THE MYTH OF CARING AND SHARING

Teaching and Learning Practices in the Context of HIV/AIDS Education in the Intermediate Phase

Mrs Loganayagie Jacob

2005

DEDICATION

This thesis is dedicated to the memory of my late dad, Mr P. V. Naidoo who instilled in me the value of education and to my mother, Mrs P. Naidoo who always lent her enthusiastic support to my studies.

DECLARATION

I, Loganayagie Jacob (student number: 200302896) hereby declare that this thesis is the result of my own investigation and research and has not been submitted, in part or in full, to for any other degree and/or to any other institution for assessment purposes.

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Date

Supervisor

Teaching and Learning Practices In The Context Of HIV/AIDS Education In The Intermediate Phase

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Submitted in partial fulfilment of the requirements for the degree Masters in Education.
University Of Kwazulu-Natal

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AN ACE UP HIS SLEEVE

Shuffle the pack, mix up the colours
A rainbow nation like long time lovers
But oh no! Here comes racism in reverse
Affirmative action, AIDS ... another curse.

Change the trump; the club to a heart, they said
Ensure housing, water and that the poor are fed
But AIDS, the joker, death in the pack
Attacks from the back, any King, Queen or Jack.

Go back to colonialism, apartheid and hate
Oh God! Who knew what was in store, our fate
African nationalism, change and revolution
Poker faces, look at the confusion.

HIV/AIDS, the pride breaker
Harvesting lives, that grim reaper
Making lives cheaper and cheaper
An ace up the sleeve of our Creator?

Mark C. Jacob

ABSTRACT

This research presents an understanding of the teaching and learning practices in the context of HIV/AIDS education in the intermediate phase. Against a milieu of change and restructuring in education is the HIV/AIDS education curriculum which teachers are expected to deal with in schools. From an identity perspective, I try to understand how teaching practices which are adopted by teachers in the teaching of HIV/AIDS education either challenges or perpetuates the status of HIV/AIDS in society. Therefore the focus of this study is primarily the teacher.

By employing Samuel's Forcefield Model as a structure for this study, I demonstrate how the choices that the teacher makes in teaching practice, are shaped by a range of diverse forces, which are frequently in conflict with each other. In this study I want to understand how teachers are engaging with their new roles and multiple responsibilities (as described in The Norms and Standards for Teacher Educators) when teaching HIV/AIDS education in the intermediate phase – given that this aspect is a relatively new dimension to the curriculum.

From a methodological perspective, the collection and analysis of data were consistent with the Hermeneutic research paradigm. For the purpose of this study interviews and questionnaires were used to collect data from educators. Furthermore, in order to present a more holistic picture of the teacher and to ascertain to what extent, what the teacher teaches is actually what the learner learns, data was also collected from learners via observations, conversations and through an analysis of drawings and poems. It must be emphasised that

although learners in this study play a pivotal role as sources of data, they are not the unit of analysis for this study. Thus the major part of this thesis focuses on the teacher.

The findings of this study indicate that the guiding principles of a teacher's life, such as race, religion and culture are important forces that mould what, why and how teachers teach HIV/AIDS education in the intermediate phase. On the other hand, the forces that mould learners' experiences of HIV/AIDS education is determined by the social environment that the learner lives in. The forces that shape what the teacher does are not the same as the forces that shape what the learner learns. The concept of 'othering' is predominant in the interactions between teachers and learners and teachers are socially distanced from learners, parents and the child's social environment. Hence the 'caring and sharing' as espoused by teachers is not being articulated in practice.

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TABLE OF CONTENTS

CHAPTER ONE

CHAPTER TWO

CHAPTER THREE

CHAPTER FOUR

CHAPTER 5

CHAPTER 6

List of Figures and Illustrations

Bibliography

Appendices

CHAPTER ONE

Figure 1: Be a friend – a real friend!

A MAGNIFYING GLASS: WHAT CAN I SEE?

Does a picture tell a story and can a picture paint a thousand words? How much do we really know about the way a learner really experiences our lessons? What does a picture tell us about what the child has learnt in the classroom? Does the learner regurgitate textbook answers for the benefit of tests and examinations or does he

reproduce information that he has learnt through his own experiences? The rhyming tunes of 'caring' and 'sharing' appears to dominate the child's view of HIV/AIDS whilst the smiling faces and bright colours that have been used to depict what the child knows about HIV/AIDS creates an aura of happiness and joy. The replication of the rhetoric 'caring' and 'sharing' and 'my friend with AIDS is still my friend' in an almost most stereotypical manner by learners, is highly problematic. The implication thereof is that all children experience the disease in exactly the same way. In reality this is far from true since everyone experiences things differently. Creating an illusion of smiling faces and quiet acceptance makes me suspicious that all is not what it seems.

As I magnify the picture, I question whether the child's perception of HIV/AIDS is a flawed understanding, belying the rampant destruction as well as the tragic proportions of disease that have actually gripped the universe. When confronted with the severity of the pandemic, it is clearly evident that HIV/AIDS does not paint a rosy picture. The question that I pose is how did the child arrive at such an understanding about the disease? How does he come to know what he knows? Can this really be what the child knows about the disease or is the picture out of sync with his experiences of the disease? This study attempts to explore the ways in which teachers in the intermediate phase of schooling construct their knowledge of HIV/AIDS in relation to young learners.

1.1. ORIENTATION TO THE STUDY

The scourge of HIV/AIDS has had a devastating effect on the human race. No other disease has ever caused suffering and pain worldwide like HIV/AIDS. What is undisputable is that HIV/AIDS is a killer disease. Barnett and Whiteside (2002) capture this stark picture in these poignant words "*Abantu Abaafa!* People are dying" (Barnett and Whiteside, 2002: 134). According to UNAIDS (2002) over forty million people in the world were living with AIDS, nearly twenty million

people had died of the disease and more than 15,6 million children under the age of fifteen years had lost a mother or both parents to AIDS. In 1999 alone 2,2 million people had succumbed to AIDS in sub-Saharan Africa (Barnett and Whiteside: 2002). An estimated 11.8 million people between the ages of 15-24 are living with HIV/AIDS (UNAIDS: 2002). Assuming that every HIV/AIDS case affects four other individuals then it is possible that approximately 150 million people worldwide are affected by the disease. (Barnett and Whiteside: 2002).

Figure 2– Global Estimates of HIV/AIDS Epidemic as at end of 2001

Regions	**Estimate of AIDS Infections**
Australia and New Zealand	15 000
Caribbean	420 000
North Africa and Middle East	500 000
Western Europe	550 000
North America	950 000
Eastern Europe and Central Asia	1 000 000
East Asia and Pacific	1 000 000
Latin America	1 500 000
South and South-East Asia	5 600 000
Sub-Saharan Africa	28 500 000

UNAIDS (2002)

Within the broader context of education, the scale of HIV/AIDS epidemic has challenged every human being. The impact of HIV/AIDS on education systems has had devastating and far-reaching consequences. When one considers that South Africa has the highest rate of infections in the world and our province Kwazulu- Natal has the highest rate of infection in South Africa (UNAIDS: 2002), there is cause for concern. It is estimated that one in nine South Africans (or 5

million) are living with HIV/AIDS (UNAIDS: 2001). The impact on women and children is especially significant. A study conducted by the University of Natal – Medical School (now called the Rohihlahla Nelson Mandela School), in 1995 amongst pregnant women at Durban's largest provincial hospitals, indicated a 20:13 patient HIV patient infection rate (Leclec-Madlala: 1997). The United Nations report (1998) on HIV/AIDS human development in South Africa indicated that 25% of the South African population would be HIV positive by the year 2010. Furthermore, as more and more adults die of AIDS, increasing numbers of children will be orphaned and abandoned. Presently there are 100 000 children in South Africa who have been orphaned as a result of HIV/AIDS and what's more it is predicted that there will be over 500 000 orphans by the year 2010. (UNAIDS: 2002).

Thus education is a powerful tool in the fight against AIDS and to the protection against HIV infection. According to the World Bank (2002) education is regarded as the window of hope in the fight against the disease since it aims to inform children (and youth) about HIV/AIDS and help them to make responsible choices about their own lives (World Bank: 2002). Hence, an urgent need for vigorous education programmes in order to educate young people about the disease is required. The future course and status of HIV/AIDS depends on the efforts mounted today to prevent HIV infection amongst young people (UNAIDS: 2002).

What then are the teacher's responsibilities in the teaching of HIV/AIDS education to young children? The reduction in the number of HIVAIDS casualties is the ultimate aim of most HIV/AIDS education programmes. Whilst most programmes focus largely on the modification of risky sexual practices and awareness, educators have much more to cope with in encountering learners who have been infected with or affected by the disease. The death of close family members and

caregivers has led to instability and insecurity for children who experience great emotional trauma and upheaval in their lives. There is also the changing role of the child from the ones who were taken care of, to the ones who are now expected to care for ailing parents, younger siblings and relatives at home.

Related to the spread of HIV/AIDS amongst learners is the increasing threat of child sexual abuse. The Medical Research Council of South Africa reported that the majority of female victims of rape had been between the ages of 10 and 14 years old when the rape had occurred. Futterman (2002) maintains that as many as 25% to 40% of adolescents who are HIV positive had been sexually abused as children. In addition to sexual abuse, is the lack of cohesive family units. Children often experience neglect and abuse by adults who provide a weak protective shield (Khuzwayo: 2004). Lack of family cohesion and connectedness and poor parental role models appear to inculcate risky sexual practice, and inadvertently, the spread of HIV/AIDS (Khuzwayo: 2004). Risky sexual behaviour is not confined to teenagers only. There seems to be sex games that are being played by children as young as six years old who render themselves at risk to HIV/AIDS. Whilst teenagers play games such as "hide and go suck" (Sunday Tribune: 04/04/2004), which is a type of group oral sex, young children play games such as "nkhukhu" (ibid) and "stuck in the mud" (ibid) which are sexual games involving fondling and grabbing of genitalia (Sunday Tribune: 04/04/2004). When one considers the possibility that child sexual abuse could be initiated in a playful manner, resembling a childlike game, by a known adult, games such as these should not be brushed off inconsequentially. Furthermore, newspaper articles report that children as young as six years are initiating acts of sex in primary school (Daily News: 16/06/2005 and 17/06/2005).

Thus teachers are faced with the challenge of multiple responsibilities where the needs of the learner in the classroom are of paramount importance in determining how HIV/AIDS education is taught. The issue of sex education at schools, with diametrically disparate views on just how much young children should know, has always been a contentious issue. However, when young children naively participate in sexual acts without understanding the inherent implications of unwanted pregnancies, venereal disease and HIV transmission, the responsibility of educating children about matters of sex and sexuality becomes imperative.

The importance of HIV/AIDS education could not be over-emphasised. Teachers are vital components in the process of education. Education programmes for young people at schools are an essential component of HIV/AIDS initiatives. UNAIDS (2002) proposes that HIV/AIDS should be sustained, starting before puberty and continuing throughout a young person's school year. Kelly (2000) suggests that education might be the most powerful weapon against HIV transmission.

1.2. WHY HIV/AIDS EDUCATION IS IMPORTANT

The World Education Forum held in Dakar (2000) noted that a key objective of an international strategy must be to realise the enormous potential that the education system offers as a vehicle to help reduce the incidence of HIV/AIDS and to alleviate its impact on society (UNESCO: 2000). Furthermore, because school attendance is a nearly universal experience for children and youth, schools offer an accessible and appropriate environment for HIV/AIDS education (ibid).

HIV/AIDS has in recent times continued to rampantly destroy all sectors of social structures in South Africa. As the AIDS scourge spirals out of control, all sectors of the community will be affected. Two perspectives – education as a vehicle to reduce the incidence of HIV/ AIDS (Coombe and Kelly: 2000) and education itself being threatened by the disease are two dimensions of HIV/AIDS that dominate schooling in South Africa. Therefore, a crucial contribution of education in the fight against the disease is to firstly take the relevant steps and precautions to guard against the ravages of HIV/AIDS. Sustaining a functional education system in the face of such danger (from HIV/AIDS) should be a priority of education. I want to argue, that working and teaching in a caring environment where the safety and rights of all are respected, will benefit those infected with and affected by the disease (Coombe: 2002). I believe that HIV/AIDS has shaken the foundations of traditional teaching roles and I question whether it will be possible for me to remain detached and to continue teaching the way that I have always done in view of the pandemic nature of the disease. I align myself to Williams (2002) who in a paper presented at the UKFIET Oxford Conference on International Education, argued that AIDS has changed things fundamentally and many of our traditional assumptions about schooling and culture have been challenged (Williams: 2002).

Although an awareness of HIV/AIDS and sexuality is necessary, the education provided to the learners is far from adequate. Mass media has made good use of researched material, but the material has now been saturated and the increase in information has unfortunately been accompanied by a parallel increase in HIV infection rates (Williams: 2002). In areas such as Carltonville, near Johannesburg, which has been inundated with mass media efforts such as the *Soul City* initiative and *Lovelife*, prevalence levels continue to rise (Williams: 2002). Thus we need to move beyond awareness to significant behaviour change (Williams: 2002).

What does it mean to be a teacher in the context of this overpowering disease? What do I do as an educator? What choices do I make about what I teach and how I teach? These are questions that I ponder because HIV/AIDS has eroded the traditional relationship that existed between teacher and learner, the methods that were implored in conducting teaching, the teaching curriculum as well as the responsibilities that I encounter as an educator who is expected to deal with children who have been affected by the disease, through a range of contextual factors such as the illness and death of family members, death of educators, sexual abuse and loss of stability in the home and the school.

The issues that I have discussed highlights why I believe HIV/AIDS education are important. In this study I want to understand how the teacher positions himself/ herself in the teaching of HIV/AIDS in the intermediate phase. The teacher has the enormous task of instilling values in learners, aimed at behaviour modification in the fight against the HIV/AIDS onslaught. Presenting HIV/AIDS education in a caring and nurturing environment will promote the growth of self-esteem and enhance the development of good values and attitudes of respect in learners.

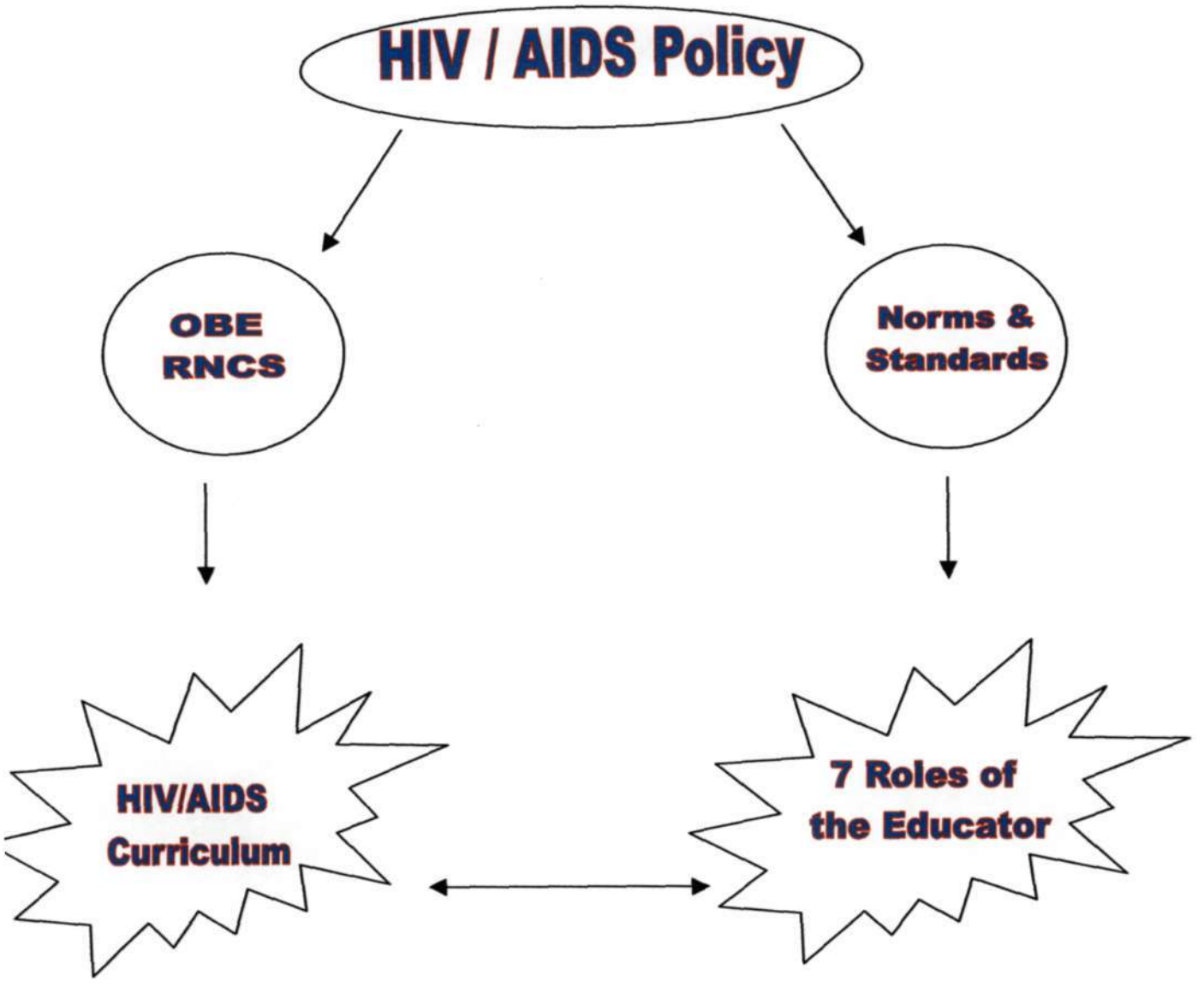
1.3. EDUCATION, TEACHING AND POLICY CONTEXT

The onslaught of HIV/AIDS has brought with it an array of complexities that will, no doubt, influence the course of education. Within the broader framework of educational change, teachers are guided in their day-to-day practice by various departmental policies such as The HIVAIDS Emergency – Guidelines for Educators (2000) and The National Policy on HIV/AIDS for Learners in Public Schools (1996). These policies set the stage for intensified initiatives at national and provincial level, for the battle against HIV/AIDS. In 2000, Minister Kader Asmal, Minister of National Education in South Africa, announced his emergency plans for

HIV/AIDS education (The HIV/AIDS Emergency: 2000) where he implores teachers to help curb the spread of the disease. In this regard, the policy suggests that HIV/AIDS education be initiated from the outset, when a child commences school. The increased attention awarded to HIV/AIDS education in terms of policy demands that teachers extend the doors of teaching and learning outside of the classroom environment.

Coupled with the urgent need for HIV/AIDS education initiatives, recent policy development in the South African education landscape has identified a need for a more appropriate school curriculum. Hence policies such as OBE and RNCS have become synonymous with change and development. This has resulted in major upheaval in the curriculum where topics and issues that were kept hidden from children are now being fore-grounded in terms of policy. As such sex and sexuality are included in the curriculum of primary schools.
The following summary presents the tensions experienced by educators from the point of view of policy.

Figure 3: Tension between different policies



Within the broad framework of change as well as education restructuring, policies such as The HIV/AIDS policy for Public Schools as well as the HIV/AIDS Emergency – Guidelines for Educators outlines what teachers must do, whilst OBE and RNCS Policies tells teachers how to go about presenting such information to learners. Balancing the expectations of policy with classroom reality is the

problem that educators face. In other words, what is the contextual reality of interacting policies and how is coherence of policies being achieved - if at all?

Whilst the government's commitment to HIV/AIDS education and efforts to reduce the effects of the disease must be praised, I will explore in my study how teachers, who have to contend with curriculum change, are dealing with the issues of HIV/AIDS education in primary schools. Furthermore the Norms and Standards for Teacher Educators identify multiple roles and responsibilities for teachers, which present a totally new perspective on job descriptions of educators. Thus educators now face the dilemma of negotiating a changing curriculum whilst juggling with increasingly greater demands placed on them by the multiple roles and responsibilities they are expected to fulfil in line of duty. According to Osman and Kirk (2001) the contradictions and tensions between official rhetoric and classroom reality poses a serious challenge to educators.

This study focuses on the ways in which teachers engage with the teaching of HIV/AIDS to learners in the intermediate phase. Teachers, who constructed themselves as the implementers of curriculum, with prescribed texts to facilitate the knowledge transfer, are now expected to create and engage with themes and issues that transcend 'textbook' knowledge. Issues that were once taboo, and not spoken of in the presence of children are now the object of discussion in classrooms.

1.4. WHAT DOES IT MEAN TO BE A TEACHER IN THE CONTEXT OF HIV/AIDS EDUCATION?

The whole world has been placed on AIDS alert in an attempt to stem the tide of the disease. Teachers, too, will have to be prepared to deal with HIV/AIDS in the

curriculum and to be mindful of the individual needs of children in their care when planning and conducting classroom teaching. The teacher has to constantly evaluate and re-evaluate his/her role in order to accommodate learners. Thus the teacher now faces the challenge of encountering multiple responsibilities where teaching roles constantly evolve according to the situational context. Can the teachers merely confine themselves to the delivery of academic packages or is it now necessary for the teacher to take on multiple role functions in order to accommodate the diverse needs of learners in his class?

According to policy dispensation, the National Education Policy Act 1996 (Government Gazette: 2000) identifies seven role functions for the teacher educator. These are that of learning mediator; interpreter and designer of learning materials; leader, administer and manage; scholar, researcher and lifelong learner; community, citizenship and pastoral role; assessor; learning area / subject / discipline / phase specialist. The implication thereof is that the teacher has to constantly accommodate the needs of the learners when teaching. However, what policies subscribe is not necessarily what gets done in the class because the dictates of policy are not always in sync with the day-to-day mechanisms of classroom practice. Broadfoot (1998) maintains that teachers' practice will not change unless their beliefs, ideas and attitudes about teaching are taken into account. Beliefs and attitudes are rooted in national traditions as well as the realities of classroom contexts in which teachers teach. Any attempt to bring about change in teachers' practice without due consideration to classroom reality will lead to decreased classroom effectiveness (Broadfoot: 1998).

The Norms and Standards for Teacher Education indicate a movement towards reflective teacher practice where teachers are given the opportunity to develop their own working space. Evolving teacher roles identified by the Norms and

Standards for teacher education is increasingly contesting the traditional relationship that existed between teacher and learner. Previously undesignated aspects of curriculum such as HIV/AIDS demands that teachers shed their customary roles as state technicians and enmesh themselves in the lives of learners. How do teachers make the shift in constructing teacher identity in the context of HIV/AIDS education?

Thus, I want to explore how teachers negotiate their multiple roles and the changing curriculum contexts in the intermediate phase? Do teachers really embrace their new responsibilities in response to HIV/AIDS education and in response to societal needs as demanded by the pandemic status of HIV/AIDS? Can teachers who were traditionally trained to believe that education is a one-way process where the teacher, as the keeper of knowledge, delivers prescribed curricula to the child, sustain an effective HIV/AIDS education programme? Can teachers change the way teaching has always been practised? Elliot (1993) claims that little has in fact changed since, in most classrooms teachers still dominate the scene and learners are still expected to behave in a drill-like manner.

I am convinced that this particular study will be beneficial to all those engaged in the education of learners. Education is not a linear process between teacher and learner but an interactive process between all those involved in the lives and education of children. The changing role of the educator in the fight against the disease is of paramount importance.

1.5. RESEARCH FOCUS

In this study I will focus my attention on the ***Teaching and Learning Practices in the context of HIV/AIDS in the Intermediate Phase***. I have chosen to conduct research on the intermediate phase because as an educator teaching in the primary school, this phase has relevance personally and professionally. Furthermore, the numerous studies that have been conducted on HIV/AIDS education do not provide sufficient information on teaching and learning in the intermediate phase. I want to understand what teachers teach, how they teach and why they make the choices that they do in the teaching of HIV/AIDS education in the Intermediate Phase. Thus teacher identity is the focal point in this study and the unit of analysis for this particular study is the teacher. At this juncture I want to emphasise that, whilst learners feature in this study, they are merely sources of data, and information collected from learners is used to validate teaching practices.

1.6. CRITICAL RESEARCH QUESTIONS

This thesis explores the nature of HIV/AIDS education at schools and how teachers and learners are dealing with HIV/AIDS. I will explore the choices that the teacher makes in the teaching of HIV/AIDS education. How do teachers make sense of their teaching? How does the teacher deal with HIV/AIDS at primary school level - something that was not required of teachers in the past? For many people the undercurrents of sexuality, which is uncovered in HIV/AIDS education is vehemently frowned upon by parents, teachers and religious organisations. Whilst everyone is committed to the development of an AIDS free society, such contradictions creates a sense of ambivalence for HIV/AIDS education at schools, and more especially, HIV/AIDS education to young children. What are the implications of the rhyming tunes of 'caring and sharing' in terms of HIV/AIDS

teaching and learning and what exactly is the reality of classroom practice? Is HIV/AIDS education merely about teaching children to care and share?
The brief explanation that I have provided explains how I have come to ask my critical questions. There are two critical questions, which I have identified which would best provide data for my study.

