessons observed learners knew all the basic information about HIV and AIDS. Even though the students seemed to know about HIV and AIDS and how a person can become infected, the rate at which young girls are falling pregnant is alarming. Youngsters are aware of HIV and AIDS, yet they do not taking any precautions. Parents blame the education system for encouraging the eating of certain foods. Teachers, in turn, blame parents for ignoring their responsibilities.

4.6 Stop looking at elders in the mouth when they speak

Secrecy attached to sex aggravates the rate of HIV and AIDS infection among people because the practising of sexual behaviour would be revealed when a person becomes infected. Once infected with HIV and AIDS, a person is judged as having lived an unacceptable life. For this reason it is not easy to talk about HIV and AIDS. Teaching about HIV and AIDS means that a teacher must include the topic of sex, even though this is difficult because sex is referred to as bad behaviour (ntho-tse-mpe) in Lesotho (Motalingoane-Khau, 2010). Therefore, communication has been one of the major hindrances towards sexuality education. For example, communication between children and parents amongst Basotho people does not

easily happen. In support, Demuth (1986, p. 52) indicates that “verbal interaction between parents and their children happens more for directive and disciplinary rather than engaging for entertaining communication”. For example, according to Lintle, in the Basotho tradition, children are not supposed to sit with elderly people. This is interpreted as disrespect for a child always to be among elderly people. There is a common behaviour among Basotho people: children are always chased away, told to go and play, and stop looking elders in the mouth when they speak. Basotho culture has shaped the way in which elderly people interact with young people. Lack of communication between parents and children has become a stumbling block with regard to HIV and AIDS.

HIV and AIDS involve a number of problems for almost everyone, because even if one is not infected, one is affected. To solve the various problems caused by HIV and AIDS, Freire (1970) indicates that appropriate communication in teaching and learning can take place if there is dialogue between teachers and learners. Communication can encourage the learners to share their fears and their problems with the teacher, including personal issues which they cannot discuss with their peers. Learners see and treat their teachers as their parents; the way in which they relate to their parents is often the way they relate to their teachers. Talking about sex has been avoided, however, in order to bring HIV and AIDS under control, communication is one aspect to be applied in addressing HIV and AIDS. Teachers were asked whether they think there is a lack of communication in terms of sexuality, for example within the community, within the family, and also with teachers.

Another point Mohale makes is:

“Yes I think so because some parents really you can see that they do not talk to children about those issues. I had no problem when it comes to issues related to sex I can talk about such issues to my learners” (10/04/2013, interview, Haeso – School B).

Even though the teacher is willing to break the barrier of silence on sexuality, he is unaware that when he is talking about sexuality he has been referring to this as ‘those issues’. This indicates that Mohale would not be able to talk about sex matters to children. ‘Those issues’ in this context refers to sex education or talking about sex. Therefore, a teacher who is unable to articulate the word ‘sex’ will not be comfortable to tackle the topic with students. There is a belief that young teachers do not have as great a problem as older teachers about teaching sex education. Even though he is a young teacher, Mohale has not been

comfortable with using the word sex. Moreover, when teachers are not comfortable with a topic, they may invite a person whom they believe would be able to do better in terms of demonstration or to say what they cannot articulate. For example, Nthati states that:

“We bring professional people to speak to children about sex issues”. (12/04/2013, interview, Karabo – School A).

In addition, Motalingoane-Khau (2010, p. 70) states that teachers would rather exchange teaching about sexuality with teachers from other schools who will take the learners for that lesson only once and not see them again. People have relied heavily on the Department of Health for HIV and AIDS teaching. According to Motalingoane-Khau (2010), it is embarrassing to talk about sexuality to learners. In order to avoid embarrassment, teachers let other people, maybe a teacher from another school, or a person from the health department to talk about sex.

Likewise ‘Malineo shows that: “we see children not changing, then I learn that some parents do not strongly speak to children about sex (12/04/2013, interview, Moreneng – School C).

In support, Ahmed, Flisher, Mukoma and Jansen (2009) state that the issue of values, morals, and sexuality education is the responsibility of each parent, rather than the school. If the child is not behaving in an expected manner the community and the teachers blame the parents of such a child. Teachers were asked: between the parents and the teachers, whom do they think is supposed to speak to children about sex? Lintle demonstrates that:

“... it must be the parents, on the other hand is both parents and teachers. I do not know what to say” (08/04/2013, interview, Moreneng – School C).

It was difficult for the teacher to decide who should discuss sex with the students, whether teachers only, or both teachers and parents. At last the teacher confessed not knowing the best solution. On the other hand, Nthati warns that:

“A parent who cannot strongly take effort is going to lose the child because the child is going to end dead. Or the parent will work hard caring for a sick child” (12/04/2013, interview, Karabo – School A).

Therefore, the best solution is for the parents to speak and confront their children, instead of losing their children to HIV and AIDS, owing to avoiding communication with the children.

‘Malineo alleges that:

“If ever from the start it was never mentioned that HIV and AIDS could come through also from sexual intercourse and only other areas were mentioned maybe people would not fear it that much or see it as something very difficult to deal with according to me we should just eliminate this saying that it comes through sexual intercourse though it comes through it but

then it makes people take that area only that when a person is HIV positive a person is perceived as having lived an unclean life”(08/04/2013, interview, Moreneng – School C). The teacher thinks it a good idea to ignore the aspect of sex as a way in which HIV is contracted, to avoid the judging of infected people, who are labelled, or viewed as if they engage in promiscuity.

4.6.1. Counselling infected and affected learners

Both old and young people may be infected by HIV and AIDS. Some people who are not infected, yet their closest family members are infected. Therefore, if not infected the person is nevertheless affected. In a school there are both sets of students, affected and infected. Lintle was approached by some of her students who are infected.

Lintle:

‘The moment I will not forget is that one of opening up to the learners and making them my friends. By teaching Life skills they made me their friend, some learners came forward and told me their status and I managed to help them we went to the clinic and they are getting their treatment without being stigmatised. I am not a counsellor but I just sat them down and we talked and that talking it healed them, it closed the gap that was still there about HIV and AIDS, the acceptance and so on. They saw that they are loved” (11/04/2013, interview, Karabo – School A).

