



**UNIVERSITY OF
KWAZULU-NATAL**

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**SOCIO-CULTURAL COMPLEXITIES AND THEIR INFLUENCE ON
THE TEACHING ABOUT HIV & AIDS IN
LIFE ORIENTATION IN THE FURTHER EDUCATION AND TRAINING
PHASE**

By

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**Submitted in fulfilment of the requirements for the degree of
DOCTOR OF PHILOSOPHY**

**The discipline of Teacher Development Studies
School of Education
UNIVERSITY OF KWAZULU- NATAL**

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2022

DECLARATION

This thesis has been submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in the Graduate Programme in College of Humanities, University of KwaZulu-Natal, and Pietermaritzburg, South Africa.

I, **ELASMUS MUZA**, student number 21255896, declare that:

1. The research reported in this thesis, except where otherwise indicated, is my original research.
2. I have not submitted this thesis for any degree or examination at any other university.
3. This thesis does not contain other person's graphs, data, pictures or other information. Any information sourced from other people has been acknowledged.
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Date: ___3 February 2022___

DEDICATION

I humbly dedicate this research study to the Almighty God, whose bountiful and unmerited favours helped me finish this work during the difficult time infected with Covid-19. I thank you, God.

ACKNOWLEDGEMENTS

I want to express my gratitude and humility to the many people who helped me accomplish the long, tiresome but fascinating journey I undertook to complete this PhD research study. These people gave me the strength and courage to pursue my study up to the finish.

I thank the Almighty for the courage and spiritual inspiration that helped me to continue pulling the strings even when things were getting tough, primarily through Covid-19 and when the time was unavailable. I knew there was light at the end of the tunnel with the Lord.

I do not forget my brother, Onismo Muza, and his wife, Evidence, who helped give the thesis the head and tail. They assisted greatly in putting the final touches on the document.

I would also like to thank the National Research Foundation, which funded this research study. The funds assisted me greatly and motivated me to complete the research study without failure. I am incredibly grateful as I was one of the few lucky ones to receive this funding.

To my supervisor, Dr Jaqueline Naidoo, I sincerely appreciate your support and guidance from when I started this study up to the finish. I appreciate your expertise and depth of knowledge in my research, as it was invaluable input that cannot be substituted. You helped a lot, especially in the improvement of academic writing. Your words still echo in my ears: *Elasmus, this is now PhD, not a Masters thesis. You have to improve your academic writing.* I listened, and it helped me.

I wish to thank the teachers I used as my participants in this study. I would not have completed it without Indeed, given all the challenges associated with teaching about HIV & AIDS education and the outbreak of Covid-19 in the middle of this research study, you never gave up. You are my classroom heroes, and I salute you. I also thank your learners, who helped me observe your lessons while teaching.

My heartfelt gratitude goes to the principals of the schools where I conducted my research. They permitted me to work with the teachers in their schools and enter the classrooms to observe them teaching. You are also my heroes.

To my children, Takunda, Natasha and Munashe, I thank you for understanding that I dedicated most of my time to this research study. I had to leave home for some time to make this happen. Your love and praises inspired me. I feel joy and happiness when I hear your voices.

Love is the most ordinary force that governs God's universe.

ABSTRACT

South Africa has an alarming rate of HIV & AIDS infection. It remains the country most severely affected by the HIV & AIDS pandemic, with KwaZulu-Natal the most affected province. Therefore, the Department of Health turned to Life Orientation teachers to play a crucial role in teaching about HIV & AIDS, which aims to reduce infections, particularly among school-going children. However, the rate of HIV infection has remained high. As a result, it is crucial to examine socio-cultural influences and address the missing link in our knowledge and understanding of HIV & AIDS.

This qualitative, narrative study within the interpretivist paradigm examined the socio-cultural complexities Life Orientation teachers face when teaching about HIV & AIDS in the Further Education and Training phase. A purposive sample of six Life Orientation teachers from six schools was selected. Data generation methods included lesson observations, collages, and narrative frames. A conceptual framework was underpinned by sociological theory, drawing on Griswold's cultural diamond and its adaptation by Helleve et al., and thematic analysis was used to interpret the data.

The findings identified the following socio-cultural complexities that negatively affected Life Orientation teachers teaching about HIV & AIDS: school guidelines that hinder teachers' flexibility to teach about HIV & AIDS freely, a gendered culture of silence in the classroom created by religious and cultural taboos, contrasting social backgrounds between the teachers and learners, and the personal experiences of teachers. These socio-cultural complexities negatively affected the teaching about HIV & AIDS through cultural taboos that prohibited discussing sexual issues, the emotionally draining effects of such teaching, for which the teachers received no support, and language as a limiting factor. The teachers addressed these socio-cultural complexities by avoiding contradicting cultural and religious beliefs, using social media platforms, involving specialists, peer educators and role models, and assuming pastoral and parental roles.

The study recommends facilitating workshops, seminars, and group discussions by the Department of Education to assist teachers who are not trained to teach or cope with the sensitive issues inherent in HIV & AIDS education. The Department should also design adult education programmes to educate communities about how social, cultural and religious matters affect HIV

& AIDS education. Input from community members, traditional healers, and religious leaders should be incorporated into teacher training on HIV & AIDS education to foster community support for the teachers. In addition, learners' perspectives on how socio-cultural complexities influence their learning of HIV and AIDS education need to be elicited. More information about HIV & AIDS should be included in the General Education and Training phase subjects to expose learners more rigorously to HIV & AIDS education activities at a younger age. Lastly, counselling and peer educator programmes in HIV & AIDS should be offered at tertiary institutions to help Life Orientation educators deal with the complex issues that arise when teaching about HIV & AIDS. These findings are relevant for policy development and the professional development of teachers regarding training and support in HIV & AIDS education.

KEYWORDS

Socio-cultural complexities, cultural diamond, HIV & AIDS, sexuality, teaching, Further Education and Training phase.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ATP	Annual Teaching Plan
AUM	Abstinence Until Marriage
BEd	Bachelor of Education
CAPS	Curriculum Assessment and Policy Statement
DBE	Department of Basic Education
DoE	Department of Education
DUT	Durban University of Technology
ESA	East and Southern Africa
FET	Further Education Training
G&C	Guidance and Counselling
HIV	Human Immunodeficiency Virus
LO	Life Orientation
LSE	Life Skills Education
MoESC	Ministry of Education, Sports and Culture
NCS	National Curriculum Statement
NRF	National Research Foundation
PET	Physical Education Training

PGCE	Postgraduate Certificate in Education
PhD	Doctor of Philosophy
PLWHA	People Living with HIV & AIDS
POPFILE	Population and Family Life Education Framework
SGB	School Governing Body
SMT	School Management Team
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV and AIDS
U.S.	United States
WHO	World Health Organisation
TDS	Teacher Development Studies

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 Introduction

This research study aimed to examine how socio-cultural complexities influence the teaching about HIV & AIDS education in Life Orientation (LO) in secondary schools in the Further Education and Training (FET) phase. Despite all the efforts to eradicate and control the spread of HIV & AIDS, there remains a constant concern about its impact. As long as people get sick and die of HIV & AIDS, questions about the efficacy of school education will be asked. School education has become the platform to address all concerns brought about by HIV & AIDS. The focus is on LO teachers since they are responsible for teaching HIV & AIDS education. Issues about when, how and to what effect LO teachers are teaching about HIV & AIDS education will be under scrutiny. Researchers will remain a fertile and legitimate field of investigation.

Due to the critical role played by LO teachers in implementing HIV & AIDS education, their professional conduct and function will become a vital knowledge component if a comprehensive understanding of how socio-cultural factors influence their teaching is attained. It was essential to explore how teachers thought and navigated their professional practice in HIV & AIDS education. As a result, I briefly looked at the research landscape about HIV & AIDS education and how it exists as a pandemic to set the arena and position the study. The statistics on HIV & AIDS infection show how serious the problem is. The outline also indicates how this pandemic has affected the other parts of the region in East and Southern Africa. This was followed by HIV & AIDS in South Africa as a country than in its schools. The rationale gave justification for carrying out this research study, followed by purpose, objective and research questions. I looked at LO as a subject in South Africa and the overview of chapters.

1.2 Outline of HIV & AIDS

The Joint United Nations Program on HIV/AIDS (UNAIDS) draws attention to alarming global HIV & AIDS infections statistics, outlining them as follows (UNAIDS, 2020, p. 1):

26.0 million [25.1 million–26.2 million] people were accessing antiretroviral therapy as of June 2020. 38.0 million [31.6 million–44.5 million] people globally lived with HIV in 2019. 1.7 million [1.2 million–2.2 million] people became newly infected with HIV in 2019. 690 000 [500 000–970 000] people died from AIDS-related illnesses in 2019. 75.7 million [55.9 million–100 million] people have become infected with HIV since the start of the epidemic (end of 2019). 32.7 million [24.8 million–42.2 million] people have died from AIDS-related illnesses since the epidemic's beginning (ending 2019).

1.2.1 HIV & AIDS in East and Southern Africa

Govender and Poku (2021) contend that East and Southern Africa (ESA) is the region most affected by HIV & AIDS and has seen slow progress in its prevention. Similarly, UNAIDS (2020) maintains that this region accounts for 54% of people living with HIV globally, 43% of the world's HIV infections, and young women and adolescents account for all new conditions. In addition, Govender and Poku (2021) describe how the data paints a detailed picture, with three out of five new infections in 2019 being among young women. The above information clearly shows that HIV & AIDS has emerged as a significant health crisis requiring immediate action from stakeholders.

According to UNAIDS (2020), 260 000 HIV infections were recorded among young people between 15–24 years in ESA in 2020. This is of grave concern, as Govender and Poku (2021) acknowledge that progress in fighting HIV & AIDS as a global health threat had already stalled even before the SARS-CoV-2 virus (Covid-19) emerged in late 2019. Correspondingly, Jewell, Mudimu, Stover, Ten Brink, Phillips, Smith and Bansi-Matharu (2020) confirm reports from some ESA countries that 'lockdown' actions imposed by the governments of these countries to minimise the transmission of Covid-19 have disrupted many HIV prevention and treatment services. Therefore, it is unsurprising that the UNAIDS-prescribed prevention targets for 2020 were missed. Figure 1.1 show new HIV infections among young people and adolescents in ESA. They indicate that more females are infected than males. This can be attributed to several socio-cultural factors discussed in the following chapters. While the graphs show that there has been a notable decline in the number of infections from previous years, the infection rate remains high.

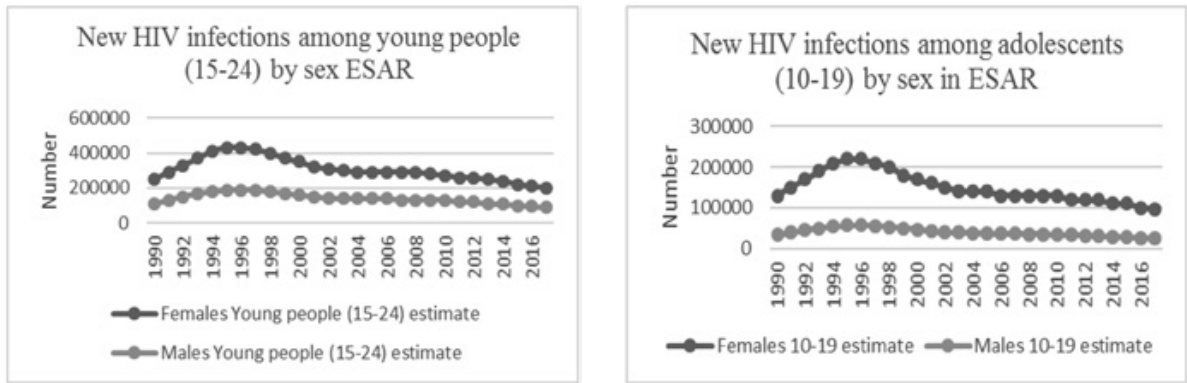


Figure 0.1: New HIV infections among a) young people (15–24 years) and b) adolescents (10–19 years) in the ESA region.

Source: UNAIDS (2020)

Young people face many challenges in the context of HIV & AIDS. Govender and Poku (2021, p. 2) reflect on how

they face economic, cultural, social and legal prejudice as they become sexually active; for example, cultural inhibitions against sexuality education, discrimination from nurses when they seek sexual and reproductive health services, material poverty influencing exploitative sexual relationships and, for adolescents of different gender and sexual orientations, social and legal stigma.

Therefore, the cultural, psychosocial and economic challenges healthcare providers face in reducing the number of new HIV infections are complex, interconnected and pose significant barriers to reducing risky behaviour among young people. The continued high infection rate among young people is clear evidence that little is known about these young individuals and the social factors that trigger HIV risk behaviours among them. As a result, little is known about how to address their needs to prevent this disease and provide appropriate treatment and care services.

In addition, Francis (2015) estimates that 30% of children from birth to 14 years are infected with HIV and receive antiretroviral (ART) therapy. Furthermore, UNAIDS (2020) confirms these statistics, observing that young children in most countries in southern Africa experience early marriage and a high level of sexual activity and that young girls do not have the skills to negotiate sex and are often coerced. Similarly, Shih (2020) asserts that around 39% of young girls in Africa are involved in premature sexual activity with older men and that 13% are married at the age of 15 years. In the same vein, Govender et al. (2021)

acknowledge that the ‘youth bulge’ in most ESA countries is affecting the region and has already contributed to the new HIV infections, thereby placing demands on the already strained health services. These figures are disturbing, given that sex and HIV & AIDS education are topics taught in schools.

The following graphs illustrate various aspects of ESA's HIV & AIDS pandemic. Figure 1.2 shows new HIV infections among adolescent girls and young women by age in selected ESA countries. Figure 1.3 illustrates the number of HIV-related deaths by gender among adolescents aged 10–19 in ESA.

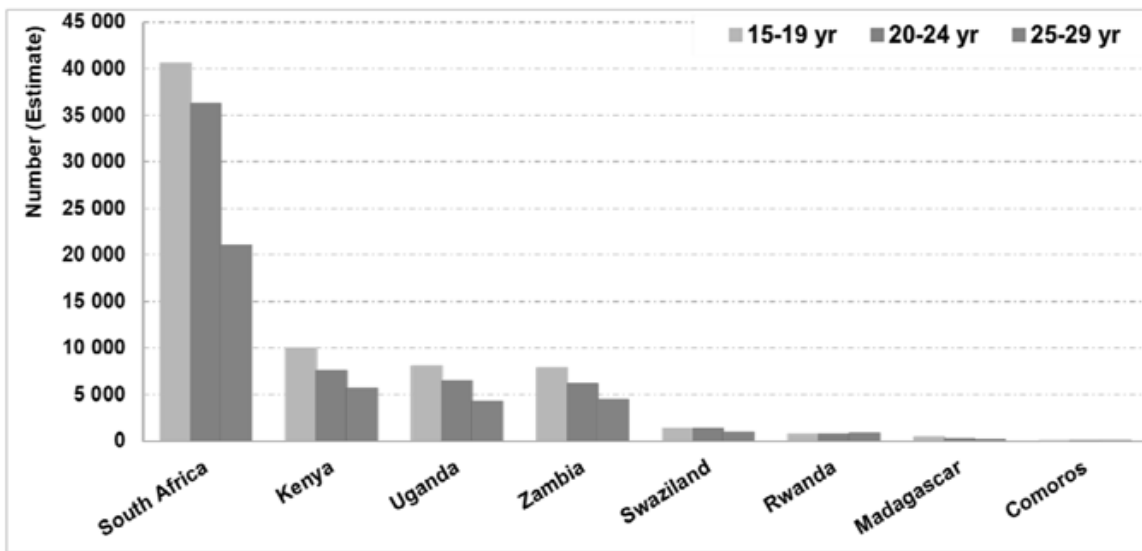


Figure 0.2: New HIV infections among adolescent girls and young women, by age and selected countries in Eastern and Southern Africa.

Source: UNAIDS estimates (2020)

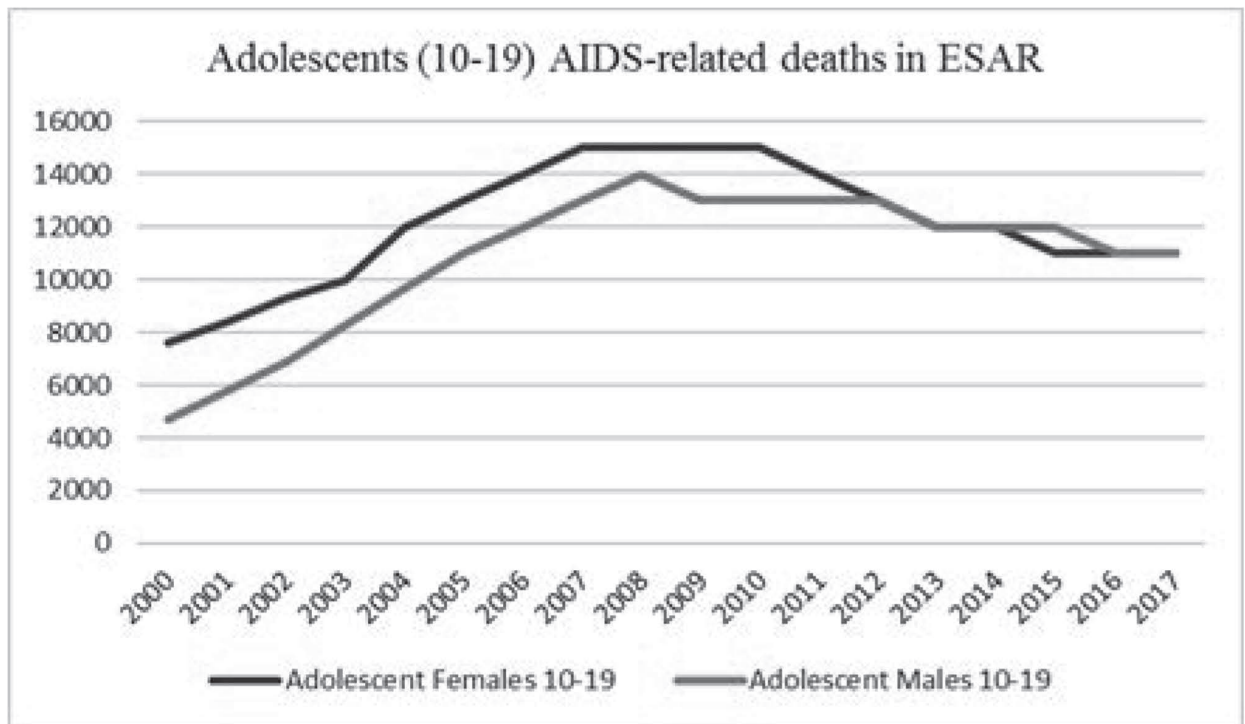


Figure 0.3: HIV-related deaths by gender among adolescents (10–19) in ESA.

Source: UNAIDS (2020)

The graph above indicates that both adolescents had a low death rate around 2000 and steadily increased from 2004 to 2008. After this, there was a decline as people were aware of preventive measures. However, although there was a decline, the figures were relatively high.

1.2.2 HIV & AIDS in South Africa

Figure 1.2 above shows that South Africa has an alarming HIV & AIDS infection rate compared to other ESA countries. UNAIDS (2020) reports that six to seven million South Africans live with HIV & AIDS. Of these, only 19.25% are adults. In 2020, the country saw 380 000 new infections, and between 88 000 and 140 000 South Africans died of HIV & AIDS (UNAIDS, 2020). Furthermore, 50%–61% of adults are on ART medication. Among pregnant women living with HIV & AIDS, 76%–95% access ART or prophylaxis treatment to prevent mother-to-child transmission; however, in 2020, 22 000 mother-to-child infections occurred (UNAIDS, 2020). In addition, UNAIDS (2020) maintains that KwaZulu-Natal (KZN) province accounts for 40% of the country’s HIV & AIDS prevalence, while the Northern Cape and Western Cape provinces account for 18% each. Certain groups in South Africa are reported to have a high HIV & AIDS infection rate.

According to UNAIDS (2020) country statistics, the prevalence among sex workers stands at 59.9%, and among gay men at 26.8%, with 72% HIV & AIDS prevalence in Johannesburg and 54% in Durban. Although a general trend shows a decline in the total number of deaths since 2017, South Africa's figures are relatively high. Many individuals are on ART, helping to keep the number of fatalities lower.

These statistics highlight that South Africa has many people living with HIV & AIDS, and many South Africans are on ART. However, Naidoo (2014), Kelly (2003), and Mjwara and Maharaj (2018) highlight that despite many awareness campaigns conducted at different levels, the HIV infection rate remains high. The outbreak of Covid-19 in South Africa in 2020 has worsened the situation, as the public health focus has shifted from HIV & AIDS to the fight against Covid-19.