Critical Question 1

- **How do teachers respond to HIV/AIDS education in the Intermediate Phase of schooling?**

Critical Question Two

- **What shapes teachers' responses to HIV/AIDS?**

These critical questions will be answered, firstly by a broad scale survey that was distributed to educators who teach HIV/AIDS in the intermediate phase of primary school. In-depth interviews were also conducted at three of the ten schools in the sample.
Furthermore an analysis of pupils' work in the form of drawings and verbal responses collected from one school site will be analysed to validate data obtained from teacher respondents.

1.7. CONCLUSION

In this chapter I have outlined the issues that will be explored in this study.
In the following chapter (**chapter two**) I will present a review of literature aimed at providing insights into the teaching and learning practices in the context of HIV/AIDS education. I rely on identity theory and social theory as a theoretical framework for this study. I will explore how and why the identity of the teacher as well as identity formation is so relevant to the teaching of HIV/AIDS education. I also offer Samuel's Forcefield model as a theoretical framework around which

this study is centred. This dimension seeks to understand how teachers at particular schools negotiate the teaching of HIV/AIDS in the intermediate phase.

In **chapter three** I will offer an explanation of the methods used in the collection of data for this study. Some issues that will be discussed is the method of sampling, questionnaires and questionnaire design, interviews such as the semi-structured interview as well as the focus group interview. I will also provide an explanation of case study as a research technique.

In **chapter four** I will provide an analysis of findings that I had uncovered in the questionnaires. In this chapter I try to find out who are the teachers that teach HIV/AIDS education in the intermediate phase. Tables and graphs will be used to present data.

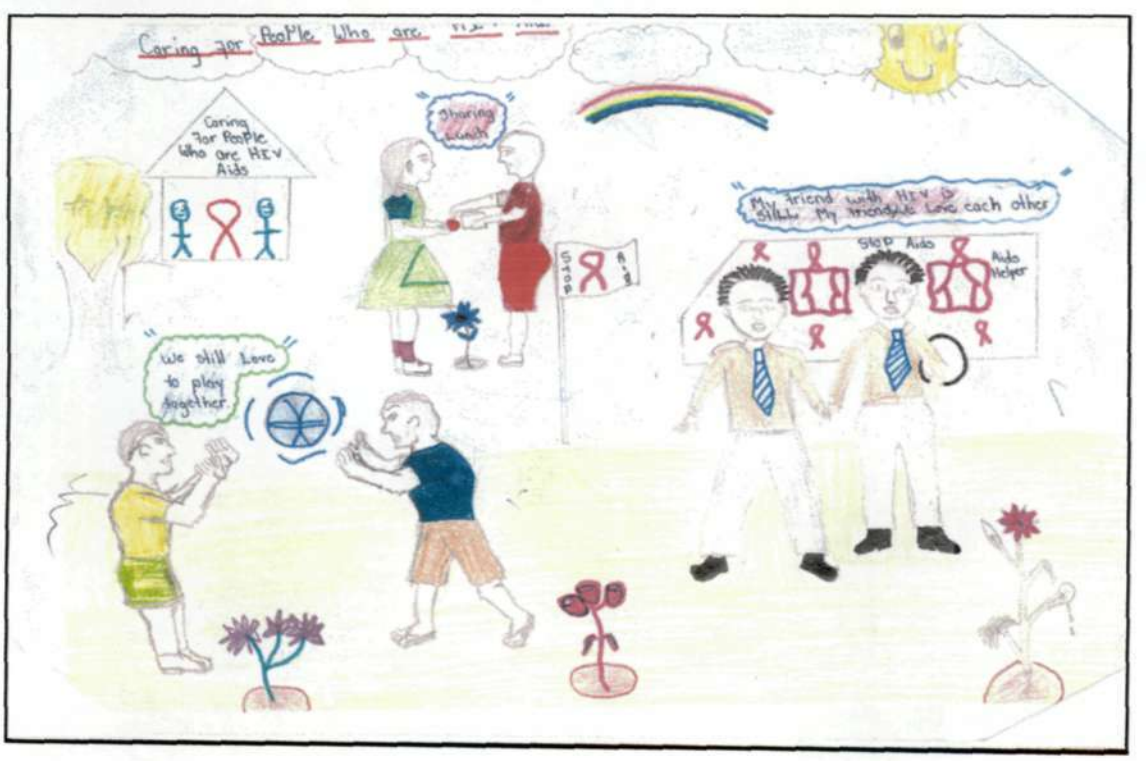
In **chapter five** I will present a discussion and an analysis of the findings of the study, which were obtained via qualitative methods as well as discussions on the findings that were obtained from learner participants.

In **Chapter six I** will present the conclusions and main findings of the study as well as recommendations for future study and my reflections on the study. This concludes the thesis.

CHAPTER TWO
THEORETICAL FRAMEWORK
and
LITERATURE REVIEW

THE MAGNIFYING GLASS – LOOKING IN ON TEACHING AND LEARNING

Figure 4: My friend with AIDS is still my friend



2.1. ORIENTATION

In the first part of this chapter I will present a review of literature highlighting the teaching and learning practices against a backdrop of an HIV/AIDS education programme implemented in the intermediate phase of schools. The beliefs and views of educators and learners will be explored and thereby juxtaposed against how teaching and learning practices are shaped by these beliefs and practices. Whilst the identity of the teacher is important, the individuality of the learners, their experiences and the social environment that they come from, impacts on the way that both the learner and the teacher interact in a classroom set-up. In this study I will show how factors such as cultural, religious, racial and gendered stereotypes are key issues in the development of professional identity of teachers in South Africa under conditions of significant change in government policy as well as educational restructuring. I will argue that, in spite of policy initiatives implemented at national level, the dominant discourses underpinning the teaching of HIV/AIDS education in the intermediate phase of primary schools are deeply entrenched in issues of identity and identity formation. Both teachers and learners come to the profession with a complex range of forces that provides a structure around which classroom practice is negotiated. As such, the biographical forces of age, gender, race, culture and religion are factors that are synonymous with the development of classroom ethos.

In this regard I believe that the most appropriate framework to support and explain relevant themes for this study is grounded in theories of identity. As such I rely on identity theory and social identity theory to understand how teachers and learners negotiate the classroom experiences in terms of HIV/AIDS. However these theories are not sufficient as a framework for this study and I extend the focus of theory by referring to Samuel's Forcefield Model of Education to build on the theories of identity in order to lay the foundation to my study.

SECTION A: LITERATURE REVIEW

2.2. INTRODUCTION

In this section I present a review of literature pertaining to the teaching and learning of HIV/AIDS education at schools. The first part of this literature review is arranged against a background of educational restructuring in terms of policy change and how teachers, who now encounter new roles and responsibilities in the teaching of HIV/AIDS education, are experiencing curriculum change.

In the second part of this literature review, I discuss how learners receive HIV/AIDS initiatives implemented at schools. Learners tend to develop many incorrect perceptions and beliefs, which are encouraged by the lack communication between adults and children. The issue of AIDS has spiralled out of control and parents and educators are now compelled to confront this problem. Adults are under obligation to educate children about AIDS in order to dispel myths and misconceptions and to promote responsible sexual behaviour amongst learners.

2.3. THE CHANGING ROLE OF THE EDUCATOR, CURRICULUM CHANGE AND POLICY DEVELOPMENT

2.3.1. THE CHANGING ROLES OF THE EDUCATOR

Education is seen by humankind as an indispensable asset in confronting the many challenges that the future holds in store as well as in an attempt to attain the ideals of peace, freedom and social justice (UNESCO: 2000). The fact that education is seen as the vehicle of social change points to the role of the teacher as the agents of such change. The changing role of the educator from the imparter of knowledge to the facilitator of the learning process has evoked many ambivalent responses by

educators. Against a background of policies such as Norms and Standards for Teacher Educators, are the multiple responsibilities that teachers have been entrusted with. This shift in what teachers are expected to do as educators challenges the stereotypes of traditional teaching tasks as implementers of curriculum, as disseminators of knowledge and the ones with power and authority over the learning process. The manner in which the teacher negotiates his/her role in the knowledge shift is relevant to this study.

Whilst many teachers are committed to the dismantling of the apartheid education system, many were unsure of how to respond to the new challenges presented by Curriculum 2005 and more recently, the Revised new Curriculum Statements (RNCS). Elliot (1993) maintains that teachers who have been socialised in a traditional way through their own schooling as learners, through their own training as students and through their acquired educational philosophy cannot turn their teaching style upside down from one day to the other. Even if a teacher's practical theory of teaching is challenged, it is usually takes a long process of changing one's pedagogical habits that have proved to work according to one's own belief system (Elliot: 1993).

This situation has been further complicated by HIV/AIDS education programmes at schools for which many teachers are ill equipped to teach. Educational renewal and curriculum change in particular, are linked to the notion of teachers as powerful agents of change (Osman and Kirk: 2001). This onerous responsibility is further aggravated when society demands that teachers teach sensitive issues such as HIV/AIDS education to children.

According to the Norms and Standards for teacher education, National Education Policy Act (1996), the role of the teacher has now been broadened to incorporate

seven role functions, one of which is that of interpreter and designer of learning programmes. This includes the designing original learning programmes so that they are appropriate for the context in which they occur and preparing thoroughly and thoughtfully by drawing on a variety of resources ((Harley, Bertram and Mattson: 1999). Although teachers may have unofficially accommodated some of these roles in the past, such compulsion place upon teachers in terms of policy dispensation, may lead to inherent rejection of the new role functions that teachers are not comfortable with and a resultant washout effect. Hence whilst teachers are encouraged to develop learning materials and programmes, it is possible that new responsibilities that teachers now embrace in the course of teaching could lead to tension and confusion within the teacher.

It is evident that educators do not feel competent enough to teach as HIV/AIDS education (Singh: 2003) and that many teachers lack the knowledge and up to date resources used in Western Europe to teach about HIV/AIDS (Davidaciene: 1999). It also apparent that teachers are quite reluctant to be in charge of HIV/AIDS education at schools, and see themselves as playing secondary roles to experts in the field (Davidaciene: 1999). Furthermore, educators believe that they are unable to teach HIV/AIDS education because "there is no uniform content" (Singh, 2003:45) and that more workshops are required to "increase their confidence in imparting knowledge" (Singh, 2003: 45). Of note here is that teachers continue to construct themselves as imparters of knowledge, in spite of the changing focus of teaching responsibilities. A study conducted on primary school learners indicated that teachers are willing to teach about HIV/AIDS on condition that they are provided with the relevant information and teaching aids (Taylor; Jinnabhai; Dladla; Rangongo and Connelly: 2000). Clearly teachers still rely on authorities to supply teaching materials and to lead the way in teaching practice. It seems that teachers cannot let go of the traditional notion of the teacher as the textbook bound official of the department since emphasis is repeatedly placed on the traditional roles that teachers had

occupied in classrooms. Therefore I question to what extent the teachers will be in a position to shed their customary roles and engage with 'sharing and caring' for learners in a significant manner.

The way in which learners construct the teacher is also consistent with conventional roles. Learners appear to be sceptical of the teacher's competence in the delivery of HIV/AIDS education programmes. Some pupils also prefer to be taught about HIV/AIDS from nurses and recommend that nurses talk to parents about HIV/AIDS so that parents could cascade information to children at home (Taylor et al: 2000). Thus learners perceive educators as transmitters of knowledge and not as those who are able to discuss aspects of sex education with them. Whilst classroom talk is filled with innuendos of caring, sharing and support, the reality is that there appears to be a dividing line between teachers and learners formed as a result of the traditional, normative relationship that existed between both teachers and learners in the past. Thus, in spite of policy, education is still a linear process where the established boundaries between teacher and learner is a deciding factor in why teachers are reluctant to teach and why learners are uncomfortable to talk about HIV/AIDS with teachers. Thus it will be imperative that we find out how teachers transcend these established boundaries in the teaching of HIV/AIDS education so that 'caring and sharing' is achieved.

The apathetic manner that HIV/AIDS education is dealt with in the primary school is disconcerting and catastrophic for AIDS education. What is of great concern is the lack of implementation of HIV/AIDS programmes in primary schools since "any information acquired in primary school could surely serve as a useful platform to engage learners on more complex and sophisticated issues at high school level" (Moodley, 2003:10). Singh (2003) concluded that many teachers are not even aware that there is a national policy on HIV/AIDS and do not plan adequately for lessons.

Moodley (2003) maintains that since learners came to Grade eight from different primary schools, the level of exposure to the HIV/AIDS education programmes in primary schools differed greatly. It is evident then that teachers in the intermediate phase are avoiding the seriousness of the AIDS epidemic. Therefore the role of the teacher as an agent to engage in meaningful teaching and learning, for better ways of thinking and acting in the fight against HIV/AIDS, is questionable.

What is evident is that teachers are unsure and uncertain about their roles and duties in terms of HIV/AIDS education. Although emancipatory policies such the OBE Policy and the RNCS Policy have attempted to do minimise alienated forms of learning, in most classrooms teachers continue to dominate what and how the child learns (Elliot: 1993). The contentious nature of HIV/AIDS brings with it to the classroom the issue of sex and sexuality. For many teachers, this is difficult to deal with. Therefore teachers rely on departmental teaching material, which is used as a crutch in an attempt to overcome difficulties that arise during the course of teaching HIV/AIDS education. Thus programmatic forces of teacher training continue to perpetuate the status of teacher in terms of the conventional notion - as someone who can only exist behind the textbook.

It is therefore not surprising that teachers proclaim that greater support be given to them for the teaching of HIV/AIDS education. Research conducted by the South African Democratic Union (1998) indicated that teachers are desperate for support - both in understanding and accepting these changes required of them and in implementing these changes in their classrooms (Educators Voice: 1999). Hence the feeling is that teachers cannot implement the changing curriculum if they feel disempowered by lack of proper support and learning materials. Once again there is the notion of the teacher as the helpless victim of departmental policy.

Melanie Harper (1999) on reporting on the Primary Education Project in the Western Cape noted that teachers were not familiar with the notion of themselves as curriculum shapers and actively resisted such a role and expected demonstrations of how to teach so that they could copy (Harper in Harley, Bertram and Mattson: 1999). Thus there is ensuing conflict between policy design and policy implementation. In spite of macro-level policy change in the form of the OBE curriculum being introduced in 1998, teachers continue to teach the way that they had always taught. Osman and Kirk (2001) recommend a continuous process of shaping and reshaping as well as blending of the old with the new, as a means to empower teachers in order to bring about real change (Osman and Kirk: 2001).

What emerges from these studies is that teachers appear to be nostalgic for the past when the format of the curriculum was handed down in pre-determined syllabi. Hargreaves (1995) maintains that a stronger orientation to the future creates greater nostalgia for the past. Thus the teaching of HIV/AIDS education, with all its complexities and social responsibilities may lead to uncertainty and tension within the teacher.

2.3.2 EVOLUTION OF CURRICULUM

The emergence of the Life Orientation learning programme in the post-apartheid education system in South Africa requires greater scrutiny. In the past, subjects such as Health Education, Right Living and Guidance were non-examinable subjects and were largely perceived by teachers as auxiliary service, hence its marginalisation and consequent ineffectiveness (Mda and Mothata: 2000).

Professor Kader Asmal, the previous Minister of Education appealed to teachers to help to curb the disease through the implementation of a Life Orientation programme at schools (The HIV/AIDS Guidelines for Educators: 2000). The domestication of HIV/AIDS education as part of the life orientation learning programme may be perceived by educators as not as important as other learning areas such as Mathematics and Science since it carries with it the stigma of a previously non-examinable subject. Although Moodley (2003) argued in favour of an integrated approach to the teaching of HIV/AIDS education, the department's policy on HIV/AIDS education advises that HIV/AIDS education be incorporated in the Life Orientation learning area. Thus, attempts to teach a subject such as Life Orientation, and consequently, HIV/AIDS education, could indeed be merely apathetic, half-hearted attempts to console and please authorities.

It is evident that society as a whole, and government authorities especially, are desperate in their efforts to stem the tide of AIDS and therefore view teachers as vehicles to bring about change. Since every child in the country must attend school, educators have a unique opportunity to influence children's ideas about sex and relationships. Therefore educators can play a central role in changing the course of the HIV epidemic (HIV/AIDS Emergency Guidelines for Educators: 2000). Coombe and Kelly (2002) maintain that attempts to teach sex education at schools have been stifled by the reluctance of teachers to deal with sexual issues. Cultural resistance and lack of training in sex education and HIV/AIDS education further complicates matters. Cultural identity is a vital aspect of how HIV/AIDS education is taught or not taught at schools.

The question that needs to be asked is whether the burden of responsibility for education of the masses about HIV/AIDS may indeed be too much for the teacher. Can teachers, through their teaching practices, help to bring about behavioural

change and subsequently, reduction in the number of AIDS casualties? Kirby (1992) argues that schools cannot be expected to drastically reduce risk-taking behaviour without being supported in a variety of ways by the broader community. It is unrealistic therefore to expect that teachers alone be responsible for HIV/AIDS education and hence change high-risk patterns of behaviour amongst learners.

2.3.3. CONCLUSION OF 2.3.

The identity of he teacher is a vital component of teaching practice and it cannot be distanced from the manner in which the curriculum is negotiated or how information is disseminated to learners. The teaching of HIV/AIDS education may be a compulsory part of the school curriculum but it does not mean that it is taught the way that authorities and policies dictate. Identity is extremely complex entity and both educators and learners have deeply entrenched value systems that guide teaching and learning practices at schools.

2.4. LEARNERS' PERCEPTIONS AND PRACTICES AND HIV/AIDS EDUCATION

2.4.1. IS HIV/AIDS EDUCATION HAVING THE DESIRED EFFECT?

For many years now society and schools have been inundated with HIV/AIDS education aimed at reducing HIV infection rates. Some of these education strategies have led to significant changes in risky behaviour whilst others have not. In this

study I want to know if HIV/AIDS education has been effective in changing attitudes about HIV/AIDS and to what extent learners and teachers have been able to interrogate the HIV/AIDS curriculum in a meaningful manner.

According to Moodley (2003) it seems that HIV/AIDS education being implemented at schools has increased the knowledge base of learners who now appear sympathetic to those infected with the disease and demonstrate increasingly responsible sexual behaviour. In a study on grade eight learners, Moodley (2003) concluded that the implementation of the grade eight HIV/AIDS education programme has substantially increased the acquisition of knowledge of learners and there is strong support for the AIDS prevention measures, which have penetrated learners' attitudes to high-risk behaviour in a positive way. What is not known is for how long such attitudes can be sustained. Thus teachers play a pivotal role in promoting and sustaining an effective AIDS education programme at schools.

Similarly, Harichan (2003) concluded that the majority of high school learners are aware of HIV/AIDS and the associated message related to the ABC of AIDS prevention. (A – Abstain B- Be Faithful C- Condomise). A significant number of students seem to be developing safer sexual practices, such as an increase in condom usage and sexual intercourse with one partner only (Harichan: 2003).

Reddy (2003) however discovered that in spite of all the knowledge that learners in South African classrooms possess in relation to HIV/AIDS, they persist in adopting risky sexual practices thereby showing apathy to the effects of HIV/AIDS. Reddy (2003) proposed that the conceptualisation of identity is a negotiated process and that HIV/AIDS, sexual identity and sexual practice are inter-related and are shaped by each other. Thus HIV/AIDS, sexual identity and sexual practice form a background against which HIV/AIDS education is experienced.

Simmons (2001) also suggests that learners are apathetic to the effects of HIV/AIDS because South African teenagers believe that if you are meant to get AIDS then you will get it anyway (Simmons: 2001). Fatalistic attitudes such as these are definitely a reason for concern since the implication is that HIV/AIDS education is not having the desired effect in bringing down the HIV infections.

2.4.2. LEARNER PERCEPTIONS OF THE DISEASE

Taylor et al (2000) in a study conducted on with primary school concluded that learners generally experienced negative feelings towards fellow learners infected with HIV/AIDS, whom they believe could be identified by the presence of sores. Negative attitudes can be attributed to the fear of contracting the disease. Attitudes ranged from avoiding all contact with such learners as well as the belief that these learners should be incarcerated in hospitals where they could be cured of the disease (Taylor et al: 2000). Hence, it appears that learners lacked the knowledge that there is no cure for AIDS. Once again, the teacher as the facilitator of learning has an important role to play in developing positive attitudes about HIV/AIDS and to establish an environment that is free of discrimination and prejudice. Therefore teachers have to move beyond the four wall of the classroom in order to ensure that 'caring and sharing' is not just talk. Establishing better teaching and learning practices is necessary to develop healthy and wholesome lifestyles aimed at reducing the number of HIV infections.

Negative feelings about those afflicted by HIV/AIDS can be linked to the concept of identity. A very powerful argument about identity rests on the connections of how we come to be and how we come to know ourselves. Very often how we define ourselves is measured against what we are not. Crang (1998) refers to the "relational concept of identity" (Crang, 1998:41) which recognises that identity can be defined

as much as what we are not as by what we are. Robertson and Richards (2003) argue that it is impossible to think about how people can have an identity without working out who is excluded. Thus gaining a positive sense of identity through comparison with a negatively perceived group is a common practice (Joffe: 1999). Therefore racial, religious, cultural and gendered biases need to addressed as issues of significance since these are factors that reinforce the concept of 'othering' and could lead to prejudice and discrimination of those infected with HIV/AIDS.

2.4.3. SOCIAL ISSUES

2.4.3.1. DISCRIMINATION AND STIGMA - THE DISEASE OF 'OTHERS'

Negative attitudes and stigmatisation of HIV/AIDS is still rife in society and it is central to the social construction of the disease and acts as an inhibiting factor in respect of health care (Bhanlal: 2004). It is quite common to define our own identity in terms of 'us' versus 'them'. Social categorising provides the opportunity for social stereotyping and prejudice (Turner et al: 1987). HIV/AIDS presents a complex situation pertaining to social stigmatisation. As such, certain groups such as homosexuals, lesbians, prostitutes and foreigners are blamed for the spread of the disease. Khuzwayo (2004) found that the 'makkwerekwere' (derogatory term used to describe Foreign Africans) appear to be blamed for the high prevalence of HIV/AIDS in South Africa (Khuzwayo: 2004). Furthermore, the many myths that exist in society about HIV/AIDS needs to be viewed in perspective by both teachers and learners. Teachers and learners appear to echo the notion that those who are HIV positive rape children in order to cure themselves of AIDS (Harichan: 2003). This will lend itself to discrimination and prejudice against those infected with HIV/AIDS. The teacher's own position will infiltrate classroom practice and no doubt, influence what is taught and how messages are received by the learner.

The concept of 'othering' forms a backdrop against which HIV/AIDS is experienced. The concept of 'other' according to Joffe (1999) generally refers to those who are not part of the dominant group – those who are on the outside. Hence those groups that are perceived to be high risk to HIV infection are viewed suspiciously. Singh (2003) maintains that some learners incorrectly believe that HIV/AIDS only affects Black people. There is also the tendency for girls to believe that only boys can get AIDS and vice-versa (Singh: 2003). When one considers that the prevalence of HIV/AIDS has been noted across all race groups as well as amongst both sexes (Nelson Mandela/HSRC Survey: 2003) and in view of the fact that over 56% of those infected with the disease are female (Whiteside and Sunter: 2000), this type of thinking is dangerous and educators face the added responsibility of trying to dispel such misconceptions.

Bhanlal (2004) noted that the 'othering' representation is centred on the moralistic and punitive social constructions of sexuality that is represented as a threat that must be kept at bay in order for society to be safe. The proliferation of the notion that HIV emanated from Green monkeys found in Africa by Western scientists, led to the conclusion that a link to HIV/AIDS had been firmly established. Bhanlal (2004) discovered that HIV/AIDS has been objectified as a racist construction with taints of mysterious erotica in youth's understanding. Thus, there is this perception of 'otherness' that has developed in youth, which could have an adverse effect on HIV/AIDS prevention.

Identity is construed not only by what people affiliate with but also by the comparison to other groups. Goss and Adam-Smith (1995) concluded that ethnic minorities such as Indians living in England consider AIDS to be a White man's

disease. The manner in which minority groups view HIV/AIDS will definitely impact on teaching and learning practices. Learners, who believe that they are not susceptible to the disease because they belong to a particular race, will not adhere to AIDS messages that are sent out repeatedly. Attitudes about HIV/AIDS will affect the delivery of education programmes. Furthermore, people from minority groups who are infected with the disease (such as South African Indians) may lack access to support and treatment due to the perception that they are a low risk group (Goss and Adam-Smith: 1995). Such a closed mentality is a threat to the fight against the disease and will allow the disease to spread even more rapidly than at present.