It is only when the learners feel close to the teacher that they will come and share the pain they might be carrying. Even though Lintle is not a counsellor, she confessed that it is through the Life skills education/HIV and AIDS Education that she has been able to have an enjoyable and profitable friendship with the learners. It is not a must to reveal one’s status. However, learners relaxed to the extent that they opened up to Lintle and revealed their status to her, as their teacher. HIV and AIDS is a condition which one cannot carry alone. One needs to share the pain and fear brought about by HIV with someone one respects, who will give comfort and strengthen one when feeling weak.

It has become a normal and easy experience, because Lintle reports that she took the infected students to the clinic. She spent time with them; one of Lintle’s duties is to ask the learners whether they have remembered to take their medication. In addition, she sometimes gives vegetables to the infected learners. Vegetables are not easy to grow in rural areas for various reasons, such as the voracious domestic animals which make it impossible for villagers to have vegetable gardens. Few people in villages have their gardens fenced. Therefore,

Lintle's caring towards the students is enough to motivate the infected student; and it also heals learners emotionally, and comforts them.

Similarly, Nthati also indicated that:

“A teacher is a friend, a parent, a facilitator, a mentor, an advisor so I am all that. During Life Skills/HIV and AIDS is where I allow my students to express themselves in Sesotho. Since most of the Form A's (Grade 8) are struggling with English so I allow them to say their issues in Sesotho. I remember when we were doing orphanage as a result of HIV and AIDS, one small boy cried. I learned he was a double orphan who had just lost both his parents through HIV and AIDS. I immediately stopped and told the learners that I am an orphan too, some of my family members have died. So being an orphan is not the end of the world. I am a teacher though it was hard to accept when I was young. We should learn to accept, things that we cannot change, spiritually our parents are with us at day and night. I succeeded to convince him that without both parents life has to continue. I made sure that once in a week I had some time with the student, just talking about his work and sometimes help him with food. He was always attentive in my Life skills lessons. He is now in Lerotholi Polytechnic College doing electrical engineering” (12/04/2013, interview, Karabo – School A).

Nthati makes sure that she exercises all the roles she mentioned, because there must be friendliness between teacher and learners, otherwise, when they finish high school learners do not know what to do if their parents are not educated, and cannot guide them in terms of education. Therefore, a teacher has all those roles to play which Nthati mentions. Nthati allows learning to be in Sesotho in order for students to express themselves well. For Nthati to be a friend to a student is consoling to the student. Moreover, to be assured that when parents have passed away their spirits are always with the remaining ones day and night is healing to the student who has lost a parent. Being assured that one would meet the family members who have passed away allow the student to develop hope and have strength, looking forward to the day of reuniting with their loved ones. It is possible to help the young person to behave properly, if he or she thinks that the parents can witness the child's behaviour. Spending time with the infected student has a motivating effect. A student who bonds with a teacher will want to impress the teacher by working hard. Nthati was encouraged and proud that, owing to the skills garnered from Life Skills/HIV and AIDS workshops she had managed to talk sense to the learner and others. The student was later able to proceed to college.

Mohale indicates that:

“There was a time when the student was supposed to attend things, or to go and collect pills at clinic. I did not want to know lot of details but the child would ask to go to clinic to collect pills, and elaborating more. There was a form which was to be filled by the children.

It asks them their age and so on and the abnormalities and lot of information about the student health. So there was one space which I did not know that the child will end up filling it in. But I realised later when I was reading, that the student had filled in that space which I never suspect will do. It was then that I realised that there is that person who is living with HIV and AIDS in the classroom” (10/04/2014, interview, Haeso – School B).

The Department of Education (2002b, p. no page) reports that schools are experiencing the effects of the epidemic - both teachers and learners. No one is omitted. Infected learners must be protected from all forms of abuse by parents, peers, teachers, and others. No one is to be treated in an inhuman or degrading manner (Ministry of Education and Training, 2005b; World Health Organization, 1948 - 1998). The student may not be aware that he/she is entitled not to reveal his/her status, particularly on the forms, because these will be handled by many teachers; however, the teacher knows the rights of the student and can pass on this information. The teacher was not satisfied that a child’s information is written on school documents, because it is possible for any teacher to read this. Therefore, the confidential information may possibly be randomly spread.

4.7 Cultural perception of HIV AND AIDS and sexuality

Countries seem to copy each other: in most countries Life Skills/HIV and AIDS is offered in higher classes, ignoring lower classes. In Lesotho, Life Skills/HIV and AIDS begin in Grade 4 and continue to Grade 10. Grades 1–3 are ignored, even though these learners are very vulnerable because of their age: they are also inclined to believe anything they are told by older people. In support, Tharver and Leao (2012) notes that there have been three major arguments apropos at which age one should be imparting sexual and HIV and AIDS education in schools; the most applicable curriculum; and who should teach the subject. We hear and read in the media about many children being raped. It is reasonable to begin sexuality education in Grade 1. It is possible that, as the learners grow, sexuality education may be instilled gradually keeping pace with the maturity of the child. For example, World Bank (2008) states that “We should not pretend that children are too young to understand matters of sex because at the end of the day they will learn about it through other ways,” A teacher is able to know the language and terms that will be suitable for a Grade R or Grade 1 pupil. For example, Nthathi shows that:

“Life skills education/HIV and AIDS education should start in pre-school, carefully not to bombard them with irrelevant issues but consider their age and understanding. Some of these primary school kids Standard 4-7 (Grades 4-7) are sexually active. Let us expose them to sexuality education” (12/04/2013, interview, Karabo – School A).

Similarly, Mohale demonstrates that no age group should be left out; all age groups should be included in the teaching of Life skills/ HIV and AIDS from primary school to high school (10/04/2013, interview, Haeso – School B).

Lintle

“I think Life Skills should be taught at all levels from Form A to Form E (Grades 8 -12) if we talk in case of high schools. Moreover, I think that HIV and AIDS is that disease of its own kind which is supposed to be taught at all levels of the child, from primary school so that the child will know about this from an early age. Until it has entered all pupils and they know what is happening about it and so that they understand” (11/04/2013, interview, Karabo – School A).