1.2.3 HIV & AIDS in South African schools

Levend and Canan (2018) assert that cases of teenage pregnancies and HIV & AIDS infections are increasing in South African schools. Similarly, Ghosh (2013, p. 1) maintains that:

Some 182 000 high school black female students, mostly from quintile one and two schools, become pregnant every year in South Africa, endangering their education and future while placing heavy financial burdens on their beleaguered families. Many of the new mothers are as young as 14 years.

In addition, Mjwara and Maharaj (2018) contend that one in every five South African women (23%) gives birth during their teens, outside of marriage, and during their school years. Likewise, Timaeus and Moultrie (2015) concur that most of these pregnancies are unwanted and unplanned. Most of these pregnancies occur among young and under-age girls. Similarly, Leclerc-Madlala (2008) and Mjwara and Maharaj (2018) contend that 23% of pregnancies among 13–16-year-olds and 14.9% among 17–19-year-olds end in abortion. In addition, Nkani and Bhana (2016) argue that this high rate of teenage pregnancy indicates that teenagers engage in unprotected sexual intercourse despite being educated about HIV & AIDS during Life Orientation (LO) lessons. On a similar note, Singh and Hamid (2016) and Naidoo (2013) assert that cultural practices, poverty, and poor socio-economic conditions lead teenagers to engage in risky sexual behaviour, which causes them to contract HIV.

Pregnant learners found it challenging to cope with their studies in the schools where I have taught. In addition, Bhana et al. (2013) observed that the South African Schools Act No. 84 of 1996 allows pregnant learners to continue schooling. However, only 30% of pregnant learners re-enter the school system, as they find it challenging to look after their babies and do their school work. On the other hand, Mkhwanazi (2014) maintains that pregnant learners often drop out after re-entering the education system due to negative attitudes displayed towards them by their teachers and principals, who often use them as examples to warn others about teenage pregnancy during school assemblies.

The Department of Basic Education's (DBE) (2017) annual school survey conducted in 2016 found that over 15 000 pupils fell pregnant during that year and that the rate of pregnancy and HIV infection at South African schools has become a significant cause for concern. This is a social challenge for the education sector and national development. Although the department had developed a national policy for preventing and managing pregnancy in schools, it was legally required to withdraw these guidelines in 2012 because some schools had misinterpreted the measures (DBE, 2017). As a result, LO teachers have the massive task of curbing the increase in teenage pregnancy and the associated HIV & AIDS infections in the absence of guidelines from the DBE.

Many factors have been identified as the causes of teenage pregnancy and HIV & AIDS infection. Bhana et al. (2013) contend that the experience of being pregnant, HIV infected, and parenting while one is a learner is shaped by social and school-based responses to teenage pregnancies and female sexuality in general. In contrast, Leclerc-Madlala (2008), Baxen (2010) and Francis (2015) maintain that some schools view teenage pregnancy and HIV infection as part of general social decay and turn a blind eye to its increase. This increase in adolescent pregnancy and HIV & AIDS infections is happening despite HIV & AIDS education being taught in LO lessons in all schools. Therefore, this study explored the influence of socio-cultural issues on LO teachers in teaching HIV & AIDS education.

According to Mapetla and Francis (2013) and Wood and Pillay (2016), Departments of Health worldwide have identified Education Departments and Educational Institutions as platforms to fight the transmission of HIV & AIDS and teach sexuality education. In South Africa, the Department of Health has rolled out circumcision programmes in all schools to reduce the rate of HIV & AIDS infection. However, Mapetla and Francis (2013) acknowledge that this has yielded little success, as the prevalence rate among school-going

children remains high. Similarly, Wood and Rolleri (2014) assert that schools have tried to play their part, but to no avail. HIV & AIDS education knowledge has been transferred to learners. However, it is worrying that there has been little behavioural change. In addition, Mapetla and Francis (2013) highlight that HIV & AIDS infection and the pregnancy rate among teenagers are dangerously high, despite HIV & AIDS education being taught in schools. Public health priorities since 2020 have shifted to fighting the Covid-19 pandemic at the expense of HIV & AIDS programmes to exacerbate the problem.

Some HIV & AIDS intervention programmes have been criticised for having no link to what is happening in society. Likewise, Browes (2015) blames such failures on programmes and objectives that are misaligned with reality and that fail to address socio-cultural contexts, which may be unfavourable and may have no link with the goals of HIV & AIDS education programmes. Correspondingly, Haberland and Rogow (2015) maintain that for HIV & AIDS education programmes to be successful, they must go beyond the individual to focus on broader society to address underlying issues such as culture and gender inequality. In addition, Browes (2015) asserts that hidden barriers, such as embedded gender inequality and taboos surrounding the open discussion of HIV & AIDS in the classroom, can significantly affect the proper teaching of HIV & AIDS education. Similarly, Wood (2008) and Naidoo (2013) concur that cultural and religious factors must be scrutinised regarding teaching about HIV & AIDS education. Haberland and Rogow (2015) and Naidoo (2013) maintain that as a solution, many researchers call for HIV & AIDS education to be embedded in a socio-cultural framework. These are some of the issues that need greater attention, using multiple lenses to explore the root cause of the high rate of HIV & AIDS infections, despite HIV & AIDS education being taught in schools.

Similarly, Manhanga (2004, p. 74) concurs that:

the complex reality on the ground of snaking lines outside cemeteries with families wanting to bury their loved ones, overburdened mortuaries that operate 24 hours a day, seven days a week and the growing number of people who have gone into the coffin-making business have starkly brought home the point of the seriousness of the crisis that we have with us.

In addition, Williams et al. (1995, p. 1) assert that:

the epidemic is losing its cloak of invisibility as growing numbers of people develop HIV-related illnesses, funerals become frequent, and children are orphaned.

This clearly shows that there are high numbers of people succumbing to this disease. Another effect caused by this virus is the reduction of life expectancy for young people. UNAIDS (2020) reports that life expectancy has fallen by 26% and that most deaths accounting for this are those of young people of school-going age. This is attributed to the growing grip of the HIV & AIDS pandemic.

The South African government, according to the United Nations General Assembly Report (2008), is a signatory to the Millennium Development Goals that sought to halt and reverse the spread of the HIV & AIDS epidemic by 2015, the SADC Strategic Framework on HIV and AIDS (2006), the 14 Gleneagles G8 Universal Access Targets (2005), the Brazzaville Commitment on Universal Access (2006), the African Union's Abuja Call for Accelerated Action (2006), and the Maseru Declaration on HIV and AIDS (2003). With these declarations, African leaders committed to improving their citizens' health and social welfare by recognising HIV & AIDS as a deadly hindrance to development. However, these declarations have produced limited results, and new indications seem to be paying no notable change in the escalation of HIV & AIDS infections.

1.3 Rationale of the study

The data presented in previous sections show that South Africa has the highest incidence of HIV & AIDS infections. Naidoo (2013) and Leclerc-Madlala (2016) acknowledge that the KZN province has the highest HIV & AIDS prevalence and is a crucial driver of infection. The Department of Health (2020) has reported the prevalence of HIV in KZN as around 16,9%, against the national prevalence of 12,2%. Furthermore, the incidence of new infections of HIV in KZN is 2.3%, compared to the national incidence of 1.8% per year. According to the KZN Department of Health (2016), the uMgungundlovu district in KZN, where this research was carried out, is widely recognised as having the highest HIV & AIDS infection prevalence in the country and, therefore potentially in the world, at about 40,4%.

Consequently, examining how HIV & AIDS education content is taught in schools was essential, strengthening the rationale for conducting this research study. I put the social and cultural complexities related to HIV & AIDS education under the microscope with the hope of addressing the missing link in our knowledge and understanding of the high levels of HIV

& AIDS infection that persists despite many well-funded awareness campaigns. Such knowledge could be valuable in assisting stakeholders in the fight against this pandemic.

Most research studies have focused on knowledge of the virus and the general sexual behaviour of adolescents. Leclerc-Madlala (2016) contends that while such studies are essential in the West, they may be of limited value to the African HIV & AIDS epidemic context. Furthermore, it is an interesting paradox that most African researchers have concluded that an analysis of the social and cultural context of sexual activities needs to be conducted to understand the factors that could mitigate the transmission of the epidemic. However, Leclerc-Madlala (2008) maintains that few local researchers have delved into the complex social and sexual culture arena, thus creating knowledge gaps that must be addressed. As a result, this study intends to examine social and sexual culture issues and their influence on teaching about HIV & AIDS and sexuality.

Similarly, Browes (2015), DePalma and Francis (2014), Francis (2015), Naidoo (2014), Baxen (2010) and Kasondo (2013) agree that social and cultural complexities play an essential role in influencing how teachers teach HIV& AIDS education. This critical driver motivated me to conduct this research study to explore the socio-cultural complexities about HIV & AIDS teaching. Although previous research studies have addressed socio-cultural complexities, this study was different because I delved into the socio-cultural complexities in the classroom and not just in the community as most research studies have done. I used narrative frames and collages as new, innovative data generation methods instead of the more traditional methods involving interviews and questionnaires.

In addition, the findings of my Master's of Education research study on the experiences of teachers teaching HIV & AIDS education motivated me to conduct further research in HIV & AIDS teaching. One of the findings that featured prominently from the data collected in my Master's of Education study was the influence of culture on the teaching of HIV & AIDS education. This motivated me to pursue further research exploring the cultural complexities of HIV & AIDS teaching in detail as a stand-alone phenomenon. In a similar vein, Naidoo (2013), Francis (2015), Baxen (2010), Wood (2008) and Helleve et al. (2009) mentioned that socio-cultural issues are important factors when studying the high prevalence of HIV & AIDS in South Africa.

An additional concern that this study aimed to address was that existing literature has focused on urban areas and has primarily excluded rural areas. The socio-cultural complexities of rural areas also need to be addressed. Therefore, this study incorporated rural, township and urban schools to explore the factors that may facilitate or inhibit HIV & AIDS education teaching in LO in the FET phase.

The voices of LO teachers, with a focus on their HIV & AIDS education, are lacking from existing literature, and this thesis sought to address this gap. Similarly, Francis (2015) maintains that many policies have been introduced into the education system concerning the teaching of HIV & AIDS education without consulting the teachers who are supposed to implement them. Teachers have no platform for sharing personal and professional matters, leaving them to endure the pain of certain emotions that affect their teaching. The use of narrative inquiry in this study gave the participants opportunities to speak their minds.

In addition to contributing to existing knowledge, the findings of this study may also assist government and non-governmental organisations, the HIV & AIDS campaigns of various organisations, and other stakeholders in planning and implementing intervention programmes to mitigate the effects of socio-cultural factors among LO teachers in their teaching of HIV & AIDS education. In addition, the findings from this research study provide information that could highlight areas for further research.

1.4 Purpose of the study

This study aimed to explore the socio-cultural complexities associated with teaching about HIV & AIDS education. In addition, this study aimed to examine how LO teachers address such complexities.

1.5 Objectives

The objectives of this research study were:

1. To examine the socio-cultural factors that influence LO teachers in teaching about HIV & AIDS in the FET phase.
2. To explore how the socio-cultural factors influence LO teachers in teaching about HIV & AIDS in the FET phase.

3. To examine the strategies employed by LO teachers to address socio-cultural complexities in teaching about HIV & AIDS in LO in the FET phase.

1.6 Research questions

The research questions that guided this research study were:

1. What socio-cultural factors influence LO teachers in teaching about HIV & AIDS in the FET phase?
2. How do the socio-cultural factors influence LO teachers in teaching about HIV & AIDS in the FET phase?
3. How do LO teachers address socio-cultural complexities in teaching about HIV & AIDS in LO in the FET phase?

1.7 Life Orientation as a subject

According to the Department of Education (DoE) (2010, p. 8), “Life Orientation is the study of the self in relation to others and to society”. LO is taught for two hours each week, and the subject is divided into theory lessons and Physical Education Training (PET). The DoE (2008) asserts that it employs a holistic approach in that it engages with learners' personal, social, and physical growth and development. Furthermore, LO prepares learners for real-life situations where they must be responsible citizens who care for others. LO also deals with health, reproductive issues, problem-solving, and informed decision-making to enable South African learners to live meaningful and prosperous lives in a society faced with numerous problems such as HIV & AIDS.

HIV & AIDS education is taught in LO from Grades 8 to 12. According to the DoE (2010), the subject LO discusses concepts such as puberty, adolescence, male and female reproductive organs and their differences, sexual behaviour, sexual diseases, and gender inequalities that may lead to sexual abuse and the transmission of HIV & AIDS

1.8 Chapter overview

This thesis consists of eight chapters. This chapter has introduced the study by offering an integrated overview of the HIV & AIDS pandemic in the South African context and its effects on the younger generation. The chapter has introduced the research topic and provided background information on the socio-cultural complexities of HIV & AIDS

education in South Africa. This was followed by an explanation of the rationale and purpose of the study, where I explained what motivated me to conduct this research. Finally, I presented the research objectives and questions, concluding with this chapter overview.

Chapter 2 reviews the relevant literature, beginning with a discussion of HIV & AIDS education in the context of the HIV & AIDS pandemic. Next, I discuss the social stigma and discrimination experienced by people living with HIV & AIDS (PLWHA), which are significant sub-topics I could not ignore as they affect the classroom and the society from which LO teachers and learners come. I discuss the socio-cultural beliefs and practices that influence HIV & AIDS education by examining literature demonstrating the different views possessed by diverse societies and ethnic groups in the context of HIV & AIDS. I looked at other cultural systems, such as culture, as an object or dialogue stopper. This is followed by a discussion of the literature on HIV & AIDS education teaching from global and South African perspectives. I then review other countries' different curriculums and strategies to teach HIV and AIDS education. Finally, I discuss literature on the effects of the HIV & AIDS pandemic in schools and the education system.

Chapter 3 discusses the relevant conceptual frameworks employed in this research study, underpinned by sociological theory. This chapter presents an overview of sociological theory, followed by an outline of Griswold's cultural diamond (1987, 2013), derived from sociological theory. Next, I discuss the cultural diamond adapted by Helleve et al. (2009), derived from Griswold's cultural diamond (1987, 2013). I deemed sociological theory and Griswold's cultural diamond (1987, 2013), as a conceptual framework that focuses on the link between culture and society, suitable for this study. In particular, Helleve et al.'s (2009) cultural diamond, which directly links LO teachers' interaction with teaching about HIV & AIDS education curriculum, was very useful as an analytical framework in this research study.

Chapter 4 describes the qualitative, narrative methodological approach employed in the study. It presents the rationale for selecting the qualitative methodological approach and articulates the reasons for utilising the narrative system. The chapter also describes the steps used to generate and analyse the qualitative data. These methods provided systematic processes for addressing the study's objectives and incorporated excerpts from the data under specific themes. The chapter also includes a detailed discussion of the ethical implications of the study, particularly the principles of participant anonymity, privacy and

informed consent, which were taken into consideration when selecting the participants, and when generating and analysing the data.

Chapter 5 presents and interprets the data, focusing on thematic analysis and interpretation of the data based on the themes that emerged from the analysis and incorporating the researcher's reflexivity in the research process. Verbatim quotes from the participants are included as extracts to highlight particular themes and give credibility to the study. This chapter focuses on discussing and analysing the data linked to research question one. The discussion's primary focus is to highlight *what* socio-cultural complexities affect LO teachers in HIV & AIDS education teaching.

Chapter 6 discusses and analyses the data related to research question two. Therefore, I focus on *how* the identified socio-cultural complexities affect HIV & AIDS education teachers. Using thematic analysis, I identified emerging themes and their meaning. I linked the findings with the conceptual framework and the literature in Chapter 2.

Chapter 7 discusses and thematically analyses the data linked to research question three. Therefore, the main focus was exploring how teachers address the challenges they face due to the socio-cultural complexities that affect HIV & AIDS education teaching and the mitigating factors they use. I link the findings to the literature and the conceptual framework.

Chapter 8 presents a summary of the findings, the recommendations, and the conclusions. I first provide an overview of all branches and then discuss the key results from this research study. The recommendations follow this, and I provide my concluding remarks.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This study aimed to examine how socio-cultural complexities influence the teaching about HIV & AIDS education in Life Orientation in secondary schools in the Further Education Training phase. In reflecting on such complexities faced by LO teachers, Helleve et al. (2009, p. 197) shared the following from their research study:

Even if teachers adopted different positions concerning the relevance of culture, it is clear that they often found that teaching these topics could contradict personal values, beliefs and comfort zones. Many teachers acknowledged that they found teaching some of their supposed topics hard.

While the previous chapter introduced and outlined the study and presented its contextual background, this chapter presents and discusses the literature relevant to this research study. The chapter begins with an outline of HIV & AIDS education. Next, the stigma and discrimination associated with HIV & AIDS are discussed, followed by a discussion of the socio-cultural beliefs and practices related to HIV & AIDS education. The teaching of HIV & AIDS education globally and in South Africa is then described, and finally, the impact of the HIV & AIDS pandemic on schools and the education system is discussed.

2.1.1 Outline of HIV & AIDS education

Appalsamy (2015) asserts that HIV & AIDS education refers to information that develops a person's knowledge of attitudes and beliefs about identity, relationships, intimacy and how socio-cultural practices influence the transmission of HIV & AIDS. Similarly, Mapetla and Francis (2013, p. 125) contend that "HIV & AIDS education is a lifelong task of acquiring knowledge, understanding, developing attitudes, beliefs and values related to sexual identity, relationships and intimacy". HIV & AIDS education, therefore, includes information about sexual activities, relationships, and the ways the human body transmits the virus.

Educationists and scholars have viewed the role of education in teaching HIV & AIDS education as controversial. Similarly, Cree, Kay, Tisdall and Wallace (2006) assert that although there is a consensus that HIV & AIDS education is a valuable weapon in raising HIV & AIDS awareness, concerns have been raised regarding the content that should be taught to learners and the age group that should receive that information. Sharing these concerns, Nyatsanza (2015) acknowledges that the critical aspects of HIV & AIDS education revolve around the content, the delivery, the place in which it should be taught, and who should be tasked with the delivery. Helleve et al. (2009) contend that these factors also depend on other variables, such as young people's knowledge or lack of knowledge about HIV & AIDS. Furthermore, they note that the issues also depend on who influences their perceptions of HIV & AIDS education. The above observations act as guidelines and parameters for examining HIV & AIDS education and the areas influenced by socio-cultural complexities.

In addition, Mapetla and Francis (2013) argue that although HIV & AIDS education can be taught using different platforms, school-based HIV & AIDS education remains the most effective way to target the teenage population universally and comprehensively. While the South African government endeavours to include all stakeholders in schools, as mandated by the South African Schools Act No. 84 of 1996, Devos (2013) maintains that policy cannot replace parenting and that parents must take a leading role in controlling the sexual behaviour of their children. In some situations, parents do not take a leading role in managing their children. Similarly, Naidoo (2013), Kelly (2000) and Wood (2010) concur that parents tend to take a back seat as far as sexual matters and sexual education are concerned and assert that many parents think that teaching their children about sex encourages them to have sex at an earlier age. Teaching children about sex is also considered taboo in some cultures. These authors further argue that parents are often a stumbling block in proper and effective HIV & AIDS education teaching.

Most researchers agree that about teaching HIV & AIDS education in schools, teachers often conflict with the communities they teach. Likewise, Baxen (2010), Helleve et al. (2009) and Naidoo (2013) confirm that teachers' roles, and their potential cultural differences with their school communities, can create considerable problems in the teaching of HIV & AIDS education, as parents often do not trust teachers and believe that they may use language regarded as taboo by their cultures.

Many statistics indicate that South Africa has a massive problem dealing with the HIV & AIDS pandemic. Similarly, Francis (2015), Leclerc-Madlala (2016), Baxen (2010), and Naidoo (2013) argue that South Africa, in terms of HIV infections, has a real problem that needs urgent attention. In addition, UNAIDS (2020) explains that South Africa is reported to have the highest rate of people living with and affected by HIV & AIDS. Similarly, Mapetla and Francis (2013) assert that HIV infections seem to be increasing at an alarming rate, despite awareness campaigns. Furthermore, UNAIDS (2019) notes that by 2018, South Africa had more than five million people living with HIV & AIDS. This was worrying and prompted me to examine how socio-cultural aspects influence teachers' teaching about HIV & AIDS education and how they cope with these complexities in HIV & AIDS education teaching.