When perceptions are developed which instil the notion that HIV/AIDS is a disease of the other, then there is cause for concern. Thus gendered and racial stereotyping, where communities are socialised into believing that HIV/AIDS is the disease of other people and that 'we' don't get it, is prevalent in society.

2.4.3.2. CULTURAL PRACTICES AND GENDER STEREOTYPES

According to Hambridge (1995) negative reception to HIV/AIDS initiatives by learners can be linked to the cultural practices and stereotypical gender roles. Hambridge (1995) indicated that cultural influences created conflicting emotions amongst boys who had to contend with deep-sated cultural perceptions on masculinity on one hand, and the urge to practice safe sex on the other hand. Sexual harassment in schools is commonplace and is regarded as play (Hambridge: 1995). Although schools have recently been engulfed with education programmes pertaining to AIDS, sexual abuse of females by male teachers as well as male learners is rife in society (Unterhalter, Epstein, Morrell and Moletsane: Daily News: 2001).

2.4.3.3. MYTHS AND FEAR

Singh (2003) in her study concluded that children have a superficial knowledge of AIDS and "are filled with an irrational fear assuming that AIDS is caused in some magical way" (Singh, 2003: 15). Creating a mythological explanation in terms of religion and culture for the existence of the disease is also practised in some communities. It is evident that learners use cultural explanations to elevate the status of the disease in a mythical manner. Some learners, for example believe that the existence of HIV/AIDS can be attributed to the "age of Kali" (Harichan, 2003:27). In terms of Hindu customary belief, this is a reference to the unleashing of the 'Kali Yuga,' an uncontrollable period of evil, lawlessness and moral degeneration. Hence, AIDS is seen as part of the uncontrollable cycle of evil that pervades the earth. In actual fact AIDS is one hundred percent preventable. Furthermore, the sustained stigma attached to those infected with AIDS is evident, as is the perception that those infected are deserving of the wrath of the 'Kali' (Hindu Goddess) because of supposedly questionable and risky behaviour.

The "acute fear of AIDS" (Jussim, 1997: 34) can lead to discrimination based on ignorance. The well-documented story of Ryan White, who as a haemophiliac, was infected with the disease, bears testimony to the discrimination experienced by a child infected with the disease. At the time that Ryan White was infected, not much was known of HIV/AIDS and people generally adopted "protectionist practices" (Goss and Adam-Smith, 1995: 67) in order to mask their fear and confusion. Although Ryan White became a national icon in the fight against AIDS in the United States of America, he suffered great humiliation. Although such extreme discrimination is no longer prevalent in society, discrimination and prejudice against those infected with HIV/AIDS, nonetheless, exists. Thus it is questionable to what extent 'sharing and caring' that society demands, is being achieved.

Nkosi Johnson of South Africa, the eleven year old boy who gained international acclaim for his role in the fight against AIDS, also experienced some level of discrimination and was only permitted to attend school in the second term of the school year. Ignorance surrounding AIDS must be addressed as school initiative and teachers themselves must guard against discriminatory practices in dealing with children who are HIV positive. Therefore teachers need to be vigilant about the possibility of discrimination in schools and take swift action to defuse discriminatory practices. (The HIV/AIDS Emergency: Department of Education Guidelines for Educators: 2002). Whilst teachers have been entrusted with the watchdog status, with the responsibility of chastising those guilty of discrimination, I would like to know what if teachers themselves are the ones perpetuating a cycle of discrimination and prejudice. How would teachers then be able to care for and support learners entrusted to them?

2.5. CONCLUSION OF SECTION A.

Teachers will have to become aware of their own prejudices and biases in order to engage critically with the inclusion of HIV/AIDS education in the school curriculum. For many educators social taboo and cultural subjectivity play a vital role in how HIV/AIDS education is approached. The consequences of not dealing with the HIV/AIDS in the school system are fatal because children who nurture incorrect perceptions and beliefs will be unlikely to take precautionary measures and therefore render themselves at risk to HIV infection. The way in which educators engage with HIV/AIDS education can be explored in terms of how these practices are shaped by their own beliefs and cultural practices.

Like teachers, learners, too, have their own identity that shapes the way they enact

with the curriculum and the perceptions that they develop about issues such as the AIDS pandemic. As such identity is an extremely complex entity that dictates what we learn and how we learn.

SECTION B: RESEARCH PARADIGM

2.6. HERMENEUTIC PARADIGM

Schleiermacher's Hermeneutics is the art of understanding discourse together with the art of avoiding misinterpretation (Richardson:1969). In this study I try to make meaning of what teachers do and why they make the choices that they do in the teaching of HIV/AIDS.

According to Schleiermacher descriptions and meaning are fixed and the task of the perceiving person is to work out what is being said and to interpret the language that is used in order to establish the true meaning (ibid). However Schleiermacher was a religious scholar who based his opinions on biblical texts. In terms of HIV/AIDS education, meanings are not fixed but depend on who is doing the listening. Thus understanding what teachers say and do depends on an interpretation of language and thought. Different listeners may interpret language differently and each researcher faces the dilemma of making meaning of what is said or read in order determine whether a spoken or written utterance is truthful (ibid). Thus we can only understand the meaning of a spoken or written word if we can correctly determine its source (ibid). In terms of the present study teachers are the chief sources of information in order to understand and interpret how HIV/AIDS education is being negotiated in the classroom. Errors in the interpretation of the meaning may be quantitative (formal) if they cause misunderstanding of the rules or principles

according to which discourse is developed, or may be qualitative (material) if they cause misunderstanding of its content (ibid).

SECTION C: THEORETICAL FRAMEWORK

2.7. INTRODUCTION

Epstein (1978) defines identity as the process by which the person seeks to integrate various statuses and roles, as well as his diverse experiences, into a coherent image of the self. In terms of rapid change, identity cannot be seen as fixed, but as a negotiated, open, shifting and ambiguous result of culturally available meanings and the enactment of those meanings. (Sachs: 1999). In terms of this study the focus on identity is to understand what teachers do in moments when there is a need for shifting roles and responsibilities when dealing with HIV/AIDS at schools. Under the current conditions of change and continuous educational re-structuring in post-apartheid South Africa, teachers have been faced with the task of educating children about HIV/AIDS, an aspect of the curriculum that is to many teachers, new and unknown territory. Whereas in the past teaching roles and responsibilities were restricted to the delivery of pre-scribed curricula, policy dispensation in post-apartheid South Africa, as indicated in the Norms and Standards for Teacher Education, demands that teachers fulfil a multitude of new responsibilities in order to accommodate a changing curriculum as well as to cater to the diverse needs of learners.

However, within the context of uncertainty and multiple educational restructurings, teachers' professional identity is not straightforward. There are incongruities between the defined identity of teachers as proposed by systems, unions and individual teachers themselves that change at various times according to contextual and

individual factors and experiences. Curriculum change and policy development in post-apartheid South Africa has engulfed the education sector and has become a vital component of education renewal. Within the broader policy context, I aim to uncover how the teacher positions himself within these uncertainties and how he engages with HIV/AIDS education. I will argue that whilst humanist notions of the self are viewed as a neat, coherent package (Huberman: 1993), teachers occupy multiple social positionings that impact on the teaching of HIV/AIDS education in the intermediate phase.

2.7.1. IDENTITY THEORY

Identity theory is a micro-sociological theory, which links self-attitudes or identities to the role relationships and role-related behaviour of individuals. In this study the issues around identity are analysed to provide a deeper understanding of the teacher and the discourse of HIV/AIDS. Identity theorists (Stryker: 1968; Stryker and Burke: 2000) argue that the self consists of different identities each of which is based on occupying a particular role. Identities can be defined as one's answer to the question 'Who am I?' (Stryker and Serpe:1982). The answers to the question 'Who am I' are closely linked to the roles that we occupy in society. For example, familial identities might include those of parent or spouse and occupational identities might include those of teacher. Thus the role of the mother encompasses certain tasks that are consistent with what a mother is expected to do. For example a mother is expected to cook, wash and clean the house. Mothers are also expected to care for and nurture their children. Hence the role of the mother is not fixed but takes on different dimensions as process of ongoing negotiation. Identity must be forever re-established and negotiated (Sachs: 1999).

Similarly, teachers' roles must to be fluid. Teaching responsibilities are part of the negotiation process with the learner. In view of the pandemic nature of HIV/AIDS,

and in cognisance with the social repercussions of the disease, is the implication that teachers cannot detach themselves from their learners. All actions taken by teachers can be viewed as role behaviour. However within role taking is the identity of the self, since identity is a conscious awareness of 'who we are' (Elliot: 1993). Becoming a teacher entails the commitment to the professional values of the culture of teaching. Therefore the very act of teaching confers the role of professional identity on the teacher. Role identities are said to influence the behaviour of a person because each role has a set of meanings and expectations for the self (Burke and Reitzes: 1981). Our identities are influenced by what we believe others think of us. Thus role identities are measured in terms of how I think others think of me as a mother, as a father or as a teacher (Stryker and Serpe: 1982). Traditionally the role of the teacher was defined according to societal norms conferred upon the institution of teaching. As such the role of the teacher was confined to imparting of knowledge in the form of pre-designed and prescribed curricula. Furthermore, as the sole providers of knowledge, teachers also exerted power over the learning situation and learners internalised their roles to mean 'shut up', 'sit still' and 'listen.'

Teachers and learners therefore act in a manner that is consistent with the teacher-learner relationship of the past. As such Wright and Tuska (1967) suggest that a teacher is affected considerably by the quality of relationships that he or she had experienced as a child, with important adults like mother, father and teacher. Therefore becoming a teacher is to some extent a process of trying to become like significant people in one's childhood or trying to replicate early childhood relationships. According to this view, teachers are governed by the effects of early childhood influences on their personalities (Wright and Tuska: 1967). Therefore important relationships that a teacher had formed with his or her own parents and teachers, will have a profound impact on the role that he or she adopts in the teaching of HIV/AIDS and the relationships that are formed with learners. Kornerup (2001) argues, for example, that the process of identity for female teacher, is

inspired by a gendered dimension, which has significance and meaning in the construction of professional identity. Thus female teachers will act in a manner that is consistent with female-role stereotypes such as caregiver, nurturer, and protector.

Lortie (1975) confirms that role behaviour and teacher socialisation occurs through an "apprenticeship of observation" model where teachers internalise teaching methods and role behaviour that they had observed when they themselves were learners in the classroom. Thus a teacher's practice is influenced by the way that he or she was taught and therefore teachers teach in a manner that is consistent with the way they experienced teaching when they themselves were learners. When teachers enter the teaching profession they already 'know' what their roles are as teachers. Teachers identify with role models who they perceive to have been good teachers and their teaching is designed to emulate such teachers.

Identity theory is strongly associated with the principles of symbolic interactionism as espoused by George Herbert Mead. Symbolic interactionism focuses on action and behaviour in the construction of meaning as well as on the principle of pragmatism which focuses on the self as the product of interaction with others in society (Graff: 2001). In this study I try to understand how educators and learners are experiencing HIV/AIDS education at school. Mead makes a distinction between the 'I' and the 'me' (Elliot: 1993). The 'I' is the response that we make to the attitude of others whereas the 'me' is the organised set of attitudes of other people, which we assume for ourselves. The 'I' is safe from the outside world whilst the 'me' can be assessed by others in the social world (Elliot: 1993). Very often the 'I' and the 'me' interfere with one another. Therefore teachers in schools often experience dissonance because they are torn between personal issues such as the teacher's environment, his home, family and background and professional values (Eliot: 1993). Thus the teaching of HIV/AIDS becomes complicated.

In this study I try to understand what are the forces that guide teachers and learners in their interactions with one another when dealing with the issue of HIV/AIDS in the curriculum of the intermediate phase. The dominant influence of society over the individual is of paramount importance to HIV/AIDS education programmes carried out at schools. Societal factors such as socio-economic home conditions of learners, poverty and child sexual abuse are key discourses in the HIV/AIDS education programmes. The impact of increasing deaths of parents and caregivers imposes a fresh set of encumbrances to the development of young children. The discourse of HIV/AIDS has challenged the traditional role of the educator who has to assume multiple roles in response to the needs of learners. The teacher must engage with issues, which involves the emotional and physical well-being of the learner in addition to the intellectual development.

The concept of identity salience is very important in identity theory because the salience that we attach to our identities influences how much effort we put into each role that we perform (Burke and Reitzes: 1981). Thus the multitude of identities that are contained within the self are ranked according to a hierarchy where identities which are classified highest are most likely to be invoked in situations that involve different aspects of the self (Stryker: 1968). Thus the teacher would probably enact responsibilities that is considered to have greater significance than other role functions. For example, if a teacher believes that his/her job is merely to impart knowledge to learners then this function will be all-consuming. The teacher will not adopt a multi-disciplinary approach to the process of teaching, and the focus will be on those responsibilities that has the highest salience for a particular teacher.

For the purpose of this study, I use identity theory to discuss the role of the educator in society and how this role is conferred upon the educator by society. Thus teachers define their roles in society as a response to the labelling process where the identity

of the teacher is shaped by age-old traditions of the teacher through a process of labelling or self-definition. Thus identity theory focuses on self-definitions teachers apply as a result of the structural role positions that they occupy in society (Pillay: 2003). Identity theory regards the identity of the educator as a static component of structural role positions as determined by society and allows minimum opportunity for the teacher to reflect on his own teaching practice and to ask the question 'What kind of teacher am I?' An identity that is fixed is counter-productive to the teaching of HIV/AIDS education since the teacher's job is no longer restricted to imparting of knowledge.

2.7.2. SOCIAL IDENTITY THEORY

In both identity theory and social identity theory, the self is viewed as reflexive because it can it can take itself as the object and it can categorise, classify or name itself in a particular way in relation to social categories or classifications. In social identity theory this is referred to as self-categorisation whilst in identity theory it is referred to as identification (Turner; Hogg; Oakes; Reicher and Wetherell: 1987). When we assign categories to people we learn things about those people whilst simultaneously learning things about ourselves. We define appropriate behaviour by reference to the norms of the groups that we belong to. We identify with groups that we perceive ourselves to belong to. (Turner et al: 1987). Hence teachers act and behave in a manner that is consistent with behaviour that is expected of teacher practitioners.

Having a social identity means being like others in a group and seeing things from the group's perspective. In contrast to social identity, having a particular role identity means acting to fulfil the expectations of the role as well as to co-ordinate interaction with role partners (Stets and Burke: 1999). The basis of social identity resides in the

perception and action amongst group members whilst the basis of role identity resides on the differences in perceptions and actions that accompany a role as it relates to counter roles. Group identification influences the view of the self as prototypical in the group. Thus social identity views the self as having a fixed identity which is understood in terms of group identification where conformity to the norms and expectations of the social group to which one belongs, is prevalent. According to Hanson (1995) teacher development is a complex human and professional process which combines personal and environmental factors that are often poorly understand (Hanson: 1995).

In terms of group identity teachers see themselves as belonging to a generic category of teachers. In the past teachers were trained according to categories such as primary school teacher or high school teacher. However these categories are further divided into other categories such as junior primary teacher or senior primary teacher. According to Sachs (1999) teachers see themselves as belonging to the broad category of primary school teacher with further differentiation being made on the issue of specialisation according to subjects such as music teacher, physical education teacher, maths teacher or science teacher. Thus teacher identity was fixed according to subject specialisation as well as according to the age of learners that he or she taught (primary or high school). In the intermediate phase, teachers who were trained as subject specialists are no longer expected to teach one subject alone. One of the guiding forces of the education system of the past was the emphasis on core subjects such as mathematical and scientific ability. Under the new system, areas of development, which were unheard of in the past, have now been given prominence. The introduction of Life Orientation learning area focus, of which HIV/AIDS is a component, is a new domain for many teachers. What are the implications of teacher training programmes for the teaching of HIV/AIDS education?

If one considers the identities of the teacher and that of the learner, the roles of teacher and learner are roles that are defined within the organisation of the school (Stets and Burke: 1999). Thus in the past, the teacher-learner relationship was defined by clearly demarcated boundaries which could not be transgressed by either teacher or learner. HIV/AIDS now challenges such boundaries and we therefore encounter the blurring of boundaries where teachers and learners are forced to interact with one another outside of the traditional norms of teaching and learning and outside of the walls of the classroom. The transient nature of education makes it a process of dynamic change where identities – both teachers' and learners' - cannot be clearly defined.

Identity is not fixed, immutable or stable. Rather it is regarded as something that is constructed, created, recreated and developed through different social processes (Robertson and Richards: 2003). For the purpose of this study, I will explore how the HIV/AIDS has challenged the prototype of the teacher as indicated by identity theory and social identity theory. HIV/AIDS has now forced the educator to re-evaluate what it means to be a teacher. Is the teacher's role merely to teach or does he/she face a more challenging task when confronted with the HIV/AIDS?

In terms of teacher identity interplay of relations between society and the individual has a determining impact on the development of how the teacher carries out teaching practice and how teaching is received by learners. Factors such as gender, race, class, religion, culture, sexuality, disability and age are markers that determine how identity is developed (Robertson and Richards, 2003: 37). Thus for both teachers and learners the social structures and processes that shape our identities are situated within discursive fields where language, social institution and power exist and interact in order to produce competing ways of giving meaning (Robertson and Richards, 2003: 38). HIV/AIDS education has highlighted the complex nature of

classroom relations that exist between teacher and learner and allows the teacher to reflect on his practice by constantly asking the question 'who am I?' and how do I make meaning of my responsibilities within the context of HIV/AIDS? Learners too, bring to the classroom an identity that is shaped by social factors. Whilst teachers construct themselves as belonging to certain groups, learners too, construct themselves in terms of group identities.

2.7.3. CRITIQUE OF IDENTITY THEORY AND SOCIAL IDENTITY THEORY

Now that I have presented identity theory and social identity theory as a framework I realise that these theories, whilst providing the necessary background for this study, lack the conviction that I need to discuss issues such as gender stereotypes, racial prejudice, and cultural practices. Therefore I am going to introduce Samuel's forcefield model to provide greater structure and to add value and credibility to the present study.

2.8. THE FORCEFIELD MODEL OF TEACHER EDUCATION

Samuel's forcefield model captures essentially the interacting forces that mould and shape teachers lives. Whilst this model essentially focuses on the construction of meaning for understanding the development of student teachers (Samuel: 1998), for the purpose of this study I use this model to understand the practices of teaching and learning from the perspective of educators and learners in the intermediate phase. According to Samuel (1998) a teacher is pushed and pulled in different directions by forces that control and impact on the way that he conducts his classroom practice.

This model suggests that inertial forces such as culture, religion, gender, linguistic and racial heritages push and pull against contextual forces exerted by school managers, school policies and environment as well as from programmatic forces such education policies, curriculum policies, and classroom practice. Many of these forces pull teachers in different directions (Samuel: 1998). Teacher development and identity therefore occurs as a result of intersecting forces (Samuel: 1998). It is through the process of interaction with all these forces that a teacher is able to make sense of teaching and develop a professional identity.

Whilst teacher identity is developed by competing forces of influence, learners too are tugged at by differing forces of influence. As such the home environment that a learner comes from, peer influences shape the identity of the learner. Other factors such as death of parents, child sexual abuse, pupil perceptions about HIV/AIDS, absenteeism, etc. are contextual forces that impinge on how HIV/AIDS education is understand how in making choices about teaching and learning practices within the context of HIV/AIDS education the teacher has to negotiate the knowledge that is provided by the department in terms of policies and curriculum, as well as the teacher's own biographical and personal knowledge with the realities that play out at the school site. I want to understand how, what teachers do either challenges or perpetuates the stereotypes. Samuel's forcefield offers me a better understanding of the complexity that prevails in the teaching of HIV/AIDS education.

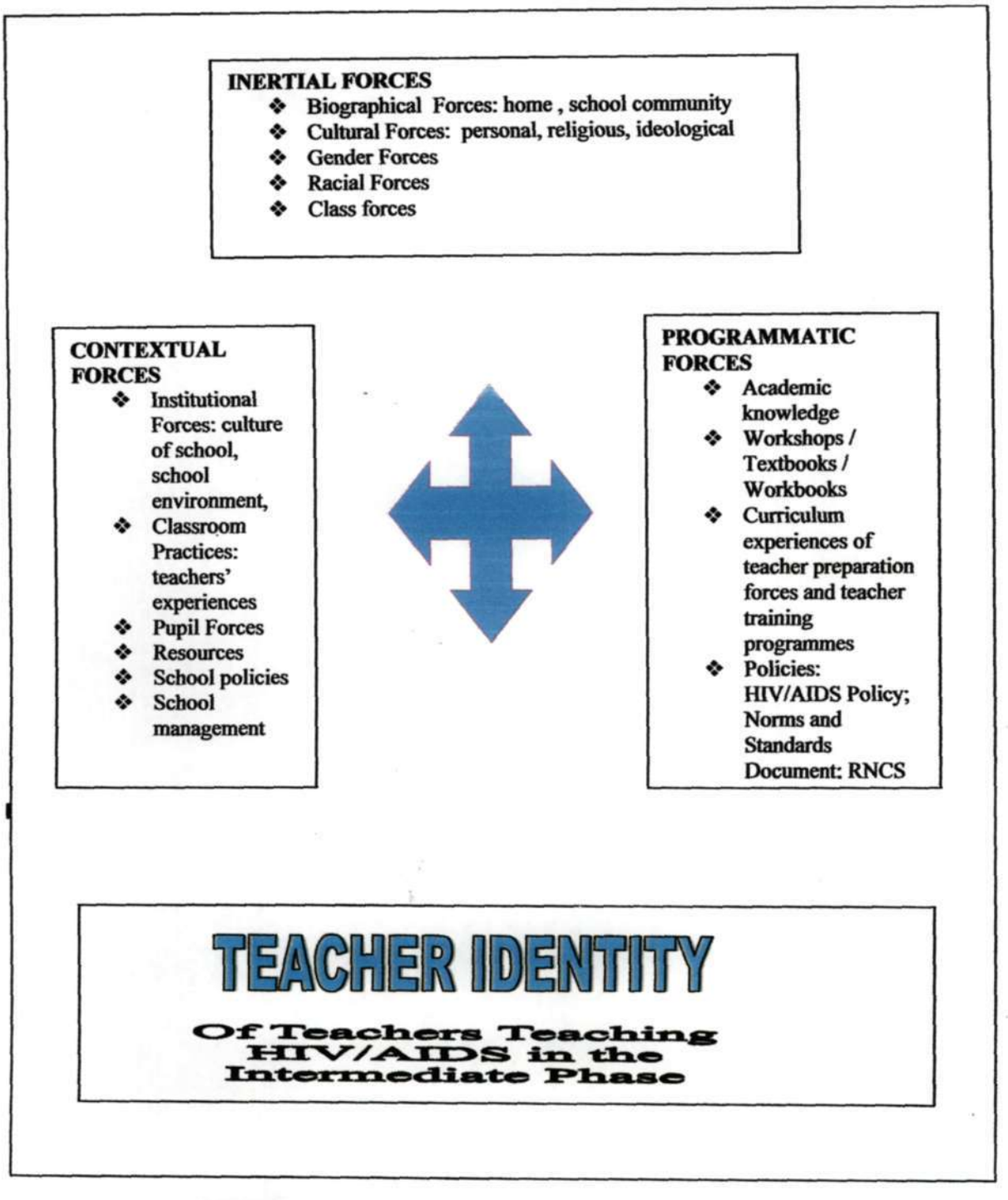


Figure 5: Samuel's Forcefield Model (Adapted for this Study)

2.9. CONCLUSION OF SECTION C

Identity and identity formation is a vital aspect of HIV/AIDS education. It shapes meaning making and teaching practices. Various influences impact on the way in which both teacher and learner construct meaning of classroom interaction. What must be understood is that rethinking classroom practice is exceptionally demanding for teachers in the face of changes in policy and curriculum. As a result of the paradox underpinning changes in education policy and practice, the very notion of 'teacher' and 'learner' identity becomes complex and teaching and learning becomes contradictory because both teachers and learners inhabit multiple identities.

CHAPTER THREE

RESEARCH METHODOLOGY

"My son has died of AIDS"

Nelson Mandela

Quoted in Sunday Tribune- 09-01-2005 on the death of Makgotho Mandela.

3.1. INTRODUCTION

Methodology is largely a theoretical reflection on the manner in which research is conducted and therefore reflects upon whether the methods utilised in conducting social research are acceptable or not. The ultimate value of a research study depends on the methods, procedures and techniques utilised by the researcher. The type of questions that he is asking and the study that he has undertaken guides the researcher in his methodology. In this study HIV/AIDS in schools and the manner in which this subject is taught and learnt in the intermediate phase is what informed my choice of methods and the direction that this research proceeded as I went about collecting data for my study. This chapter provides a description of the methods used in collecting and interpreting data my study.