In like manner, ‘Malineo:

“I like to start right down there but with different stages because I remember one time whereby at the radio it was said (batho haba t’soanela ho arolelana likobo) people must not share blankets. Children did not understand what it meant up to an extent to when a parent wanted to sleep with a child, a child refused and told the parent that it was mentioned over the radio that we should not share the blankets. So I do not want to suffer from AIDS. So if it is taught to their level and then as they grow the terminology changes to suit their understanding, I think it is better” (08/04/2013, interview, Moreneng – School C).

‘Malineo made the point that the child believed what was said. The simple act of sharing blankets is also a norm among Basotho parents and their children. There is a habit in Sesotho culture of not saying things as they are. There is a commonly used Sesotho expression meaning to have sex. The wording is obscure to the child, and confusing. Straight talking should be introduced. Young children take the words literally.

‘Malineo indicates that:

“Actually parents should, very unfortunately it is not easy to do that, they are not trained they do not have enough skills of how to talk to children about sex. So teachers being trained are given skills, I think they are better to deal with HIV and AIDS effectively. If parents put it in a shallow manner we should go deeper as teachers” (08/04/2013, interview, Moreneng – School C).

Teachers were not able to decide who must talk to teenagers about sex. They finally stated that both teachers and parents have to talk to children about sex matters. ‘Malineo states that parents are supposed to take a lead in talking to learners about sexuality issues. However, she protected the parents by admitting that they are not trained, therefore they are not in a suitable

position to deal correctly with sexuality. 'Malineo believes that the effects brought about by sex are forcing teachers to speak more openly. After all, they are trained to deal with learners, unlike parents who are not always effectively able to address sex matters.

Similarly, Mohale states that:

“In case of parents I think that they have problem to talk about sex to children because I think it can be worked much more by teachers because teachers is already in their line to speak to children even though they speak it lightly. I think that both but much must depend on parents” (10/04/2013, interview, Haeso – School B).

By contrast, Nthathi does not think that too much pressure must be placed on teachers; more pressure should be applied to parents.

Nthathi: “There is lack of communication when it comes to sexuality, yes from the family, teachers and the community. Parents should be involved as the first stake-holders. Most of Basotho parents think it is a cultural taboo to talk to their own kids about sexual issues which is wrong” (12/04/2013, interview, Karabo – School A).

In the same manner, Lintle states that: “you know what mammy two of us, (teachers and parents) parents threw children to teachers. It must be a joint venture between parents and teachers. A parent and a teacher, when parent sees a behaviour she or he do not like, she he can come to the child’s teacher and they work together to help the child. When they are two it would not be that who is a parent is a teacher more than a parent but when a parent is not saying anything to the child it means the child will continue doing whatever s/he likes at home. The child will only be afraid of me as a teacher, but if a parent and teacher work together, I think it can do something” (11/04/2013, interview, Karabo – School A).

It is unreasonable that a parent finds it difficult to speak to her own child about sex; as a result expecting another person to inform the child about this important issue. The teachers and the community must build on foundations which should have been laid by the child’s family. It has been mentioned earlier that the three schools are all in a rural area. Most workplaces in Lesotho are in towns, therefore the majority of parents living in rural areas are not working; they are disadvantaged people, who did not receive education, owing to poverty. Because of their illiteracy, there is a lack of knowledge and belief in rural areas on the existence of HIV and AIDS. Ashforth (2002) says that rural community people do not easily receive educational programmes on HIV and AIDS; as a result, the HIV prevalence is highest amongst rural, illiterate people. Uneducated people are being left behind, especially those in rural areas. For various reasons schools do call for parents’ meetings to talk to parents. HIV and AIDS is among some of the problems for which parents were called in by schools. During the discussion between parents and teachers it was found that there are differing

views among the parents on HIV and AIDS. Sometimes it is not easy to reach rural areas because of bad roads (Ashforth, 2002). As a result, rural people do not receive needed education on HIV and AIDS, and they are less aware of the disease. For example, Lintle indicates that:

“I remember one of the parents meeting which ended in disagreement between what have to be taught to the students and what must be left out” (11/04/2013, interview, Karabo – School A).

Nthathi states that:

“During parents meetings some claim that children are in school to learn not to have sex and the use of contraceptives was not accepted by parents. Moreover, other parents have old thinking, suspect that the government is controlling population and others do not think HIV and AIDS is existing, other parents want teachers to deal with the HIV problem to save the young generation” (12/04/2013, interview, Karabo – School A).

The respondents believe that HIV and AIDS cannot be solved from outside society, as a separate issue. It is not easy for teachers to convince parents about HIV and AIDS. Parents must be educated on the disease, in order to accept ways of controlling its spread. Parents believe that teachers are encouraging students to practise sex, which is something that Basotho children automatically grew up not allowed to engage in; they were expected not to practise it. On the other hand, there are parents who wanted teachers to do what is appropriate in terms of halting HIV and AIDS among the youth; they accepted that teachers are trained, therefore they would have strategies with which to deal with the teaching of HIV and AIDS, doing this in a manner that will benefit the students.

There are no clinics in rural areas. The villagers have most of the time to travel to town to obtain services. Because they are not working, they cannot afford to travel. As a result, the villagers experience premature deaths, and undiagnosed sicknesses. The only available help for their frustrations and stress are traditional healers, most of these being found in rural areas. Some traditional healers are also struggling for food: they have to threaten their patients in order to survive. Therefore, some lies from the traditional healers are causing other people their lives. The community understanding affects the teaching of HIV and AIDS in the school. The students believe what they hear from their community about HIV and AIDS. For example, Mohale points out that:

“Traditional healers teach different information about HIV and AIDS because they post notices claiming to heal HIV and AIDS, some of them go to radio deliver the messages that they heal HIV and AIDS” (Mohale, 10/04/2013, interview, Haeso – School B).

Therefore, dangerous teachings from traditional healers and lack of public education on HIV and AIDS, especially in rural areas, cause problems. Families of people infected by diseases linked to HIV and AIDS understand their illnesses as a form of being bewitched. There is a lack of knowledge and belief in the existence of HIV and AIDS in rural areas. Young people are dying owing to HIV and AIDS. Their death is being blamed on old women in Lesotho who are believed to be witches. Since rural people are not aware of HIV and AIDS, few among them seek testing for HIV. Therefore, the greatest numbers of individuals infected by AIDS are ignorant of their HIV status (Ashforth, 2002; Mariti, 2009; Rick A Ross Institute, 2008).