The literature highlighting teachers' problems helps establish an understanding of the challenges affecting teachers and how they are not spared the wrath of HIV & AIDS. Similarly, Kasondo (2013) and UNESCO (2016) affirm that teachers possess personal, cultural and traditional beliefs and values that affect their comfort zones and willingness and ability to teach the sensitive topics associated with HIV & AIDS. UNESCO (2016) furthermore emphasises how teachers negotiate a network of conflicting traditional and cultural beliefs, which must be addressed if they create a barrier to teaching HIV & AIDS education effectively. Given that teachers are affected by HIV & AIDS, I was interested in exploring how they address the issues of sexuality inherent in HIV & AIDS education without compromising their personal and professional identities, hence the need to review the literature on this area.

The main concern about HIV & AIDS education is *how* it must be taught to learners. Likewise, Majinya (2015) argues that the most critical issues associated with HIV & AIDS education are the content, the timing of the delivery, where it should be taught, and who should be tasked with the delivery. Similarly, Johnson (2017) maintains that these issues also depend on what teachers know about HIV & AIDS education and what they are prepared to learn from others. The issues also depend on who influences their perceptions of HIV & AIDS education in schools.

2.1.2 HIV & AIDS, social stigma and discrimination

HIV & AIDS, as already highlighted, is a sensitive phenomenon that is difficult to discuss openly. Leclerc-Madlala (2008) and DePalma and Francis (2014) acknowledge that societies or individuals do not discuss the topic openly. Many do not disclose their status if they are HIV positive because they fear being labelled negatively by their communities. Therefore, it was essential to explore how different societies deal with individuals affected by HIV & AIDS, as this directly influences how teachers conduct themselves when teaching HIV & AIDS education in such communities. The research studies conducted by DePalma and Francis (2014), Leclerc-Madlala (2016), Mapetla and Francis (2013), UNESCO (2016), Naidoo (2014) and Kasondo (2013) were essential for this research study, as they highlight how HIV & AIDS is rarely discussed openly in countries such as South Africa, Tanzania, Uganda and Zimbabwe, and how few people, especially men, go for HIV testing. Many remain unaware of their HIV status until they develop end-stage symptoms. These authors further argue that deaths due to HIV & AIDS are seldom identified and discussed by the deceased person's family members in these countries. Furthermore, Leclerc-Madlala (2008) and DePalma and Francis (2014) assert that such social stigma creates a culture of silence that finds its way into the classroom and creates problems for teachers, who cannot openly discuss such matters with their learners.

Little research has been conducted on how stigma and discrimination affect the emotions of the people infected with HIV & AIDS. Similarly, Shih, Worth, Travaglia, and Kell-Hanku (2017) affirm that there has been little research on the impact of HIV-related stigma and how it prevents infected people from accessing services like ART and from participating in HIV-prevention programmes, thus creating a climate where people infected with HIV & AIDS are not supported and cannot live openly with the disease. My concern was that very little research has focused on the drivers of HIV-related stigma. Hopefully, this study will address the existing gaps by examining the socio-cultural complexities.

UNAIDS (2020) affirms the findings above and maintains that South Africa has a cultural manifestation of denial. Similarly, Leclerc-Madlala et al. (2009) acknowledge that many tribes attribute illness to spirits and supernatural forces and that this type of perceived causality is associated with stigmatising afflicted persons. Furthermore, Leclerc-Madlala et al. (2009) observe that heterosexual, penetrative sex and ejaculation are considered

culturally normal, natural and valued as the essence of life. Such significance contributes to the denial of risk, stigmatisation, and social support withdrawal.

Different cultures, societies and communities have different views on how people become infected with HIV & AIDS. DePalma and Francis (2014) maintain that, in some communities, HIV & AIDS is widely seen as an outcome of sexual excess and low moral character, and those infected, upon revealing their status, are therefore often subjected to victimisation and discrimination. In corroboration, Leclerc-Madlala et al. (2009) and DePalma and Francis (2014) argue that consequently, there is a strong culture of silence on the part of affected people, who fear rejection by family members and by their community. Therefore, Leclerc-Madlala et al. (2009) find that stigma, discrimination and the exclusion of people infected with HIV & AIDS have lasting consequences. These people often hide their status, and by going 'underground', they continue to engage in high-risk behaviour with unsuspecting partners. This may also affect teachers, who fear disclosing their status to their colleagues or learners.

In addition, Gurma and Etana (2015) view stigmatisation as an act that profoundly discredits HIV & AIDS-infected individuals within their social interactions. This highlights the conceptualisation of society's attitude towards infected people, a practice that falls short of public expectations. Furthermore, Gurma and Etana (2015) affirm that stigmatised individuals are reduced in people's minds from being a whole human being to being a tainted one due to the difference between the way individuals behave and how they are expected to behave. This view resonates with Yang, Yuan and Yang (2007), who highlight that people's expectations arise from society's norms and values that mediate their knowledge and understanding of particular categorisations and shape their reactions towards deviant or aberrant behaviour.

Stigma has been reported to hinder HIV & AIDS preventive programmes. Similarly, Mawar, Sahay, Pandit and Mahajan (2005) identify stigma as the most significant hindrance to a complete rollout of the ART programme. They explain that stigma is the most explosive aspect of the AIDS epidemic, as it challenges the social, cultural, economic and political responses to HIV & AIDS. As noted from different studies, stigma is not uniform and has various aspects. Furthermore, Mawar et al. (2005) acknowledge that one study conducted in Ethiopia using the People Living with HIV Stigma Index found that one in five PLWHA in Ethiopia had attempted suicide, while almost 46% reported feeling ashamed. According to

this index, the study said that between 26% and 69% of PLWHA in Ethiopia experienced exclusion from family events and that many people constantly gossiped about their HIV status. These factors made it impossible for them to interact with others freely in social settings. The study further noted that about one-third (32%) of PLWHA had been verbally insulted.

Feyissa et al. (2012) maintain that the stigma associated with HIV status is also rampant in workplaces and health facilities worldwide. Similarly, UNAIDS (2020) reports that 24% of PLWHA are segregated and denied employment opportunities, while 42% lose their jobs or income — almost half of the population of PLWHA. Likewise, Gurma and Etana (2015) note that about 6% of PLWHA are denied accessible sexual and reproductive health services, thus worsening their health status. In these situations, what is worrying is that this stigmatisation occurs even though most people have a ‘clear’ knowledge and understanding of the means of transmission and of how some PLWHA are infected by their partners and have no choice in preventing it, while others were born infected. This suggests that society has no mercy for PLWHA.

Stigma originates with humans who make those infected feel unwanted and segregated. This resonates with Atay (2013), who argues that the most common source of stigmatisation is human perception, which is the everyday function of the different types of information humans possess in their daily lives. In some instances, these perceptions are culturally inherited through traditional teachings. Furthermore, stigma symbols, prestige symbols and a particular form of dis-identifiers carry socio-cultural information that society uses to make positive or negative judgments. In addition, Gurma and Etana (2015) note that adverse decisions produce stigma. As a result, to avoid the wrath of stigmatisation and discrimination, individuals living with HIV & AIDS try to control the socio-cultural information that is most likely to result in negative judgment.

In addition, Atay (2013) observes that PLWHA do this through disassociating themselves from those they suspect to be gossiping about them, by hiding the discrediting personal information that is known about them or that they suspect that people might discover, and covering the physical conditions on their bodies that may expose them to stigmatisation. This research study intended to address how teachers deal with such situations if they occur in the school environment.

On the other hand, Parker and Aggleton (2003) argue that an alternative approach is needed to understand the concept of stigma and discrimination better. While stigma often develops during physical interactions between individuals, Atay (2013) maintains that it may also develop before such interactions. This means that it is embedded within society's socio-cultural norms and values. The other problem in explaining stigma is the individualisation of its occurrence, yet these individuals are part of the society that torments them. Therefore, it is essential to consider the social structural factors that shape the event.

In addition to stigma problems, Atay (2013) acknowledges that the cultural conflict model explains that stigma emanates mainly from differences in people's attitudes about the afflicted, a condition especially aligned with dominant socio-cultural sentiments. Furthermore, the model highlights the social psychology of stigma, which determines how individuals perceive one another in society about HIV & AIDS. However, although social psychology is essential for explaining stigmatisation, it must be based not on the individual level of the psychology of stigma but mainly on the function of the whole dynamic socio-cultural system that has its roots in the actions of groups of people bonded together in society.

Social status in society contributes to stigma and discrimination. Alongside this view, Mahajan, Sayles, Patel, Remien, Sawires, Ortiz, Szekeres and Coates (2008) note that powerful or well-placed individuals in society use their social, economic, and political power to label those with undesirable traits and frame negative images and stereotypes of them, or mock their status. This makes individuals living with HIV & AIDS uncomfortable, prompting them to withdraw and become unwilling to cooperate with others. Social-cultural systems can be blamed for the increased stigma and discrimination against HIV & AIDS-affected people. Similarly, Parker and Aggleton (2003) note that the stigmatisation of HIV-infected individuals has its roots in socio-cultural systems with forces that enhance social distinctions between individuals, groups, and institutions. These distinctions reinforce and deepen dominance and social oppression patterns and hinder the affected groups' equal access to resources and any form of privilege. This is one of the sources of conflict in society.

In addition, Parker et al. (2002) concur that stigmatisation of any kind towards PLWHA profoundly produces prejudicial images. These images, in turn, help to sustain social inequality and differences attributable to gender, class, ethnicity, and sexuality. Since stigmatisation legitimises and perpetuates social inequality, HIV & AIDS-related stigma has

far-reaching distressing effects on society and victims of the epidemic. However, the oppressed and stigmatised groups do not simply watch helplessly but try to resist such stigmatising forces, thereby creating conflict with other members of society. Gurma and Etana (2015) correspondingly argue that HIV & AIDS-related stigmatisation creates social inequality by shaping patterns of power relations and by creating a social order dominated by one group. This may lead to group frustration, despair and a sense of worthlessness, which may end up producing a desire for revenge and retaliation, thereby upsetting any peace that prevailed in the society. The presence of such conflicts helped justify my decision to employ sociological theory — which places battle experienced between teachers and their cultures at centre stage — to inform this study.

It is plausible to conclude that stigmatisation of PLWHA is dangerous and possesses the power to cause significant damage to their social relationship patterns and affect their interactions with those not affected by HIV & AIDS and who fear the contagious nature of this epidemic. What makes HIV & AIDS stigma dangerous is its profound effect on the psychological well-being of the people subjected to it. Likewise, Atay (2013) maintains that stigma also upsets society's whole socio-economic and cultural framework and the associated patterns through its adverse effects on many individuals, including the family members, caregivers, and colleagues with whom the PLWHA interact a daily basis. This happens because HIV & AIDS is a sensitive areas that many individuals cannot discuss or accept.

2.1.3 Factors contributing to HIV & AIDS stigma and discrimination

Various factors have been identified as leading causes of HIV & AIDS stigma and discrimination. Bos et al. (2008) explain that lack of education and knowledge about HIV & AIDS can lead to extreme beliefs that support stigmatising attitudes. Similarly, Nyblade et al. (2003) conducted studies in Ethiopia, Tanzania, and Zambia that delineated these beliefs. They argue that many people possess basic information about HIV & AIDS but lack in-depth understanding and knowledge. For example, they may incorrectly believe that HIV & AIDS can be transmitted casually and cause immediate death. In addition, DePalma and Francis (2014) maintain that many people do not know the difference between HIV and AIDS. This is also supported by Bos et al. (2008), who identify misconceptions of the contagiousness and seriousness of HIV & AIDS as reasons for individuals' negative responses to PLWHA.

Another critical factor is the perceived responsibility of those infected with HIV & AIDS. This is explained by Leclerc-Madlala et al. (2009), who acknowledge that since HIV & AIDS can be transmitted through an individual's chosen behaviours, people may believe that those who are infected were at some point reckless and invited the diseases upon themselves, and may therefore feel less empathy for them. In addition, Bos et al. (2008) suggest that many of the modes of transmission of HIV are norm-violating behaviours, such as unsafe sex, homosexuality, and drug use. Similarly, Leclerc-Madlala et al. (2009) observe that individuals infected with HIV are therefore often given unpleasant names, such as "sugar dads", "sugar mamas", "Benten's", "prostitutes", or "adulterers", and may be perceived as immoral or people of low moral fibre. DePalma and Francis (2014) acknowledge that many individuals perceive the acts that lead to HIV & AIDS infection as contrary to religious beliefs and teachings.

Shih et al. (2017) concur with the above views and further assert that some people suggest that God or the ancestors are punishing the individuals infected with HIV & AIDS for disobedience and that they do not deserve mercy. The degree to which religion impacts HIV & AIDS stigma varies according to culture. Likewise, Leclerc-Madlala (2008) asserts that religion plays a more significant role in sub-Saharan Africa than in the rest of the world. In corroboration, Hasnain (2005) maintains that stigma is more enhanced in Muslim cultures because of their stricter religious beliefs and teachings. In addition, Leclerc-Madlala et al. (2009) acknowledge that culture can lead to unique beliefs, such as the belief that HIV infection is caused by witchcraft. It was envisaged that this research study would elaborate on how stigma impacts teaching about HIV & AIDS in schools.

DePalma and Francis (2014) assert that lack of experience and exposure to people with HIV & AIDS is a factor that contributes to stigma and discrimination when individuals lack knowledge, understanding or training in how to handle and treat PLWHA. Echoing similar sentiments, Nyblade et al. (2003) identified certain demographic factors contributing to stigmatising and discriminating attitudes. Due to their socio-economic status, rich people experience more blame than the poor because people often believe that the rich are more responsible for their behaviour. In contrast, the bad behaviour of the poor is accepted, and people pardon them, as they perceive them to have acted out of desperation and need. However, this depends on the particular society, and some communities may demonstrate the opposite attitude.

In contrast to Nyblade et al. (2003), Kasondo (2013) contends that the poor still experience more stigma and discrimination in some circles and communities. This is because of their vulnerability due to poverty and their inability to hide their status when seeking health care at public health facilities, where they are seen receiving ART by many people. Similarly, DePalma and Francis (2014) acknowledge that the youth also experience a greater degree of blame because many people think that young people are careless and risky in their sexual behaviours. Generally, it can be seen that many groups in society are subject to blame and judgment and therefore do not feel comfortable revealing their status. My interest was in how teachers address the problem of stigma to establish open interaction with their learners during HIV & AIDS education lessons. This formed a justification for carrying out this research study.

Gender is a more complicated factor as far as sexual matters are concerned. Leclerc-Madlala (2008) suggests that men are often blamed for their naturally increased sexual desires, while women dress or act immodestly to attract attention. In addition, Mapetla and Francis (2013) observe that due to social power dynamics that tend to favour men, women may receive more significant blame, especially if married. Women's in-laws often apportion blame to them, regardless of who has brought the couple's disease. As an extension of this phenomenon, Kasondo (2013) emphasises that female LO teachers are often subject to heavy judgement if they show signs of HIV & AIDS and are ridiculed by the learners they teach. It could be argued that stigma affects women more than it does men.

2.1.4 Socio-cultural beliefs and practices and the transmission of HIV & AIDS

In today's world, cultural terrain remains highly contested, and public debates on culture are often avoided in anticipation of offending personal and political sensitivities. Leclerc-Madlala et al. (2009, p. 14) cite Geertz's (1973) definition of culture as "not only the arts and letters, but also modes of life, fundamental rights of the human being, value systems, and traditions and beliefs that are all suspended in webs of significance that people themselves have spun". The word "cultured" has over many years come to mean someone significant and with superior tastes. However, Nyatsanza (2015) challenges this view and argues that such a perception of culture tends to communicate a dominating effect and does not recognise other human experiences which govern people's behaviour.

Socio-cultural beliefs exhibit many dynamics, depending on the different cultural groups. There is an urgent need to examine these practices and explore their links to classroom practices. Francis (2014) claims that cultural beliefs in the form of norms and values are learnt aspects of a society that control and influence people's behaviour. Furthermore, these cultural beliefs are seen as symbolic aspects known by community members that govern, influence, and shape their thinking.

Similarly, Green and Ruak's (2014) research conducted in ten African countries found that the social and cultural norms of polygamy, widow inheritance, female subordination in sexual matters, and postpartum sexual taboos (the prohibition of women from engaging in sexual intercourse for a specified period after giving birth) exacerbate the transmission of HIV. However, they caution that many researchers see African culture in an unfavourable light and point to cultural practices as culprits in the transmission of the disease when looking for causative factors. Furthermore, Green and Ruak (2014) and Leclerc-Madlala et al. (2009) suggest that although researchers might have negative perceptions of African cultures, culture is the most critical target in formulating practical interventions and understanding the leading causes of the transmission of HIV.

There is also a blame game that exists between men and women about who transmits HIV & AIDS. Likewise, Green and Ruak (2014) note that studies of sexual behaviour indicate that men have more sexual partners than women and that this practice is culturally acceptable in many societies. Correspondingly, Shih et al. (2017) and Leclerc-Madlala et al. (2009) confirm that the norms and values of patriarchal societies disregard women as decision-makers, especially concerning sexual matters. Furthermore, Shih et al. (2017) observe that in such situations, men have enormous and unquestionable authority over women for whom they have paid a bride price, which in some cultures represents a form of ownership. The payment of a bride price has been debated in many circles, with some questioning its existence owing to the behaviour of men towards women.

Francis (2014) maintains that the patriarchal mentality celebrates the loss of virginity for men, regarding it as the entrance to manhood. In women, however, loss of virginity is viewed in terms of promiscuity and as shameful to the family unless it takes place within the socially sanctioned institution of marriage. In the same vein, Leclerc-Madlala (2008) maintains that this double standard is shamefully promoted by virginity testing for girls, whom society will disregard if they are found not to be virgins, while the sexual behaviour of boys is not

negatively assessed and judged in this way. Boys are not required to account for their sexual actions.

From the above, it can be deduced that society is unfair in its treatment of women and that the double standard imposed by society contributes to the transmission of HIV & AIDS, as women have little control over sexual matters. In addition, Mapetla and Francis (2013) maintain that boys are socialised from an early age into traditional patriarchal systems of masculinity and dominance, while girls are socialised according to the prevailing societal norms of femininity. Therefore, societal norms encourage women to comply with sexual matters without questioning as it is regarded as taboo. As a solution, Bhana (2012) therefore recommends that LO teachers empower girls and equip them with knowledge about how to retain and maintain their rights in relationships and interact as equals with men as far as sexual matters are concerned. However, the blame is on how society is structured along gender lines. Likewise, Naidoo (2013) and Kelly (2003) argue that parents instil patriarchal cultural beliefs in their children at a tender age. When children enter the school system, these beliefs are already ingrained, posing a challenge to teachers when they attempt to discuss sensitive issues. This knowledge helped me understand how cultural beliefs about gender may influence HIV & AIDS education teaching.

In discussing cultural diversity, Leclerc-Madlala (2016) highlights that it is alarming to observe the extent to which patriarchal attitudes underpin the Zulu and Xhosa cultures, even though in the modern democratic system, women have legal rights that protect their integrity. Correspondingly, Mjwara and Maharaj (2018) argue that patriarchal cultural practices encourage boys to be more sexually active and lay the foundation for men to disregard women's decision-making in sexual matters. While women are taught at school that men and women are equal, they may not be able to negotiate for safe sex, thus promoting the transmission of HIV & AIDS. Therefore, I consider it essential to examine how teachers deal with such topics if they arise in their classrooms, as this situation is a cause for great concern.

In addition, DePalma and Francis (2014) maintain that such culture-based gender inequality also ensures that women are silent before men. However, teachers expect them to discuss sexual matters in LO lessons during HIV & AIDS education topics. As a way forward, DePalma and Francis (2014) recommend that teachers adapt sex education topics to local cultural contexts and change how they teach sexuality topics to suit the cultural demands of

their teaching context. As a consequence, however, LO teachers may find that what they are required to teach about HIV & AIDS may sometimes conflict with the expectations of the particular community they are teaching. This may result in LO teachers being afraid to discuss HIV & AIDS education topics during lessons.

Every society has its norms and values that govern how its individuals behave. Alongside this, Leclerc-Madlala (2008, 2016) argues that the norms and values of society shape and influence how individuals conduct themselves. These norms and values are embedded in the socio-cultural aspects of communities, and it makes sense to identify and examine the effects of these aspects. UNESCO (2016) acknowledges that instead of pursuing a problem avoidance approach, it is better to develop people's skills and knowledge to assist them in securing their rights to informed, safe and enjoyable sex lives by following a socio-cultural approach.