3.2. LOCATION OF STUDY

This study is located in a peri-urban area to the south of Durban in Kwazulu-Natal called Isipingo. This area has ten schools, which are in close proximity to

each other, and caters for a diverse group of learners who, in most cases, commute daily to schools from outlying residential areas such as Folweni, KwaMakhutha Township and Umlazi. The homes that children come from differ greatly in terms of socio-economics. There are those that come from the upper echelons of the social ladder whilst there are still others whose homes are rife with poverty and social deprivation. Thus schools found in this area are a melting pot of learners from diverse home backgrounds with differences that include a cultural, religious and a racial mix as well as diversity in terms of capital wealth.

Those learners that travel to school on a daily basis often experience many perils on the way to and from school. Some children leave home very early and walk long distances to arrive at school. Some children are also at risk when they travel in mini-bus taxis and public transport.

I believe that the site that I had chosen is highly suitable as a research since it offers the challenge of encountering learners of a diverse nature. The educators who teach at these schools are also a pluralistic group. Many of the teachers themselves do not reside in the area and they too, commute from other areas to the schools that they service. Hence, it is not uncommon to have little contact between the home and the school. In the following tables I present a racial profile of teachers and learners of the research site. Information in these tables was supplied by schools.

Figure 6: Race Profile of Teachers

School	Total number of Teachers	Classification according to Race							
		Indian		Black		White		Coloured	
		N	%	N	%	N	%	N	%
Primrose Primary	16	11	69%	5	31%	0	0%	0	0%
Isipingo Beach	25	25	100%	0	0%	0	0%	0	0%
Platt Drive Primary	13	2	15%	11	85%	0	0%	0	0%
Orissa Primary	23	21	91%	2	9%	0	0%	0	0%
Orient Hills	25	20	80%	5	20%	0	0%	0	0%
Windy Heights	30	25	88.3%	4	13.3%	0	0%	1	3.4%
Isipingo Primary	30	27	90%	3	10%	0	0%	0	0%
Gokul Primary	21	19	90.5%	2	9.5%	0	0%	0	0%
Isipingo Hills	25	22	88%	3	12%	0	0%	0	0%
Kamalinee	27	26	96%	1	4%	0	0%	0	0%
TOTAL	**235**	**198**		**36**		**0**		**1**	
Percentage	100%	84.3%		15.3%		0%		0.4%	

(Figures as at November 2005)

Figure 7: Race Profile of Learners

School	Total number of Learners	Classification according to Race							
		Indian		Black		White		Coloured	
		N	%	N	%	N	%	N	%
Primrose Primary	662	4	0.65	656	99%	0	0%	2	0.35%
Isipingo Beach	721	512	71%	202	28%	0	0%	7	1%
Platt Drive Primary	516	0	0%	516	100%	0	0%	0	0%
Orissa Primary	852	247	29%	605	71%	0	0%	0	0%
Orient Hills	878	263	30%	615	70%	0	0%	0	0%
Windy Heights	1000	190	19%	800	80%	0	0%	10	1%
Isipingo Primary	1000	140	14%	850	85%	0	0%	10	1%
Gokul Primary	803	191	24%	612	76%	0	0%	0	0%
Isipingo Hills	740	108	14.5%	632	85.5%	0	0%	0	0%
Kamalinee	1000	850	85%	150	15%	0	0%	0	0%
TOTAL	**8172**	**2505**		**5638**		**0**		**29**	
Percentage	100%	30.6%		69%		0%		0.4%	

(Figures as at November 2005)

3.3. MAKING MEANING OF METHODOLOGY - QUALITATIVE AND QUANTITATIVE

According to De Vos (1998) *qualitative research is a multiperspective approach (utilising different qualitative techniques and data collection methods) of social interaction, aimed at describing, making sense of, interpreting or reconstructing this interaction in terms of the meaning of the subject attached to it.*

Qualitative research approaches (such as the case study) can be used to good effect to generate a deeper psychosocial understanding of the widespread quantitative evidence indicating slow behavioural change in South Africa about HIV/AIDS (Rubin and Babbie: 1997). With the extensive focus of the public eye on HIV/AIDS education it is reasonable to question to what extent the HIV/AIDS education programmes implemented at schools have led to significant behaviour change. Regular reports in newspapers seems to support the view that increasing numbers of people continue to be infected with HIV/AIDS in spite of everything that is being done to prevent the spread of the disease. Rubin and Babbie (1997) assert that qualitative research methods could lead the way for quantitative studies on HIV/AIDS or it could yield results that are adequate on their own. Furthermore qualitative studies provide opportunities to conceptualise subjective meanings of phenomena such as HIV/AIDS in order to test theories of future such studies (Rubin and Babbie: 1997). For this particular study, the qualitative research approach seemed to be the most appropriate and effective means of data collection as this approach delved deeper into the lives and experiences of educators.

Mcmillan and Schumacher (2001) suggest that qualitative research enables the researcher to view reality as an interactive and shared social experience that can be studied from the participant's own perspective. This study primarily utilises

techniques such as focus group interviews and observations as major research tools, with the quantitative method being used as a supporting technique through the use of questionnaires. A combination of qualitative and quantitative methods together meant that the weaknesses of one approach are cancelled out by the strengths of the other thus bringing about triangulation (Miller and Brewer: 2003). In social research triangulation infers the combination of different methods, methodological perspectives or theoretical viewpoints (Miller and Brewer: 2003). Qualitative research is very relevant to this particular study since it provides the researcher with the opportunity to interact with participants in their natural setting and to collect data via interviews with subjects. Although there is a wealth of information that is provided by medical research on the physical effects of HIV/AIDS on the human body, the HIV/AIDS pandemic must be viewed in conjunction with the cultural and traditional ethos prevalent in society. MacPhail and Campbell (1999) suggest that increased attention be given to qualitative research in seeking information on the impact of HIV interventions in society.

For this study the understanding of what goes on in the classroom between teacher and learner is of relevance. How do teachers make sense of teaching? How do learners assimilate what they hear in the classroom? Qualitative research allows for the in-depth assessment and analysis of the issue being researched and it enables the investigation of sensitive and complex issues such as HIV/AIDS (Miles and Huberman: 1994). Qualitative descriptions also convey subjective feelings on the experiences of research participants, providing detailed information on the interactions, environments and everyday life occurrences (Rubin and Babbie: 1997). Although the whole world is on 'AIDS' alert in an attempt to curb the spread of the disease, there are a multitude of impediments to AIDS education programmes implemented at schools, which can only be

understood in terms of the experiences of both educators and learners when dealing with issues of curriculum.

3.4. JUSTIFYING THE CASE STUDY AS A RESEARCH METHOD

The topic of HIV/AIDS is a relatively new topic in school curriculum. Many teachers and learners are trying to deal with the teaching and learning of this HIV/AIDS education amidst education change and curriculum reform. Employing a qualitative case study approach enabled me to understand the interplay of emotions and experiences on the issue of HIV/AIDS at schools. I found the qualitative case study design to be appropriate in understanding why teachers teach as they do and why learners learn as they assimilate HIV/AIDS education. The case study proved to be useful in gaining insights into the complexity of feelings, emotions and educational practices of respondents.

The advantage of case study research is that it excels at leading us to an understanding of a complex issue such as HIV/AIDS and can strengthens what is already known from previous study (Soy: 1996). Social scientists have made use of the case study qualitative research method in order to examine real-life situations and to provide the basis for the application of ideas and the extension of methods (Soy: 1996). The case study can be defined as a method as "an empirical inquiry that investigates a contemporary phenomenon within its real-life context when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are required" (Yin, 1984: 23).

3.5. DEFINING RESEARCH QUESTIONS

The first step in case study research is to determine a strong research focus to which the researcher could refer during the course of study of complex phenomena. The researcher establishes the focus of study by formulating questions about the situation that is to be studied (Soy: 1996). In a case study the object of study is often a group of individuals or a program (ibid). In this particular study, the object of study is a group of educators who teach HIV/AIDS education in the primary school, more especially, the intermediate phase. Although the unit of analysis for this study is teachers, I validate data by briefly focussing the study on learners who experience HIV/AIDS education in the intermediate phase. Thus learners are not the main focus of this study but sources of data. The teacher, the learner and HIV/AIDS education are all linked to each other.

3.6. DATA GATHERING TECHNIQUES

In case study-research a variety of data gathering methods are used in the production of data. The strength of case study method is that multiple sources and techniques are used in the gathering of data (Soy: 1996). Data gathering tools could include surveys, interviews, document review and observation (Soy: 1996). In this particular study I chose to use tools such as questionnaires, focus group interviews, review of documents such as department policies, observation of teachers and learners in the classroom setting and informal discussions with learners to produce data on teaching and learning practices in the context of HIV/AIDS education. Some of the work of learners in the form of drawings and poems were also analysed.

3.7. SAMPLING

De Vos (1998) described sampling as taking any portion of the population or universe as representative of that population or universe. The researcher selects a subset of the population for the purpose of the study.

There are two types of sampling designs, viz. probability sampling and non-probability sampling. Probabiltiy sampling is based on the random selection of subjects where each subject has an equal chance of being selected for the sample (Kumar: 1996). Non-probability sample occurs where random selection does not apply. Groenewald (1986) indicates that the process of non-probability sampling is intentional and purposive.

There are four main types of non-probability sampling designs that are used in qualitative research. These are quota sampling, accidental sampling, judgmental or purposive sampling and snowball sampling (Kumar: 1996).

For the purpose of this study, purposive sampling designs were implemented in selecting respondents for the study. Purposive sampling requires that certain elements relevant to the study be included. The criterion for the selection of educator research participants were that they had to be educators involved in the teaching of HIV/AIDS to learners in the intermediate phase of primary schools. Learners were sampled opportunistically in a case study at one school site.

3.8. DATA COLLECTION FROM EDUCATOR RESPONDENTS

Because case studies generate large amounts of data from multiple sources, the organisation of data should be systematic so that the researcher does not become overwhelmed. All questionnaires that were distributed to educators were

enumerated and coded per school. Teaching and learning of HIV/AIDS is a delicate and sensitive matter and both educators and learners are sceptical of anyone involved in research on the topic. Therefore the questions that were asked in both the questionnaire and the focus group interview were non-intrusive and non-threatening.

3.8.1. QUESTIONNAIRES

For the purpose of this study, questionnaires were used as the initial exploration into the study in order to obtain an overview of teachers' responses on the teaching of HIV/AIDS in the intermediate phase. For this study graphs and tables were used to analyse and represent data. The questionnaire seemed to be the most common technique for collecting data on beliefs, values, behavioural patterns and customs (Chetty: 1995). The advantage of the questionnaire is that it allows for a mass of information to be collected quickly and uniformly and they provided scientific evidence from which generalisations and comparisons could be made (Chetty: 1995). Questionnaires were therefore useful in collecting data on the interactions that occur between teachers and learners on the subject of HIV/AIDS education.

I adapted the postal survey method in the distribution of surveys. This practise usually involves mailing questionnaires to respondents. However, I employed a variation of this method by personally distributing questionnaires to schools. Respondents were given a week to complete the questionnaires after which they were collected by the researcher.

3.8.2. SAMPLING FOR QUESTIONNAIRES

Initially a broad survey questionnaire was distributed to six educators of each of the ten schools in Isipingo. At primary school, class-based teaching is done where the teacher is expected to teach all subjects. Therefore as many teachers as possible were sampled. It is however the practice at some schools to divide learning areas between educators in order to ease the workload. In this case teachers were still requested to complete the questionnaires since they would at some point have encountered the teaching of life orientation which is where HIV/AIDS education is located in the school curriculum.

3.8.3. QUESTIONNAIRE DESIGN

The questionnaire was formulated in English. It consisted of twenty questions that were categorised into three sub-sections. Section A consisted of four questions that focussed on bio-data of respondents such as age, years of teaching experience, gender and an optional question on race. All questions in this section were close-ended.

Section B of the questionnaire focussed on teaching and support of educators from different stakeholders. There were ten questions in this section. Nine questions followed the closed, structured question format where respondents merely ticked appropriate responses. Structured questions were highly suitable because they were easy to administer and they were pre-coded facilitating data processing and data analysis. This section also consisted of one open-ended question where respondents filled in the response in their own words. I found the open-ended question useful in determining the more deep-rooted motives, expectations and feelings of educators in dealing with HIV/AIDS education at schools. I was also able to pry out a wide range of opinions.

The last section focussed on the school curriculum and consisted of five structured and one open question.

3.8.4. FOCUS GROUP INTERVIEWS

After the questionnaires were administered, in-depth interviews took place. Data was collected at three sites out of the population of ten schools in order to gauge the responses of educators at different schools. One-third of the population is sufficient to produce reliable data. The sampling technique used to collect data for the focus group interviews was random selection.

The qualitative method used to collect data for this study was the focus group interview. Morgan (1988) asserts that the purpose of a focus group is to understand what people experience and perceive about the focus of inquiry, through a process that is open and emergent. A group interview can applied to those situations where the assembled group is small enough to permit genuine discussion among participants (Stewart and Shamdasani: 1990). According to Kreuger (1998) a focus group can be defined as carefully planned discussions, which are designed to obtain perceptions in a defined area of interest in a non-threatening environment. The focus group interview proved to be effective in obtaining responses to the teaching and learning of HIV/AIDS from educators who are involved in the teaching of this subject. The participants of each of the three focus group interviews were from a specific school site. Thus there was therefore a degree of familiarity amongst participants that enabled responses to flow.

Glesne and Peshkin (1992) suggest that interviewing more than one person at a time sometimes proves useful since some people need company to be encouraged to talk. Furthermore some topics are enhanced by discussions amongst a small group of people who know each other. I found that focus groups were most useful in stimulating discussion on HIV/AIDS education at schools. During the group discussions, participants were sometimes influenced by the comments of other participants. The contentious nature of HIV/AIDS issues led to fiercely debated discussions and responses. Opposing views and opinions were often noted. The dynamics of group interaction played a vital role in gaining insights that would not have emerged through individual interviews. Hence, interesting data was produced via the focus group interview.

Focus group interviews were conducted at three separate research sites. Each interview had three participants. Interviews took place in a single session, which lasted approximately one hour to ninety minutes each. Permission for the study had to be obtained from school principals who were reluctant to allow interviews to take place during school hours. This placed the researcher in a quandary since it is difficult to get groups of educators from the same school after school hours. Considerable time and effort was spent in organising the interviews at the convenience of the schools and educators participating in the study. Scheduled interviews had to be convened with minimal disruption to the school time-table. The sample for the interviews is represented in the following table.

Table 8: Sampling for the focus group interviews

Respondents	SCHOOL 1	SCHOOL 2	SCHOOL 3	Total
GENDER				
Male	1	0	1	**2**
Female	2	3	2	**7**
Total	**3**	**3**	**3**	**9**
RACE				
Indian	3	2	3	**8**
Black	0	1	0	**1**
Total	**3**	**3**	**3**	**9**

The informal or unstructured interview is generally the preferred method of interviewing for qualitative research since this method allows respondents to develop responses outside a structured format. However, the disadvantage of unstructured interviews is that the interviewer has to be highly skilled and that the volume of data collected makes the task of ordering and interpreting difficult, time consuming and tiresome (De Vos: 1998). Therefore data was collected via the semi-structured interview.

The advantage of the semi-structured interview is that the interviewer is in control of obtaining information from the respondent but at the same time is free to follow new leads as they arise. The semi-structured interview allowed an opportunity for the interviewer to probe and expand interviewees' responses and to gain explanations and information on material such as perceptions, attitudes and values which are not easily accessible via other methods (Partington: 2001).

Semi-structured interviews were well suited to explore how learners and teachers experience HIV/AIDS education at schools. In this study an interview schedule

was used as a guide for the collection of information. It contained open-ended questions and triggers, which stimulated discussion on issues such as curriculum change, child sexual abuse and the changing role of the educator. Some scenarios were described which formed the backdrop of responses to questions. The open-ended questions, triggers and the scenarios allowed respondents to expand, elaborate and clarify responses. All those schools participating in the study were assured of confidentiality and anonymity. Interviews were tape-recorded. Permission for the recording of interviews was sought from participants.

3.9. DATA COLLECTION FROM LEARNER RESPONDENTS

In order to understand how teachers and learners are engaging with HIV/AIDS education at schools it was imperative that the research design includes data collected from learners on how they experience HIV/AIDS education at schools. Therefore a case study at one school was undertaken, using classroom observation, in order to gauge the responses of learners. As was the case with the focus groups interviews, the case study was also undertaken on the basis of willingness to participate in the study. Permission for the study was obtained from the manager of the Isipingo circuit as well as from the principal of the participating school. Furthermore permission was sought from parents and learners for their participation. Learners were all from grade five classes of one particular school. The co-operation of the Grade five teachers concerned was a prerequisite for the observations to proceed. The educator was observed teaching HIV/AIDS education during two lessons where the topic of discussion was 'what children my age should know about HIV/AIDS.'

In this study I use the participant observation technique to delve deeper into the intricate entanglement of teaching and learning interactions that occur between teacher and learner in the classroom, from the point of view of the learner. I try to understand the teacher by looking at the learner. Participant observation can be regarded as a method or strategy that involves social interaction between the researcher and those being studied. This involves the active participation of the researcher in the social worlds of the participants in the study. In this particular study, the experiences of the learners were carefully noted by observations of classroom lessons. Data collected in this way included a collection of pupils' work such as poems and pictures. Furthermore, the researcher was able to collect valid and significant data via conversations with learners on the playground during lunch breaks. These discussions were incidental occurrences but proved to be extremely relevant to this particular study.

3.10. DATA ANALYSIS

In this study data from the questionnaires, interviews and case study were organised according to recurring themes and categories. The major themes that emerged from this study were related to biographical factors such as race, religion and culture; teaching roles and responsibilities and to formation of teacher identity as a result of intersecting forces of influence as described in the forcefield model (Samuel:1998).

3.11. LIMITATIONS OF STUDY

All research has limitations and every researcher is confronted by problems that may affect the findings of the study. The researcher must be aware of these limitations and the effects it may have on the validity of the results.

The present study was limited in the following ways:

- Since this study was confined to one suburb of Durban, the study may not be valid for schools in general. However, it could be generalised to schools in similar settings with similar groups of teachers and learners.
- The study was located within the intermediate phase and the findings may not be relevant to other phases of schooling such as foundation phase and senior phase.
- Sampling for the interviews was dependent on the willingness of respondents to participate in the study. Therefore it was based on accessibility and convenience. Random assignment of samples could not be guaranteed.
- The sample consisted of mainly Indian educators and African learners only. Therefore some conclusions that were arrived at may not apply to other race groups.

CHAPTER FOUR
ANALYSIS OF QUANTITATIVE DATA

4.1. INTRODUCTION

In this chapter I present an analysis of data collected via questionnaires. I try to understand what it means to be a teacher teaching within the broad context of curriculum renewal and change in the context of HIV/AIDS education. I also want to find out 'who' are the teachers that are currently teaching HIV/AIDS education in the intermediate phase and I want to know how ready they are for their engagement with their changing roles and responsibilities with specific reference to HIV/AIDS. What are the factors that shape what the teacher does?

In trying to understand what teachers do and why they make the choices they do, I will analyse the biographical forces and programmatic forces that shape one's identity and what these forces mean in the teaching of HIV/AIDS education. This chapter serves as an exploration into the main study and is intended to provide an overview of how the teaching of HIV/AIDS at schools is being negotiated in the intermediate phase in light of the changing roles that teachers encounter as well as within the broad re-structuring in terms of curriculum. I want to understand what the teacher does in the classroom in the teaching of HIV/AIDS education and how he or she creates spaces for learning around the issue of HIV/AIDS education. Findings will be represented either in

tabular form or graphically for greater clarity and a synthesis thereof will be provided.

4.2. BIOGRAPHICAL DATA

I believe that biographical data such as age of respondents, years of teaching experience, gender and race are important factors that contribute to the choices that a teacher makes during the course of his or her teaching practice. Teachers are shaped by their own experiences, by the years that they spent training for the profession as well as by race and gender. In his forcefield model of teacher development, Samuel (1998) argues that teacher development occurs as a result of intersecting and interacting forces within the context of competing influences. The forces of age, race and gender compete with programmatic forces such as teacher training programmes in order to create a reality of what really happens in the classroom. These forces, inertial, biographical and programmatic forces do not necessarily pull together in the same direction. Teacher development is therefore a process of managing the tensions that exist between the different forces (Samuel: 1998). Given that certain issues, such as sex and sexuality have until recently, been shrouded in secrecy, it is imperative to paint a picture of 'who' these teachers are that teach HIV/AIDS in the intermediate phase.

4.2.1. AGE

Age group

	Frequency	Percent	Valid Percent	Cumulative Percent
20 to 30	6	10.0	10.0	10.0
31 to 40	35	58.3	58.3	68.3
41 to 50	17	28.3	28.3	96.7
51 to 60	1	1.7	1.7	98.3
61 and over	1	1.7	1.7	100.0
Total	**60**	**100.0**	**100.0**	

With almost 60% of the teachers who fall into the age cohort of 31 to 40 years, there is a strong possibility that a large percentage of teachers had commenced teaching prior to the implementation of Curriculum 2005 and RNCS. What would age mean for the teaching of HIV/AIDS education? How do teachers, the majority of whom fall into the age cohort (31 to 40) respond to the demands for HIV/AIDS in the intermediate phase? Is age a barrier to the delivery of AIDS education programmes in the intermediate phase?

4.2.2. TEACHING EXPERIENCE

Teaching experience

	Frequency	Percent	Valid Percent	Cumulative Percent
1 to 5 years	5	8.3	8.3	8.3
6 to 10 years	10	16.7	16.7	25.0
11 to 15 years	20	33.3	33.3	58.3
16 to 20 years	15	25.0	25.0	83.3
21 years or more	10	16.7	16.7	100.0
Total	**60**	**100.0**	**100.0**	

33% of the teachers in the sample have between 11 and 15 years of experience, 25% have between 16 and 20 years of experience and 16% of teachers have of between 6 and 10 years. What is interesting is that 16% of the teachers in the sample have been teaching for over 20 years. This evidence indicates that the majority of the teachers in this sample had commenced teaching prior to the implementation of Curriculum 2005 and RNCS, when HIV/AIDS education was not part of the curriculum. Furthermore teaching responsibilities had in the past been moulded according to the philosophy of curriculum implementation. In this study I want to understand how teachers who have been trained in a particular way, whose professional identities were developed according to an ethos of

'implementers' now deal with the change in terms of policy as well as with the change in teaching responsibilities.

4.2.3. GENDER

Gender

	Frequency	Percent	Valid	Cumulative Percent
Male	9	15	15.	15
Female	5	85.	85.	100
Total	60	100.	**100.**	

85 % of teachers who teach in primary schools are **women**. Will the forces of a gendered identity be relevant to the way that teachers teach HIV/AIDS education and how do female teachers construct their identity in terms of HIV/AIDS education? In terms of identity theory the roles that teachers occupied in society were conferred. In this study I try to understand what roles and responsibilities teachers choose to foreground in the teaching of HIV/AIDS education, given that the majority are women?

4.2.4. RACE

The following table classifies teachers according to dominant **groups** prevalent in South Africa.

Race

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	African	9	15.0	15.0	15.0
	Indian	49	81.7	81.7	96.7
	Coloured	1	1.7	1.7	98.3
	Other	1	1.7	1.7	100.0
	Total	**60**	**100.0**	**100.0**	

This survey shows that that almost 82% of teachers of schools in the sample belong to the **Indian** race group. Stout (2001) maintains that the rapid growth of cultural diversity at schools impacts on teacher identity orientations. What are the implications of such findings? Is race a defining force in the construction of teacher identity? During the days of apartheid, teachers were separated into racially homogenous groups. As such interaction with other race groups was practically non-existent. Since 1994 there has been a radical change in the racial composition of learners in previously House of Delegates schools from predominantly Indian to predominantly African. Coupled with the cultural differences associated with race, is the omnipresent HIV/AIDS pandemic that has gripped the world. How do teachers make sense of teaching within the context of all these changes?

4.3. PROGRAMMATIC FORCES

The programmatic forces that teachers receive in order to prepare for teaching of HIV/AIDS education is extremely important and paints a picture of teachers that are presently teaching HIV/AIDS education in the intermediate phase. In this section I discuss the following issues:

- Whether teachers had attended workshops on HIV/AIDS.
- Whether teachers receive support for the teaching of HIV/AIDS.
- Who provides support?
- Whether resources are available to the teacher for the teaching of HIV/AIDS education?
- Where learning materials are obtained?
- Appropriateness of the HIV/AIDS curriculum (according to the teacher)
- Where HIV/AIDS education should be located in the school curriculum.