People become infected through various ways, 'Malineo insists that:

“we do not consider other areas that even misuse of razors, toothbrushes and handling our sick HIV patients as being the cause we focus only on sex and when a person is suffering from HIV and AIDS That is where it becomes a major problem as if a person is cursed” (08/04/2013, interview, Moreneng – School C).

There is a common behaviour, that when a person close to us is sick we tend to touch or use bare hands to wash the person and share things such as toothbrushes. Moreover,

“...is the behaviour of relationships between married women to school boys and school girls to married men Therefore, old men and women are spreading the disease to the young generation” (11/04/2013, interview, Karabo – School A, Lintle).

Teaching is affected because some of the parents are abusing the students. Schoolgirls and boys are not aware that they are being infected by their older partners. Poverty contributes, because sugar daddies and mommies give young people gifts in order to obtain their favours.

'Malineo points out that:

“Young people after completing their studies from the universities they graduate and die” (08/04/2013, interview, Moreneng – School C).

Her wish is that something be done to protect the younger generation from dying. In Black culture it is a source of pride for parents when they are old, to have their children to look after them, and to be buried by their children when they die. It is painful and frustrating for parents to bury their children instead of the normal experience of children burying their parents. The rate of death among young people still shows that there is much more to be done with regard to HIV and AIDS.

4.8 Challenges of teaching HIV and AIDS

Condoms are a means of controlling STDs, teenage pregnancy, and HIV, even though they are not 100% efficient. Therefore, teachers are to inform learners about the important role of condoms. Learners have to see condoms and the use must be explained. However, it is not easy for teachers to demonstrate the use of condoms.

4.8.1. Demonstrating with condoms

Teachers who have attended workshop trainings are not on the same level of understanding as their colleagues who have not been trained. Similarly, parents and teachers do not have the same understanding of sex education. The research schools are in a rural area. Life in rural area is different from in town. There is a belief in the community that young teachers are changing and instilling their own tasteless views into learners. The community does not realize that the teaching of sexuality is part of the curriculum designed by the government. However, because she lives in a rural area, Nthati knew what parents allow and forbid in the teaching of sexuality. Nthati states that:

“The student wanted me to use devices for them to understand, it was when I was talking about condom use. They will argue that in “Biology or Chemistry they make physical experiments, and they asked why we don’t do that in HIV and AIDS lesson. One student asked me to demonstrate how to wear the condom. It is a delicate part, and embarrassing for a woman of my age to perform especially to the Form A - C (Grades 8 -10) students some of whom are still very young, this can create a problem in the whole community” (12/04/2013, interview, Karabo – School A).

Nthati cannot demonstrate how to use a condom in a class; therefore, she decided to omit the demonstration. Even though at the training teachers were taught to call a spade a spade, this method is not easy to conduct in schools.

‘Malineo concludes that “speaking about HIV and AIDS of course this is very sensitive, one has to be careful having to talk about condoms is not a play, explaining the correct use of condoms and all related to sex it is as if one is interested in sex and is encouraging student to do it” (08/04/2013, interview, Moreneng – School C).

Lintle states: “I cannot take a condom to show to class I know they have seen it, I can tell them to condomise if one cannot control self, but I cannot with my own hands show the students how to use the condom in a class, it is against my morals and also my religious beliefs” (11/04/2013, interview Karabo – School A).

Mohale indicates that:

“Students know the condoms there is no need for me to bring it to class and show how to use it” (10/04/2013, interview, Haeso – School B). Mohale asked:

Teacher: Do we know what is semen and vaginal fluid?

Class: Yes sir, no sir.

Teacher: You know what semen is, you know what vaginal fluid is? Eh?

Boys: Yes sir.

Girls: No sir.

In agreement (10/04/2013, lesson 2, Haeso), some students claimed not to know what semen and vaginal fluids are. Therefore Mohale gave an explanation: “that watery thing which is collected inside the condom after sexual intercourse is called semen. Inside the semen we find the sperms”. No one in the class asked what a condom was because they knew and have seen these. It is not easy for teachers to tell students to use condoms instead of having unprotected sex. It could be interpreted that sex is a normal act to be practised by students. It could be dangerous for a teacher in rural area to demonstrate in class the use of condoms to the learners. The community would not approve. As mature teachers, Nthati and ‘Malineo can lose the respect of the entire community. Moreover, is not only difficult for older teachers; even young teachers find it difficult to talk about condom use to the students. Lintle is a young teacher. She is not able to take a condom to the classroom, demonstrating how it is used, or showing it to the students. For example, a young male teacher mentioned that he cannot teach sexuality education because he is male and young. His teaching is already being watched closely by other teachers and the community. One small talk about sex can jeopardize his future (Bhana, 2008). It is also not easy for teachers to supply condoms to students.

4.8.2 Avoidance

When teachers know that there are infected learners in the classroom it becomes difficult for teachers to teach about HIV and AIDS. For example, Mohale avoided teaching about HIV and AIDS, because there is an infected student in his class. The teacher indicated that he then tackled the topic a light-hearted way. As a result, the learners will also not take it seriously. Mohale states that:

“Other times you happen to teach the learners whom you already know that they have that status. So I do not feel comfortable to ask questions which seems to be stupid, such as whether they have seen a person of that kind even though, knowing that s/he is there. So I am not able to speak much about lot of things because I am afraid that I will end up embarrassing this person. So other times I end up speaking things in a light way only” (10/04/2013, interview, Haeso – School B).

The choice of information depends on each teacher who decides what to take from the sources he uses. Mohale mentioned earlier that he finds the information about HIV and AIDS on the Internet and other sources of media. Therefore, teachers will select the information that he will feel comfortable to talk about. In addition, Malineo said:

“There are no books to help us to know to right terminology when it comes to sex, what to say and not to say to the students” (11/04/2013, interview, Moreneng – School C).

In support, Nthathi states that:

“It is not easy to speak about sex firstly, I asked myself about the whole community and learners parents, what they would say if they hear that I am teaching their children to use condoms, I do not want to lose my job” (12/04/2013, interview, Karabo – School A).