Communities have different cultural rites concerning marriage. In some societies, the teachings of the Christian Church in this regard may clash with traditional education. According to Leclerc-Madlala (2008), these two systems (the Church and traditional culture) prescribe different behaviours, especially about marriage. Most African traditional cultures, for example, are polygynous and do not prevent men from engaging in multiple relationships or taking multiple wives. However, Maluleke (2012) points out that while many men marry monogamously, following the Christian teachings, they continue to maintain informal polygynous relationships, despite having a wife at home.

On marriages, Leclerc-Madlala et al. (2009) explain the various existing forms of marriage. They outline that there are polygynous marriages, where a man can marry more than one wife at a time if he wishes. The second form of marriage is patrilocality, where a woman is expected to leave her home and join her husband. This is the most common form of marriage. The third form is patrimony, where the groom pays a bride price to a woman's father on behalf of his family. Traditionally, cattle and money must be paid. Nyoni (2008) explains that this transfer of bride price earns a man and his family unquestionable rights over his wife and any children they may have. These children assume their father's surname, as they belong to him.

In addition, Nyoni (2008) acknowledges that the payment of a bride price can endanger a woman, who is *paid for* and must do everything the man wishes, even if it exposes her to

HIV & AIDS. Bride price payment gives men permanent ownership of their wives, like title deeds to a house, thereby preventing their wives from making decisions about healthy sexual behaviours. The culture dictates that women cannot say no to sex, even in situations that expose them to ill health. Nyoni (2008) further notes that many women are not free and may even become prisoners in their homes.

Apart from different marriage types that undermine women, Leclerc-Madlala et al. (2009) identify the following cultural practices as being responsible for increasing the vulnerability of people to HIV infection in South Africa: multiple and concurrent sexual partners, age-disparate and intergenerational sex, dry sex practices, unequal gender power relations, high levels of sexual violence, ongoing HIV & AIDS-related stigma, denial of affected individuals, and a variety of behavioural practices relating to cultural rites of passage around puberty, marriage and the death of a spouse. Many individuals in society are not allowed to question their cultural traditions, even if they are aware that these practices endanger them and their children's lives. It is a common cultural tradition among Zulu couples, for example, for the wife to not be allowed to question the sexual exploits of her husband. She is supposed to keep quiet, even if she knows the truth.

In addition, Leclerc-Madlala (2016) confirms that whilst traditional polygyny has declined in many African societies, men in South Africa still engage in multiple and concurrent partnerships where they are commonly called “blessers”, meaning providers of necessities to women in return for which the men receive sexual favours. Furthermore, these affairs may demonstrate a man’s social status through reproductive success. A man’s virility is often measured by how many sexual partners he has slept with, and babies born are clear evidence of that. Furthermore, Leclerc-Madlala (2016) observes that polygyny in South Africa and other parts of Africa is not the only norm prescribing husband-wife relations. Still, the cultural system legitimises sex with multiple and concurrent partners. This presents a considerable challenge to HIV prevention and its subsequent eradication.

Similarly, UNAIDS (2020) highlights that in South Africa, sex with many concurrent partners in the context of poor and inconsistent condom usage is the critical behavioural driver of HIV & AIDS infection. Similarly, Campbell (1997), MacPhail and Campbell (2001) assert that negative attitudes towards condom use in sub-Saharan Africa are often cultural issues. For example, they maintain that women often desire children and female sexual compliance to achieve economic status.

Echoing similar ideas, Nyoni (2008) suggests that condom use is seen as a ‘waste’ of sperm and as being in sharp conflict with the emphasis on male fertility in African culture, where one’s status as a man within the patriarchy is determined by the number of children one has fathered, even if some are illegitimate. The Department of Health (2020) confirms the above observations, asserting that such practices, thoughts, and beliefs encourage men to engage in high-risk sexual behaviour and risk infection to produce children simply for prestige. However, the Department of Health (2020) also reports that despite such beliefs, the level of condom use is high amongst South African youth in urban areas, while there are more considerable challenges in this regard in townships and rural areas.

In addition to these forms of multiple partnering, there are intergenerational relationships between older men and younger women. The significant age disparities between partners are complicated by gender power differentials, leaving women vulnerable to infection. These older men would likely have been sexually active for many years and therefore more likely to be infected by sexually transmitted infections (STIs), including HIV. The younger women would likely be experiencing sexual encounters for the first time and risk being infected by these older partners. Similarly, Rehle, Shisana, Pillay, Zuma, Puren and Parker (2007) claim that the rate of HIV infection among young South African women in the age group 14–30 years is disproportionately high — approximately five times higher than that of young men — and accounts for 90% of new HIV infections in that age group. This indicates that cultural practices put women at greater risk than men. The situation worsens because no one feels empathy for these young women. Even the older women tend to join the bandwagon of men in blaming young women for any misfortune that happens to them.

According to Leclerc-Madlala (2016), these patriarchal social arrangements ultimately coalesce power and privilege into the hands of men while simultaneously curtailing women's autonomy and leaving them vulnerable to infection. She contends that these gender dynamics put women at greater risk of HIV infection than their male counterparts, who seem to be the perpetrators of the viral transmission. These inequalities have the severe implication of limiting the choices that women can make in their lives and provide a supportive backdrop for gender-based violence (GBV). Highlighting similar ideas, Pettifor et al. (2004) maintain that at a fundamental level, patriarchy disenfranchises women by removing their capacity and ability to decide how they want sexual intercourse to take place. In reality, women’s decision-making capacity is constrained mainly by coercion and

violence in these relationships, and women cannot say anything. Similarly, Leclerc-Madlala (2008) asserts that young girls are often coerced into having sexual intercourse by older men, who may include their male school teachers and lecturers at university, who promise them better marks.

As with most sub-Saharan African populations, South Africans consume large amounts of alcohol. Alcohol has traditionally been used during cultural rituals and ceremonies to celebrate different occasions, such as weddings, the birth of children, initiations, harvests, and traditional marriages, and after people have passed away to bring their spirits back home. Indeed, Pattman (2001) acknowledges that such occasions are also used extensively for sexual networking, as partners get attracted by how individuals express themselves through traditional sexual dances. Noting the drinking escapades of people at these events, Patta (2008) reports that South Africans consume an estimated six billion litres of alcohol per year. Intoxication due to alcohol is known to alter and impair people's thinking and judgement, and Nyoni (2008) identifies several studies that have found a strong link between alcohol consumption and unprotected sexual activity (the alcohol–risky sex hypothesis) that puts partners at a high risk of infection with HIV and other sexually transmitted diseases. However, this hypothesis can be debated, as some people drink but do not engage in unprotected sexual exploits.

Several rituals specific to the African continent are practised at birth, puberty, marriage, and death. Nyoni (2008) claims that some of these practices — mainly traditional male circumcision — influence the transmission of HIV & AIDS. Similarly, Leclerc-Madlala (2016) affirms that circumcision has long been practised in various forms among ethnic groups in South Africa. Among the Xhosa, Venda, Ndebele, Pedi, Zulu and Sotho, boys who have reached puberty participate in initiations, during which they are circumcised. Some initiation schools operate illegally, and unqualified traditional surgeons use highly unhygienic methods and use the same unsterilised instruments on several of the initiates. Many reports have indicated that some initiates die because of excessive bleeding and different forms of negligence. It is reported that upon completion of the initiation, the newly circumcised young men are encouraged to engage in unprotected sex with a woman they do not intend to marry, to prove that they are now real men.

In addition, Vincent (2008) confirms that for many initiates, circumcision has become a permit for engaging in sex within the context of gender relations characterised by coercive

sex. They are also taught that a circumcised man does not become infected with HIV, so they do not see the need to use condoms. These are some of the ideas that young people are brainwashed with and which teachers find challenging to address in the classroom when teaching HIV & AIDS education. The purpose of conducting this research study was to highlight and address such cultural complexities.

There has been much debate on circumcision. Byakika-Tusiime (2008) asserts that in light of these broader contextual issues, the Health Department needs to present more scientific evidence to ensure that the benefits of circumcision outweigh any potential risks. In addition, Byakika-Tusiime (2008), Halperin and Epstein (2007), and Westercamp and Bailey (2007) confirm that even though some empirical evidence has been presented in various studies conducted in southern Africa of the protective effect of male circumcision against HIV infection, more needs to be done. Moreover, Connolly et al. (2008), Peltzer et al. (2007), and Vincent (2008) concur that many researchers warn that male circumcision should be examined and promoted with sensitivity to the specific local cultural contexts. In my experiences in dealing with young boys in school, they have repeatedly said that because they are circumcised, there is nothing to worry about, and there is no need for them to use condoms. Such thinking is dangerous, as it endangers innocent people by leading them to believe it is safe to engage in unprotected sexual intercourse.

On the other hand, Leclerc-Madlala (2016) and Francis (2015) note that the taboo on postpartum sex is another factor that drives HIV infection. In many South African communities, postpartum sex is traditionally discouraged for mothers for sometimes up to a year or until their child has been weaned from breastfeeding. Any sexual activity during this time pollutes the breastfeeding mother's blood, thus detrimental to the child's health. For Leclerc-Madlala (2008), sexual taboos to avoid childhood health conditions are common among African societies and continue to cause men's involvement with women outside marriage. Nyoni (2008) concurs that these sexual encounters often occur without protection and thus expose the breast-feeding mothers to the risk of HIV infection when they resume sexual activity with their husbands.

Similarly, UNAIDS (2020) reports that many ethnic groups in South Africa believe in traditional methods for curing disease when people get sick or are affected by problems they perceive to be spiritual. Consequently, about 80% of the South African population consults with traditional healers to treat most ailments. In addition, Nyoni (2008) suggests that some

traditional healers are thought to contribute to the transmission of HIV in South Africa by using sharp, unsterilised instruments, such as knives, blades, spears, animal horns, quills, or thorns, as surgical tools when treating patients. Moreover, Leclerc-Madlala (2016) reports that these traditional healers and so-called “men of God” sometimes have sex with their clients and church members to cure ailments such as infertility or lousy luck and secure a job or to find a suitable partner. Furthermore, Leclerc-Madlala (2016) maintains that some healers recommend that their clients have sex with virgin girls as part of their treatment programme for illnesses such as HIV & AIDS infection. Both practices expose their clients to contracting HIV, later infecting their regular partners.

2.2 The concept of culture and South African Life Orientation teachers

The concept of culture is widely employed in different ways by different disciplines and academics. Bhowmick (2021) acknowledges that culture is a collective term for culturally and socially transmitted behaviour patterns. Furthermore, culture can mean good taste and manners in everyday language. Bhowmick (2021, p. 98) defines culture as a “complex whole [that] includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by man as a member of society”. Furthermore, Bhowmick (2021) also asserts that culture includes people’s entire material civilisation, such as equipment, clothing, shelter, and machinery used in industry. However, Bhowmick (2021) notes that culture is easier to describe than to define since the culture of a community is the way of life of that community, the objects, its people, their values, and their way of life. Similarly, Seelye (1997, p. 23) states that “culture provides the software of the mind without which most behaviour would be random, unpredictable, and meaningless to other people; it tells us how to behave within ourselves in the group”. On the other hand, Islam (2020, p. 21) quotes English anthropologist Edward B. Tylor’s famous definition of culture as “that complex whole that includes knowledge, belief, art, morals, law, custom and any other capabilities acquired by man as a member of society”.

Sometimes, individuals are not taught any cultural traits but become part of a culture by belonging to a particular tribe or community. This resonates with Bhowmick (2021), who asserts that culture may be seen as socially acquired knowledge that someone accrues through their membership in a specific community. Sometimes, culture guides individuals to behave in a certain expected way. This is reflected by Islam (2020, p. 21), who maintains that:

culture also means the beliefs, values, behaviour, and material objects shared by particular people, the totality of learned, socially transmitted customs, and [is] both a bridge to our past and a guide to the future.

Most definitions of culture mention everyday things such as a language or a way of life that a society shares and binds together. This prompted me in this research study to focus on “cultural objects” as defined by the sociologist Wendy Griswold (1987, 2013). Griswold (2013, p. 45) defines a cultural object as “a shared significance embodied in the form”. When doing a cultural analysis, Griswold asserts that one first has to find out what the cultural object is and then examine the meaning(s) associated with the object and determine the relationships between the cultural object, the creators, the receivers, and the context. I discuss Griswold’s (2013) cultural object in Chapter 3.

From the above definitions, culture can be understood as to how we see ourselves as individuals and as members of a society that share the same stories, rituals, language, religion, and media. Culture may also refer to traditional ceremonies' values, rules and processes. Many researchers have confirmed that culture is part and parcel of human life, irrespective of society or country. However, there exists a significant link between culture and society. In addition, Islam (2020) affirms that culture exists for humans who live in a community, so where there are humans, there is culture, and where there is a culture, there is a society. According to Bhowmick (2021), a culture represents the beliefs and practices of a tribe, while the whole community represents the individuals who share those practices and beliefs. Furthermore, neither the culture nor the society could exist in isolation.

Culture can be linked to natural things that people find on earth. Likewise, Leclerc-Madlala (2016) argues that culture is relationally linked to nature and that culture and wildlife are interdependent. Furthermore, she maintains that how humans live is simply a product of their environment. However, humans also produce those environments, hence the tension between making and being made. Leclerc-Madlala (2016) concludes that a balance between culture and nature is needed to create harmony in society.

The South African government and civil society have actively intervened to combat the HIV & AIDS pandemic. However, DePalma and Francis (2014) contend that South Africa’s intervention policies have failed to consider aspects of the socio-cultural context, such as sexual-economic relationships, gender roles, and the biological effects of sexual activities.

Similarly, Leclerc-Madlala (2008) confirms that interventions must not overlook cultural practices containing new and old knowledge. In addition, Moletsane (2011) concurs that ancient traditions should not be revived unless they have relevant meaning. She raised concerns over virginity testing, for example. The results are published or certified in the modern version, whereas it was kept a secret and a family affair in the past.

Moletsane (2011) further argues that virginity testing in its reconfiguration humiliates girls anatomically and socially. It exposes girls to blame for the transmission of the pandemic, unfairly and dangerously excluding boys from the shared responsibility of health and safe sexual practices. Similarly, DePalma and Francis (2014) note that LO teachers are not prepared to protect girls who fail virginity testing and are laughed at by others when it becomes known that their reeds were broken off after failing the tests. Furthermore, DePalma and Francis (2014) observe that these teachers accept such ridicule as part of the culture that practises such systems.

In addition, Leclerc-Madlala (2016) asserts that the silence of most South African communities on matters of sexuality is a known social practice rooted in the old system, where the elders censored one for openly discussing sexual issues. Likewise, DePalma and Francis (2014) maintain that such a culture of silence affects adults, children and teachers who are not comfortable with or are morally opposed to discussing sexuality with the young. Similarly, Francis (2015) confirms that the younger generation feels inhibited when addressing matters of sexuality with adults.

In addition, Francis (2015) maintains that despite the statistics showing that it is primarily young people affected by the pandemic, LO teachers are not prepared to address issues of gender and sexuality. Similarly, DePalma and Francis (2014) contend that teachers understand such silences as cultural taboos against certain social practices, such as the open discussion of sex, non-heterosexuality, and gender violence between adults and children. Furthermore, they affirm that teachers believe that sexuality education must either adapt to the local cultural context in which teachers find themselves or completely ignore the cultural beliefs and practices as inappropriate to the content of LO. In addition, Francis (2015) maintains that teachers develop a resigned attitude towards teaching cultural beliefs and practices because most are not trained to teach LO. They lack confidence and an understanding of the crucial issues for addressing certain sexual matters. This makes it

difficult for LO teachers to effectively teach HIV & AIDS education. In the end, teachers withdraw or keep quiet on issues they see as taboo.

2.2.1 Culture as a dialogue stopper

A literature review showed that culture interferes in teaching about the sexual issues inherent in HIV & AIDS education. DePalma and Francis (2014) argue that most teachers teaching HIV & AIDS education see culture as a means of stopping dialogue in the classroom. It does not matter whether the teachers draw from their or learners' cultures. Culture is viewed as a significant and monolithic entity that undermines any system or practice that challenges its authority. Likewise, Vincent (2008) outlines an excellent example of initiation schools in the Eastern Cape, where young boys are ritually sequestered and circumcised in preparation for their graduation from boyhood to manhood.

Furthermore, Vincent (2008) observes that the process is highly secretive. Participants are not allowed to reveal any information about the ritual to women, uncircumcised men, or people of other tribes. About the initiations, DePalma and Francis's (2014) study finds that female teachers could not discuss the initiation schools with boys, as it was taboo for the boys to discuss their initiation experience with a woman and in the presence of uncircumcised boys in the class. The culture was thus an inhibiting factor in the dialogue. Furthermore, DePalma and Francis (2014) argue that teachers who engage in discussion on initiation often face the wrath of parents, who accuse them of forcing their children to discuss initiation matters in class.

The Christian religion also dramatically influences how teachers teach HIV & AIDS. According to Leclerc-Madlala (2008), teachers implicitly acknowledge that Christian boys are brought up in a patriarchal system, where the father is in charge as the head of the family and women have no authority over family matters. Similarly, DePalma and Francis (2014) affirm that boys are taught to be superior to girls, who must be submissive and listen to what the boys say, even when it comes to sexual matters. This creates a culture of silence in the classroom, as girls are not eager to openly discuss sexual issues, as such discussions are considered taboo.

The literature revealed that schools bear some responsibility for the problems LO teachers encounter in the classroom. In addition, DePalma and Francis (2014) contend that school authorities force the adoption of a school culture onto teachers and learners. Most former

Model C school cultures, for example, are modelled on Western cultural traditions and systems at the expense of traditional local methods. Furthermore, DePalma and Francis (2014) observe that teachers put aside their own cultures and adopt the school culture, which becomes depersonalised and fuses with what they call “good moral values”, which the school also forces the teachers to adopt and instil in their learners. MacDonald (2006) concurs, further suggesting that this practice is common in former Model C schools, echoing the apartheid-era belief that black culture is very primitive and morally inferior to white Afrikaans. Furthermore, white LO teachers at these schools are not affected by cultural disconnection, as they are part of the system. Most of them are former learners of the same schools that employed them, thus continuing the adopted cultural mentality.

DePalma and Francis (2014) maintain that, due to the factors mentioned above, black teachers are silent on many matters that they feel might subvert the community and school cultures, compromising their teaching ethics in the classroom. In addition, Masinga (2009) acknowledges that teachers fear breaking the tradition and culture of the schools and the communities in which they teach. There is also a conflict between the content they are expected to teach and their beliefs and values. As already mentioned, these teachers often complain that teaching sex education conflicts with their morals and religious beliefs. Most literature indicated no mediation between society and schools over teaching sexual content. As a remedy, Masinga (2009) suggests that training is needed to encourage self-reflexivity for teachers to accept their prejudices and identify their beliefs and values as separate from the school culture and the content they are supposed to teach. It should be noted that teachers must face and navigate a great deal of cultural complexity and that something needs to be done to assist them. Without such assistance, HIV & AIDS education will remain ineffective.

Helleve et al. (2009) contend that teachers view culture as an immutable obstacle that affects and inhibits proper teaching and negates any possibility of intercultural dialogue that would ensure a mutually negotiated future. Similarly, DePalma and Francis (2014) suggest that discussion requires individuals to respect one another as equals and that a failure to uphold this rule results in interaction as a monologue. Furthermore, DePalma and Francis (2014, p. 13) declare that “teaching sexuality education in multi-cultural societies such as South Africa will require meaningful engagement in intercultural dialogues that may need to include voices traditionally excluded from school spaces”.

These discussions show that cultural complexities influence and often inhibit the proper teaching about HIV & AIDS education. These cultural factors need to be identified and understood, as intended by this research study.

2.2.2 Violence as a culture

When silence over certain cultural matters is taught at home, teachers sometimes become suspicious of their learners' behaviour. DePalma and Francis (2014) find, for example, that many teachers believe that initiation schools teach boys to be violent and bullies. They argue that when the boys return from the initiation schools, they exhibit dominant and violent behaviours towards female teachers and other learners. However, Vincent (2008) concludes that the opposite is the truth, as the aggression displayed by these boys is due to the erosion of the cultural practices that used to teach them how to behave in these initiation schools. Since initiations are secretive, it is difficult to ascertain the truth since discussing these matters is taboo. Such silences create confusion and complications for LO teachers in HIV & AIDS education.