4.3.1. WORKSHOPS

Policies such as Development Appraisal System for educators, Whole School Evaluation and Integrated Quality Management Systems indicate that support mechanisms have been put into place for continuous professional development of educators. According to Singh (2003) teachers expressed a need for more workshops.

This table represents data on whether teachers have attended workshops on HIV/AIDS.

Workshops attended

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Yes	38	63.3	63.3	63.3
	No	22	36.7	36.7	100.0
	Total	**60**	**100.0**	**100.0**	

With more 63% of the sample indicating that they have attended workshops on HIV/AIDS there appears to be a concerted effort by the department of education to provide support to teachers for the teaching of HIV/AIDS education. Professional development activities such workshops seem to be the most common means of cascading information to teachers on the teaching of HIV/AIDS education. The roll-out of workshops on HIV/AIDS makes it clear that authorities who carry out these workshops (eg. Department of Health and Department of Education) are serious in their quest to bring about awareness about the HIV/AIDS pandemic. In utilising the services of teachers, it is evident that teachers are viewed as agents who have the power to engage critically with HIV/AIDS education at schools. However, attendance at workshops does not guarantee that HIV/AIDS will be taught in the manner that policies dictate. How

teachers choose to act with the knowledge, skills and values gained from workshops, is significant to this study.

4.3.2. SUPPORT FOR TEACHING

This table represents whether teachers receive support for the teaching of HIV/AIDS or not.

Support

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	47	78.3	78.3	78.3
	No	12	20.0	20.0	98.3
	blank	1	1.7	1.7	100.0
	Total	60	100.0	100.0	

More than 78% of teachers indicated that they receive good support for the teaching of HIV/AIDS. What does having good support mean? What I see is that teachers continuously seek reassurance about what they do. There is the recurring theme of reliance on forces outside the teacher to 'tell' the teacher that what he or she is doing is right. Thus what becomes evident is that teachers continuously seek 'help.' In the past teachers relied on prescribed formats from which to teach. The syllabus was handed down from one year to the next and very little in fact changed in the content of what was taught. When teachers request support, it could mean that teachers continue to construct themselves as a disenfranchised group who need to be told what to teach and how to teach?

4.3.3. SUPPORT FROM PARENTS

Very often teachers do not believe that they receive enough support from parents. In this graph it is evident that teachers and parents are isolated from each other in the process of teaching HIV/AIDS education to learners in the intermediate phase.

Parents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	blank	6	10.0	10.0	10.0
	Excellent support	1	1.7	1.7	11.7
	Good support	7	11.7	11.7	23.3
	Little support	17	28.3	28.3	51.7
	No support	29	48.3	48.3	100.0
	Total	**60**	**100.0**	**100.0**	

Almost 77% of respondents claim that there is little or no support from **parents** for HIV/AIDS education. This is catastrophic for the teaching of HIV/AIDS education because established links between the home and the school is necessary for the effective teaching of HIV/AIDS education. Khuzwayo (2004) maintains that a weak adult protective shield, poor parental monitoring and poor parent-child communication are factors that are detrimental to HIV/AIDS education. There appears to be dysfunctional relationships that exist between the home and the school. Teachers and parents seem to be on different wavelengths on the issue of HIV/AIDS. The lack of communication between these stakeholders in the fight against HIV/AIDS is cause for concern. Issues of identity, which determine why teachers and parents distance themselves from each other during the teaching process needs to be examined further. In the past it was the teacher's job to teach and parents, as the primary caregivers, provided pastoral care to children. The overlapping of responsibilities for both teachers and parents in the present scenario is therefore confusing and both teachers and parents continue to maintain the status quo of ' the teacher in the school and parents in the home'. The roles and responsibilities that teachers are expected to fulfil in the teaching of HIV/AIDS education transcends the traditional boundaries of teacher-pupil relationships. The domain of traditional teaching – the classroom – where the teacher reigned supreme is no longer the sole domain of the teacher. The blurring of responsibilities within the context of an HIV/AIDS education programme demands that both teachers and parents unite to fight against this disease and to guide the child into protection against

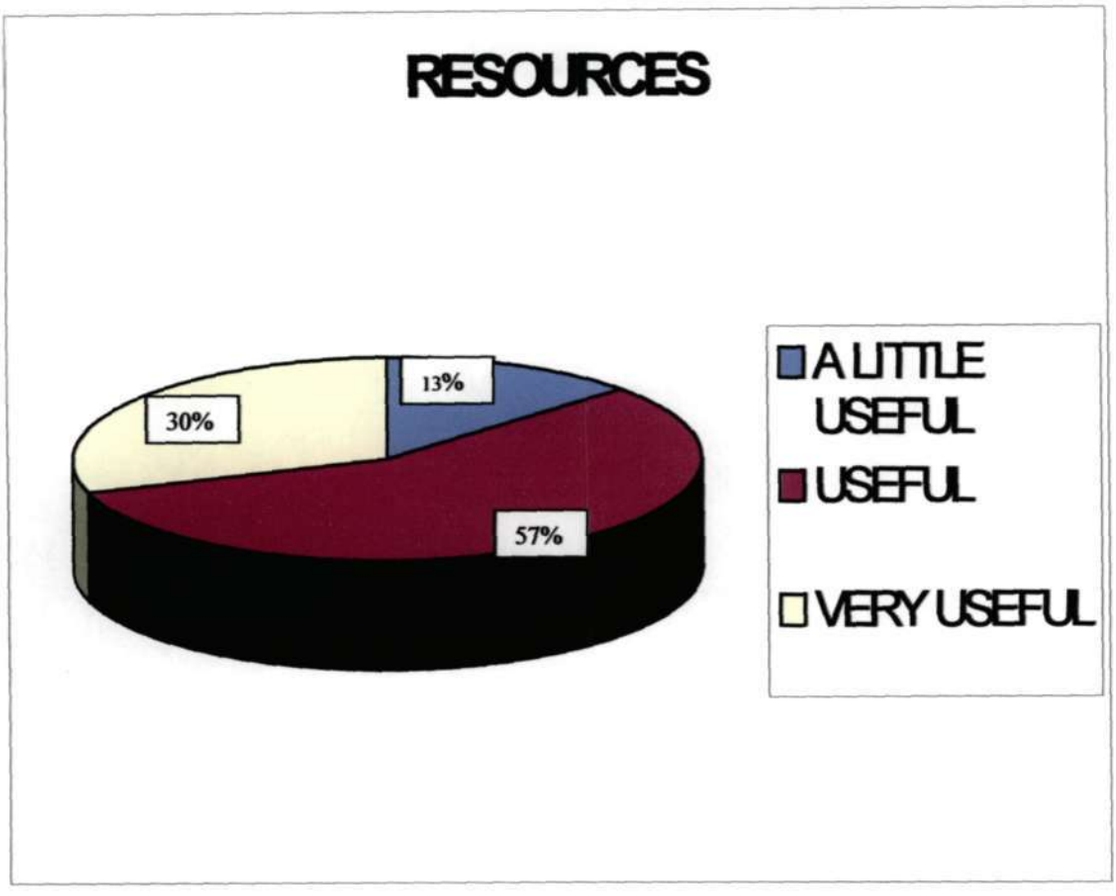
the disease. However this is not happening. The task of establishing strong partnerships between parents and teachers is riddled with problems (Hargreaves: 1999) because parents and teachers are often socially distanced from each other. It seems that teachers and parents exist as adversaries rather than allies.

4.4. RESOURCES and LEARNING MATERIALS

The resource of the textbook was used extensively during the cause of teaching in the past. Traditionally, teachers could not function effectively without the textbook as guide and lost the sense of identity if this resource is denied. Thus operative teaching was based on the provision of textbooks to the teacher for the practice of teaching.

4.4.1. USEFULNESS OF RESOURCES

In the following graph I present an analysis of whether resources that are provided for the teaching of HIV/AIDS education are useful to the teacher.



57% of respondents indicated that the resources that are available to teach HIV/AIDS education are useful and 30% indicated that they are very useful. Traditionally teachers relied on resources such as textbooks, which were provided by the department in order to teach effectively. Teachers had little or no say in the subject matter that was to be delivered to learners. All material was pre-designed. In terms of the present policy dispensation teachers have been given the opportunity to design relevant learning material for his or her learners, by becoming a researcher and a learner. However teachers continue to depend on the textbook as the means to communicate with the learner.

4.4.2. OBTAINING OF LEARNING MATERIALS

This section presents an analysis of data and the findings in respect of how and where teachers obtain teaching materials for the teaching of HIV/AIDS to learners in the intermediate phase.

4.4.2.1. DEPARTMENT

It has always been the practice of educators to receive textbooks from the department. The following graph shows that teachers depend on the department for the provision of learning materials.

Obtained from Dept

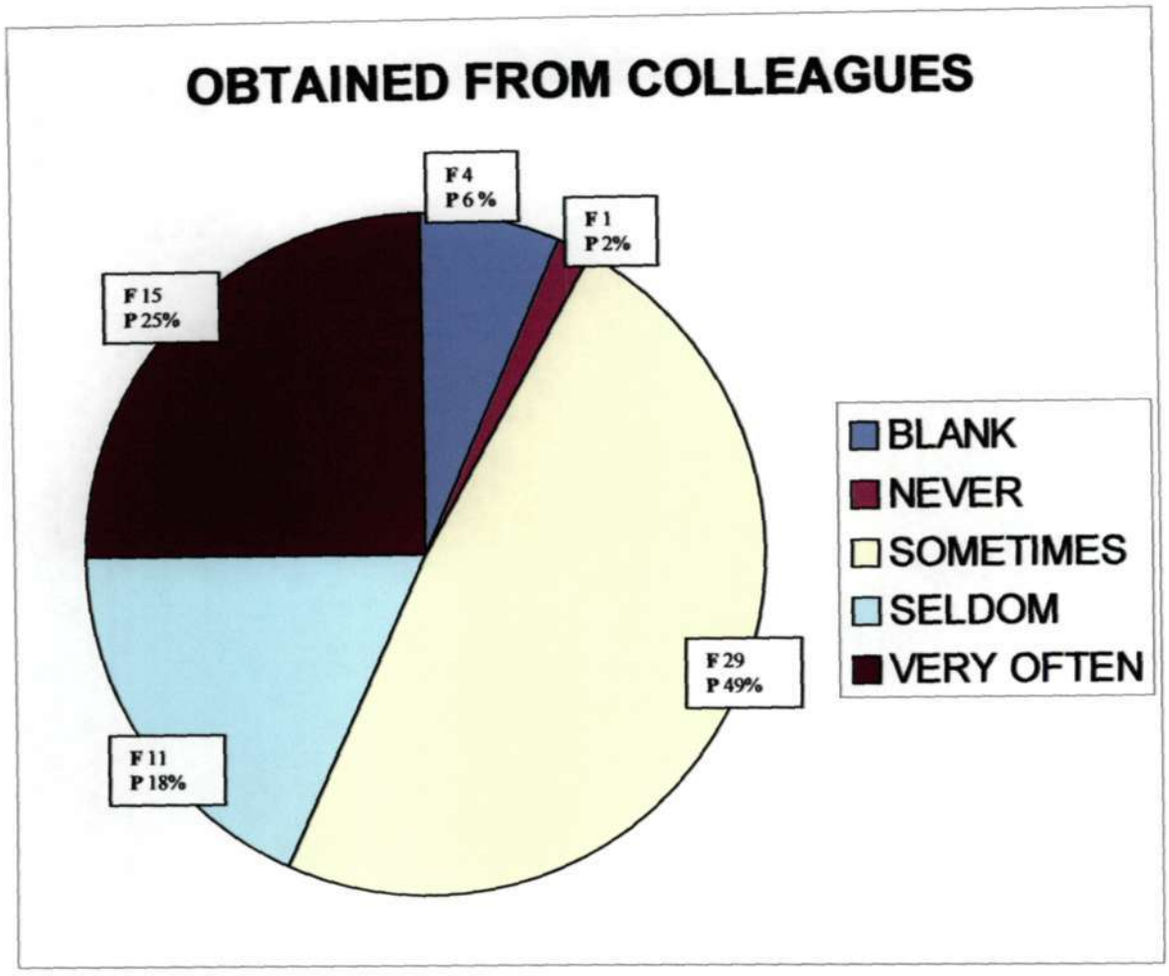
		Frequency	Percent	Valid %	Cumulative Percent
Valid	blank	3	5.0	5.0	5.0
	Sometimes	26	43.3	43.3	48.3
	Seldom	10	16.7	16.7	65.0
	Very often	21	35.0	35.0	100.0
	Total	60	100.0	100.0	

Data indicates more than 78% of respondents utilise resources provided by the department either sometimes or very often. Once again the reliance on departmental materials is evident. Melanie Harper (1999) indicated that teachers resisted the notion of themselves as curriculum shapers and prefer to have pre-scribed material from which to teach.

4.4.2.2. COLLEAGUES

Teachers seem to depend on other teachers to help them in the planning and preparation of lessons for the teaching of HIV/AIDS education.

F = Frequency **P = Percentage**



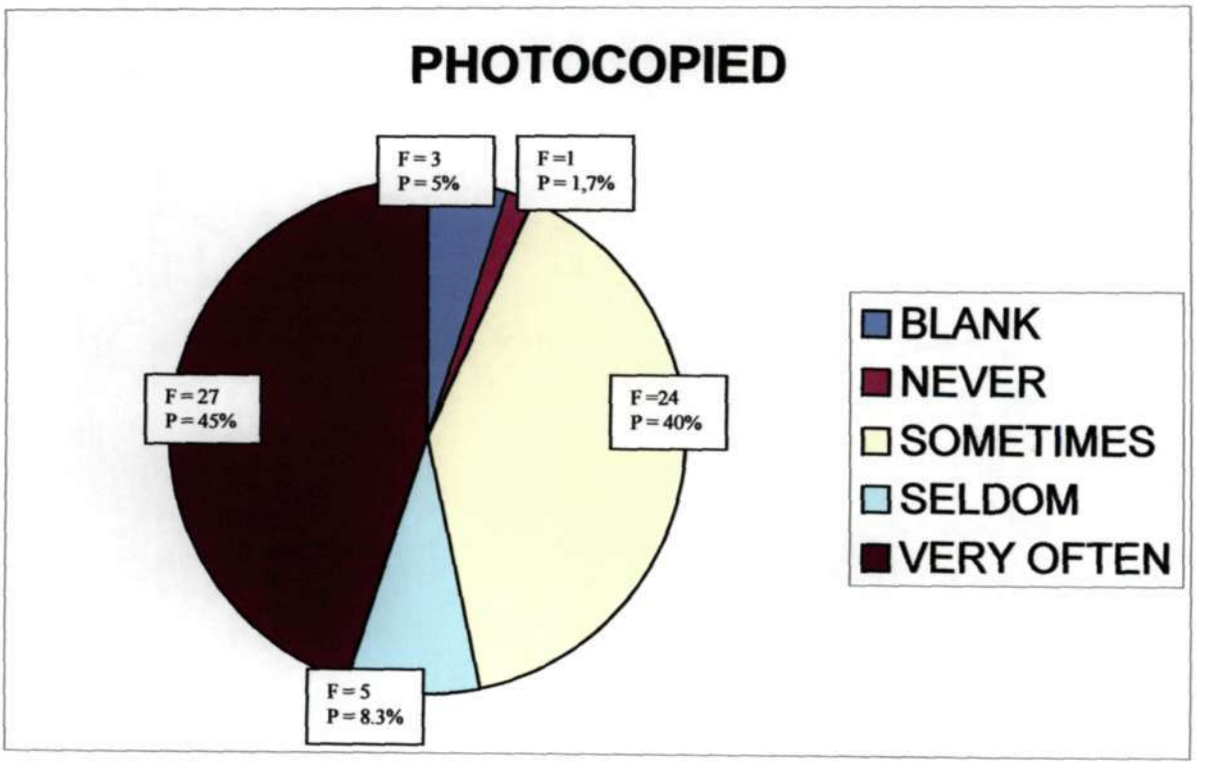
With a cumulative percentage of 74% indicating that they sometimes or very often rely on colleagues for resources, it is evident that teachers rely on each other for the development of learning materials for the teaching of HIV/AIDS at primary schools. Thus it seems that teachers continue to assume the victim status by the constant reliance on textbooks and other people for teaching materials. As a result, the production of stereotypical practices and routines is cemented in the classroom and teachers continue to teach as they had always done. In spite of policy (Norms and Standards) teachers persist in their reliance on pre-designed material and teaching formats are circulated from one teacher to another in the same way that schemes of work were passed on from teacher to teacher in the past. Therefore, it can be concluded that diffusion of information takes place as a result of this osmosis effect, where specific learning

materials and learning programmes which are developed by some educators to cater to the needs of their own learners, are being misused by other teachers who import ideas of other teachers and pass it of as their own work to supervisors in tactical compliance to the changing curriculum as well as the changing roles that they experience. Thus teachers remain disembodied from learners as well as from the process of teaching because the objective of teaching for many teachers is just to do what everyone else does.

4.4.2.3. PHOTOCOPIED LEARNING MATERIALS

In the same way that teachers rely on other teachers for the development of learning materials, reliance on the photocopier as an alternative to the textbook is manifested.

F = Frequency **P = Percentage**



With over 80% responding that they photocopy learning materials for the teaching of HIV/AIDS, either sometimes or very often, it can be deduced that teachers all copy the same information for different learners in different classes, different schools and with diverse needs. There is the other possibility that educators consciously select what they consider relevant and hence filter information from different books in an attempt to only deliver information that he or she considers relevant. Here again the exchanges, occurring within teaching and learning of HIV/AIDS education, are linked the cultural and social identity of the educator. The balance of unequal power relations that exist at schools creates a space for the educator to enact his teaching in a hegemonic manner. This system is reminiscent of the traditional role of the educator as the imparter of knowledge.

4.5. CURRICULUM

In order for teachers to engage critically with the changing curriculum, teachers need to embrace change inherently. This table shows that teachers consider the curriculum that is being taught to be suitable for the learner in the intermediate phase.

Curriculum

		Frequency	Percent	Valid	Cumulative Percent
Valid	Very appropriate	8	13.3	13.3	13.3
	Appropriate	20	33.3	33.3	46.7
	Fairly Appropriate	27	45.0	45.0	91.7
	Not Appropriate	3	5.0	5.0	96.7
	Highly inappropriate	1	1.7	1.7	98.3
	blank	1	1.7	1.7	100.0
	Total	**60**	**100.0**	**100.0**	

Data indicates that more than 90% of teachers find the curriculum that is being taught either very appropriate (13.3%), appropriate (33.3%) and fairly

appropriate (45.0%). However, this data conflicts with the data obtained via focus groups, which indicate that teachers are not comfortable talking to children about sex and sex organs. They also find it embarrassing to discuss aspects of sex education with children and they believe that children in the intermediate phase must be taught 'basic skills' only. The conflicting evidence obtained qualitatively will be obtained in the next chapter.

4.6. DOMESTICATION OF SUBJECT

During the old system of education, the school curriculum was stratified according to subjects such as Health Education, Guidance and Right Living. Traditionally the way in which a teacher was trained impacts on what a teacher teaches. A teacher who, for example, was trained as a Mathematics or Science teacher specialist, usually entrusted the teaching of health issues to teachers who taught Guidance, Right Living, Health Education and physical Education. These were non-examinable subjects, which were often viewed as insignificant. In the OBE and RNCS curriculum, subjects have been replaced by learning areas. HIV/AIDS education is now domesticated into Life Orientation learning area. What are the implications thereof?

4.6.1. LIFE ORIENTATION

The following two tables indicate that teachers prefer that HIV/AIDS education be located in Life Orientation and Health Education.

Life Orientation

		Frequency	Percent	Valid	Cumulative Percent
Valid	Agree	16	26.7	26.7	26.7
	blank	5	8.3	8.3	35.0
	Strongly agree	39	65.0	65.0	100.0
	Total	**60**	**100.0**	**100.0**	

An overwhelming majority of respondents indicated their preference for the incorporation of HIV/AIDS into the Life Orientation learning area. In his study on high school learners, Moodley (2002) indicated support for an integrated approach to the teaching of HIV/AIDS education. This study, however, indicates that teachers support the domestication of HIV/AIDS education into Life Orientation. Department OF Education guidelines for the teaching of HIV/AIDS also support the domestication of HIV/AIDS education in the Life Orientation learning programme. The danger of this is that HIV/AIDS education will be entrusted to Life Orientation teachers only, with other teachers taking little interest in or responsibility for educating learners about HIV/AIDS.

4.6.2. HEALTH EDUCATION

This table shows that teachers are fixated in the past when teaching was stratified along the lines of subject disciplines.

Health Education

		Frequency	Percent	Valid	Cumulative Percent
Valid	Agree	13	**21.7**	21.7	21.7
	blank	14	23.3	23.3	45.0
	Disagree	1	1.7	1.7	46.7
	Strongly agree	32	**53.3**	53.3	100.0
	Total	**60**	**100.0**	**100.0**	

75 % of teachers indicated that HIV/AIDS should be taught in Health Education lessons. This is especially significant since subject specialisation no longer features in the school curriculum. Focus group interviews also revealed that teachers long for the return of traditional subjects such as Health Education, Right Living and Guidance. Traditionally the way in which a teacher was trained impacts on what he teaches. A teacher who, for example, was trained as a Mathematics or Language specialist usually entrusted the teaching of Health issues to teachers who taught Guidance, Right Living, Health Education and

Physical Education. Thus the tradition of teacher training education – the salient features of how a teacher was trained - with all the 'contextual and programmatic forces' (Samuels: 1998) are instrumental in how teachers perceive their tasks and responsibilities in terms of HIV/AIDS education. The change in curriculum accompanied by a corresponding demise of subject specialisation has created tension within the teacher.

4.7. TEACHING ROLES AND RESPONSIBILITIES

In this section an analysis of data will be presented to indicate the responsibilities and teaching functions teachers choose to enact in the teaching of HIV/AIDS education.

4.7.1. PASTORAL CARE

In the following table it is evident that teachers believe that one of their duties is the provision of **pastoral care** to learners.

Provide pastoral care

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Agree	33	55.0	55.0	55.0
	blank	4	6.7	6.7	61.7
	Disagree	2	3.3	3.3	65.0
	Strongly agree	20	33.3	33.3	98.3
	Strongly disagree	1	1.7	1.7	100.0
	Total	**60**	**100.0**	**100.0**	

88% of teachers in the sample agree (some very strongly) that they provide pastoral care to learners. Counselling and caring for learners in need of assistance will be expected of teachers according to the "community, citizenship and pastoral role" (Government Gazette: 2000). What, however, does pastoral care mean? The provision of pastoral care incorporates a multi-focus approach to

the teaching of HIV/AIDS education such as helping those children who have lost parents or relatives cope with the death, arranging to provide food for poor learners, making home visits, negating school fees for orphans, arranging for donation of clothes etc. In addition, pastoral care must, most definitely, involve the teaching of relevant facts about HIV/AIDS to the child so that eventually, the child is safe from infection. In a world ravaged by the HIV/AIDS disease, teachers cannot ignore sexuality of the child. In caring for the child, the teacher must break down the walls that separated teacher from learner in the past, and teach vigorously in order to save lives. Thus giving the child the correct information is vital in the fight against HIV/AIDS. The complex relations between teacher and learner, that exists in the classroom, is in a constant state of flux and both teachers and learners must continuously change their stance to accommodate such interactions.

4.8. THE IMPACT OF HIV/AIDS ON LEARNERS

In this section I present data and analyse what teachers know about their learners. When asked how learners are affected by HIV/AIDS, teachers made responses based on the knowledge that they have of their learners. Teacher's perceptions of the disease are important in the sense that teachers teach what they believe to be appropriate to the learner. Thus teaching and learning becomes inextricably interwoven. In this question a large percentage of teachers did not commit to a response. In my analysis I want to understand why teachers chose to do this.

4.8.1. DEATH OF LEARNERS

Death of learners

		Frequency	Percent	Valid	Cumulative Percent
Valid	Agree	12	20.0	20.0	20.0
	blank	17	28.3	28.3	48.3
	Disagree	16	26.7	26.7	75.0
	Strongly agree	7	11.7	11.7	86.7
	Strongly disagree	7	11.7	11.7	98.3
	uncertain	1	1.7	1.7	100.
	Total	**60**	**100.**	**100.**	

The findings of this study indicate that the **death of learners** due to HIV/AIDS at schools in the research site is not perceived to be a common occurrence. However, the large number of teachers (28%) who chose not to respond to this question is a cause for concern.