Children are not allowed to be in the presence of elders. If a child is always seen among elderly people, such a child is considered spoilt. This affects the way in which parents communicate with children, children spending more time in their own, rather than with their parents. There are both infected and affected students in the school. One of the respondents reported being able to take the infected students to the clinic, giving them support and some food at times. Another respondent mentioned dealing with the issue of HIV and AIDS in a light-hearted way so that the infected student would not feel out of place or hated. The third respondent learned of an affected student who had lost both parents to HIV and AIDS. Although not a counsellor, the teacher managed to counsel the student, and the teacher was happy with the improvement she saw in the child.

The respondents to the study wish that sexuality education be offered to all learners, from pre-school age to the end of high school, so that no child will be left out. They feel that HIV and AIDS have to be a concern for every teacher; the load must not be placed only on a few teachers but on all teachers. The community must also be considered. The government must teach the community about HIV and AIDS so that all the means of dealing with HIV and AIDS are known by all. This will help, in that students will not receive conflicting messages from school and from their communities. Respondents to the study mentioned not being able to conduct certain aspects of sex education, knowing that they could be in danger from the community if they teach about sex the way they were trained at workshop. Therefore they avoided some of the aspects through fear of being misunderstood; also, their backgrounds affected their teaching of the subject.

4.9 Conclusion

The chapter presented the findings of the data collected from the four respondents: three females and one male. All respondents are high school teachers. The study used two methods of data collection, namely the observation and interviews. The data was divided into the following main themes; curriculum, sexual behaviour, teacher knowledge about HIV and AIDS, and counselling of infected and affected learners. The data shows the various problems which teachers experience in the teaching of HIV and AIDS. The curriculum requires teachers to integrate HIV and AIDS, even though there are no resources supplied to teachers by which to inform their teaching of the subject. Teachers are unsure of how they are expected to teach Life Skills Education/HIV and AIDS Education. Moreover, there are no syllabuses and textbooks. Teachers have had to find information for themselves, which they are not sure is relevant, because there is no syllabus. Teachers' culture, religious backgrounds and other factors inhibit them from talking to the children about matters related to sex, such as use of condoms. The community is not well informed about sexuality education. Fear of the community and the school principals obliged teachers avoid some issues of sex in their teaching. The schools are all church schools: churches do not allow sex to be practised by the children. The fear of hurting the infected students hinders teachers from teaching about HIV and AIDS.

CHAPTER 5

CONCLUDING REMARKS AND THE RECOMENDATIONS

5.1. Introduction

This is a case study of three schools in Taung rural area in the district of Molepolole, Lesotho. Life Skills Education had been introduced in pilot schools. Although the subject includes other skills it was introduced mainly to halt the infection of HIV and AIDS. There are a number of ways in which people become infected with HIV and AIDS - sex is one of the most common means by which people become infected, therefore sexuality education has become part of the school curriculum in Lesotho. The study was to investigate the experiences of teachers in the teaching of HIV and AIDS. The themes that emerged from data were discussed in the previous chapter, as follows: teachers' experiences of the Life Skills/HIV and AIDS curriculum, sexual behaviour, and teacher knowledge about HIV and AIDS. The study reveals that teachers experience various problems in teaching HIV and AIDS, and their experiences sometimes negatively affect the teaching of HIV and AIDS in the classroom.

5.2. Summary of Findings

In terms of Critical Question One - What are the experiences of teachers in teaching HIV and AIDS?

Teachers' experiences of the Life Skills/HIV and AIDS curriculum. The curriculum requires teachers to integrate HIV and AIDS into the curriculum. However, the study found that, for various reasons, teachers are not integrating HIV and AIDS/Life Skills into their daily teaching. For example, two teachers were taken for training in each of the pilot schools. Teachers who went for the training were expected to disseminate the information learnt to their colleagues in their respective schools, in order for every teacher to be able to integrate HIV and AIDS into his/her teaching subject. Some of the teachers who went for the training mentioned never giving a report in a formal setting to work colleagues on what they were taught at training; the teacher reported to the school principal only. As a result, teachers who did not attend the training were not able to integrate HIV and AIDS into their teaching, because they do not know what is meant by integrating, and the way in which they should

accomplish this. Teachers who went for the training came back to schools unclear of the way forward in terms of teaching Life Skills/HIV and AIDS.

Moreover, teachers report that they still do not have books. They teach from their experience and their students' experience; they gather information about HIV and AIDS from the Internet and from their environment. Some teachers indicate that they use pamphlets received from various Non-Governmental Organisations found in Lesotho. Teachers point out that the training was not sufficient to enable them to teach confidently; they report that they are still unsure of what to teach in Life Skills/HIV and AIDS. The training teacher did not equip them on how to deal with embarrassing aspects related to sex. From the teachers' background, sex is not a topic discussed among Basotho. Even though the curriculum expects them to teach and speak about sex, teachers find this very difficult, and so avoided some of the topics. Moreover, the teachers who went for Life Skills training already had their major subjects, usually two, according to high school requirements. Besides teachers' daily teaching load they now have Life Skills/HIV and AIDS, which implies another load.

In respect of Critical Question 2: Why do teachers experience the teaching of HIV and AIDS in this way?

Teachers, as parents to their students, experience embarrassment in the teaching of HIV and AIDS. Kelly (2002) states that in many societies parents do not offer any information or discuss sexual issues with young people. Similarly, Boler (2003) shows that in many cultures sex is a taboo matter that teachers or elderly people are not able to discuss with the young ones. Fear of the community, fear of the school principals and of parents encouraged teachers to avoid some of the aspects, such as condom demonstrating, or showing a condom to the students. The teacher's own background and religious beliefs affect the way in which the teacher teaches about sexuality issues (Gachuhi, 1999). According to the respondents, the training given was too short for them to grasp a proper understanding of the Life Skills/HIV and AIDS curriculum. In support, Milton (2003) states that lack of training causes teachers to avoid teaching topics or subjects they do not understand. In addition, teachers are not able to teach without being provided with relevant materials for the subject, as teachers mentioned that there were no books or syllabus. Therefore, teachers are not able to provide the expected quality teaching (Hoadley, 2007).