Likewise, DePalma and Francis (2014) acknowledge that due to the culture of silence, most teachers do not know what happens at these initiation schools unless they are male, belong to the same culture, and had attended them when they were boys. I argue that teachers cannot link bullying to the teachings of initiation schools. Instead, it is plausible to assert that such violence is demonstrated by boys who want to take advantage of the implied power conferred on them by their graduation to manhood. As a remedy, Khau (2012) suggests that community leaders and LO teachers talk to each other to find common ground to dispel misconceptions and integrate tradition with formal HIV & AIDS and sexuality education. Similarly, DePalma and Francis (2014) suggest that such engagement might also be extended to the leaders of initiation schools to narrow the communication gap created by the silence and reduce suspicion of these institutions. Furthermore, to prepare LO teachers for culturally sensitive and dialogic pedagogy, teacher training institutions should address culture directly as something that can be reconfigured as dynamic and interactive and not simply determined by socio-historical realities. DePalma and Francis (2014) assert that we no longer live in the past but that the past must shape our future through our learning from its experiences.

2.2.3 Myths and folktales around HIV & AIDS and sexual intercourse

The emergence of myths and folktales has complicated the teaching of HIV & AIDS. In corroboration, Tenkorang (2013) argues that folktales and myths contain contested issues that are deeply rooted in cultural beliefs and are unquestioningly transmitted from generation to generation. They are essential in guiding individuals and society on how to conduct themselves about sexual matters. Tenkorang (2013) adds that these entrenched socio-cultural beliefs around sex and condom use, for example, continue to increase the risk factors for contracting HIV in some communities, mainly those characterised by poverty and rurality. However, the information passed down is often not scientifically proven. In addition, Dickinson (2011) asserts that such information does not reflect actual values and meaning and can be easily corrected by providing intelligible information to the recipient. This highlights how LO teachers have a mammoth task, as they cannot oppose the teachings of the community, who regard teachers as their subordinates.

A great deal of information regarded as myth is suspected of contributing to the transmission of HIV & AIDS. Similarly, Simbayi et al. (2005) contend that several myths contribute to the transmission of HIV & AIDS, such as the myth that having sex with a virgin girl can cure HIV & AIDS, the tale of washing one's sexual organs immediately after sexual intercourse prevents HIV transmission, and the myth that spiritual forces or wronged ancestors cause HIV & AIDS. Echoing similar ideas, Boer and Mashamba (2005) and Maticka-Tyndale (2012) assert that myths around condom use are still common and are even spread deliberately by those implementing HIV & AIDS programmes that promote abstinence-only.

The use of condoms has been debated, and the free distribution of condoms in Africa by Westerners is viewed by many with suspicion. Likewise, Wood and Rolerri (2014) allude to the myth that condoms have been infected with HIV and that drug companies are spreading HIV through condoms to make more people sick and need their medications, thus increasing their profit. Some claim that HIV is a racist attempt to reduce the size of the black population. Adherence to socio-cultural norms is rooted in people's blood and is difficult to change in South Africa. However, without evidence from research, it is difficult to establish whether such views are mere speculation or reality.

Before South Africa's democratic transition in 1994, the traditions and religions of African people were dismissed and even undermined. Likewise, Leclerc-Madlala (2016) describes how traditional beliefs and cultural practices were not valued during apartheid. They are now equated with notions of freedom and democracy in the new South Africa. Similarly, Moletsane (2011) argues strongly for developing African cultural practices that allow people to form their own identities, describing the simple adherence to the past as a "cultural nostalgia" (a sentimental yearning for the past cultural experiences eroded by apartheid) that is not cognisant of the need for culture to change and adapt in the face of HIV & AIDS problems.

Similarly, Posel (2004) asserts that the apartheid system entrenched cultural stereotypes among white youth. The formation of stereotypes was also highlighted by Nduna and Mendes (2010). Their data from young white people in Cape Town revealed stereotypical myths about HIV and AIDS being a problem only for black people. Furthermore, Nduna and Mendes (2010) report that these youth perceive the high level of HIV infection among the black population as being due to black people's ignorance, illiteracy, backwardness, lack of civilisation, and being too rooted in tradition. They assumed black men were "sexually irresponsible and promiscuous, thereby spreading HIV intentionally". I argue that it is essential to address such persisting stereotypical and racist myths in schools so that they do not affect the teaching of LO topics on HIV & AIDS.

The folktales and myths which create beliefs about HIV & AIDS, according to Dickinson (2011), comprise African traditional religions, Christian beliefs, and racial stereotypes, all focused on avoiding HIV infection. Thus, for example, someone may believe that doubling up or wearing two condoms helps prevent HIV infection if it were explained that the two latex surfaces rubbing against each other cause the condoms to tear off. This explanation would likely be believed. However, Dickinson (2011) maintains that if someone says that there are 'worms' in condoms that cause HIV & AIDS, changing this belief might be more difficult, as the idea is not only centred on the notion that condoms contain worms but also focuses on the more profound question of why people would be motivated to spread HIV & AIDS using worms.

While Hunter (2010) points to an unstable shuttling of views between the witchcraft and allopathic (science-based) explanations of HIV & AIDS, Steinberg (2008) suggests that there exist two types of HIV & AIDS, one emanating through sexual intercourse and the

other perpetuated through witchcraft. These conflicting views result in society being divided into camps supporting different beliefs. In corroboration, Stadler (2003), Niehaus and Jonsson (2005), and McNeill (2009) point out that there is also a gendered dimension to HIV & AIDS beliefs, with more women willingly accepting the allopathic explanations and more men inclined to concur with the racial conspiracy theories that white people put HIV in condoms to kill blacks. I argue that there is a complex plurality of beliefs about HIV & AIDS circulating within African societies and that more research is needed to find out how and why these *etic*, or internal, explanations are created, transmitted and believed by the general population.

There is great mistrust between race groups in South Africa due to the country's history of apartheid. Similarly, Fassin (2007) claims that in South Africa, the race is a reservoir of hatred that has resulted in a mistrust of leadership and a belief in racial conspiracy theories with which President Thabo Mbeki's AIDS denialism resonated. This belief illustrates the common HIV & AIDS myth, with many variants, that HIV is being placed in condoms. Hunter (2010) argues that this myth is frequently presented as an auxiliary hypothesis (a claim conjoined with a theory that is under investigation to derive observable predictions from the theory to that of (white) scientists having deliberately created HIV & AIDS). Furthermore, this makes an auxiliary hypothesis that HIV & AIDS is being used as a weapon of racial genocide to eliminate black people. However, it is difficult to believe this view since apartheid has come and gone, and still, the mentality of South Africans has not changed if HIV & AIDS infection statistics are anything to go by. AIDS as a racial genocide is not a credible explanation, as all races are infected, and genocide targets a particular racial group. Viewing this theory from a number of perspectives suggests that white people would not create a weapon that would also kill their own. However, such racial conspiracy theories and their auxiliary hypotheses may not be easy to discredit in the minds of others, given the trauma that black South Africans experienced as a result of the apartheid era.

In addition, Dickinson (2011) contends that adherence to the belief that condoms are infected to eliminate black people stems not from the scientific robustness of such a proposition but from its plausibility to people with little scientific knowledge, who are less committed to scientific methods, who have been exposed to racism, or who have read about how scientists have used biological warfare to cleanse certain ethnic groups. Furthermore, Dickinson (2011) adds that the origin of this core racial folk theory of HIV & AIDS emanated from the

idea that because black people could now vote, there was a desire to reduce their votes. The best way was to eliminate them. It was a contextual theory with political connotations, and given the country's history, one could not blame people for giving credit to such a theory. In addition, Dickinson (2011) asserts that the transition in 1994 from a white minority to a black majority government also negates components of the view that white people wanted to eliminate or reduce the black population since it broke the previous alignment of power and race. In certain instances, some of the AIDS myths under consideration indicate a partial transitioning from race-based to authority-based explanations of HIV & AIDS.

Likewise, Fassin (2007) and Dickinson (2011) note that these racist beliefs about condom use and HIV & AIDS might have been derived from genocidal actions that were occurring during this time across the globe and that this has been given credence by Dr Wouter Basson, who was an apartheid-era government scientist who described a different narrative explanation of the emergence of syphilis in certain countries. Similarly, Niehaus and Johnson (2005) and Washington (2007) maintain that Basson is believed to have specialised in investigating the use of biological weapons, but not specifically HIV. However, it is believed that black people were the primary target. Furthermore, Dickinson's (2011) study found that many people had heard of Basson's activities. The myth about HIV-infected condoms was therefore believed by many, as it was linked to the transmission of HIV among the black population. In addition, as Schneider and Fassin (2002) note, longstanding plans by the apartheid government to control the fertility of black South Africans contributed to the theory of a racial conspiracy to reduce the black population. In addition, Dickinson (2011) also notes that a widely believed HIV & AIDS myth states that AIDS does not exist and that the apartheid government's insistence on people using condoms to prevent infection was part of a conspiracy to control the number of black people.

Another common myth among the African population is the firm belief in ancestors influencing disease. Furthermore, Dickinson (2011) argues that for many Africans, their ancestors' anger, provoked by failing to perform rituals for them, exposes individuals to misfortune, including sickness, accidents and even death. There is a strong belief that ancestors could send HIV & AIDS as punishment. However, Leclerc-Madlala (2016) contends that the controversy lies in the fact that ancestors are there to protect their people and that believing that they can unleash a disease that could wipe out a whole generation stimulates much debate. She noted that, generally, a line appears to be drawn at the idea of

ancestors being dangerous when angry and malicious enough to send AIDS, given their predominantly protective and benevolent role. As a result, the more common myths about HIV & AIDS focus on the breaching of traditional prescriptions on sexual matters, such as sex with widows before cleansing, sex with a woman who has had an abortion, or sex with a woman who has had a miscarriage.

According to Dickinson (2011), a critical AIDS myth drawn from traditional beliefs is that the indiscriminate mixing of bodily fluids has the power to create different diseases. Such thinking may refer to the creation of HIV & AIDS or to traditional illnesses that are not correctly diagnosed and are thought to be HIV & AIDS. In addition, Washington (2007) contends that the belief that HIV & AIDS results from pollution (sex with an uncleansed person) leads to the myth that traditional healers can cure AIDS as they can perform cleansing procedures. In my view, such a belief might influence people to be reckless regarding sexual matters. However, it is not easy to prove this, as this myth is based on cultural beliefs interpreted differently in different communities. Furthermore, Washington (2007) acknowledges that most remedies based on traditional doctors' pharmacopoeia overlap with myths about patent medicines as solutions for HIV & AIDS, making it difficult for ordinary people to understand. However, because they are in pain, they have no option but to comply, thereby popularising this myth.

Another essential aspect of traditional African belief in witchcraft is linked to many diseases, especially HIV & AIDS. Likewise, Leclerc-Madlala (2016) argues that many people view witchcraft as a way of attributing the blame for any misfortune to the actions of others. Echoing the same sentiments, Washington (2007) asserts that witchcraft myths describe HIV & AIDS as being sent magically to people who have offended others and that the solution to contracting HIV is to prevent such offence by living a simple and cooperative life with one's neighbours. Washington (2007) furthermore highlights that various information on these witchcraft myths reveals a dual perspective of good and evil, whereby witches send HIV & AIDS, and the ancestors, through God, cure it. Such thinking demonstrates how the belief in witchcraft, a central aspect of traditional African religion, can be incorporated into other folk theories that are not disputed by the community as they brainwash people at a young age.

Another contested idea, Dickinson (2011) suggests, that has received sustained critique from many authors is the religious belief that disease transmission amongst people is due to their

sin or lack of faith. The Christian bio-moral theory at the centre of this religious belief has its roots in biblical texts linking sickness and disease to sin against the Almighty. At the social level, religious beliefs regarding HIV & AIDS permit the condition to be attributed to a perceived moral decay caused by deviation from the laws laid down by God. Reiterating similar views, Cewila (2011) claims that while this religious belief positions PLWHA as those who have transgressed God's laws, some Christian denominations go to the extent of believing that they can cure HIV & AIDS. This leads some people to think that they can engage in reckless sexual behaviour, as they believe that when HIV & AIDS infect them, they will be able to be cured by their pastors.

In substantiation of the above idea, I draw from my observations. In 2019, I noted through the correspondence of Zimbabwe's Ministry of Health (2019) and other media reports that a self-proclaimed prophet in Zimbabwe had told his congregants that he had found a cure for HIV & AIDS and had instructed those on ART to abandon their treatment and start taking his medication. The Ministry of Health intervened and banned him from dispensing this medication, but not until some congregants had already lost their lives, allegedly due to adverse reactions to the prophet's medication. Their immune systems had further deteriorated beyond any remedy. His stepfather had reportedly stopped the ART programme and eventually succumbed to AIDS. If people put their faith in their pastors to cure HIV & AIDS, the fight against its eradication faces significant obstacles.

Dickinson (2011) asserts that other religious myths about preventing and curing HIV & AIDS centre on the belief in the process of salvation, achievable through God's mercy, provided that the victim repents for all their sins committed before God. According to Dickinson (2011), one of the conditions is to believe in faith vested in the Almighty. In addition, Cewila (2011) explains that demonstrating such dedication involves acting on the belief that HIV can vanish after discontinuing ART. This is believed to be why the self-proclaimed prophet stopped his congregants from taking ART medication so that they could see God's power in his self-proclaimed medication. According to Cewila (2011), the possibility of being cured of HIV & AIDS is reserved for those who have repented. Those who fail to repent will feel the wrath of God, which may come in the form of death or a long, persistent illness.

Furthermore, Cewila (2011) argues that in these religious terms, one does not need to use a condom if one trusts in God. This complicates and problematises the method of fighting

HIV & AIDS through condom use and also demonstrates a tension between the two significant religious ideas of seeing God's power and the need to obey God's laws. According to my understanding, the Roman Catholic Church does not encourage its congregants to use condoms, as the Church believes that condom use is against the will of God.

Dickinson (2011) notes another lay theory was forming part of the myths about HIV & AIDS. This is the myth of partner selection to avoid HIV infection — a practice in which individuals assess potential sexual partners according to their physical appearance or reputation to prevent disease or reduce their fear of infection. The clues for selecting who is likely to be an infected partner can vary, but Cewila (2011) asserts that visual clues or character evaluations are mainly used. There is a widespread belief that well-behaved individuals and those with good bodies with no signs of illness are unlikely to be infected with HIV. This belief highlights the misunderstanding about the difference between being a carrier and being infected with HIV.

2.2.4 The need to challenge existing socio-cultural norms

Wood and Rolerri (2014) argue that teachers must not be biased and must be open to challenging the existing social-cultural norms around gender relations and sexuality in general. Teachers should set aside any bias or personal experiences that might cloud their adherence to programmatic values and intentions. However, Francis (2014) suggests that teachers experience difficulty talking openly about sexual matters, and tend to reinforce the normative cultural thinking they have acquired rather than challenge it. Likewise, Muthukrishna et al. (2007) contend that if these issues are not addressed in teacher development programmes, the likelihood of “curriculum silences” will increase. They add that this culture of silence reinforces the confusion, stigma, discrimination and denial associated with HIV & AIDS and, in so doing, exacerbates attempts to educate young people on prevention, care and support. Curriculum silence is not a remedy for the problem.

Daniel, Malinga Apila, Bj Rgo and Therese Lie (2007) concur that cultural silence is problematic as it promotes denial. Teachers may find it much easier to hide behind the principle of “we do not talk about this in our culture” than to cope with the demanding situations and challenges that critical discussions entail. As a remedy, Wood and Rolerri (2014) suggest that the teacher development programmes of sexuality educators should

address teachers' cultural values, beliefs, and attitudes to overcome any personal bias they might possess.

In addition, Wood and Rolerri (2014) acknowledge that teacher identity plays a vital role in influencing what curriculum content they choose to mediate and how they negotiate it. On the other hand, Lesko (2010) argues that because teachers of all races in South Africa have been socialised in a system where there is much resistance to change concerning social issues and where “cultural nostalgia” prevails, the problem exists that they may base their teaching on a very rigid and unrealistic view of sexuality. Furthermore, some teaching methods and strategies silence opposing views and discourage critical engagement around issues that concern the real lives of learners living in a violent society where tensions around sexuality are rife.

Moletsane (2011) observes that teachers will reinforce a simple notion of comprehensive sexuality education that assumes that learners will not have sex before marriage and, if they do, will use protection — a seriously naive assumption in a country where forced, violent sexual intercourse is the norm for many women due to cultural practices. On the issue of pedagogy, DePalma and Francis (2014) maintain that the question that emanates from most literature is how teachers can teach and convey sexuality content in a way that develops a sense of agency and responsibility in learners about their sexual behaviour while at the same time leaving room for critical discussion on how they can do this in contexts where socio-cultural factors severely curtail individual choice.

2.2.5 HIV & AIDS education in other countries

Various countries have responded differently to HIV & AIDS education control and teaching. Some have designed curriculums that suit their needs and resources to conduct interventions that can help curtail the transmission of HIV & AIDS. I selected a few countries in Africa (Ethiopia, Lesotho and Zimbabwe) and from other continents (Australia and the United States) to outline how their HIV & AIDS education programmes are rolled out.

2.2.5.1 Ethiopia

Browes (2015) contends that although HIV & AIDS education is taught in Ethiopia, it is done so with many limitations. It is taught from a purely biological perspective and ignores

the social aspects. Furthermore, Browes (2015) highlights that teachers ignored culturally sensitive issues such as homosexuality and masturbation in most of the lessons observed. Similarly, Francis (2014) contends that these practices are primarily regarded as taboo, unnatural and harmful to individuals and Ethiopian society. In addition, Boler et al. (2003) assert that cultural practices hinder the proper teaching of HIV & AIDS education in Ethiopian schools and that teachers are not comfortable teaching these topics.

Likewise, Berglas et al. (2014) assert that while knowledge on sexuality issues has been taught and transferred to Ethiopians for several years, there has been limited success in changing people's behaviour because the programme offered to people is misaligned with the current socio-cultural context. Similarly, Browes (2015) claims that many hidden traditional barriers, such as gender inequality and certain cultural taboos, forbid the open discussion of sexual matters, especially with young people, making it difficult for teachers to teach sexuality education. UNESCO (2020) acknowledges that instead of pursuing a problem-avoidance path, a socio-cultural approach should be followed to equip people with the skills to secure their rights from an informed position.

Browes (2015) maintains that the teaching of HIV & AIDS education in certain schools in Ethiopia has simply reproduced certain harmful social beliefs. For example, Bhana (2012) and Smith and Harrison (2013) argue that there is a reproduction of gender norms in instances where male teachers sexually abuse female learners because society views them as lesser humans. They further claim that these contradictions are not limited to the school environment and extend to the teachers' communities. In addition, Aggleton (2004) argues that while it is essential for sexuality education to equip individuals with knowledge, attitude and skills, unlocking cultural barriers at the societal level is necessary for doing away with oppressive gender disparities.

Smith and Harrison (2013) describe how cultural taboos pose a significant challenge to teaching young people about sexual matters in Ethiopia and how teachers in Ethiopia are affected by the cultural context in their implementation of sexuality education. They often become anxious and resist challenging the cultural status quo. They are primarily afraid of the parents' reactions to sexuality education. In addition, Goldman and Coleman (2013) describe how Ethiopian teachers complain of a lack of support from school management, exposing them at times to the parents' wrath. This makes teaching HIV & AIDS education

very difficult, and teachers often resort to selecting topics that they think may be less sensitive and less likely to draw the attention of community members.

Browes (2015, p. 3) asserts that “if we assume that a teacher is to shed the confines of a structure, those they teach may not. Students may be embarrassed and even reluctant to discuss issues of sexuality and participate in class”. Furthermore, learners are the main actors whose participation shapes the lesson and the role of the teacher. Browes (2015) further acknowledges that learners’ attitudes, emotions, and readiness should not be divorced from the teacher development programmes that focus on teaching HIV & AIDS education. Similarly, Francis (2014) maintains that teachers do not operate in a vacuum and that learners play a crucial role in implementing any curriculum.

In addition, DePalma and Francis (2014) maintain that cultural teachings at home socialise children into different gender roles and create a natural system where boys are not challenged in the classroom, which is reinforced by how teachers teach them. Likewise, Browes (2015) maintains that in the end, we have boys who will grow up looking down on all women in society, including their mothers. This information shows that the seeds of gender inequality are sown at a young age, leaving girls with the problem of finding a way to claim their freedom.

Furthermore, Browes (2015) contends that Ethiopian schools and society do not discuss masturbation and homosexuality, and teachers do not address such issues in class. Similarly, Francis (2014) suggests that teachers and learners cannot discuss specific topics due to cultural taboos. In addition, Browes (2015) asserts that female students complain that gender disparities are amplified by their teachers, who often overlook girls and treat them more harshly than the boys. This practice emanates from home, where the patriarchal culture in which these teachers were raised taught them that men dominate women. Similarly, DePalma and Francis (2014) argue that such practices amplify existing gender inequalities, even though these teachers are supposed to narrow such gaps in equality.