4.8.2. DEATH OF PARENTS

Death of parents

		Frequency	Percent	Valid Percent	Cumulativ Percent
Valid	Agree	17	**28.3**	28.3	28.3
	blank	10	**16.7**	16.7	45.0
	Disagree	7	11.7	11.7	56.7
	Strongly agree	22	**36.7**	36.7	93.3
	Strongly disagree	3	5.0	5.0	98.3
	uncertain	1	1.7	1.7	100.0
	Total	**60**	**100.0**	**100.0**	

75% of respondents claim that children are affected by the **deaths of parents** due to HIV/AIDS. Thus the role of the teacher becomes increasingly more personal in providing pastoral care to those learners who come from homes where the depredation of HIV/AIDS has been experienced. No doubt such learners will need greater support and care in coping with the effects of this

dreaded disease. Here again, it is observed that almost 17% of teachers did not commit to a response.

4.8.3. POOR ATTENDANCE

Poor attendance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	23	**38.3**	38.3	38.3
	blank	17	**28.3**	28.3	66.7
	Disagree	6	10.0	10.0	76.7
	Strongly agree	8	**13.3**	13.3	90.0
	Strongly disagree	5	8.3	8.3	98.3
	uncertain	1	1.7	1.7	100.0
	Total	**60**	**100.0**	**100.0**	

Over 50% of teachers believe that **absenteeism** amongst learners could in some way be attributed to the HIV/AIDS pandemic. 28% did not answer.

4.8.4. LACK OF FOOD

Lack of food

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	24	**40.0**	40.0	40.0
	blank	13	**21.7**	21.7	61.7
	Disagree	9	15.0	15.0	76.7
	Strongly agree	8	**13.3**	13.3	90.0
	Strongly disagree	5	8.3	8.3	98.3
	uncertain	1	1.7	1.7	100.0
	Total	**60**	**100.0**	**100.0**	

The lack of food is a direct link to the issue of poverty. More than half the respondents believe that learners are affected by a lack of food. Good nutrition is vital to the fight against infection. However 21% did not respond to this question.

4.8.5. CHILD HEADED HOUSEHOLDS

Child headed households

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	16	26.7	26.7	26.7
	blank	19	31.7	31.7	58.3
	Disagree	14	23.3	23.3	81.7
	Strongly agree	5	8.3	8.3	90.0
	Strongly disagree	5	8.3	8.3	98.3
	uncertain	1	1.7	1.7	100.0
	Total	60	100.0	100.0	

31% of teachers did not respond to this question. Just over one third of the sample conceded that learners come from homes that are managed by children (child headed households).

SYNTHESIS OF SECTION 4.8.

With so many teachers choosing not to respond to this question there is a need for concern, since issues such as food and nutrition, death of parents, child managed homes and poor attendance at schools are all salient features of pastoral care which teachers claim to provide to learners. Why then are teachers avoiding these issues? Thus it is possible that teachers chose not to answer this question because they do not **know** their learners. They don't know 'who' the children are that they teach. Data from the focus group interviews concur with this conclusion. Apart from the classroom interactions in terms of teaching and learning that exists between teacher and child, there seems to be a great chasm that divides the teacher from the child. Thus there is lack of cohesion between the learner and the teacher and this study concludes that teachers often do not **'know'** their learners. What then are the implications for pastoral care?

4.9. INFORMATION ON HIV/AIDS

Teaching and learning are complementary in the sense that teaching is measured by what is learnt and learning is evident from what is taught. The interaction of both of teaching and learning is crucial to HIV/AIDS education. In a country that has been placed on AIDS alert, information on HIV/AIDS is abundant. In this section I want to know where learners obtain information on HIV/AIDS and who are the best sources of information.

4.9.1. PARENTS

Parents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	14	23.3	23.3	23.3
	blank	7	11.7	11.7	35.0
	Disagree	23	**38.3**	38.3	73.3
	Strongly agree	5	8.3	8.3	81.7
	Strongly disagree	11	**18.3**	18.3	100.0
	Total	**60**	**100.0**	**100.0**	

Almost 57% of respondents indicated that parents do not provide HIV/AIDS information and education to learners. Thus it seems that teachers have **little confidence in the ability of parents** to provide guidance and education for HIV/AIDS education. Parents are important role-players in the fight against HIV/AIDS and it is critical that both parents and teachers unite in the education of children about HIV/AIDS. Thus there appears to be an adverse partnership that exists between parents and teachers. The consequence of such distant relationships between teachers and parents does not bode well for HIV/AIDS education.

4.9.2. PEERS

Peers

		Frequency	Percent	Valid %	Cumulative Percent
Valid	Agree	26	**43.3**	43.3	43.3
	blank	6	10.0	10.0	53.3
	Disagree	18	30.0	30.0	83.3
	Strongly agree	6	**10.0**	10.0	93.3
	Strongly disagree	4	6.7	6.7	100.0
	Total	**60**	**100.0**	**100.0**	

According to data from this research more than 53% of educators feel that **children learn about HIV/AIDS from peers.**

4.9.3. TEACHERS

Teachers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	33	55.0	55.0	55.0
	blank	1	1.7	1.7	56.7
	Strongly agree	26	43.3	43.3	100.0
	Total	**60**	**100.0**	**100.0**	

Over 90% of teachers indicated that **learners learn about HIV/AIDS most effectively from educators** as opposed to what the child learns from parents and even from peers. In the past teachers were trained professionals who were experts in their fields. Thus as the ones with all the knowledge and power they decided what the child should be taught. Thus it is possible that teachers continue to construct themselves as the custodians of knowledge who know what's best for the child. However, teachers are no longer experts who teach children from a position of authority. The issue of HIV/AIDS is a new aspect of

the curriculum and it brings to the classroom a multitude of complex factors, which demand that the teacher and learner are mutually cohesive. The extent to which such cohesion is possible, needs further scrutiny.

4.9.4. SCHOOL NURSES

School nurses

		Frequenc	Percen	Valid	Cumulativ Percen
Valid	Agree	32	53.3	53.3	53.3
	blank	7	11.7	11.7	65.0
	Disagre	10	16.7	16.7	81.7
	Strongly	10	16.7	16.7	98.3
	Strongly	1	1.7	1.7	100.0
	Total	60	100.0	100.0	

Although nurses do not conduct regular visits to schools, 70% of teachers seem to believe that nurses would be in a good position to teach children about HIV/AIDS. This data concurs with the data in Taylor et al (2000) who made a similar finding. There is also the notion that teachers themselves rely on outsiders to help them in the teaching of HIV/AIDS seemingly in the belief that nurses as professionals, are more suitably qualified to deal with the issue of HIV/AIDS. In this case the nurse becomes the 'textbook' that teachers seem to rely on so much. It is also possible that teachers see HIV/AIDS as a health issue and not a matter for education and schools. If the job of HIV/AIDS education were to be given to nurses, then teachers could revert to teaching as they had always done, in a linear manner where facts were passed on in neat packages from teacher to learner.

4.5 CONCLUSION of CHAPTER 4

The quantitative analysis provided in this chapter served as a useful tool in understanding what the nature of HIV/AIDS education is in the intermediate

phase. Analysis in this chapter enabled me to go into the field of research with greater confidence.

Factors such as race, gender, years of teaching experience and teacher training programmes shape what the teacher teaches. Teachers foreground themselves as victims in the teaching of HIV/AIDS education. Their reliance on outside forces such as parents, the department of education, school management, colleagues and nurses is clearly evident. Teachers also long for support in the form of workshops and textbooks / workbooks in order for them to conduct classroom teaching. Thus teachers resist the notion of themselves as powerful beings with the autonomy to work and teach in a space that they themselves create. Therefore they project an image of victims who are powerless in their domain and who 'need the help' of others in order to be successful teachers.

When teachers bemoan the lack of support from the parents, it is evident that communication between the teacher and the home is deficient. Teachers and parents in the intermediate phase appear to distrust each other. Thus the social and cultural 'distance' that exists between teacher and learner is not conducive to the effective teaching of HIV/AIDS education.

It is also possible that teachers are nostalgic for the past when non-examinable subjects such as Health Education and Right Living were part of the school curriculum. The difference between these subject disciplines and the present day Life Orientation is that is that Life Orientation is examinable. Thus teachers are forced to confront HIV/AIDS education in order to assess learners for tests and examinations.

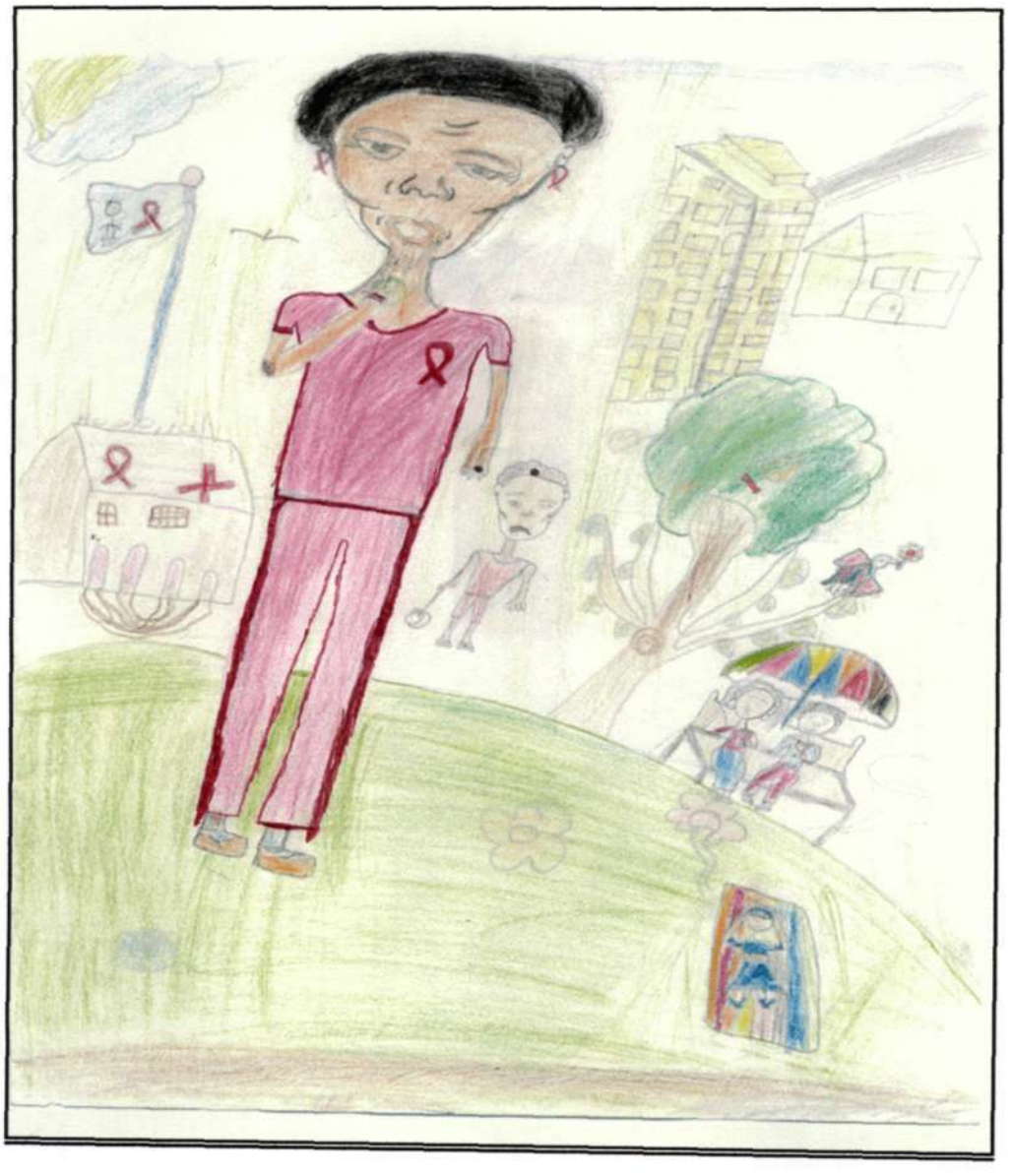
An extremely valuable contribution that I make in this study is that teachers and learners are socially isolated from each other and this does not bode well for the teaching of HIV/AIDS education.

Data gained via the questionnaire provided valuable insights into the mechanisms of teaching and learning of HIV/AIDS education at schools. The issue of teacher identity is the focal point of this study and it plays a vital role in the way in which the HIVAIDS education programme is taught to learners.

CHAPTER FIVE

DATA ANALYSIS AND INTERPRETATION

Figure 9: Sharing and Caring



5.1. INTRODUCTION

According to Patton (1990) data analysis brings order to the data by organising the data into patterns and identifying relationships and links amongst the descriptive dimensions. The interpreting of data takes place when one attaches meaning and significance to the analysis. Boyatzis (1998) suggests that a thematic approach be utilised in order to encode data and to see beyond what is evident to others. In this study a careful reading of interview transcripts was undertaken in order to establish recurring themes for analysis. Data was conceptualised by the process of careful note-making in order to develop common categories. In this chapter I focus on two data sources – the teachers and the learners.

In **Section A** of this chapter I discuss how teaching is conducted in response to the HIV/AIDS curriculum in terms of teacher identity as it is shaped by the changing curriculum, by the new roles and responsibilities of educators, by the biographical heritages that teachers bring with them into the teaching profession as well as by the guiding forces of teacher training programmes offered at teacher training institutions. Thus teachers teach the HIV/AIDS curriculum as a result of the tensions that develop between the competing forces of influence.

In **Section B** I focus on the learner as the beneficiary of the teacher's teaching.

5.2. SECTION A: THE TEACHER

Departmental policies on the HIV/AIDS convey a very strong message of support for HIV/AIDS education programmes to be implemented at schools. The present day threat to society in the form of the HIV/AIDS pandemic has become the 'talking point' of modern day existence. Education policies look to the teacher to carry out HIV/AIDS education to learners at school sites. Whilst policies

encourage teachers to implement measures of safety at school in order to prevent the spread of the disease, an analysis of data for this study indicates that the predominance of **protection** and **prevention** is significant in the teaching of HIV/AIDS education in the intermediate phase to the detriment of the entire HIV/AIDS curriculum.

5.2.1. SAFETY FIRST! LET'S PUT ON A GLOVE!

The focal point of HIV/AIDS education is motivated by the urge to prevent the spread of the disease through a protectionist stance. Educators are overly pre-occupied with the spread of the disease through possible blood spills that occur when children are injured during the course of play at school.

> *"If anyone in the school gets hurt -AIDS or no AIDS- there are standard rules for safety. We must treat everyone with a glove"*

> *"We don't touch anyone who is bleeding - teachers too have to be very careful"*

According to Goss and Adam-Smith (1995) people use formal or informal defensive responses which are characterised by a distinctive orientation towards HIV/AIDS and to the social repercussions of being infected by HIV/AIDS. The hallmark of this defensive response is the perception that HIV/AIDS is a threat to "organisational interests" (Goss and Adam-Smith 1995: 74). If one considers that the school is an organisation then it stands to reason that teachers too adopt "protectionist measures" (Goss and Adam-Smith 1995:75) in the workplace. In this study I try to understand why "protectionist measures" (ibid) such as

prevention of HIV infection through blood spills, is fore-grounded in the intermediate phase.

I offer the explanation that teachers are conscious of the deadly consequences of the HIV/AIDS disease. Therefore they focus on preventative measures that minimise the threat of infection to themselves as well as to other learners. Fear of AIDS is real and teachers are no different from others when confronted with one's mortality and it is possible that most people's contact with the disease is linked to fear of contamination rather than direct experience of illness. The teaching of HIV/AIDS education in the intermediate phase appears to be constrained by an acute sense of fear on the part of educators for their own safety. Therefore the emphasis on **'wearing a glove'** has become the overarching facet of HIV/AIDS education in the intermediate phase.

> ***"Even teachers themselves are afraid to come near those who have this disease"***

> ***"We tell them about safety- some children care for sick aunts or uncles - we don't know what sicknesses they carry"***

Through the years researchers have learnt that HIV is spread through sexual intercourse as the chief mode of transmission, through sharing of unclean intravenous needles by drug users, from mother to child in the case of pregnant HIV positive women and in some cases through blood transfusions in the case of haemophiliacs. Contamination through blood spills has up until now remained a low risk form of HIV infection. According to van Dyk (2001) the risk of HIV transmission as a result of contact play is generally insignificant. When media reports that sports stars such as Magic Johnson have tested positive for HIV

infection, there is the perception that HIV/AIDS transmission through blood spillage is a high-risk threat for HIV infection. Therefore teachers focus on matters of **safety**.

> ***" I focus a lot on safety - blood policy - don't touch anyone who is bleeding - teachers too have to be very careful"***

I align myself to Scoub (1999) who maintains that unusual cases of HIV transmission reported in scientific literature have often achieved exaggerated and sensationalised publicity in the mass media. However, an analysis of epidemiological data about HIV transmission indicates an absence of any documented case of HIV infection occurring as a result of a blood spill. Media hype, with its penchant for sensationalisation, coerces teachers to consume what is represented in the media as factual. Therefore the looming threat of HIV/AIDS infection from a highly unlikely source - from learners who are injured at school - is often viewed as an overwhelming threat to the well-being and safety of the teacher.

> ***"We do a lot of safety - open sores, bleeding, children don't like anyone who has sores - they don't like to sit next to them - it is the fear they have of AIDS"***

On a deeper level of analysis I offer the explanation that the deep-sated **stigma** attached to the disease creates a sense of acute **fear** in teachers as individuals. Thus the overpowering **survival** instinct prevalent in man becomes evident in the protectionist stance adopted by teachers in the manner in which they negotiate the HIV/AIDS curriculum. When teachers say, "we don't know what sicknesses they carry" (research participant) there is the perception that those who care for sick relatives are potential carriers of HIV/AIDS even though

teachers know what the common routes for infection are. Furthermore, teachers seem to identify learners who have sores as those who have the disease. There are many reasons why people get sores. What are the implications of such attitudes from teachers? What about the metaphor of care and support that teachers speak of? How can teachers who display such fear, avoid discrimination against children who are suspected of having the disease or those who are seen as potential carriers of HIV/AIDS?

> *"Sometimes we have to give the glove to the child - if he gets injured - we teach them how to treat their own wounds"*

Whereas in the past, it was the textbook that created the barrier between the teacher and the learner, it seems that the **glove** has now becoming a divisive force that separates the teacher from the child in teaching of HIV/AIDS Education. Thus stigma and discrimination, borne out of an acute sense of fear, will be perpetuated.

5.2.2. GOOD REPORTS FOR GOOD TEACHERS

The 'apprenticeship of observation' (Lortie: 1975) explanation suggests that teachers are socialised largely through the internalisation of teaching models during the time spent as learners in close contact with teachers. In the past children learned the basic tenets of first aid during Health Education, Right Living and Guidance lessons. Therefore teachers are not teaching anything new in promoting greater awareness about safety precautions. After all, it is what we had learnt from our own teachers. When teachers focus on the mundane issues such as 'how to react when an injury occurs at school', the perception amongst teachers is that HIV/AIDS education is sufficiently covered in the curriculum. What happens however is that teachers teach HIV/AIDS education in strategic

compliance to department policies and in order to appease supervisors and other authorities.

> *"We have to teach HIV/AIDS education at schools - there is supervision that takes place. We will get bad reports from supervisors."*

Mattson (1999) believes that teachers develop a strategic compliance when they adopt a superficial conformity to the situation without an inherent belief in what they are doing and that teachers strategically mimic the demands of the changing curriculum without really committing to change. Teaching about matters of safety creates the opportunity for educators to mimic the HIV/AIDS education programme in a simplistic and mundane manner. Dealing with the simple issues of HIV/AIDS curriculum creates the space for the teacher to appease the demands of policy and curriculum whilst ignoring vital issues relating to HIV/AIDS education. What are the consequences of teachers teaching merely to satisfy the demands for quality in terms of IQMS and DAS, which are supposedly developmental strategies aimed at enhancing teaching and promoting learning? It is debatable whether the demand for quality education is being met if teachers continue to teach HIV/AIDS in a technicist manner. Teachers seem to have developed a pseudo-identity, which protects and prevents them from stepping out of the comfort zone, outside of which teachers cannot practice the teaching of HIV/AIDS effectively.

5.2.3. PASTORAL CARE

> *"Pastoral role is the most important aspect of HIV/AIDS education - you notice that some of them lack parental love"*

"As the teacher - you need to show them love because some of their mothers don't live with them - some of the mothers leave their children unattended to go to work or to look for jobs"

"Some of their parents have died of AIDS - they live with their grannies - they lack their mother's love and care and have to look after themselves"

In this study teachers assert that they teach HIV/AIDS in response to the need for pastoral care since many of the children "lack their mother's love and care." Thus we are made to believe that teachers, who teach HIV/AIDS in the intermediate phase, make choices about what to teach on the grounds of satisfying the need for caregiver. When one considers that the majority of teachers surveyed (Refer to Chapter 4), were female, it seems that gender is a valuable biographical force that shapes the choices that teachers make about what they teach and the roles that they occupy in terms of HIV/AIDS education. Even in today's world the role of caregiver is filled with innuendos of a deep sated maternal instinct, where the protection and nurturing of the child is still widely regarded as domain of women. Thus it is plausible to believe that teachers act 'in loco parentis', to satisfy the need for maternal/parental obligations, which is seen to be lacking in the home. Seemingly teachers are choosing to enact those responsibilities which are consistent with customary roles designated to that of being '**female**' or '**mother**'.

However, the validity of the claim of 'pastoral care' is questionable since teachers are choosing to teach HIV/AIDS in a stereotypical manner, preferring to teach merely about safety and ignoring aspects of HIV/AIDS education. The survey conducted for this study (chapter 4) revealed that 88% of respondents claim to provide pastoral care to learners. What is interesting is that when they were

asked a question on how learners are affected by HIV/AIDS many teachers did not appear to know their learners. 16% of the sample did not respond when asked if learners are affected by the death of parents; 21% did not respond when asked if learners lack food; 28% did not respond when asked if there are patterns of poor attendance and 31% did not respond when asked if there are child – headed households. What does this then mean for care and support of those affected and infected by HIV/AIDS? How can teachers presume to be providing pastoral care when they are distanced from their learners and when the glove creates a barrier between the teacher and the learner? What the teacher says is being done is not being articulated in practice. Thus teachers' roles and responsibilities remain fixed according to the tenets of the past and pastoral care is nothing more than a catch phrase.

5.2.4 STIGMA AND ABUSE

The predominance of **prevention and protection** is clearly evident in the teacher's choices in promoting awareness around child sexual abuse. What seems to be a recurring theme is that learners are seen to be potential victims to adults who prey on young children for sexual gratification. Girls, especially, are seemingly at risk. In many communities, girls are perceived as powerless victims of cultural practices (Buthelezi: 2002). Participants in the study firmly believe that HIV infections amongst children in the intermediate phase are primarily due to sexual exploitation and abuse. HIV/AIDS education therefore is circumvented around the issue of sexual abuse.

> *"Children are raped by fathers, brothers and uncles - uncles are the worst - they are giving children sweets and presents and telling them not to tell their mothers."*

'Come here little girl - go and bring me that bucket over there - the child gets into the house - in good faith - and then the man closes the door"

It is apparent is that teachers are aware that abuse is taking place and therefore feel obligated to talk about child abuse. However what teachers seem to do is focus on myths that exist in society. Statistics reported in The South African Police Service Report on Crime (January to September 2001) indicate that there has been an increase in child rape due to the proliferation of myths claiming that the rape of a virgin facilitates a cure for a person infected with HIV/AIDS. Thus, teachers who have internalised these deeply entrenched beliefs concerning the myths that exist in society are talking to children about these myths in an attempt to prevent abuse. What is evident is that the virgin myth seems to be resonating in a manner that is detrimental to the fight against HIV/AIDS. This study finds that myths, such as the virgin myth theory, has become internalised by teachers who now echo the notion that people who are HIV positive are raping children in the hope of curing themselves of AIDS. Buthelezi (2002) argues that we need to be as to clear as to whether child rape had increased or that child rape had existed since time immemorial and whether it is merely the reporting of child abuse that had increased.

" We have to tell children about these rapists - the ones that they must be careful of - children are being raped because there is this belief - that sleeping with a virgin will cure AIDS."

"Children must be protected from these people who are raping them to be cured - we must teach them - how can we protect them otherwise?"

When one reflects on the pictures that were drawn by learners (chapter 1) depicting rhetoric such as 'my friend with AIDS is still my friend' it is evident that what teachers teach and what they say they teach are contradictory and sends out mixed signals to learners. On one hand learners are taught that those who have HIV/AIDS must be taken care of, must be shown respect and dignity and must not be discriminated against, whilst on the other hand teachers tell children that they must be wary of those who have HIV/AIDS because they are potential rapists.