Figure: 5.1 Representation of teacher experience

5.3. Insights and recommendations

Various researchers have reported that sexuality education is still being ignored by teachers; and the message being presented to novice teachers is that it is inappropriate to talk about sex (Khau & Pithouse, 2008). While students in India report that teachers avoid talking about HIV and AIDS sex-related matters, teachers are hamstrung by religious leaders, parents, and their own cultural beliefs (Boler, 2003) as well as their dignity as teachers of the children. Some male teachers are afraid to teach about sexuality in case they are misinterpreted by the community (Bhana 2008). The fear of the disease affects free talk about HIV. Inadequate training and inadequate resources affect the quality teaching of HIV and AIDS.

5.3.1. Embarrassment

Teachers expect respect from the learners; they plan their teaching in such a way that would not affect their reputation as teachers. Parents often inquire from children what they have learned at school during the day. This may be for two different reasons: to find out whether the child is learning anything at school or whether he cannot recall what was learned for the day. Or a parent may want to make inquiries about the teacher, whether the teacher is doing the expected work, not dodging. Therefore, teachers think of parents when they plan for their teaching of Life Skills/HIV and AIDS to the learners. Moreover, teachers are part of the community and parents to the children they teach. Learn from the participants that discussing about the condom usage is difficult to talk about in class especially young children. Therefore, teachers avoid topics that might anger the community, and lead the community to misinterpret them (Bhana, 2008).

5.3.2. Life Skills teaching methods

Life Skills is a newly introduced subject in Lesotho schools. According to UNESCO (2008), Life Skills Education includes various teaching methods. Teachers in Lesotho are reported still prefer the traditional way of teaching - standing in front of the learners and doing all the talking while the learners sit and listen. Teachers are not able to use Life Skills teaching methods; they are forced to teach in a traditional way owing to lack of resources.

5.3.3. Under-represented Life Skills curriculum

The data indicates that teachers' own teaching workload is already too heavy. Therefore, searching for information on HIV and AIDS so as to teach it makes it difficult for teachers to find free time for searching for teaching materials. There are daily school activities which teachers must supervise, for example, sports, and the school choir, together with the cleaning of the surroundings. Moloji et al. (2008) indicates that teachers experience extreme teaching loads, the class sizes ranging from 40-70. However, Lintle's class size doubles the normal expected roll. Lintle states that: "I don't have books, I have only a syllabus for Grade 8 to 10, and however, you'll find that I don't take every class. I just dwell more on Grade 8 and if I'm lucky that other time I'll take the Grade 9s when I take a large group of 150 or more children at a go.

5.3.4. Inadequate resources

Teachers report having no teaching materials. Some schools were given a syllabus only; and other schools were given Life Skills textbooks only; other schools were not supplied with any teaching materials. Respondents are not able to teach as expected owing to lack of resources. In support, Boler, (2003) indicates that African schools, thanks to poverty, are failing to teach HIV and AIDS, because of lack of teaching materials. In agreement, Bitso and Fourie (2012) point out that lack of finances is noticeable in Lesotho schools, there are no teaching materials, or library facilities. Where there are libraries, the books are insufficient and outdated.

5.3.5. Inadequate training of teachers

The respondents reported that the training time was too short, and the information being taught was too much for them to understand well. Therefore, teachers went back to their schools not fully prepared for what they are to do or the way in which to teach HIV and AIDS. Ntaote (2011) points out that teachers must be confident and understand the realities of HIV before they are able to give the appropriate support to the learners on HIV and AIDS.

5.3.6. Teachers HIV and AIDS status

One of the respondents mentioned that fear around HIV and AIDS affects their teaching, and that they are afraid of the disease. For this reason, "we fear it I don't even want to test for it

because I don't want to know whether I am positive or I am negative. What I want is to be faithful and eat well, I don't want this" ('Malineo, 08/04/2013, interview, Moreneng – School C). From the teacher we learned that knowing one's HIV status is not easy for some people. The fear of not knowing where one stands in terms of HIV infection encourages teachers to avoid its existence by refusing to teach about it. In support, Machawira (2008) shows that research on HIV and AIDS is more about prevention measures ignoring problems which teachers encounter, as they are daily faced with infected/affected learners. On the other hand, teachers are also losing their own family members and work colleagues to HIV. Hence, teachers' feelings included fear, sadness and despair for the future.

5.3.7. Religion

The majority of schools in Lesotho are owned by the church; and the church is governed by the Bible doctrines which do not advocate sex outside of marriage. Even though the school curriculum in Lesotho requires teachers to teach Life Skills/HIV and AIDS which deals primarily with sex, the schools are the property of the church. Therefore, teachers are torn between the Ministry of Education and the church proprietors' policies. As a result, it becomes better for teachers to satisfy and follow the church rules which advocates no discussion of sex with children, because the church principals are within the community; while the Ministry of Education can take a long period to find out when teachers are not following the curriculum (Johnson, 2002).

5.3.8. Parents' resistance

Three church denominations first came to Lesotho, These denominations own the majority of schools in the country. It is a norm that parents send their children to the school owned by the church to which they belong. The parents expect their church school to be run in line with the teachings of that particular church denomination. This leads to teachers pleasing the parents as well; and avoiding the set-up within the curriculum which is expected to be taught to children (Mturi, 2003).

5.3.9. Cultural beliefs

As Boler (2003) states, various cultures experience discomfort on a discussion of sex. Teachers are to learn how to deal with sexuality education. HIV and AIDS are forcing the elderly people to change their habits, and to talk to the youth about sex.

5.4. The study recommended the following:

The Ministry of Education and Training selected schools - some primary schools and some high schools for the piloting of Life Skills/HIV and AIDS in the schools. Until now Life Skills/HIV and AIDS has only been taught in the pilot schools. Life Skills must be implemented by all the schools in the country. HIV and AIDS was declared a disaster in Lesotho by His Majesty King Letsie 111 in 2000. Therefore, all school learners must be considered, and be given the opportunity of learning a Life Skills/HIV and AIDS subject, so that no child is left out of the strategies used to terminate the HIV pandemic.

The Ministry of Education and training should implement and organize ongoing training for the teaching of Life Skills/HIV and AIDS, targeting all teachers in the schools. Training must equip teachers with the clear knowledge of HIV and AIDS. Trainers must be experienced specialists in the subject. Proper follow-up must be conducted in order to find out teachers' understanding from the training. The implementation of Life Skills /HIV and AIDS has not been a success (Chabela, 2010). Therefore, the Ministry must find aspects in the area of Life Skills/HIV and AIDS in other countries which have succeeded, and ask for guidance.