Likewise, Browes (2015) concurs that most schools in Ethiopia display four forms of control amounting to gender inequality: hegemonic masculinity (men seen as the aggressors with uncontrollable urges), sexual harassment, compulsory heterosexuality, and gendered discipline patterns, where learners are not treated equally, even over the same issues. Such practices are not permitted according to the official Ethiopian curriculum but operate within

the hidden curriculum and do not conform with how sexuality education is supposed to be taught in schools. Therefore, it is evident that Ethiopian girls are on the receiving end of boys' acculturation at a young age to display dominance and aggression towards girls, thereby creating fertile ground for abuse.

In addition, Browes (2015) and DePalma and Francis (2014) acknowledge that to understand better the behaviour of teachers and their learners, we must look beyond the classroom or school and focus more closely on their home backgrounds, where they were groomed to behave in specific manners that contradict what is expected from them. Furthermore, Browes (2015) suggests that the culture at home shapes teachers' abilities and values, as teachers from affluent families show confidence in what they do in the classroom, while those from poor backgrounds are often afraid to initiate things.

Therefore, sexuality education in Ethiopian schools remains limited and is hindered by culturally sensitive issues that teachers are unwilling to discuss. These practices harm the entire community, and immediate remedial actions are needed.

2.2.5.2 Australia

McKay et al. (2017) note that in Australia, the education system includes Relationships and Sexuality Education (RSE), which focuses on topics such as abstinence, the effects of alcohol and drug abuse on decision making, puberty and sex, and ethics. HIV & AIDS is taught under sexuality education and is a valued part of school education. However, McKay et al.'s (2017) study found that topics such as HIV & AIDS, sexually transmitted infections (STIs), birth control, and sexual orientation are not taught well. Some teachers even leave them out as they are not comfortable teaching them. The findings from most of the research see this as a widespread problem.

In addition, Chambers et al. (2017) claim that the high number of STIs and unintended pregnancies have put schools in Australia on the alert. It is recognised that schools are in a critical position to develop the knowledge, attitudes and skills which support sexual health. Furthermore, Chambers et al.'s (2017) research findings indicate that teachers are always in control of the situation, but some topics are not taught.

Similarly, McKay et al. (2017) contend that Australian high schools enjoy a good and favourable climate for sexuality education. In addition, May's (2013) study found that

although there is no national curriculum for sexuality education, each state and territory has its sex education curriculum. The education system is very flexible, and within each state, the school communities could design their aspects of sexuality education in the curriculum. Teachers are, therefore, generally able to teach in a calm and balanced manner. Sharing the same sentiments, Chambers et al. (2017) acknowledge that parents are very supportive of the role played by schools in sexuality education. Furthermore, May (2013) concludes that there is a cultural pattern in Australia where teachers have the freedom to teach what students demand to learn about sexuality. This contrasts sharply with what happens in the US, as discussed next.

2.2.5.3 The United States

Hall et al. (2016) assert that in the United States (U.S.), many teachers teaching HIV & AIDS and sexuality education complain of being compromised by the U.S. federal government, which provides financial support to the Abstinence Until Marriage (AUM) programme. Furthermore, they argue that about 35% of U.S. schools only teach the AUM programme. Similarly, Butler et al. (2017) claim that when leading AUM, teachers are restricted to heavily value-laden instruction and are not allowed to teach about sexual behaviour, condom use, or contraception methods. On the other hand, Scott et al. (2017) observe that countries like France, Germany, Sweden, and the Netherlands have an open and flexible approach to sexuality education and have the lowest sexual health problems.

2.2.5.4 Lesotho

According to UNAIDS (2020), Lesotho is reported to have the third-highest HIV prevalence in the world. It is further noted that out of its population of 1,8 million, 320 000 are infected with the virus. Similarly, Khau (2016) maintains that Lesotho's education system is seen as the solution to provide a "vaccine" against HIV & AIDS. According to Khau (2016), sexuality education in the Lesotho curriculum is presented as a lifelong process of inquiring about beliefs, attitudes, relationships, and intimacy. UNESCO (2018) acknowledges that the primary goal of teaching sexuality education in schools is to equip learners with the skills, values, and knowledge to make responsible choices on social and sexual matters in an era in which HIV & AIDS is a significant problems worldwide.

Khau (2016) notes that sexuality education was first introduced in Lesotho in 2004 and was integrated into all existing subject areas using the Population and Family Life Education Framework (POPFLE). Unfortunately, this programme failed, as most teachers regarded its implementation as an extra burden on their already heavy workload. As a result, teachers left the component of sexuality to ‘other’ teachers and, eventually, sexuality education was no longer taught.

In addition, Khau (2016) describes how in 2007, the government of Lesotho introduced Life Skills Education (LSE) as a niche for teaching sexuality and HIV & AIDS education. It was introduced as a standalone subject to teach sexuality education. This change saw many teachers at the forefront of the fight against HIV & AIDS, with some specialising only in teaching LSE, which is prepared from Grade 4 to Grade 10. According to Khau (2016), the curriculum of LSE focuses on the negative aspects of human sexuality, such as unwanted pregnancies, sexual abuse, and infectious diseases, while it is silent on sexual diversity, contraception, desire and pleasurable sexuality.

Likewise, Mjwara and Maharaj (2018), Baxen (2010), and Naidoo (2013) assert that in Lesotho’s classrooms, girls tend to be silent about sexual matters and that this silence is often an excuse for teachers to avoid teaching these areas. Teachers in Lesotho are also affected by their cultures, and Francis (2015) contends that the teaching of sexuality education remains taboo in most communities in Lesotho, thus affecting the learning of sexual matters in the classroom. In addition, Khau (2016) explains that the Basotho are generally against teaching sexuality education to their children. Furthermore, the Basotho can only openly speak about sexuality issues in traditional initiation schools situated in the mountains for secrecy. Khau (2016) further suggests that issues of sexuality are taboo among the Basotho, especially when talking to children. This makes the job of sexuality teachers challenging, as they are afraid to be rebuked by the community for talking to their children about sexuality. These various forms of silence on sexual issues are problematic, as teachers tend to ignore specific sensitive matters.

2.2.5.5 Zimbabwe

Gudyanga et al. (2019) examine sexuality and HIV & AIDS education in Zimbabwe. UNAIDS (2020) and the WHO (2020) report that the first person to be diagnosed with HIV in Zimbabwe was in 1985; after two years, the infection rate had risen to 29% among the

15–29 year age group, and by 1992 had risen even further to 35%. Secretariat (2011) describes how the Zimbabwean government initiated the first HIV & AIDS action plan policy, the Emergency Short Term Plan (ESTP), to guide the nation from 1987–to 1992. Furthermore, in collaboration with UNICEF, the Ministry of Education designed the AIDS Action Programme to be taught in all Zimbabwean schools.

According to UNAIDS (2020), the ESTP was introduced in both primary and secondary schools in November 1992 and was made a compulsory national policy for all learners from Grade 4 to Form 6 (A-level), irrespective of whether they were enrolled in private or public schools. Gudyanga et al. (2019) assert that after some consideration, the Ministry of Education noted that the name AIDS Action Program did not include the elements of HIV and Life Skills. The Ministry of Education then changed the name to Guidance and Counseling, HIV and AIDS and Life Skills Education, which today is referred to as Guidance and Counseling (G&C). In 1993, Zimbabwe’s Ministry of Education, Sports and Culture (MoESC) (1993) made it compulsory for all learners at secondary schools in Zimbabwe to be taught G&C, in line with the Chief Education Officer’s circular No. 16 of 1993. Furthermore, Gudyanga et al. (2019) observed that these interventions were implemented by G&C teachers randomly selected from the school staff or deployed by the Ministry of Education at the district level.

In addition, UNAIDS (2020) acknowledges that worldwide, teachers are experiencing problems teaching HIV & AIDS and sexuality education, and UNESCO (2018) reports that Zimbabwean teachers experience similar challenges in teaching sexuality education. Furthermore, UNAIDS (2020) reports that within the Zimbabwean educational curriculum, sexuality education in the HIV & AIDS curriculum is taught as a standalone subject, contrary to the International Technical Guidance on Sexuality Education, which requires the subject to be infused into the already established mainstream subjects. Therefore, this places the burden of teaching HIV & AIDS and sexuality education on the shoulders of the G&C teachers alone.

Gudyanga et al. (2019) elaborate on problems concerning sexuality and HIV & AIDS education in Zimbabwe. They note that this learning area is not an examinable subject, resulting in teachers and learners not taking it seriously. Similarly, Manzira (2014) and the MoESC (1993) note that it is only taught once a week for about 35 minutes, which is minimal. Furthermore, the workload of Zimbabwean teachers is already excessive, and

according to UNESCO (2018), this results in teachers practising expository rather than participatory approaches to teaching HIV & AIDS education. Furthermore, the teachers and learners dislike the subject and often simply ignore it. In addition, Gudyanga et al. (2019) note that a lack of textbooks and other resources does not help. Moreover, even experienced teachers are unaware of how to teach G&C because they have not been trained.

The World Bank (2018) reports that some G&C teachers feel uncomfortable teaching topics such as condom use and circumcision because such areas clash with their cultural values and beliefs, as discussing sexual matters is taboo in their culture. For example, Mugweni et al. (2013) note that the vernacular words for human reproductive organs are taboo. These complexities compound teachers' failure to teach G&C and sexuality education within HIV and AIDS education.

Like South Africa, Zimbabwe is a rainbow nation of Shona, Ndebele, Asian, Indian and English cultures, amongst many others. Likewise, Mugweni et al. (2013) acknowledge that G&C teachers do not necessarily know the cultural beliefs and values of the community from which every child comes and whether what is taught may be seen as offensive to a particular culture. Teachers, therefore, face the challenge of being sensitive to many different cultures.

In addition, Mugweni et al. (2013) argue that culture plays a crucial role in teaching sexuality education and may prevent teachers from imparting the skills that could help young people to negotiate safer sex. They further argue that in Zimbabwean culture, women cannot initiate sex, let alone safer sex through protection, simply because it is taboo. As a result, Manzira (2014) claims that the girl child is taught to respect her husband unconditionally and to position herself as inferior to her husband. Consequently, teaching girls the skills to negotiate for safer sex is a cultural challenge because it could quickly appear as if the teacher is revolting against society's cultural norms and values. In addition, Clarke et al. (2015) explain that the absence of such knowledge makes it difficult to assess whether a girl has consented to sexual activity, with many cases being classified as rape. This leaves teachers in an enormously challenging situation because society does not consider it abuse for a girl child to give or be forced to have sex with the man she is in love with.

The nature of the HIV & AIDS and sexuality education curriculum, according to Mugweni et al. (2013), forces many learners to come to the G&C teacher for counselling if they are

affected by or infected with HIV because they do not have an option. Furthermore, Gudyanga et al. (2019) and Manzira (2014) note that such counselling takes up much of the teacher's time and energy, and many sessions are ignored. To make matters worse, they note that the work involved in counselling learners is not appreciated by the schools' management and does not, for example, count towards their promotion. Similarly, Pithouse-Morgan et al. (2013) claim that teachers often report that they suffer from counselling fatigue due to over-caring for traumatised learners. The apparent fatigue teachers experience from teaching G&C could be addressed using participatory pedagogies. However, Bhana (2007) and Pattman and Chege (2003) assert that G&C teachers often find it difficult to apply appropriate participatory approaches to their teaching because they are not trained to do so. This shows that the problems experienced by G&C teachers relate to both pedagogical methods and cultural taboos.

To teach HIV & AIDS and sexuality education effectively, UNESCO (2020) recommends participatory and learner-centred approaches as the most productive methods for teaching HIV & AIDS education. However, Mugweni et al. (2013) mention that such approaches are challenging for teachers who do not have the relevant training and background and are not experienced in handling large classes. Furthermore, Gudyanga et al. (2019) confirm that G&C teachers in Zimbabwe reported that the learners they teach come into the classroom with some form of knowledge based on their own experiences. Therefore, it becomes difficult for teachers to adequately guide the learners through the challenges they face during the different developmental stages. Furthermore, it is reported that the G&C teachers are not experienced and skilful enough to appropriately nurture learners who are facing challenges in their lives and who need serious assistance.

Likewise, Mugweni et al. (2013) note that the issue of dialogue and information sharing is a challenge in teaching HIV & AIDS education. In addition, Gudyanga et al. (2019) claim that it is prudent for G&C teachers to learn to dialogue with their colleagues and learners to share their lived experiences. They further argue that there is value in listening as other colleagues share their lived experiences of HIV & AIDS education, which might be peculiar to the situations these G&C teachers face. It was noted that through dialoguing and sharing, teachers might learn to approach issues differently through creative and participatory activities.

The length of time that G&C teachers had spent on training was noted to have a bearing on their effectiveness when teaching sexuality education. Likewise, Mugweni et al. (2013) acknowledge that primary school G&C teachers are trained in Life Skills as a subject at college, while secondary school G&C teachers are selected from existing staff and are supposed to be offered in-service training and workshops. Correspondingly, UNESCO (2020) noted some correlations between the length of movement and the amount of HIV & AIDS and sex education taught to learners in some schools in sub-Saharan African countries. Similarly, Onyango (2009) acknowledges that short-term training courses are inadequate to equip teachers with the necessary skills, confidence, competence and positive attitude toward the content they are teaching.

Gudyanga et al. (2019) report that G&C educators are worried about silence in the sexuality education lessons and recommend that the community be engaged in campaigns to communicate the relevant messages. Similarly, Mugweni et al. (2013) observed that G&C teachers believe that campaigns could help to change the cultural beliefs that prevent the open discussion of sexual matters, thereby minimising the culture of silence on sexuality education by learners, parents and teachers. In this way, teachers propose that G&C may be taught more openly.

According to Mugweni et al. (2013), most teachers identified cultural taboos as the single most significant factor that hinders teaching HIV & AIDS and sexuality education. According to Gudyanga et al. (2019), G&C teachers point to the necessity of such taboos being overcome if proper sexuality education within the HIV and AIDS education curriculum takes place effectively. This shows that cultural taboos hinder the appropriate HIV & AIDS education teaching.

The literature indicates that the need to break the silence on cultural taboos is evident not only in Zimbabwe but in many sub-Saharan African countries (Weiler & Weiler, 2012), Latin American countries (Steinhart et al., 2013) and Muslim societies (Pohan et al., 2011), as sexuality education teachers often offend parents when they teach and discuss issues relating to sex in the classroom. Pohan et al. (2011) emphasise that teachers and learners feel uncomfortable discussing sex when cultural taboos are a factor. The taboos relating to HIV and AIDS education can lead to sexuality education not being taught.

Therefore, Gudyanga et al. (2019) maintain that if cultural taboos are “untabooed”, sexuality education could be taught more effectively. Thus, the literature shows that teaching G&C, which incorporates HIV & AIDS education, faces many challenges in Zimbabwe. According to the findings, cultural taboos constitute a significant hindrance, and a lot needs to be done to promote more effective communication and education.

2.2.6 HIV & AIDS education in South Africa

In South African schools, HIV & AIDS education and sexuality are taught in LO, a compulsory subject both at primary and secondary school. A learner is deemed to have failed matric if they fail LO, even if they pass the other six subjects with distinction. This means that LO is considered paramount, as it equips learners with life skills they can use even after school.

According to Francis (2014), LO is designed to provide learners with guidance, health promotion, life skills education, physical development, environmental education, citizenship and human rights education, and religious education. The topics are divided between theory work and Physical Education and Training (PET). Sexuality education is not a separate topic but is integrated into these topics. LO is allocated two periods per week, and secondary schools are taught from Grade 8 to Grade 12.

Francis (2014) contends that South Africa has the highest HIV & AIDS infection rate globally, and sex education is widely believed to address HIV & AIDS-related problems. Similarly, DePalma and Francis (2014) and Helleve et al. (2009) concur and assert that the teaching of HIV & AIDS education is widely seen as a “social vaccine” that can eradicate all the woes caused by the disease. However, Francis (2014) and Leclerc-Madlala (2008) state that conflict may emerge concerning the content and methodology used when teaching HIV & AIDS education. For example, teachers may be more comfortable teaching topics such as abstinence than teaching content of a more profoundly sexual nature, such as demonstrating condom use.

Cultural taboos may challenge teachers, particularly those from cultures that are different to the culture of the society within which they teach. Likewise, DePalma and Francis (2014) acknowledge that teachers in South Africa are affected by cultural aspects that hinder the proper teaching of sexuality education to learners. However, they explain that teachers must

accept their own “demons” that prevent them from talking freely about sexual matters to learners and prompt them to skip specific topics, thus disadvantaging them. The literature indicates that teachers may have personalities that contradict what they are required to teach and affect their teaching.

Much of the literature identifies how South African women are viewed as less human and are therefore subject to sexual abuse. This is highlighted by Leclerc-Madlala (2008), who confirms that in South Africa, girls as young as 13 are infected with STIs due to different forms of abuse. Extensive analysis has shown that culturally promoted behaviours — such as female sexual submissiveness, male sexual dominance, sexual violence against women, and the social acceptance of the ‘blessers’ phenomenon — are factors that lead to the devastating levels of HIV & AIDS infections among the youth. In addition, Kelly (2003) acknowledges how South African youth accept the concept of being faithful to only one partner and using condoms with non-cohabiting partners. However, Leclerc-Madlala (2008) asserts that older partners often deceive and mislead young women about these concepts, who see them as “fresh” and safe to enjoy sexual intercourse with without using a condom.

Gender violence is like cancer in South Africa, and different media platforms promote awareness of the number of women abused and killed by men. Likewise, Naidoo (2014) and Wood (2008) describe how in South Africa, gender inequality and sexual violence place young women at risk and undermine the effectiveness of the HIV & AIDS prevention programmes. The Covid-19-induced lockdowns of 2020 and 2021 have worsened the situation, resulting in even greater numbers of women reporting sexual abuse that leads to HIV infection. However, this impact has been primarily ignored as more attention has been given to the fight against Covid-19.

This background information is essential for understanding the daunting task facing South African LO teachers, who are expected to educate young people to prevent both sexual abuse and the transmission of HIV. According to Levend and Canan (2018), South African teachers feel that sex education is more culturally challenging than teaching HIV & AIDS education and, thus, creates a gap between the needs of the learners and how sex education is delivered in practice. Similarly, Francis (2014) reports that LO teachers in South Africa view sex education as risky, as certain aspects of the curriculum contradict specific communities' cultural beliefs and practices. In addition, DePalma and Francis (2014) and Naidoo (2014) concur and acknowledge that schools and the communities they serve

sometimes occupy very different cultural positions. These cultural differences create barriers to effective HIV & AIDS education. Schools have their own cultures, which teachers and learners must follow. This can become a source of conflict between schools, teachers, and the community, and the literature shows that LO teachers are often blamed.

Levend and Canan (2018), DePalma and Francis (2015) and Naidoo (2014) all agree that young people are generally ignorant of sexual matters, as their parents are either in denial that their children are developing sexually or avoid discussing sexual issues with their children. Francis (2015) finds that this ignorance can be detrimental to learning and leaves teachers with the mammoth task of sexually educating learners. Many other problematic social factors compound this task. In some instances, men visit traditional healers who tell them to use traditional medicine and have sexual intercourse with young girls. In addition, Wood and Pillay (2016) and Leclerc-Madlala (2008) maintain that men sexually use young girls to prove their masculinity and, in some cases, are influenced by traditional healers to sleep with virgins to cleanse their blood of HIV.

Similarly, Leclerc-Madlala (2008) contends that women in KZN, when faced with ancestral problems, are sometimes advised by traditional healers to sleep with any man to cleanse themselves of evil spirits. Such practices are detrimental to the fight against HIV infection. Furthermore, Leclerc-Madlala (2008) maintains that sexuality matters in KZN are taught in schools as a hidden curriculum, mainly in Zululand, where people still practice the authentic Zulu culture. Initiation schools in the Eastern Cape still play a role in sexual matters. However, these initiation schools, as reported, are only for boys, and whatever they are taught does not educate others since it must remain secret.

2.3 HIV & AIDS and its impact on the school system

HIV & AIDS is a universal problem that affects all people, including the frontline people tasked with fighting its transmission. Likewise, Coombe and Kelly (2001) and Naidoo (2014) opine that it is a disturbing paradox that HIV & AIDS negatively affects the same teachers and educational systems that are supposed to be at the forefront of the fight against its prevalence and impact. Furthermore, Naidoo (2014) asserts that although these educational systems are harshly affected by the pandemic, they have no option but to respond proactively to its impact. However, Wood and Pillay (2016) argue that teachers are often in limbo, as this pandemic also affects them, and they do not have the skills to deal

with the harsh realities of teaching HIV & AIDS education. Similarly, Naidoo (2014) maintains that the impact of the HIV & AIDS pandemic does not augur well for schools and the education system as a whole in South Africa.