What are the reasons for the teacher's choices and how does he come to make these choices? It seems that teachers enact those **roles and responsibilities** in response to the perceived notion of the child in danger. Since not all child rapists are HIV positive, the virgin myth needs to be critically analysed so as **not to stigmatise** all HIV positive men as child rapists as this will lead to alienation and greater **discrimination** against those infected with HIV/AIDS. Thus a vicious circle of stigma, secrecy, denial and discrimination will be the propagated by teachers who, in their quest to teach HIV/AIDS education, regurgitate those issues which HIV/AIDS education aims to eradicate. Hence the rhetoric 'my friend with AIDS is still my friend' creates a false sense of acceptance for those who have HIV/AIDS.

Teachers have many **roles** to play and a **responsibility** to teach what is fair and accurate. In this analysis I offer the insight that teachers appear to mimic what they read in the daily newspapers and pass off what they see and hear in the mass media as their own voice. Teachers who internalise those myths that are perpetuated by society will no doubt allow such beliefs to influence classroom practice. Internalised beliefs are part of the make-up of teacher

identity and will definitely influence the choices that the teacher makes in terms of curriculum development as well as learning content.

5.2.5. LET'S NOT TALK ABOUT SEX!

> *"If there is a child in your class who has HIV, you will be more sympathetic because we know that they are innocent - generally get AIDS from rape or from mother to child - we will be more sympathetic than if it were a staff member or any other adult"*

There is a sustained belief amongst teachers that children in the intermediate phase are not sexually active. Efforts to teach HIV/AIDS education in the intermediate phase appears to be organised primarily under the domain of **protection and prevention** with very little attention being paid to HIV infection via **unsafe sexual practices**. This type of thinking is a threat to the fight against HIV/AIDS since reports in the daily newspapers indicate that " children as young as six years old" (Daily News: 16/06/2005) are having sex. With this in mind, teachers cannot pretend that sexual abuse is the only route to infection amongst learners in the intermediate phase. Although it is necessary to pay attention to aspects of the curriculum such as sexual abuse and rape, it is highly problematic for the teacher to ignore vital aspects of HIV/AIDS education which are necessary since many of the children who are in the intermediate phase, are also in the period of transition between childhood and adolescence. As such, many are also in the process of challenging stereotypical behaviour. Thus schools are not offering the sites for interrogation with the HIV/AIDS education in a way that will eventually lead to healthy sexual practices amongst the youth. Furthermore the metaphor of 'sharing and caring' which teachers want to foreground in their teachings is lost because teachers are neglecting to focus on relevant issues in the teaching of HIV/AIDS education.

Teachers want to believe that children are innocent and that they don't know about sex. When dealing with HIV/AIDS education they merely caution learners about abuse and about myths surrounding HIV/AIDS. They choose not to talk about sex. Conventionally teachers, as the reproducers of knowledge, merely sought to inform learners through the 'tabula rasa approach' – where teachers as the ones with all the knowledge and power, merely filled the 'empty vessels' with information which he himself had received from textbooks provided by the department. Thus the teacher affirms that 'I know what's best for the child.'

With HIV/AIDS at crisis level, can teachers pretend that HIV/AIDS amongst children is only as a result of abuse and that children between the ages of nine years and 13 years (intermediate phase) are not voluntarily experimenting with sex? What then are the consequences of caring and sharing and provision of pastoral care for those infected with and affected by the disease? Can teachers still say, **"Lets not talk about sex?"**

5.2.6. I AM A PRIMARY SCHOOL TEACHER !

> ***"Basically what we teach them is to be HIV friendly - so we tell them that you can't get AIDS by shaking hands, by sitting next to someone who has AIDS."***

Policies with regards to HIV/AIDS education at schools maintain that age appropriate curriculum be taught to children. Age-appropriateness suggests that learning is developed according to predictable hierarchic phases. This, however, is not true for all learners, since every child develops at his or her own pace. Stage development in effect means that development is broadly categorised to understand and profile behaviour (Ramrathan: 2002).

In this study there is a strong belief amongst teachers that information being disseminated to learners in this age group is far too complex to the developmental stage of the child in the intermediate phase. Hence teachers do not consider the HIV/AIDS curriculum to be age-appropriate.

> *"Charts from the department are too explicit - I wouldn't use them in Grade 5."*

> *"We are not like high-school - we teach what helps the learner -some books have pictures of private parts - how does it help the child? It doesn't help the child in any way - labeling the private parts."*

Teachers are vehemently opposed to the aspect of HIV/AIDS education that deals with the labelling of female and male reproductive organs. They see no relevance to the fight against the disease and regard it as an offensive aspect of the curriculum that serves no purpose other than to stimulate fits of laughter in children and embarrassment for the educator. Thus teachers display agency by choosing to enact curriculum in ways that they are comfortable with, and in a manner that corresponds with the notion of the **primary school teacher.**

> *"Certain aspects are a bit too explicit - especially when referring to sex organs and stuff - although kids need to know about these things - graphic representation in the books- kids seem to giggle a lot when these issues are discussed."*

"Vivid visual details of reproductive organs ...more like a Standard Nine biology lesson" In my opinion, that is inappropriate."

What appears to be a recurring theme is that the teachers develop a blindspot when they encounter the aspect of the curriculum pertaining to reproductive organs. This becomes the all-consuming argument against HIV/AIDS education in the intermediate phase. In this way the entire HIV/AIDS curriculum becomes pervasive resulting in a rejection of the entire curriculum by teachers.

"Sometimes putting too much into small minds can lead to too much experimentation"

The teacher's own beliefs often impact on the choices he or she makes in the teaching of HIV/AIDS. Educators consciously make choices about what they should or should not teach and constantly appraise the curriculum on the basis of the teacher's own experiences. Moore (1996) maintains that we think of children as being precious, delicate creatures who are in need of protection and guidance. The educator too, faces this dilemma during the cause of teaching practice. The play on the word such as 'kids,' and 'small minds creates a sense of innocence for the primary school child even though these learners are exposed to the horror of HIV/AIDS on a daily basis. Hence teachers feel that the child must be protected from knowing too much, because if children know too much they will experiment. However, by choosing to ignore what is happening around us in terms of HIV/AIDS, inadvertently children are not being protected in the way that society wants them to be – from death through infection of this dreaded disease. Thus the teacher's biases and prejudices are detrimental to the battle against the disease.

"Some of the things for grade 4 are too much! Children are bombarded with a lot of sexual connotations from TV and magazines - if the teacher is uncomfortable then boys and girls must be separated"

According to the cognitive dissonance theory of Leon Festinger, psychological conflict occurs when a person finds himself doing things that don't fit in with what he knows, or having opinions that do not fit with other opinions that he has (Griffin: 1997). When a person experiences contradictory or conflicting opinions, beliefs or attitudes at the same time, cognitive dissonance occurs (Griffin: 1997). With regards to HIV/AIDS education, the educator experiences ambivalent feelings about the curriculum that he is expected to teach to children. Teachers know about the reality of HIV/AIDS but they choose to teach in a manner that is counter-productive to the fight against AIDS. Therefore there is a conflict created between three opposing forces - the dictates of the job, societal demands and teacher's own values and beliefs.

As a result of the cognitive dissonance that occurs in the educator conflicting beliefs are experienced on the issue of **condom usage**. In this study participants proclaim that they do not teach condom usage. Rather, they believe that for intermediate phase learners the focus should be on abstinence. There is the belief amongst teachers that the majority of learners in this age cohort do not engage in sex.

"At this school we have small children. We don't promote condoms - but we promote abstinence."

"ABC -abstain, be faithful, condomise is fine for adults - or for Grade 10,11 or 12 - not for little children."

Educators experience dismay at the thought of young children being exposed to condom usage at such an early age. There is a feeling that if one promotes the use of condoms then it will lead to greater sexual activity and experimentation by children. Timol (2001) maintains that 70% of the NGO's had indicated that schools were unwilling to distribute condoms. Therefore choices that a teacher makes in the teaching of HIV/AIDS education depend on his or her own beliefs and perceptions. Teachers appear to be suspicious of a curriculum that does not conform to the notion of **age-appropriateness** as they see it.

In my analysis I maintain that the tradition of teacher training forces, which categorised teachers into neat and coherent labels such as 'primary school teacher' and 'high school teacher', shape what teachers teach. Thus the labelling and socialisation of teachers into these categories meant that teachers teach what they consider relevant to those groups under their tutelage. I align myself to Elliot (1993) who maintains that teachers cannot change their teaching style from one day to the next and that it usually takes a long time for a teacher to change deeply entrenched pedagogical habits. Teachers in the primary school traditionally taught what was considered a broad basic education, and teachers in the intermediate phase who are now confronted with the HIV/AIDS curriculum, are unable to shed the shackles of teacher training programmes for which they had trained. Teachers in the intermediate phase as a group have a shared identity of what it means to be belong to a particular group of teachers – in this case a group of teachers who provide learners with 'basic skills'. Thus in responding to the question 'who am I?' the teacher in the intermediate phase reaffirms the belief that **'I am a primary school teacher.'**

5.2.7. BIOGRAPHICAL HERITAGES OF RACE, RELIGION AND CULTURE

Teachers cannot be separated from the traditions of culture, beliefs and instilled ideology. According to Haour-Knipe and Rector (1996) constructions of community identities are configured by religious beliefs and public practice. HIV/AIDS education, prevention and support are closely related to socially sensitive and taboo issues around sexual behaviour and practices. In the context of this study, culture and religion are defining factors in HIV/AIDS education. The implication for teaching practices in the terms of HIV/AIDS education is that those educators who come from communities which are culturally and religiously stratified appear to perceive open discussions about AIDS and sex as a threat to the established teacher-pupil relationship. There is a level of discomfort that exists in the teaching of HIV/AIDS education in the intermediate phase.

> *"Culture does play a role - because coming from a conservative background where culture is conservative - you can't talk so openly about the topic - unlike a person from a more liberal cultural background."*

> *"Culture dictates your whole perception about the whole thing (HIV/AIDS). And how you go about putting it across to people - coming from a conservative background - things you want to discuss with the learners - you may not be as explicit as someone from a different background."*

This study indicates that HIV/AIDS education at schools is threatened by the identity of the educator in terms of race, culture and religion and that teachers cannot be separated from their own racial, cultural and religious identity. Therefore they interrogate the curriculum in a way that depicts their own ideas,

beliefs and values. In some instances school governing bodies have identified the prevention component of the HIV/AIDS programme as offensive (Timol: 2002) For many educators social taboo and cultural identity play a vital role in the delivery of HIV/AIDS education at schools. When teachers talk of a "different background" or "coming from a conservative background" or "someone from a more liberal background" there is a distinct sense of HIV/AIDS being perceived as the disease of 'others'. Who are the 'others' that teachers speak of? Can it be that stereotypes in terms of race, religion and culture are being perpetuated?

According to this study the largest group of educators who teach in the Isipingo classify themselves as **Indian.** Indians in South Africa are religiously biased in favour of Islam and Hinduism. According to the tenets of these religions, and in collaboration with the social identity of 'Indianness' issues of sex education are frowned upon. Timol (2001) found that 30% of NGO organisations encountered opposition from religious organisations that advocated abstinence from sex outside of marriage rather than safe sex. Thus teachers see their own practices, racial affiliation, culture and religious practices as commendable whilst they see the practices of 'others' as questionable. Thus in terms of HIV/AIDS education, the concept of 'others' and 'othering' is tainted with racial and religious stereotyping.

Although teachers proclaim their strong support for the implementation of HIV/AIDS education at schools, religious and cultural identity forms a barrier that hampers their ability to teach HIV/AIDS effectively. Giddens' interpretation of Marx is that religion is always a "form of alienation because religious beliefs involve the attribution of mystical powers that are in fact possessed by man" (Giddens 1971: 212). Furthermore, "religious systems express the creation of human values, which are not part of the biological make-up of man, but are the

outcome of the historical process" (Giddens 1971:212). Constructions of identity are closely aligned to religious affiliation. Those teachers who belong to orthodox religious groups construct their teaching of HIV/AIDS according to the dictates of religious teachings.

> ***"There is a sense of being uncomfortable - when these issues are being discussed - then boys and girls must be split - male teacher should handle boys and female teacher to handle girls."***

In some religious communities the segregation of the sexes is the pretext under which religious teachings occur. Some teachers therefore allow their own teachings in terms of religion to influence their teaching of HIV/AIDS education. Some respondents for this study postulate that separation of boys and girls will facilitate the teaching of HIV/AIDS in the intermediate phase. This in itself is not a practical solution to the teaching of HIV/AIDS education because the number of female teachers at primary schools is proportionately higher than male counterparts. This claim can be substantiated in this study by quantitative data collected via questionnaires.

Furthermore, there is a sense of alienation that is created that **stigmatises** HIV/AIDS education as something that must be carried out in a manner that deviates from the usual teaching practice since other aspects of curriculum are taught concurrently to both girls and boys. Thus contradictory messages are being meted out by teachers who, by their choices, are invalidating the fight against HIV/AIDS. What messages are we sending out if boys and girls are to be separated when talking about HIV/AIDS? Will gendered stereotypes be perpetuated by society? Does it mean that boys will be told one thing and girls will be told a completely different story? Reddy (2003) found that virginity in girls

is regarded as a blessing whereas virginity in boys is regarded as a stigma. Will girls be cautioned about dress codes and appropriate female conduct and will boys be the recipients of knowledge on sexism, chauvinism and bigotry?

The identity of the educator is crucial to the delivery of the HIV/AIDS education curriculum that is taught to children in the intermediate phase. Taylor cited in Browning, Halcli and Webster (2000) argues that we exist within a moral space, a dimension of questions about what kind of life we should lead. Our sense of self – of who we are is situated within "webs of interlocution" (Browning, Halcli and Webster 2000: 69) that shapes our way of thinking and how we make sense of events. Teachers behave in a manner that corresponds with their own identities. Thus the guiding principles of a teacher's life impacts on his teaching practice.

SECTION B: LEARNERS

In the previous section I provided an analysis and synthesis of the teaching of HIV/AIDS in the intermediate phase I will now discuss how HIV/AIDS education is experienced by learners in the intermediate phase. I present my findings collected via observations of lessons in a case study of Grade five learners at one school. Learners were also asked to draw pictures and write poems. Parents and teachers are partners who can make a difference in the lives of children in the fight against HIV/AIDS if they work together. In this section I want to understand how teachers and parents, each of whom have different constructions of identity, influence what the child learns in terms of HIV/AIDS and whether what the child learns is significant in the fight this disease.

5.3.1. The TEACHER - PARENT - CHILD TRINITY

" My friend with AIDS is still my friend"

"We will still play together even if he has 123"

"Be a friend - a real friend"

During the lesson observations it was noted that children respond positively when asked how they would behave towards those infected with HIV/AIDS. The metaphor of 'caring and sharing' appeared to dominate the discourse of HIV/AIDS and learners seemed to project an image of fair-minded practice when dealing with those infected with the disease. Learners are taught that one would not be infected with the disease if one plays with, hugs, shakes hands, shares cups, uses the same toilet and shares food with an infected person. During classroom observations it became apparent that the common axiom 'my friend with AIDS is still my friend' has been instilled in learners and that discrimination and stigma associated with the disease are being eradicated.

The pictures that were drawn for the lesson all sing the same song that we shall all care for and share what we have with those infected with HIV/AIDS. The picture that was painted tells of a story of a world were those who have AIDS are treated with love, respect and care. However the almost stereotypical responses garnered from learners makes one suspicious that all is not what it seems. Therefore one has to question the validity of the responses made by learners.

"We write what our teacher tells us in the tests"

One must not forget that learners have to be tested for Life Orientation, and saying the right thing is important in order to perform well in tests and examinations. During informal discussions with learners, it became evident that classroom talk of HIV/AIDS and what it means to live and associate with those infected with the disease, is mere rhetoric and the reality is that children pretend that they will hug, shake hands and share drinking cups with a person infected with HIV/AIDS to appease the expectations of the teacher. Pictures depicting positive responses to those suffering with AIDS were drawn by learners to show their understanding of what the teacher had taught them and to create an illusion of non-discriminatory practices. Although they are told that playing with someone will not give them HIV/AIDS they are nonetheless deeply suspicious and fearful of this disease.

Attitudes and beliefs about HIV/AIDS indicate a predisposition to discrimination against those suspected of having the disease. Those learners who frequently absent themselves from school, for example, are perceived to be HIV positive. Children who have an appearance of outward sores are also stigmatised as being HIV positive. Discrimination of such learners is common since other learners are generally reluctant to interact with such learners. Learners also refer to HIV as '123" and holding three fingers up near someone is an indication that the person is infected with the disease. Thus those children who are perceived to be HIV positive are isolated and excluded from the main groups. Learners appear to mimic responses for the benefit of the teacher?

"My mother will hit me if I play with someone with HIV"

What learners reveal is that attitudes and beliefs of **parents** are extremely important and those parents who are prejudicial towards those believed to be infected with HIV/AIDS, instill the same values in their offspring. Thus learners constantly negotiate and re-negotiate their responses according to the audience for whom the responses are meant. It all depends on who is asking the questions. The responses that they give to the teacher during lessons are different from what they tell their parents. Thus learners employ guile and wisdom when responding to questions about HIV/AIDS.

In my analysis I offer the explanation that the reality of the situation is that the **home environment** is a vital factor that shapes what learners do and the attitudes and perceptions of **parents** and family preside over anything that the teacher teaches in the classroom. Fear of parental reprisals makes children wary of any involvement with those infected with HIV/AIDS. What is of relevance is that the role of the parent is of paramount importance in the HIV/AIDS education. The parent, as the primary educator of the child, has the power to manipulate the choices that a child makes and the relationships that he develops with fellow learners and other people who are affected with HIV/AIDS. Therefore the lack of cohesion between the home and the school (as indicated in responses by educators in Chapter 4) is a matter of grave concern.

In this regard I align myself to Hargreaves (1994) who noted that traditionally teachers and parents occupied different positions with regards to the roles and responsibilities towards the well-being of the child and that teachers experience great anxiety about their relationships and interactions with parents. From an idealistic point of view, parents and teachers have much in common, in that they have the best interests of the child at heart. However this is not the case

because both the teacher and the parent exist in conditions of mutual distrust and enmity (Hargreaves: 1994).

The problem of social distance is also a valid contributor to the strained relationships that exist between parents and teachers. Teachers are not only professionally distanced from the parents, but they are often socially distanced. By creating a 'professional distance' between the child and himself, the teacher avoids emotional entanglements between himself and the child and teaching takes place in a clinical and detached manner. The majority of teachers in the research focus area belong to the Indian race group whilst the majority of learners are African learners who commute to schools from surrounding areas. Therefore this study maintains that cultural and racial differences are leading co-factors in the social distance that exists between parents and teachers. Parents and teachers do not understand each other and exist as isolated and compartmentalised levels of power in the lives of learners, each sending out contradictory messages about HIV/AIDS. This in turn negatively affects the delivery of HIV/AIDS programmes in the intermediate phase.

In this study I offer the insight that societal roles of what it means to be a teacher and what it means to be a parent are in fact conferred. Whilst many of the core duties of teaching requires close co-operation between parent and teacher, the customary roles occupied by the teacher is in fact modelled on a professional ethic which required that teachers avoid emotional attachment with their learners. Wright and Tuska (1967) maintain that teacher socialisation is influenced to a large degree by the relationships that a teacher had with important adults such as mother, father or teacher, and becoming a teacher is to some extent, a process of trying to emulate those who have most influenced our lives. Therefore teachers frequently referred to the continuing role of their earlier

mentors. Consequently they teach the way that they themselves were taught. Thus being a teacher is defined in terms of social expectations and stereotyping.

5.4. CONCLUSION OF CHAPTER FIVE

Biographical factors such as race, religion, culture and gender are extremely relevant to the teaching of HIV/AIDS. HIV/AIDS education brings to the classroom a complexity that consumes both teachers and learners. Both teachers and learners constantly shape and re-shape their own identities during their interactions with each other. Therefore every teacher constructs his/her teaching according to his/her own value system and in the process shapes the way in which HIV/AIDS is negotiated during teaching practice. The roles and responsibilities that the teacher enacts, the content of the curriculum that he/she chooses to teach and the methods that is used in teaching are part of the larger psyche of teacher identity which is shaped by a deep-sated belief system which is entrenched by different forces of influence such as the tradition of teacher training, biographical factors such as racial, cultural and religious factors. All these forces shape what the teacher teaches. The different forces of influence - gender, race, culture and religion – are vital factors in how teachers teach and the choices that they make in what they teach. Either consciously or unconsciously, teacher identity is shaped by 'who we are' in terms of race, culture, religion and gender.

Thus both the teacher and the learner are on different wavelengths. Teaching and learning are apparently running parallel to each other and classroom rhetoric is out of sync with the daily lives and experiences of the learners. Hence the process of teaching as it exists at present will not disrupt the spread of HIV/AIDS and this disease will continue infecting more and more people. Teachers and

learners are therefore actors on the stage of learning – roles are played for the benefit of appeasing authorities, society and even government.

CHAPTER SIX

CONCLUSIONS, RECOMMENDATIONS AND REFLECTIONS

" I shut my eyes in order to see"

Paul Gauguin

6.1. INTRODUCTION

In this concluding chapter of this thesis, I explain that teachers and the learners are influenced by different forces in the teaching of HIV/AIDS education in the intermediate phase. In understanding how teachers and learners engage with HIV/AIDS education the classroom, I believe that the most riveting and coercive force that shapes and determines how teachers teach and how learners receive this teaching is the forces of identity. What is evident is that classroom interaction between teachers and learners is a process of negotiation between the different forces that impinge on the lives of both teachers and learners. There are forces that shape what, why and how teachers teach HIV/AIDS education. At the same time there are forces that shape the learning experiences of learners. All the different forces criss-cross each other to create unique sense of self for both the teacher and the learner.

In this chapter I present a summary of the main findings of this study. I explain the findings in terms of a see- saw model where teaching and learning is negotiated in terms of a position of dominance, where the teacher as the one with

power is situated at the top of the see-saw and the child as the one without power, remains at the bottom of the see-saw.

In the second part of this chapter I introduce a model of education, which I will refer to as the balancing- beam model. This model, I will argue will create spaces for an ongoing process of negotiation between the teacher and the learner around the issue of HIV/AIDS education. Thereafter I will make recommendations for future study based on what I have uncovered in this study.

In the third part of this chapter I reflect upon this study. This concludes this thesis.

6.2. CONCLUSIONS AND MAIN FINDINGS

6.2.1. CURRICULUM

The political philosophy guiding the implementation of policies such as the OBE and RNCS provides the basis for the modern ideology. However what the teacher does in the classroom belies the expectation of change in terms of curriculum. Against a background of rigorous change what remains constant is the few eminent features that teachers feel secure and comfortable with. In the past the foundation of teaching was based on the teacher's ability to interact with the textbook. The textbook was used extensively in the knowledge transfer. Recent policy has urged that teachers let go of the textbook and to make way for creative and innovative teaching strategies. However, I have found that teachers continue to rely on textbooks, departmental workbooks and make very little effort to teach HIV/AIDS without 'help' from outside sources. Teachers therefore exert agency by adopting pseudo-compliance to the HIV/AIDS education curriculum.

6.2.2. TEACHING ROLES AND RESPONSIBILITIES

The broad spectrum of obligations that teacher encounter in the teaching of HIV/AIDS education were previously undesignated to teachers and teaching. In the past teachers merely transmitted knowledge to learners from textbooks. In the teaching HIV/AIDS to learners in the intermediate phase, teachers make choices about what they want to teach. The blurring of boundaries between the different roles creates a dilemma for teachers who are not engaging with their new responsibilities in a meaningful manner. Therefore teachers strategically create a veneer of conformity to the teaching of HIV/AIDS education. Teachers continue teaching in a traditionally stereotypical manner and teaching roles remain fixed.

6.2.3. GENDER

What emerges in this study is that teachers perpetuate gendered stereotypes, which are dangerous for both girls and boys. In a country where the threat violence and abuse is ubiquitous such forms of stereotyping could lead to further violence and abuse.

6.2.4. RACE, CLASS AND RELIGION

Race, religion and culture are powerful forces that teachers use to fix how they think and what they do. Teachers also use these specificities to fix 'who they are' and how they make sense of their lives. These forces of influence are instrumental in determining the content and course of HIV/AIDS education. Teachers who are deeply stereotyped in terms of religious and cultural links find it difficult to talk about and teach aspects of HIV/AIDS education that have an explicit sexual connotation. This is damaging to both teachers and the learners in the fight against HIV/AIDS. Whilst cultural and religious practices and ideas are used in one way to limit what they do, in another context cultural and religious practices and ideas are

seen as damaging and unprogressive. Thus the HIV/AIDS pandemic is not being disrupted by teaching and learning and the disease is being perpetuated.