There should be Life Skills/HIV and AIDS books and a syllabus as basic materials to be developed beforehand and available so that teachers are able properly to teach the Life Skills' curriculum. Life Skills/HIV and AIDS incorporate various teaching methods to be used. The materials must be prepared for use in Life Skills. Teachers are fighting, but alone; parents in rural areas are having love affairs with children. There have to be laws to protect youths against sugar daddies and mommies. The public/community rural area people, initiation/traditional schools must be informed and must be given updated information about HIV. Traditional healers must also be fully educated about HIV and AIDS. The government must warn traditional healers that they must adhere strictly to the correct information in terms of HIV.

5.5. Conclusion

This case study identified the experiences of teachers in teaching HIV and AIDS through observation and interviews. Chapter One introduces the reasons for HIV and AIDS becoming part of the curriculum in Lesotho; the research focus; the rationale; and the background to the country of Lesotho and the education system within the country. Chapter Two is the literature review of the experiences of teachers in teaching HIV and AIDS in the classroom. The theoretical framework of the study is included in Chapter Two. Chapter Three presents the methodology used in the study which is an interpretive, qualitative study. Chapter Four is data analysis in which three major themes were identified. The themes identified are: teachers' experience of the Life Skills/HIV and AIDS curriculum, sexual behaviour, and teacher knowledge of HIV and AIDS.

There is the continuity in terms of how learners must be taught in schools; teachers chose to experience discomfort in the teaching of Life Skills/HIV and AIDS. Teaching is conducted in line with culture, whereby issues of sex are not discussed with children. As a result, the old practice of teaching affects the teaching of HIV and AIDS. It is time that teachers follow Freire's theory: he proposed that education must liberate. In order to save young lives the traditional beliefs and all cultural practices which were not questioned, now that HIV and AIDS has become of epic proportions, is forcing teachers to reverse their old ways of teaching, liberating them from the culture of quietness. Teachers must begin to open up, communicating fully without hiding anything from learners in fighting HIV and AIDS.

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APPENDICES

Appendix 1: Ethical clearance



26 February 2013

Ms Lydia Qenehelo Malibeng 203512309
School of Education
Edgewood Campus

Dear Ms Malibeng

Protocol reference number: HSS/0091/013M

Project title: Experiences of teachers on teaching HIV and AIDS – A case study of three schools in Lesotho

EXPEDITED APPROVAL

I wish to inform you that your application has been granted Full Approval through an expedited review process.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the school/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Professor Steven Collings (Chair)

/pm

cc Supervisor: Dr DI Rajput
cc Academic Leader: Dr MN Davids
cc School Admin.: Miss Bongekile Bhengu

Professor S Collings (Chair)
Humanities & Social Sc Research Ethics Committee
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 3587/8350 Facsimile: +27 (0)31 260 4609 Email: ximbap@ukzn.ac.za / snymanm@ukzn.ac.za

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

INSPIRING GREATNESS



Appendix 2: Senior Education Officer's permission



MINISTRY OF EDUCATION AND TRAINING - MOHALE'S HOEK

P.O. BOX 50, MOHALE'S HOEK, 800

TELEPHONE : 22785291 / 22780366

MEMO

TO : The Principal

FROM : The Senior Education Officer- Mohale's Hoek

NAMES : 'Manthabeleng E.T.Maholela-Lenake(Mrs)

SIGNATURE : 

DATE : 4th January 2013

Ms Lydia Malibeng is a studying with the University of KwaZulu Natal and is pursuing Masters of Education Degree. She is to conduct a research and would like to work with your school in this regard.

May you please allow her to carry out her research work in your school.

Thanking You In Advance.



Appendix 3: Letter to the Ministry of Education



University of KwaZulu-Natal
Edgewood Campus
Private Bag X 03
Ashwood 3605

5 November 2012

Senior Education Officer
Mohale's Hoek Education Office
P. O Box 50
Mohale's Hoek 800.

Dear Sir/Madam

Request for permission to conduct research

I am a registered student studying towards the Masters of Education degree at the University of KwaZulu-Natal. As a requirement for the degree I have to conduct a research project. The topic of the research is: Experiences of teachers' on teaching about HIV and AIDS - A case study of selected schools in Lesotho. I therefore, request your permission to conduct a research in three schools in Taung area. The schools are school A, school B, and school C. HIV and AIDS had been declared a disaster by His Majesty King Letsie 111 in 2000. Therefore, I hope the research will benefit the teachers in the teaching of Life Skills as the new subject in the curriculum.

Should you want clarity, you can contact my supervisor Professor Reshma Sookrajh at office +27 31 260 7259 her email address: sookrajhr@ukzn.ac.za. My contacts are as follows: email – 203512309@stu.ukzn.ac.za or malibenglydia@yahoo.com. Cellphone number when in South Africa +27 769921111. When in Lesotho +266 58037053.

Thanking you

Your faithfully

Lydia Qenehelo Malibeng

Appendix 4: Letter to the principal



University of KwaZulu-Natal

Edgewood Campus

Private Bag X 03

Ashwood 3605

5 November 2012

The Principal

Dear Sir/Madam

Request for permission to conduct research in the school

I am a student at the University of KwaZulu-Natal. I am pursuing a Master of Education degree which requires me to conduct a research project. I humbly seek permission to conduct my research project at your school.

My research project is aimed at qualified trained teachers. The purpose of my study is to investigate teachers' experiences of teaching HIV and AIDS.

If permission is granted to conduct this study, I can be contacted from Cell phone number +27 76 992 1111, when at home in Lesotho my contact is +266 5803 7053. Email address is 203512309@stu.ukzn.ac.za or malibenglydia@yahoo.com. My supervisor is Professor Reshma Sookrajh and she can be contacted on +27 031 260 7259 or on her email sookrajhr@ukzn.ac.za.

I am looking forward to conducting this research project at your school. I look forward to a favourable response.

Yours faithfully

Lydia Qenehelo Malibeng.