In their discussion of the impact of this pandemic on schools, Kelly (2003) and Baxen (2010) acknowledge that the increase in HIV & AIDS infections weakens the ability of schools to deliver quality education. Kelly (2003) explains that teachers and learners become sick, resulting in increased absenteeism and extended sick leave. Some die, forcing the department to recruit novice teachers who need to be oriented and develop their teaching proficiency and experience. In corroboration, Wood and Pillay (2016) assert that to remedy the situation, policymakers need to rethink and revamp the education system so that the HIV & AIDS education curriculum aligns with society's current socio-cultural practices.

2.3.1 Impact of HIV & AIDS on society

The HIV & AIDS pandemic has had a more profound effect on women than men, who in most cases are viewed as responsible for the transmission of HIV. Likewise, Action AIDS (2010) acknowledges that because most societies regard women as sexual objects, they are in danger, as they are at greater risk of infection. Furthermore, the literature shows that many women are abused by their partners and are blamed for HIV infection. UNAIDS (2020) notes that girls often drop out of school when their relatives fall sick with HIV & AIDS to look after them. This increases their susceptibility to poverty because of a lack of education. Consequently, to provide for themselves, they engage in transactional sexual activities at a young age and are significantly exposed to HIV & AIDS, as some partners refuse to use condoms.

The fight against HIV & AIDS has profoundly impacted the economy since much money is channelled towards buying medication and caring for the sick in hospitals or at home. The World Bank (2020) reports that it is not only at the human level where HIV & AIDS has had an impact, but also at an economic level, as governments are required to divert a lot of financial resources towards fighting the pandemic, mainly through providing medication. The productive workforce has also become infected, and it is costly to train a new workforce when they fall ill or die. In addition, the World Bank (2020) reports that southern Africa incurs a loss of 0.7–1.0% per capita yearly because of HIV & AIDS. Furthermore, 50–80 % of hospital beds in Southern Africa are used by patients with HIV & AIDS.

Attention has been turned to the education system to address these problems. The school-going youth symbolises hope for the nation, and the education system is privileged to deal with children who spend much time in school. UNAIDS (2020) suggests that using the education system is a cost-effective method of fighting the pandemic, as its existing structures can deliver HIV & AIDS prevention efforts to many unaffected young individuals cost-effectively since the education system can reach many children at a time.

However, the World Bank (2020) maintains that the many problems the HIV & AIDS pandemic cause directly impact the education system. For example, teachers are required to perform complex tasks, including individual counselling learners with HIV & AIDS, but they are often not given enough support. These teachers are frequently also affected by HIV & AIDS and sometimes need to care for themselves, but there are no policies that require the DoE to do so.

2.3.2 Teachers and the teaching of HIV & AIDS in Life Orientation

LO teachers are left with the mammoth task of fighting this pandemic through teaching HIV & AIDS education. In addition, Bhana et al. (2006, p. 66) acknowledge that LO teachers face three distinct challenges: “Raising awareness and preventing infections, assisting the infected and affected, and dealing with trauma and death cases”. They argue that at school, LO teachers must perform a pastoral role to help learners. Similarly, Mugweni et al. (2013) contend that teachers must show care to build a good working relationship with various stakeholders and connect the school and the individuals. Another aspect important in teaching LO is the development of the teacher’s listening skills. Likewise, Mupa (2012) explains that teachers must listen with empathy and understand learners’ feelings and problems. Thus, an empathetic attitude is an essential attribute for an LO teacher.

The DoE (2000) ascribes specific roles to teachers. The teacher is a mediator, interpreter, learning programme designer, leader, community member, pastoral carer, and a subject specialist. However, HIV & AIDS education in LO presents several challenges, and Mnguni (2012) emphasises that many teachers lack the skills to handle these sensitive issues. They concentrate on imparting knowledge rather than tackling the learners’ behavioural challenges. This is attributed to the various socio-cultural factors that often govern teachers’ conduct.

Similarly, Kelly (2010) argues that it cannot be guaranteed that knowledge that ensures protection from HIV & AIDS will be imparted to learners at school because a greater emphasis is placed on HIV & AIDS education than on the consequences and effects of the pandemic, despite the severe threat of illness and death that it poses. Hendricks (2011) argues that teachers lack knowledge in dealing with learners affected by HIV & AIDS. However, learners generally do not expect special treatment from their teachers.

HIV & AIDS is a sensitive matter to teach. Similarly, Hendricks (2011) confirms that not much is known about teachers' actual capabilities in addressing the sensitive issues associated with HIV & AIDS in the classroom. However, given teachers' socio-cultural predicaments, they may not be entirely to blame. Further research is needed on the cultural constraints that influence how these teachers teach HIV & AIDS education and how they deal with such complexities in their classrooms, highlighting the significance of this study.

The literature shows that gender and race affect the teaching of LO in schools. Likewise, Ahmed et al. (2009) contend that the gender and race of teachers influence their teaching of HIV & AIDS in LO. They argue that male teachers express a more significant discomfort in teaching sex education than their female counterparts, who can openly engage in intimate discussions with learners on health matters. Furthermore, Ahmed et al. (2009) argue that race is a sensitive issue in schools, as LO teachers who belong to a race group different from their learners may feel uncomfortable teaching them about sexual matters. Pillay (2012) concurs with Rooth (2005, p. 35) that the teaching of LO in multi-cultural classrooms can cause many difficulties due to some teachers' "lack of interpersonal competence, skills in intercultural communication and conflict management".

Similarly, Donald (2002, p. 24) emphasises that LO teachers should be "role models who are aware of and sensitive to diverse cultural contexts, which could be viewed as the values, understanding, norms, beliefs and traditions of a group of people in a society". South African classrooms are diverse environments, with Indian, Coloured, Black, White, and Asian learners with distinct cultures. Therefore, LO teachers must acknowledge and understand their learners' diverse social and cultural contexts.

A teacher's personality is viewed as a crucial factor in the proper teaching of lessons. Likewise, Helleve et al. (2011) argue that teachers must be approachable and open during lessons and afterwards during the time the authors refer to as "backstage" teaching. This

happens when teachers contact learners outside of class and continue imparting knowledge to them as if they are still in class. LO teachers need to possess the qualities of an excellent teacher to handle classroom challenges, and Berns (2007, p. 256) maintains that " the best teachers are engaging, competent, caring, encouraging and flexible "the best teachers are engaging, competent, caring, encouraging and flexible, yet they maintain standards". Furthermore, Berns (2007) argues that experience is the best teacher, and a lack of experience could be a problem if LO teachers are not trained in the subject area, as they may become easily overwhelmed by the sensitive nature of the issues associated with their subject area.

The literature shows that teachers must find ways to look into the background of learners they suspect to be experiencing difficulties or social problems. Hendricks (2011) acknowledges that LO teachers must be cognisant of their learners' backgrounds, biographical circumstances and proximal relationships to understand the difficulties or challenges in their lives. However, Brown (2013) asserts that many LO teachers lack the skills to handle such sensitive issues due to their lack of training. Instead, they concentrate on imparting knowledge instead of tackling learners' social and behavioural problems. Coombe and Kelly (2001) concur that teachers need to be thoroughly trained if their teaching of HIV & AIDS is to be successful.

In a different vein, Brown (2013) reports that many studies conducted in South African schools have found that the power dynamics between teachers and learners play a crucial role in LO teaching and that the socio-cultural background of teachers may clash with that of the learners they teach. This can create conflict in the classroom if teachers want learners to listen to them and the learners resist. In addition, Brown (2013) examined the relationship between teachers and students and found that, due to their cultural upbringing, many adult learners want to be given respect and treated as adults. Echoing similar views, Zembylas (2005) maintains that since teachers as adults possess more cultural power than learners, they expect learners to listen to them. However, adult learners may be reluctant to do so, which can negatively affect the success of a lesson, as these learners may continually oppose how the teachers treat them.

In most situations, there is no openness between teachers and learners, which may result in learners not being willing to disclose personal information about their sexual lives to their LO teachers. Correspondingly, Helleve et al.'s study (2011) found that teachers feared the

cross-generational conversations about sex that are necessary for LO due to their cultural practices. Furthermore, the authors contend that teachers do not feel comfortable when learners use slang and freely discuss their sexual experiences. According to African culture, adults are not permitted to discuss sexual matters openly with young people.

According to the DoE (2021), the LO curriculum in South Africa is designed to address people's general life issues and prepare them to solve any challenges in their lives. On the issue of inclusiveness, Brown (2013) and Francis (2015) concur that LO is supposed to be inclusive and accessible to all learners. However, this is often not the case in practice, as gender and power dynamics tend to exclude certain groups. Francis (2015) describes how hegemonic masculinity can play a role in the LO classroom and negatively affect the lessons. He explains that in mixed-gender classes, boys participate more than girls regarding sex-related issues. By focusing more on boys than on girls, teachers implicitly promote the culture of boys actively initiating and controlling the conversation and the dynamic, and girls remaining passive, quiet and subordinate. Similarly, Brown (2013) maintains that due to the various socio-cultural dynamics at work, LO classrooms are often polarised in terms of gender, with boys tending to assert their opinions and girls tending to resist them. From my observations, this dynamic is reinforced by teachers who are not knowledgeable about HIV & AIDS or how to deal with these classroom dynamics, as their culture and personality contrast with the expected norms.

According to the Grade 11 LO policy document (DoE, 2010, p. 8), the following topics are to be taught to learners: development of the self in society, careers and career choices, democracy and human rights, study skills, and social and environmental responsibilities. Under the topic of development of the self in society, HIV & AIDS is taught under the sub-topics of risk behaviour, unsafe sexual behaviour, cultural influence, sexual violence and rape, and adverse effects on health and well-being, where sexually transmitted infections and HIV & AIDS are discussed. Learners are also taught about relationships and their influence on well-being.

The DBE (2021) produced a Covid-19-compliant Grade 11 Annual Teaching Plan (ATP) document. This document includes new topics, such as the rise of GBV in South Africa and the world during the Covid-19-induced lockdowns. The ATP requires that learners be taught the different forms of GBV, including domestic violence, sexual violence, rape, femicide, and physical harassment. The curriculum also touches on the causes of GBV, including

sexual orientation (LGBTQI), and links GBV to the transmission of HIV & AIDS. The aim is to expose all learners to the issues that affect them daily and equip them with the skills to solve them.

Although the DBE has instructed that these topics be taught to all learners, there are challenges associated with teaching them. Pattman and Chege (2003) argue that female learners are far more reluctant than boys to discuss sex-related matters in LO. However, Pattman and Chege (2003) warn against treating boys as if they do not have social challenges in the classroom. Their research finds that boys also experience forms of cultural pressure, according to which they are supposed to prove that they are real men, even if this includes talking to girls in a derogatory and disrespectful way. Brown (2013) similarly claims that due to certain cultural beliefs, girls do not want to be seen as too knowledgeable about sex in mixed-gender classes and therefore monitor their conduct carefully. They do not want to be perceived as people who like to talk about sexual issues, as this would discredit them as they wanted to be seen as good future wives and mothers. As a result, Pattman and Chege (2003) suggest that teachers draw girls into classroom discussions by asking them questions directly to get them involved. This clearly shows that teachers face challenges when teaching LO due to these cultural taboos and that research needs to address these challenges.

However, Francis (2015) indicates that not all teachers lack confidence in teaching about sexual issues in HIV & AIDS education. In South Africa, some teachers report feeling relatively confident in teaching HIV & AIDS education. Likewise, Helleve et al. (2009) contend that teachers have general confidence that helps them prepare, influence their students' behaviour, and teach subject content that they may find controversial. However, analysis of the issues associated with their confidence and their successful implementation of HIV & AIDS education programmes indicates that the performance of the programmes could improve if teachers' confidence is generally enhanced. Therefore, Helleve et al. (2009) suggest that future programmes on teaching HIV & AIDS education should include confidence building as an essential part of teacher training. DePalma and Francis (2014) concur with Helleve et al. (2009) that in the teacher training programme, forums should be established where teachers can teach on sexual issues in a supportive environment where they can openly address and discuss topics related to teaching HIV & AIDS education. This suggests a close association between teachers' ability to implement HIV & AIDS education lessons in class efficiently and their confidence, training and experience.

In addition to confidence, DePalma and Francis (2014) maintain that the training of LO teachers should also focus on communication skills, as teachers would need specific skills and methods to discuss sensitive issues with learners or colleagues who might need their assistance. The more effectively teachers can communicate about HIV & AIDS education, the easier it will be to get positive feedback from their learners without any limitations.

2.3.3 The role of teachers in the implementation of Life Orientation in schools

Teachers have a role in teaching HIV & AIDS education to learners. However, Naidoo (2014), DePalma and Francis (2014) and Francis (2015) indicate that LO teachers have not successfully implemented the subject in the classroom to influence and address the threat imposed by HIV fully. They also acknowledge that the success of the LO curriculum depends on the readiness and preparation of these teachers, who must go the extra mile to develop the necessary skills that will help them to teach HIV & AIDS education.

Since 1994, as noted by Francis and DePalma (2014), the South African education system has undergone many changes, including curriculum transformation, which saw the birth of Life Orientation as a subject developed in response to people's concerns about areas such as health, environmental and safety issues, and the ever-rising number of HIV & AIDS infections. In 2005, South Africa's National DoE embarked on an ongoing training programme to help and capacitate teachers to effectively and efficiently teach the new curriculum and new subjects such as LO. This training process was meant to transform teachers from the kind of teachers created by the apartheid government into teachers who could be leading players who make an immense contribution to educational transformation (DoE, 2000). Likewise, Francis (2015) notes that the effort and finance injected into training teachers were intended to help them to fulfil the various roles stated in the Norms and Standards for teachers. Policymakers in the DoE, according to Francis (2015), envisaged that the new curriculum, with new subjects such as LO, would be able to produce learners who in future would become law-abiding citizens who would be imbued with productive values and act in the best interests of society.

On the role of teachers, Kasondo (2013) maintains that teachers are a vital link in transmitting information about sex and HIV & AIDS to learners. However, these teachers have their own personal, cultural and traditional beliefs and values that sometimes influence their comfort level, ability and willingness to teach the sensitive matters involved in HIV &

AIDS education. As a result, teachers' attitudes and experiences may affect their ability to best employ the subject content to teach about HIV & AIDS, despite receiving in-service training.

2.3.4 The impact of teachers living with HIV & AIDS on the teaching of HIV & AIDS education

The HIV & AIDS pandemic has proven to be a serious challenge to humanity. UNAIDS (2020) reports that South Africa has consistently topped the list of countries with high HIV profiles and has an alarming HIV profile of seven million infected people. According to Kelly (2008) and UNAIDS (2020), teachers have traditionally been expected to play an ambassadorial role in teaching health matters. However, not much attention has been given to what teachers living with HIV undergo as individuals. Similarly, Moyo and Perumal (2019) lament that as the immune systems of HIV-infected teachers weaken, their health problems increase, forcing them to continue earning money while ill to pay their substantial medical bills. In addition, their health problems often go unnoticed. The HIV & AIDS pandemic is seriously threatening teachers and, worse still, the LO teachers who are supposed to teach learners how to avoid contracting HIV. Correspondingly, Mampane (2011) and Van Dyk (2012) assert that teachers who are HIV positive are likely to be absent from work frequently, either as a result of ill health or to collect their medication and that many teachers are permanently absent from work due to illness.

It is difficult for teachers to maintain a healthy mindset when they know they are infected with an incurable disease. Likewise, Moyo and Perumal (2019) opine that when teachers are on sick leave or are seeking medical attention, other teachers take over their classes, creating an imbalance in the learner-to-teacher ratio. As a result, some schools always have a shortage of teachers. Buchel and Hoberg (2007) note that while HIV & AIDS triggers a teacher shortage, it also affects teachers' ability to teach effectively, as their immune systems remain weak and constantly need medical attention. In the same vein, Theron (2005) points out that even before HIV-infected teachers develop the much stigmatised full-blown AIDS, they often experience social and emotional distress due to their HIV-positive status, as their communities view them as immoral. This emotional distress hurts LO teachers' ability and efficiency in teaching HIV & AIDS education. The above factors affect the teaching programme, creating severe social and economic implications. In addition, Moyo and

Perumal (2019) note that continuously absent teachers cannot cover the entire curriculum, and the standard of learner performance is therefore affected.

The stigma and discrimination associated with HIV & AIDS are the main reasons the disease destroys communities worldwide. Likewise, Moyo and Perumal (2019) describe how HIV-positive teachers are stigmatised and discriminated against, even by those within their close social circles who are supposed to show them support during those hard times when they are sick. As a result, their social support systems may be eroded.

UNAIDS (2020) reiterates these sentiments and reports that HIV-positive teachers are often depressed, anxious, lonely and withdrawn and unable to perform their teaching duties to the best of their ability. In addition, Kamau (2012) claims that the stigma and discrimination associated with HIV & AIDS lead society to treat people living with HIV & AIDS differently. Those teachers are not excluded from such treatment. HIV-positive teachers may be socially excluded by their work colleagues and shunned by their families and the community. Efforts to change perceptions and remove stereotypes are often frustrating in the face of widespread stigmatisation and discrimination. This worsens as people fail to come to the rescue of teachers facing such challenges. Echoing the same point, Van Dyk (2012) contends that this may hamper individuals' abilities to deal with the HIV & AIDS pandemic.

Similarly, Mbonu et al. (2009) confirm that because of the cultural context, infected individuals fall into social disgrace, becoming isolated from the rest of the community, thus affecting their teaching and quality of life. Kamau (2012, p. 1) cautions that "exclusion and rejection are persistently sources of social and psychological stress, which lead to low motivation, poor self-perception, low esteem and status and limited social interactions". As a result of all these challenges, the abilities of HIV-positive LO teachers may become constrained, and they become less effective in teaching LO and, in particular, HIV & AIDS education.

Apart from teachers being challenged and incapacitated, Ross and Deverell (2010) maintain that specific mental and behavioural problems result when a person's well-being is altered. Likewise, Van Dyk (2012) suggests that teachers living with HIV may feel hopeless, anxious, and overwhelmed by a sense of emptiness and worthlessness about their communities and the learners they teach. Therefore, teachers may be overwhelmed by shame

for contracting HIV, which may be exacerbated for LO teachers, who are supposed to teach learners about healthy sexual behaviour.

One of the significant challenges that teachers infected with HIV & AIDS face is the sense of being isolated. Similarly, Moyo and Perumal (2019) confirm that these teachers feel isolated from the people who are supposed to show mercy and support them. As a result, they may resort to isolating themselves from the outside world. Furthermore, HIV-positive teachers may be overwhelmed by the fear of death and a diminishing sense of value to the world. This causes many of them to develop inferiority complexes, and as a result, they fail to bond with their colleagues.

In addition, Moyo and Perumal (2019) observe that teachers infected with HIV often find that their colleagues speculate about their health and even avoid them for fear of contracting the disease. DePalma and Francis (2014) concur that HIV & AIDS is still regarded as contagious through touch or close physical proximity and is viewed as an automatic death sentence in some circles. Therefore, fear and uncertainty about people's reactions often discourage these teachers from disclosing their status to their colleagues. In addition, Moyo and Perumal (2019) note that some schools have a gossip culture up to the management level. Infected teachers can therefore find themselves with no one to turn to as gossip about their status escalates. As a result, some teachers hide their position to maintain a low profile since there is no trust or compassionate support. Van Dyk (2012) concurs that a failure to obtain help from others may result in these teachers living in isolation for the rest of their lives as their health deteriorates. The psychological health of HIV-positive teachers may therefore affect how they relate to their colleagues.

Moyo and Perumal (2019) further assert that, in their study, the teachers shared that, even after disclosing their HIV & AIDS status, they did not necessarily receive help. Furthermore, the stigma surrounding HIV & AIDS caused these teachers to be troubled by feelings of anger, fear and uncertainty about the future, leading to strained relationships with their colleagues and their family. Amidst such intense stigma and discrimination, teachers infected with HIV & AIDS are often ostracised and isolated. DePalma and Francis (2014), Moyo and Perumal (2019) and Francis (2015) maintain that the culture of a school has an impact on how issues related to HIV & AIDS are handled. Because such cases are delicate, confidentiality is of paramount importance. It could be argued that a work environment characterised by gossip is as destructive as a disease.

The sensitivity around HIV & AIDS, according to Moyo and Perumal (2019), makes it difficult for people to discuss it openly. Therefore, teachers living with HIV & AIDS find it difficult to discuss their status freely, as they fear being persecuted, judged and sentenced. The cultures of certain schools may provide fertile ground for gossip, and the colleagues of teachers living with HIV may be prone to speculating about their condition and avoiding them for fear that this disease, which is viewed by some as a death sentence, could be transmitted to them through physical contact.