6.2.5. TEACHER SOCIALISATION

Teacher socialisation impacts on the teaching of HIV/AIDS. The evolution of curriculum, in terms of what was taught in the past and what is now being taught has changed drastically. The demise of traditional subjects such as Health Education, Guidance and Right Living and the introduction of subjects such as Life Orientation have created a vacuum for teachers who do not consider HIV/AIDS and Life Orientation to be as important as subjects such as Maths and Science. Thus the history of non-examinable subjects is carried into the present classroom. Furthermore teachers who teach in the primary school were traditionally trained to provide a basic education to learners. In terms of HIV/AIDS teachers conform to the idea that learners in the intermediate phase are too young to learn about sex and sexuality.

6.2.6. THE HOME ENVIRONMENT

Although much has been accomplished in the way of HIV/AIDS awareness, discrimination and stigma is alluded to by learners, who value the insights and perceptions of their parents in a far more serious light than the teachings of educators in terms of HIV/AIDS education. The home environment, parents and family are far more influential than anything the teacher does in the classroom.

6.2.7. HOME-SCHOOL ALIENATION

The lack of adequate interaction between the teacher and the parent is a cause for concern as both parents and teachers need to work together in order to educate children about HIV/AIDS. The 'distance' that exists between the teacher and the learner creates a parallel between teaching and learning which is harmful to HIV/AIDS education. What is extremely important is that teachers do not 'know' their learners. Teachers confine their duties to the four walls of the classroom and in spite of policy, continue to teach in a disembodied, linear and stereotypical manner.

6.2.8. STIGMA AND DISCRIMINATION

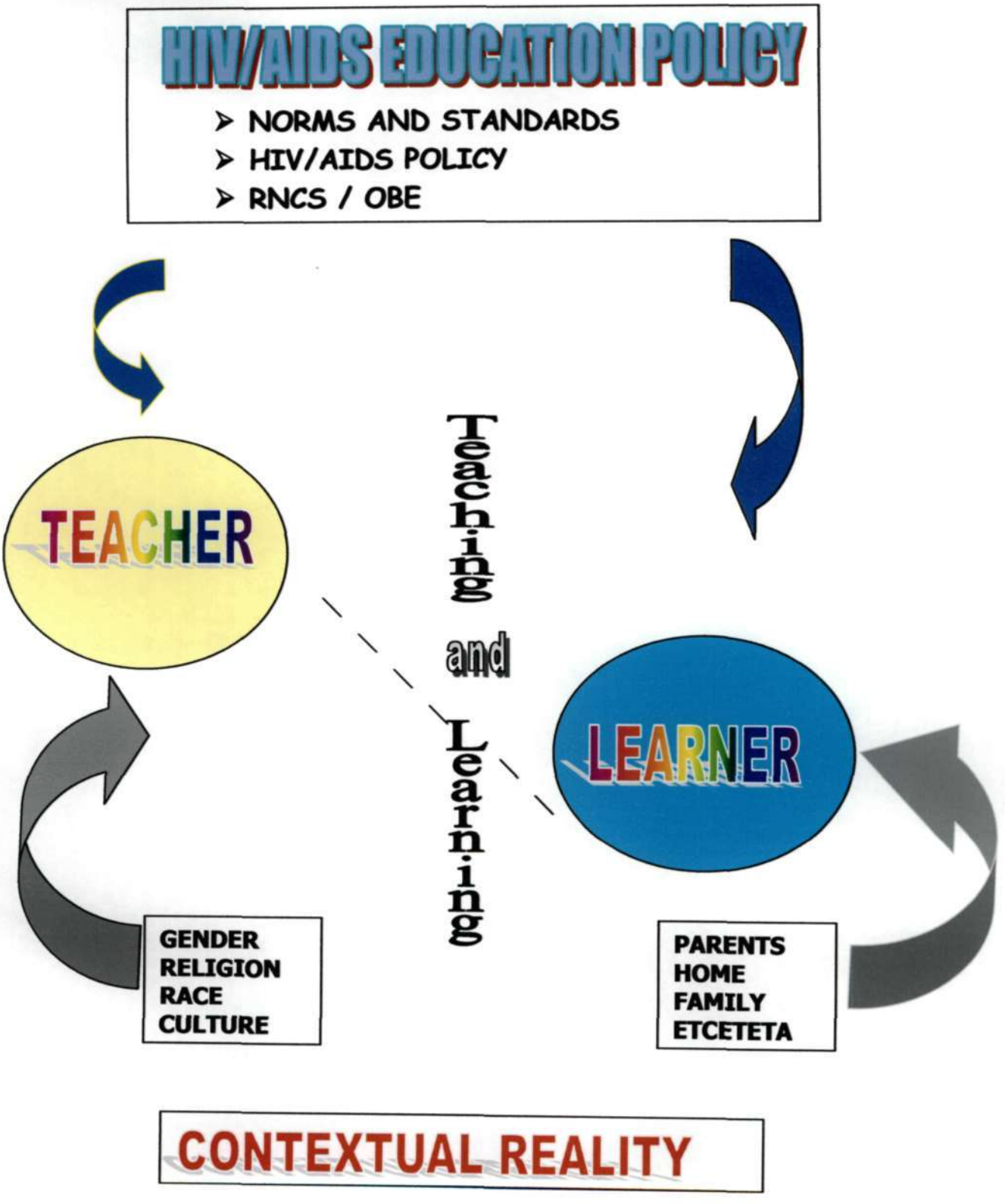
Fear of contacting the disease plays a vital part in attitudes of both teachers and learners attitudes about those infected with or perceived to have the disease. Thus HIV/AIDS education at schools is not having the desired effect in reducing stigma and discrimination.

6.3. SYNTHESIS

This study shows that HIV/AIDS education as the vehicle to bring about change in people's attitudes and practices is being threatened by forces of teacher identity in terms of race, culture, religion and gender. Teachers use their bias to fix 'who they are' and how they make making of their lives. Whilst the most powerful forces shaping the choices that teachers make in the teaching HIV/AIDS education is biographical forces, learners too have their own forces of identity. As such forces such as home environment, parents and family play a defining role in the lives of learners. The forces that shape what the learner learns are very different from the forces that shape what the teacher teaches. Thus these opposing forces are isolating, rather than unifying, in the fight against HIV/AIDS

6.4. THE SEE-SAW MODEL OF HIV/AIDS EDUCATION

Figure 10: The See-Saw Model



This see-saw model shows that there is a weak connection between teaching and learning. Hence, current teaching practices are not sufficient to significantly change the behaviour, practices and attitudes of learners and the school is not a fertile site to challenge and disrupt the perpetuation of the disease. Therefore the disease and other related issues will continue to grow and more and more lives will be affected by the deadly consequences. Teachers who teach in a conservative, conformist manner are engaging in practices that are detrimental to the struggle against the HIV/AIDS scourge. Thus the ideal of **caring and sharing** is elusive and obscure.

6.5. THE BALANCING-BEAM MODEL

In order to propagate the ideal of sharing and caring, I offer the balancing-beam model as a model, which has potential to change the practices of teachers in a way that would lead to meaningful teaching and effective learning. This teaching and learning model is an alternative to the present scenario and reflects the multiple, shifting positionings of teachers and learners. The absolute ideal situation would then be a complete balance on the beam with HIV/AIDS education at the fulcrum. A complete balance will mean that both teachers and learners are always on the same footing and in perfect equilibrium and perfect harmony is achieved between teaching and learning. However there is no such thing as perfect world, but attaining perfection is what we strive for.

In this balancing-beam model teachers and learners are suspended on a balancing beam, each occupying different positions and different roles at different times. These roles and positions are not fixed, but change according to the need or the context. Thus teachers and learners constantly evaluate their situatedness in a tangible manner. When teachers engage more critically with their changing roles and responsibilities HIV/AIDS education will become more relevant. Only then will

the status of the disease be challenged by teaching and learning practices in the intermediate phase.

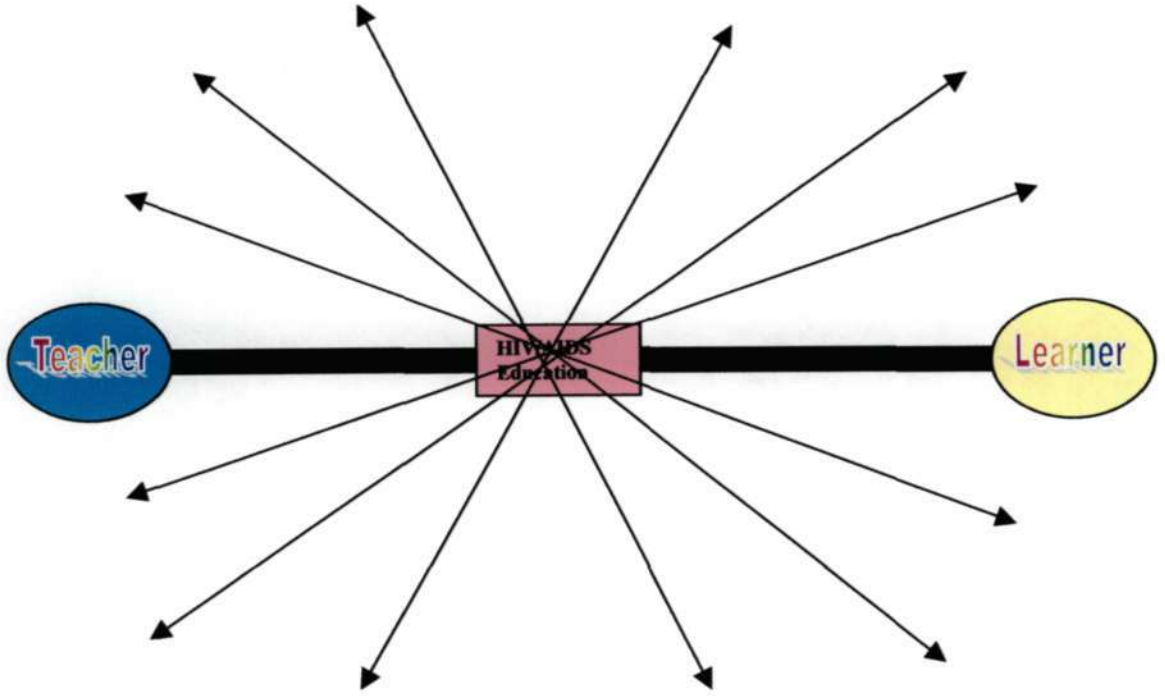


Figure 11: The Balancing-Beam Model

6.6. RECOMMENDATIONS FOR FUTURE RESEARCH

- Since the unit of analysis for this study was chiefly the teacher, a recommendation for future study would be a more in-depth look at the learner in the intermediate phase and how learners interact with the HIV/AIDS curriculum. Understanding the learner, social background and home environment will be an ideal opportunity to bridge the gap between teacher and learner.

- Furthermore the alienation that is evident in parent-teacher relationships is an issue that deserves greater scrutiny. An important study would be what parents and teachers could do, together, to fight against HIV/AIDS.
- In terms of professional development, studies could be done on how workshops could be used to good effect to unify teachers in the fight against HIV/AIDS. What gets done at workshops should be scrutinised so that it leads to better ways of teaching and learning.
- Does policy change lead to change in the ways that teaching has always been done? Policies formulated at the top (by government, department of education etc.) must translate into change at classroom level. Research must be done on why this is not happening and what must be done so that more meaningful learning takes place.

6.7. RELECTIONS

As I look back on this study I reflect upon the manner in which I went about conducting this study. I ponder my choices and wonder what I would have done differently had I been starting over. What would my choices be now?
From a methodological perspective I have wondered if my choices were effective in producing the data that I sought. My decision to conduct this study with the dual methodology of qualitative supported by quantitative stance raised tension within me as a researcher when I tried to understand the contradictions between the two methodologies. I realise now that I could have easily produced enough data had I conducted a purely qualitative study. Without delving too deeply into the qualitative-quantitative debate, the insights that I offer are based purely on my experiences for this study. What I have realised is that my inexperience and naivety in conducting research led to insecurities which prompted me to experiment with the system of dual methodology which I have utilised in conducting my research. I

believed that I would be able to gather copious amounts of data and therefore have much more to write about than had I done a purely qualitative study. Conducting research via the questionnaire was also convenient and less disruptive to teachers and teaching schedules. It was also non-intrusive and allowed teachers to indicate responses without having to identify themselves. Thus it was more appealing to participants.

On the other hand, it proved to be much more of a mission to get participants who were willing to be interviewed. After enlisting the help of those teachers who had previously written up dissertations and theses, I was able to get my interviews going. What I have deduced is that the realm of social research is best understood from the experiences of participants and that the teaching of HIV/AIDS education is profoundly influenced by the experiences of teachers. Quantifying the human and living experiences of participants does not suitably grasp the issues at hand – in this case the teaching and learning practices in the context of an HIV/AIDS epidemic.

I have found that the yes-no type of responses that were obtained via the questionnaire to be very limiting and revealed very little of the rich heritage of information, which teachers possess. What future researchers need to consider when conducting questionnaire research, is that the respondents very often do not complete the questionnaire. Furthermore what became clear in this study was that much of the data collected quantitatively contradicted the data that was collected via interviews. Thus the teaching of HIV/AIDS is not straightforward, and the quantitative angle to this study served a useful purpose in collecting biographical data such as age, gender, race etc, which proved to be useful insights to the study. I believe that this study became more holistic because I was able to critique and

criticise from different perspectives and through different lenses. Hence there are no regrets.

Upon reflection I realise that the time that I spent collecting data and writing up this thesis was a learning experience. There were times when I sat at my computer trying to think of something to write and merely succeeding in stringing a few words together. There were times when I had to look beyond what was being said and to try to understand the truth behind the words. Although the writing of this thesis was frustrating at times and took me away from my family and friends, I was forced into a world of intensive reading. I do not see the end of this thesis as the end of my education but as a stepping-stone to challenging new experiences. Thus I believe that the objective for this study was achieved. The journey of learning continues.

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APPENDIX A

INTERVIEW SCHEDULE FOR EDUCATORS

Category A - Curriculum

QUESTION 1
How do feel about HIV/AIDS education being incorporated into the school curriculum of the intermediate phase?

QUESTION 2
What is your view of the HIV/AIDS curriculum that is taught in the intermediate phase?

QUESTION 3
What aspects of the HIV/AIDS curriculum do you find beneficial to learners in the intermediate phase?

QUESTION 4
Anna is a seasoned teacher with 20 years of experience. She is finding it difficult to cope with the change in Curriculum from the traditional method of teaching to the OBE method. This is further complicated since she is expected to teach HIV/AIDS education to young children who are old enough to be her grandchildren.
If you were Anna how would you teach HIV/AIDS in the intermediate phase?

****

Category B - Teaching

QUESTION 5
What are your experiences in teaching HIV/AIDS education to learners in the intermediate phase?

QUESTION 6:
A recent article in the newspaper indicated that young children are engaging in sex games such fondling and grabbing of genitalia.
If such a situation were to arise at your school, how would you deal with the issue?

QUESTION 7:
Sheila is a ten-year-old child who lives with her elderly aunt and uncle. Her uncle has AIDS. Sheila has been underachieving at school recently and you have observed that she is always tired and sleepy in class and is often covered in bruises. When questioned she admitted that her uncle has been sexually abusing her.
How will you react if such a situation were to arise in your class?

QUESTION 8
How do you plan and prepare for the teaching of HIV/AIDS education lessons in the intermediate phase?

QUESTION 9
What aspects of HIV/AIDS education have you included in the curriculum and how did you come to make these decisions?

****

Category C – Support And Resources

QUESTION 10
Describe the kinds of support that you receive for the teaching of HIV/AIDS education at your school?

QUESTION 11
What resources are available to you for the teaching of HIV/AIDS education? Who provides the resources?

QUESTION 12
Ben is a high school Maths teacher who has recently been redeployed to a primary school where he was asked to teach Life Orientation and HIV/AIDS education. There are no resources available and he receives no support from parents and management.
What options is available to Ben?

****

Category D – Learning

QUESTION 14
ZZ Primary School is a co-ed school with learners of different races. Many of the boys believe that only girls get HIV/AIDS and many of the girls believe that only boys get HIV/AIDS. The learners also believe that this disease does not affect their community at all.
Myths and misconceptions surrounding HIV/AIDS are common. Can you comment on this?

QUESTION 15
Can you describe how learners engage with HIV/AIDS education in the intermediate phase?

****

THANK YOU FOR YOUR TIME!

APPENDIX B

Dear Colleague

As you are aware HIV/AIDS in our country and indeed the world has reached pandemic proportions. According to UNAIDS (2001) over forty million people worldwide are infected with the disease. The education of learners at school level is a vital component of the HIV/AIDS education drive. In order to understand how teachers and learners are engaging with the teaching and learning of HIV/AIDS, I am collecting data for my study entitled "***Teaching and learning practices in the context of HIV/AIDS in the intermediate phase".***

For this I need your generous co-operation and I appeal for your response to the questionnaire that has been prepared.

Please note:

- Confidentiality of all teachers and schools participating in this research will be respected. Schools and individuals will not be identified in the dissertation.
- The questions require an honest response.
- The success of this study is dependent on your voluntary co-operation.
- Permission for the study was obtained from the department.

Thank you for your time and effort.

L.JACOB (MRS)

- **Please indicate with a cross that which is most applicable to you. Choose one response only.**

Section A - Biodata

QUESTION 1: Indicate which age group you fall into:

1. 20 to 30 years	
2. 31 to 40 years	
3. 41 to 50 years	
4. 51 to 60 years	
5. 61 and over	

QUESTION 2: Indicate your gender:

1. Male	
2. Female	

QUESTION 3: Choose race or ethnicity:

1. African	
2. Indian	
3. Coloured	
4. White	

QUESTION 4: Indicate years of teaching experience:

1. 1 to 5 years	
2. 6 to 10 years	
3. 11 to 15 years	
4. 16 to 20 years	
5. 21 years or more	

Section B: Teaching and Support

QUESTION 5: Have you attended any workshops on HIV/AIDS?

1. Yes	
2. No	

QUESTION 6: Are you supported in your teaching of HIV/AIDS at you school?

1. Yes	
2. No	

QUESTION 7: Comment on the support that you receive for the teaching of HIV/AIDS education from different stakeholders.

	No support	Little support	Good support	Excellent support
1.Senior management /HOD				
2. Department of Education				
3. Colleagues				
4. Parents				
5. NGO's				

Question 8: Most of the material that is used in the teaching of HIV/AIDS education is:

	Very often	Sometimes	Seldom	Never
1.Obtained from the Department				
2.Collected from Magazines and Newspapers				
3.Obtained from Colleagues and Friends				
4.Designed by the teacher				
5.Photo copied from different workbooks				

Question 9:In your opinion learners learn about HIV/AIDS effectively from:

	Strongly agree	Agree	Disagree	Strongly disagree
1. Parents				
2. Peers				
3.Teachers				
4. Television / Radio				
5. Newspapers/Magazines				
6. School Nurses				
7. Guidance counselors				

Question 10: The resources that you use for the teaching of HIV/AIDS education are:

1. Not Useful at all	
2. A little useful	
3. Useful	
4. Very Useful	

Question 11: What is the most appropriate age to begin teaching about HIV/AIDS?

	Strongly agree	Agree	Disagree	Strongly disagree
1. Before 5 years				
2. 6 to 7 years				
3. 8 to 9 years				
4. 10 to 11 years				
5. 12 years and older				

Question 12: How do you experience the teaching of HIV/AIDS education?

	Strongly agree	Agree	Disagree	Strongly disagree
1. Comfortable				
2. Easy				
3. Difficult				
4. Uncomfortable				
5. Frightening				
6. Embarrassing				

Question 13: As an educator do you believe that it should be your responsibility to:

	Strongly agree	Agree	Disagree	Strongly disagree
1. Design learning materials about HIV/AIDS				
2. Teach about HIV/AIDS				
3. Provide pastoral care to learners				
4. Provide first aid to learners				

Question 14: Please answer in your own words. What are some of the factors that could inhibit the teaching of HIV/AIDS education to learners in the intermediate phase? _____

_____

_____

_____

Section C: Curriculum

Question 15: How would you describe the content of the HIV/AIDS curriculum that is provided by the department:

1. Very appropriate	
2. Appropriate	
3. Fairly Appropriate	
4. Not Appropriate	
5. Highly inappropriate	

Question 16: How effective is the OBE methodology in the teaching of HIV/AIDS education?

1. Totally ineffective	
2. Ineffective	
3. Effective	
4. Very effective	

Question 17: HIV/AIDS education in the intermediate phase would be most suitably taught in:

	Strongly agree	Agree	Disagree	Strongly disagree
1. Life Orientation				
2. Health Education				
3. Guidance				
4. Natural Science				

Question 18: At your school HIV/AIDS is taught in :

	Strongly agree	Agree	Disagree	Strongly disagree
1. AC/LO				
2. Maths				
3. 4. LLC				
4. HSS/EMS				
5. NS/TECH				
6. All of the above				

Section D: Learners

Question 19: How are learners in the intermediate phase affected by HIV/AIDS at your school?

	Strongly agree	Agree	Disagree	Strongly disagree
Death of learners				
Death of parents				
Poor attendance				
Lack of food				
Child headed households				

Question 20 : Please answer in your own words. What beliefs and practices exist among learners in the context of HIV/AIDS in the intermediate phase?

_____

_____

_____

_____

THANK YOU FOR YOUR TIME AND EFFORT!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

L.JACOB

17 – 05 – 2004
Mr J. B. Ndlovu
S.E.M.
Phumelele Circuit

Dear Sir

I am presently studying for my Masters degree in education through the University of Kwazulu_Natal and as such I am required to carry out research to write up a dissertation. The topic that I have chosen to research is called ***Teaching and Learning Practices within the Context of HIV/AIDS Education in the Intermediate Phase.***

I hereby request permission to carry out my research in schools in the Isipingo area.

My details are as follows:

Name: **Mrs L. Jacob**

Persal Number : 10989307

Student number : 200302896

I trust that my request is acceptable

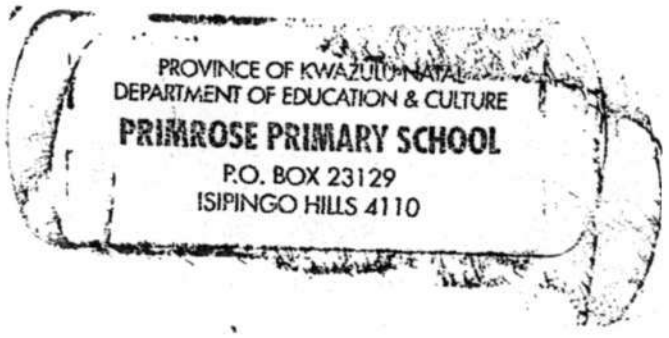
Thanking you in anticipation.

Yours Faithfully

Mrs L. Jacob

I J.B. Ndlovu hereby grant /do not grant permission to Mrs L. Jacob for research to be conducted in Isipingo schools.

2004 -05-



To the Principal
Primrose Primary School

Dear Miss Mahomed

I am presently doing a study entitled **'Teaching and Learning practices in the Context of HIV/AIDS Education in the Intermediate Phase. "** I hereby request permission to conduct research at your school. In the process of collecting data I will be required to interview and observe both teachers and learners. I understand that this will only be done with the consent of educators concerned and that permission from parents and learners will be obtained prior to any interaction with learners. I undertake to conduct my study with minimal disruption to the school.

Thanking you for your co-operation.

_____
Mrs L. Jacob (student number 200302896)

Permission Slip

I MS.H.MAHOMED hereby give consent for Mrs L. Jacob to conduct research at my school with the permission of teachers, learners and parents of learners.

Signed: H Mahomed

Dear Parent

I am doing research on a topic called **Teaching and Learning Practices in the Context of HIV/AIDS Education**. I hereby request that permission be granted for your child to participate in the study. In order to collect data for my study I will be observing the teachers lessons and interviewing some learners. You have my assurance that anything that is discussed will be treated with respect and children will not be identified.

Thanking you for your co-operation.

L.Jacob (Mrs)

Parent Permission

I, Patricia parent of Brandon Mokoena hereby grant permission for my child / ward to participate in the study being conducted by Mrs L. Jacob. I understand that my child's identity will be protected.

P Mokoena
Parent signature

21/5/04
Date

Learner's Permission

I, Brandon agree to talk to Mrs L. Jacob so that she could collect information for her studies and I also give permission for my picture /poem to be used for the same purpose.

To Mrs J. Naidoo
Primrose Primary

Dear Mrs Naidoo

I am presently doing research entitled **Teaching and Learning practices in the Context of HIV/AIDS in the Intermediate Phase.** In order to collect data for my study I am required to observe / interview teachers and learners. I understand that all interviews with learners will be conducted with the prior consent of both parents and learners. I hereby request permission be granted for me to conduct classroom observations of you and your learners in practice.

Thanking you fro your co-operation.

Jacob.
Mrs L. Jacob (student number 200302896 - UKZN)

I, J. Naidoo hereby consent / ~~do not~~ consent to Mrs L. Jacob observing my lessons.

Naidoo (21/05/2004)