Appendix 5: Letter to the teacher



University of KwaZulu-Natal
Edgewood Campus
Private Bag X 03
Ashwood 3605
5 November 2012

The teacher

Dear participant

Research project participation

I am a student at the University of KwaZulu-Natal and pursuing a Master of Education Degree. I am conducting a research project on the Experiences of teachers on teaching HIV and AIDS – A case study of selected schools in Lesotho. I have identified teachers as suitable participants for this study. I kindly ask your permission to participate in this study. I will require about 45 minutes of your time to conduct an in-depth interview with you which will take place in the school premises. I also request your permission to record the interview and observation.

Please note that your participation is voluntary and you can withdraw from the project at any time. Your identity as well as your contribution to the study will be kept confidential. The recording and data generated through the interview will be safely kept for a period of five years in a secure location by arrangement with my supervisor, and destroyed thereafter.

Should you want clarity, you can contact my supervisor Professor Reshma Sookrajh at office +27 31 260 7259 her email address: sookrajhr@ukzn.ac.za. My contacts are as follows: email – 203512309@stu.ukzn.ac.za or malibenglydia@yahoo.com. Cellphone number when in South Africa +27 769921111. When in Lesotho +266 58037053.

I am looking forward to a favourable response and conducting my interview with you.

Your faithfully

Lydia Qenehelo Malibeng

Appendix 6: Consent form for the teacher



Teachers' experiences of teaching HIV and AIDS

DECLARATION BY PARTICIPANT

I ----- (full names of participant)
hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participate in the research project. I understand that I am at liberty to withdraw from the project at any time should I desire to.

Signature of participant-----

Date-----

Appendix 7: Interview Schedule

INTERVIEW SCHEDULE

1. How do teachers experience the teaching of HIV and AIDS?
 - Why do you want to be a teacher?
 - Tell me about your life as a teacher
 - How your experiences have been in teaching?
 - (I believe Life Skills is one of the new subject in the syllabus) What do you understand by LSE?
 - Have you taught Life Skills to the learners during your teaching practice?
 - Can you say you are enjoying teaching this subject?
 - What do you feel when you are teaching LSE?
 - Tell me about that experience?
 - can you say the learners enjoy Life Skills lessons?

Why do teachers experience the teaching of HIV and AIDS in this way?

- Do you think this subject is relevant to the learners' real lives?
- Do you think HIV and AIDS should be taught only to greater classes as it being according to policy?
- The teaching of HIV and AIDS is a sensitive issue. How do you intend to teach it?
- Do you think there is a lack of communication when it comes to sexuality? (From the community, family, and teachers).
- How do you think that teaching HIV and AIDS will change the society and improve our understanding of HIV?
- Do you see yourself as a facilitator? What is your role as a facilitator?
- What do you suggest can be done in Life Skills education to improve it?

Appendix 8: Observation

OBSERVATION

Experiences of teachers' on teaching HIV and AIDS – A case study of selected schools in Lesotho.

Researcher's materials: tape-recorder, pen and exercise book

Lesson being taught:

Lesson introduction

Objectives/goals of the lesson

Methods teacher used in teaching the lesson

New terms clearly defined?

The language used in teaching

Are the students able to follow or understand the lesson?

Is there a communication/interaction between teacher and the student?

How is the students participation, are the students writing or answering orally?

Does the teacher allow students to answer?

Teacher materials: exercise book, chalkboard

Assessment: probing and questioning

Appendix 9: Lesotho syllabus Grade 8 – 10

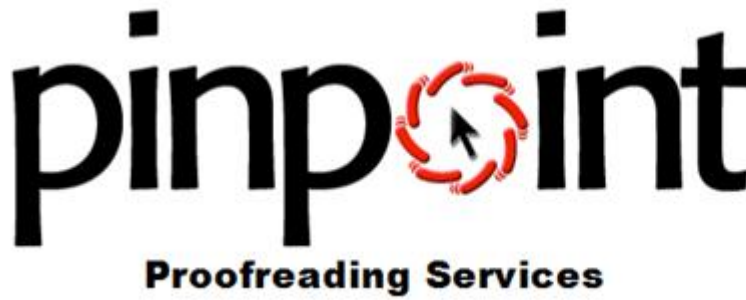
Lesotho Syllabus for Grade 8 - 10

Theme: Dealing with HIV and AIDS

Life skills, values and attitudes	Skills <ul style="list-style-type: none"> - Effective communication - Information finding - Critical thinking - Assertiveness Value and attitudes <ul style="list-style-type: none"> - Acceptance - Responsibility - Openness - Respect for oneself and others
Learning outcomes	At the end of Form A, learners should have developed: <ul style="list-style-type: none"> - Information finding and critical thinking skills to analyse the impact of HIV and AIDS at national level - Effective communication skills when they encourage other people to go for voluntary counselling and testing (VCT)
Topic	<ul style="list-style-type: none"> - Ways of HIV transmission - HIV and AIDS prevention - Prevalence of HIV and AIDS at national level - Impact of HIV and AIDS
Suggested teaching and learning activities	<ul style="list-style-type: none"> - Brainstorming and discussing ways of HIV transmission - Playing games on HIV transmission - Role playing situations in which learners resist pressure from peers and adults to engage in sexual activities - Discussing the importance of abstinence - Seeking information about prevalence of HIV AND AIDS in their community - Analysing the impact HIV and AIDS using future wheel - Composing and singing songs about the impact of HIV and AIDS

Suggested teaching and learning resources	<ul style="list-style-type: none"> - Learners' Experiences - charts - posters - raised poster guest speaks - Sign language specialist - Observation checklist
Suggested modes of assessment	<ul style="list-style-type: none"> - Short answer questions - Teacher observation - Group reports - Self-assessment - Matching items - True or false items - Self-assessment - Peer assessment - Value rating statements

Appendix 10: Letter from the Editor



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To whom it may concern

This is to certify that I, Lydia Weight, have proofread the document titled Experiences of teachers in teaching HIV and AIDS – A case study of selected schools in Lesotho, by Lydia Malibeng. I have made all the necessary corrections. The document is therefore ready for presentation to the destined authority.

Yours faithfully

A handwritten signature in black ink that reads "L. Weight". The signature is written in a cursive, flowing style.

L. Weight