2.4 Conclusion

In this chapter, I presented a review of the existing literature that would assist me in addressing the overall purpose of this research study, which was to explore the socio-cultural complexities associated with HIV and AIDS education and examine how these socio-cultural complexities influence the HIV & AIDS education teaching of LO teachers in the FET phase. This review helped reveal the gaps in the existing knowledge in this area.

I began with an outline of HIV & AIDS education, which highlighted the broad nature of this topic. Next, I reviewed the literature on stigma and discrimination associated with HIV & AIDS, which revealed the sensitivities surrounding this disease that society finds so challenging to deal with. This was followed by discussing how socio-cultural beliefs and practices affect HIV & AIDS education. The literature revealed the divergent views of various cultures and communities towards HIV & AIDS. I then reviewed the literature on teaching HIV & AIDS education from multiple countries and South Africa, revealing the different strategies employed when designing HIV & AIDS education curricula and school programmes. Lastly, I discussed literature on the impact of the HIV & AIDS pandemic on schools and the education system, which revealed the devastating effects of the HIV & AIDS pandemic on the education system.

In the next chapter, I present the conceptual framework that underpinned and guided this research study. This framework is rooted in sociological theory and centres on the concept of the cultural diamond, as formulated by Griswold (2013) and Helleve et al. (2009).

CHAPTER 3

CONCEPTUAL UNDERPINNINGS

3.1 Introduction

The previous chapter presented a review of the relevant existing literature about HIV & AIDS education in general, the stigma and discrimination associated with the disease, and the socio-cultural beliefs and practices that affect HIV & AIDS education, in particular various cultural and religious taboos that affect the teaching of HIV & AIDS education. Furthermore, I reviewed the literature on teaching HIV & AIDS education in South Africa and other countries and designing HIV & AIDS education curricula and programmes in schools. Finally, I discussed the literature on the devastating impact of the HIV & AIDS pandemic on schools and the education system.

In this chapter, I present the conceptual framework that guided this research study, underpinned by sociological theory. I first give an overview of sociological theory, then discuss the sociological perspective on culture and cultural values, and then examine the sociological perspective on education and schooling. Next, I discuss Griswold's (1987, 2013) cultural diamond, derived from sociological theory, and then Helleve et al.'s (2009) cultural diamond, adapted from Griswold. The sociological perspective on culture and education, Griswold's (1987, 2013) and Helleve et al.'s (2009) cultural diamonds, form a conceptual framework linking culture and society. This framework, in particular Helleve et al.'s (2009) cultural diamond, was deemed suitable for achieving the purpose of this research study, which was to examine the socio-cultural complexities that influence the teaching about HIV & AIDS education and to discuss how these socio-cultural complexities affect how LO teachers teach HIV & AIDS education in the FET phase.

3.2 An outline of sociological theory

Sociological theory can be defined in various ways. Neto (2013) defines sociological theory as the study of how society works and the interaction of its people. The emphasis is on the functionality of the community and how it relates to its people. Similarly, Ritzer and Stepnisky (2018) view sociological theory as mainly concerned with the social setting, which is taken as its core subject matter. The key concept is the social setting and its cultural,

political, or economic components, including stratification. Hence, the setting might include all elements that make up a society.

Max Weber defines sociological theory as a science that attempts the interpretive understanding of social action to arrive at a causal explanation of its cause and effects (Ritzer & Stepnisky, 2018). Weber's definition is more concerned with the social activities of individuals, how their meaning is explained and how it affects the society where the individuals belong. The critical item, according to Weber, is the social action and its meaning to the individuals in that particular society. Emile Durkheim illuminates Weber's social action ideas by asserting that sociological theory studies social facts, which he explains as social structures, cultural norms, and the values of individuals he sees as actors in the society (Ritzer & Stepnisky, 2018).

These definitions highlight that sociological theory is a phenomenon that deals with the social life of individuals in different societies and attaches meaning to why they behave in a particular manner or why other societies might experience different meanings from their individuals. Griswold (2013) contends that Weber, Karl Marx and Durkheim are the primary theorists who have specialised in cultural sociology and examined its values and beliefs.

Culture is an integral aspect of sociological theory. This resonates with Little (2014), who acknowledges that, in sociological theory, culture is at the centre of the four theoretical perspectives: functionalism, feminism, conflict, and symbolic interactionism. Parsons (1990, p. 245) views culture in sociology as "a patterned ordered system of symbols that are objects of orientation to actors, internalized aspects of the personality system and institutionalised patterns in the social system". Thus, culture is a symbolic entity that acts as a meaningful object to the individual and established institutions, such as a school. The role of socio-cultural aspects is interwoven with the sub-theories mentioned above.

The functionalist perspective is represented in Durkheim's views on society as a system where all parts work together, and cultural values guide people's choices and decisions (Neto, 2013). Durkheim drew on the work of Comte and Spencer, who wrote about social solidarity rooted in shared moral sentiments. Functionalism sees society as a structure akin to the body, with different parts such as a head, legs or hands that work together to meet the biological and social needs of the individuals in that society. It is essential to look at how it works and how that helps society function. Ritzer and Stepnisky (2018) affirm that symbolic

functionalism concerns aspects of functionalist theory. It is very impactful since it touches on every part of society and the interaction of its members.

In her cultural diamond model (discussed in section 3.5), symbolic functionalism is Griswold's (1987, 2013) cultural object. At this juncture, it is essential to learn how the school works to satisfy the needs of teachers, parents and learners. It is necessary to understand the consequences if functionalism fails to fulfil the expectations of the main actors in society.

Griswold (2013) maintains that sociological theory views culture as being maintained and shaped by how people interact and interpret each other's actions. In corroboration, Trommsdorff (2014) reflects that members derive meaning from both objects in the environment and the actions of others. Culture is seen as highly dynamic and fluid and a social comforter to some individuals who face social problems.

3.3 Culture and cultural values: A sociological perspective

Every society has its particular norms and values. Durkheim (1912/2012) acknowledges that society's norms and values can be clearly understood by studying how this society interacts rather than by checking individuals. To him, society is not simply a group of individuals working together. These individuals must be examined to see how they behave. Morality is an integral part of the functioning of society. Ritzer and Stepnisky (2018) assert that according to functionalist theory, morality is coercive and is an external social fact. Furthermore, individuals are in danger of loosening the moral bonds that govern their ever-expanding and insatiable passions, such as sexual appetite or thievery. Durkheim (1912/2012) noted that if a society does not function reasonably, individuals' desires for objects that provide self-gratification will continue to grow until these desires are beyond the capacity of the individual to satisfy, leading people to steal or become slaves to the pursuit of these objects needed by the inner self.

Durkheim, therefore, argued that individuals need to be controlled by morality to stay free. To achieve this, society's responsible organs must function well. For example, in a school, the institution's organs, such as the disciplinary committee, must guide the moral values of both the teachers and learners for learning and teaching to take place effectively. Edles and Appelrouth (2005) shared the same sentiments. They argued that a moral code builds the

moral basis of society by deterring individuals from personal selfish pursuits that might harm society. For HIV & AIDS to be controlled, moral values must be upheld.

According to Ritzer and Stepnisky (2018), another critical aspect of culture is the collective consciousness, which Durkheim regards as the total of the sentiments and beliefs common to citizens of the same society. The collective consciousness acts as a shared understanding of the society's culture, beliefs and norms, which unite people and enable them to fight for one cause if the need arises. Furthermore, Ritzer and Stepnisky (2018) reflect that when a society establishes a collective consciousness, it must be reflected through collective representation, symbols, rituals, myths or religion. These representations act as motivators for individuals to conform to the collective claims.

The sociological theory takes into consideration the role played by culture and religion. Similarly, Edles and Appelrouth (2005) consider religion an essential aspect of the collective consciousness that ensures the functioning of society. Religion possesses a set of symbols and rituals practised by the community of believers and is seen as a way of worshipping social life and representing society. Eliade and Couliano (1991) claim that religion's social function is to encode the system in which group members relate to one another. Religion is a central point for reaffirming the collective ideas and objects that hold the society together. Durkheim (1912/2012) asserts that every organisation must regularly reaffirm to its members what these collective ideas are so that individual members remain on track and society continues to function. In schools, this is achieved through singing religious songs, praying during assemblies, and other functions such as sporting activities.

The societal function of religion is given much importance, and every individual must know and feel its presence in everyday activities. Likewise, a critical aspect of religion is what Durkheim called ritualisation and symbolisation. According to McGuire (1997), a ritual is an act that is highly routinised, depending on its nature and how often it must be practised. Although rituals do not fall under beliefs and values, Ritzer and Stepnisky (2018) acknowledge that they unite the social group practising them, regardless of their differences in other spheres of that society, since it acts as a standard practice and focus that binds individuals together. Durkheim (1912/2012, p. 56) describes how “by uttering the same cry, pronouncing the same word, or performing the same gesture regarding some object, they become and feel themselves to be in unison”. Such acts are also commonly seen in sports,

where supporters will gather in a stadium, sing the same song, blow vuvuzelas, and form a Mexican wave using their arms, all supporting their team.

In sociological theory, symbols are essential in communicating a specific message to its members. In addition, Ritzer and Stepnisky (2018) maintain that meaning is attached to symbols since they represent real things, for example, a necklace with a cross worn by Christians. Furthermore, symbols reaffirm the shared purposes people have for certain things. For example, during Easter, certain Catholic groups will move around the city holding a cross to remind their members of how Jesus died and was resurrected, and the totemic emblem is Christ himself. Furthermore, Durkheim (1912/2012) acknowledged that such social acts are precarious without symbols or totems that unite people. In addition, Ritzer and Stepnisky (2018) assert that totems act as powerful charms from which individuals in a group draw strength to perform specific actions. According to Durkheim, examples of these actions could include the men of certain tribes being expected to be great hunters or the women of certain groups being known for their no-nonsense attitude towards their husbands. Certain schools have their symbols of excellence in the school environment, and learners who attend such schools are expected to achieve well, either in academic studies or sports.

Socialisation is a crucial component of the functioning of society. Furthermore, Durkheim (1912/2012) affirms that people exist at the level of interaction, not individuals. Moreover, these interactions occur at different levels. In corroboration, Ritzer and Stepnisky (2018) assert that one of the levels at which individuals interact is at the division of labour, where people pull together to help each other in different ways. The division of work has a powerful moral effect, which creates a feeling of solidarity.

In the same vein, McGuire (1997) confirms Durkheim's view that the level and extent of a society's functionality depends on that society's population density. Correspondingly, Ritzer and Stepnisky (2018) comment on the issue of dynamic viscosity, which indicates the number of people in a community and the amount of interaction. They further argue that the more people the society has, the more interactions there will be, increasing competition for resources.

Societies constantly change to suit their needs. In addition, Ritzer and Stepnisky (2018) argue that for a community to function normally, a new social order must emerge structured

along the lines of division of labour, allowing individuals to behave in a complementary manner rather than being in conflict. Likewise, McGuire (1997) contends that the rise in the division of labour increases production, reducing friction and competition for resources and further creating stability within the ranks of society. However, society is never stable, as individuals demand more new things due to modern technology. Conflicts will, therefore, always surface.

Another area that is problematic in sociological theory is the aspect of sexuality. Appelrouth and Edles (2011) contend that sexuality is a vast and complex phenomenon, comprising individual activity with social codes that interact to shape society's sense of right or wrong. Rules are established for good cultural traits, and individuals are expected to act according to these rules. In addition, Butler (1997) asserts that individuals are invested with such norms and are animated by these norms. However, conflicts often emerge in society, as individuals are bound to break these rules.

Society is never stable, and individuals are never equal. From the Marxist perspective, cultural hegemony refers to the manipulation and domination of the culture by the most influential and wealthy people in that society. Similarly, Connell (2007) maintains that cultural hegemony creates hegemonic masculinity, where men dominate women and have an advantage over women in the macro and public spheres. This inequality is practised in the workplace, in schools, and even in classrooms, where girls are seen as inferior by the boys, and female teachers are viewed by their male learners from a sexist point of view. Furthermore, Connell (2007) refers to the "patriarchal dividend", or how some men accumulate wealth under patriarchy. This wealth is not equally distributed among everyone, including other men, as the patriarchal society consists of hierarchical relations based on race, class, religion or sexual orientation. Patriarchal structures in society function in a manner that suits those who benefit from them. Appelrouth and Edles (2011) maintain that masculinity is not fixed or coherent but possesses some contradictions, depending on how it is organised and administered. Likewise, Connell (2007) sees men as gatekeepers to the world of equality between men and women. Due to the patriarchal system, men have more access to resources, power and skills than women.

Culture has many aspects that help to bind individuals together. Appelrouth and Edles (2011) maintain that cultural, social, and personality systems interpenetrate through socialisation, internalisation and institutionalisation. They explain that individuals come together through

socialisation, viewing the specific norms that bind them together as necessary. As an individual grows, they are taught the norms and values of that society, which are internalised through the individual's personality systems that enable them to incorporate and interpret the cultural symbols and translate them into the necessary behaviours and dispositions.

Parsons (1990) explains how the processes of institutionalisation help to unite and bind individual actors to particular meanings. In this case, individuals must be aware of the object's presence and derive meaning. However, Appelrouth and Edles (2011) contend that the problems arise from Parsons' assumption that in these processes of internalisation and institutionalisation, the cultural systems, social systems, and personality systems are compatible and can function side-by-side in society in a stable manner. For example, a school may be an institution that performs a specific function in its community. Still, it comprises individuals with different cultural traits who may come into conflict.

Different authorities govern society, and Weber identified three forms of power necessary for society to function well (Ritzer & Stepnisky, 2018). The first form of control is traditional and is based on beliefs and principles that all members must adhere to. The second form of authority comes from charismatic leaders, who draw their authority from the views of their followers who believe their leader possesses an internal revolutionary force that can guide them during times of struggle. The third form of authority is rational-legal authority, which draws its authority from the laws and rules of a society or country. Regulations and codes of conduct help members of the community to conform. In classrooms, for example, teachers design rules to guide their learners. However, problems may arise when these rules conflict with society's cultural norms. For example, a school may want all boys to cut their hair short, yet some Rastafarian religious groups keep dreadlocks. In this case, culture conflicts with rational-legal authority.

Durkheim's ideas can be criticised in various ways. Similarly, Edles and Appelrouth (2005) maintain that Durkheim overlooked the role of individuals in moulding society. They argue that Durkheim sees individuals as empty vessels of society's will, yet these individuals are the main actors in that society and cannot be divorced from it. For a society to exist, it must have social facts created by social actors who can change the course of action, depending on the rank they occupy in the structure of that society. This is what makes society a unique entity.

Modern sociologists also criticise Durkheim on the issue of crime. Durkheim viewed crime as an ordinary and necessary presence in society and having a vital function (Edles & Appelrouth, 2005). He asserted that crime helps to define and delineate social consciousness. However, Ritzer and Stepnisky (2018) contend that society's evil traits on an individual level must not be tolerated, as crime destroys unity and the social order that binds individuals together. It cannot make sense to assume that the absence of crime will destroy the organ of justice. Society can exist in harmony without crime.

3.4 A sociological perspective on education and schooling

Many sociologists acknowledge the role played by education in moulding individuals. Parsons and Durkheim believed that education positively impacts society by providing a sense of solidarity that enables students to form critical social groups, which helps them to work together (Radulović & Krstić, 2017). Furthermore, solidarity provides students with common ground based on shared experiences. Likewise, Radulović and Krstić (2017) argue that functionalist sociologists like Durkheim, Parsons, Merton, Davis and Moore view the role of education as ensuring a bond between the students and society and the development of a natural feeling of connection with a social group. They further state that Durkheim saw education as playing the role of allowing society to have a bond based on consensus and points out that the critical task of society is the connection of individuals into an unbreakable and unified whole and the development of social solidarity based on the understanding that a social community is more important than a person. Durkheim (2012, cited in Radulović & Krstić, 2017) viewed school as a slice of society and a model representing the social system. The school prepares the individual for interaction with community members within the social parameters.

Sociologists view school from different perspectives. In addition, Thomson (2015) maintains that some functionalists view school as imparting two types of skills to students: the official curriculum and the hidden curriculum, which others call its latent function. These latent functions are secondary or unintended but are very important for survival and conformity. Kingsland (2018) shares the same sentiments and claims that the hidden curriculum is informally learned skills that include patience, authority, organisation, punctuality, and creativity. Learning these traits is not overtly part of the school curriculum. They are enforced in the school environment because they are essential for success in the workplace environment when students finish school.

Sometimes, religion, culture and values influence the way teachers think and behave. Weber was critical of this influence and was not in favour of a system where teachers and social scientists are influenced by their values (Ritzer & Stepnisky, 2018). He believed that when these values affect the outcomes of teaching or research, they distort information. Weber maintained that teachers should control their importance in the classroom to control their influence on their learners, as he believed that teachers should express facts, not personal values (Serpa & Ferreira, 2019). For example, Weber contrasted a public speaker with a teacher or lecturer. He stated that it might not be such a problem for a public speaker to express personal values because the audience is free to leave anytime they wish (Ritzer & Stepnisky, 2018). However, a teacher should not promote personal values because their learners, if they want to be successful, have no choice but to stay there and listen to the teacher, bombarding them with lessons laden with their values.

Functionalists believe that the school environment is a microcosm of adult social life (Kingsland, 2017). School provides individuals with the knowledge and survival skills to help them live everyday life and also prepares students for the future by equipping them with the skills needed by employers in the workplace. School also educates students on the norms and values required outside the family setting, enabling them to interact well with others. Durkheim (Radulović & Krstić, 2017, p. 25) noted that:

It is the responsibility of the school to instil in them new values — the value of achievement and equal opportunity. These values have an essential function in society since a developed industrial society requires a highly motivated workforce that strives for success.

Students are taught from a young age how to practice division of labour and assume different roles. Parsons saw school as playing an essential role in job allocation, as students are sorted according to their talents and abilities, which helps them to be allocated a specific role in their communities, such as being encouraged to train as a nurse to offer such services to the community (Thomson, 2015). Furthermore, Singh and Rabindranath (2020) refer to this as social stratification and consider education a mechanism for such role distribution. Radulović and Krstić (2017) claim that role allocation in schools is achieved through streaming within classes and students selecting subjects to study based on their abilities. For example, learners at South African schools used to be divided into higher and standard grade streams based on their abilities. They are now divided into Sciences or Commerce streams,

with teachers playing an essential role in vetting the type of stream students may choose by assessing their abilities. However, from my experience in South African schools, teachers may collaborate with a student's parents to allocate the student to a particular stream or subject. This may be unsuitable for the student and affect their career if they have little interest in the stream or subject and fail to progress well.

Interactionists claim that communication between students, teachers and principals is essential. In addition, Retnoasih et al. (2020) maintain that interaction helps these groups to learn or develop a common language, making communication easier. Similarly, Ritzer and Stepnisky (2018) contend that teachers teaching in unfamiliar social or cultural environments can be assisted through communication to learn the indigenous language, thereby learning the culture of that society. This helps make learning and teaching exciting, as communication barriers will be minimised.

Students have different potentials and abilities. Similarly, Abouchedid and Abourjeily (2018) suggest that students from less advantaged families do better in classroom activities where teachers offer positive emotional support, sensitivity, organisation and helpful feedback. Similarly, Reschly et al. (2008) assert when students are exposed to frequent positive emotions during the learning process — such as frequent praise, many experiences of success in activities they are engaging in, and positive feedback from their teachers — they demonstrate higher levels of engagement and better-coping behaviours. Teachers' increased use of positive behaviours during class activities, such as positive statements and positive nonverbal behaviour, was a helpful tool in improving students' performance and teachers' classroom management (Reschly et al., 2008). Furthermore, Rathel et al. (2008) contend that this leads to decreased disruptions in teaching by students with emotional and behavioural disabilities. As a result, Johnson et al. (2005, p. 60) concluded that “students need to see skills modelled and receive feedback and reinforcement from having an effective social and emotional classroom environment”.

Support is therefore necessary for students to be successful, and schools have a significant role to play in facilitating the interaction process of students, considering that they come from different backgrounds. Interaction equips students with vital skills, such as communication and problem-solving techniques, which are essential to society. Teachers are found at the centre of the web, and their interaction skills are crucial to different

situations they encounter in their everyday professional activities. Thus, education is an essential dimension of sociological theory.

3.5 Griswold's cultural diamond

Griswold examined culture from a sociological point of view. She viewed culture using different lenses and explained how culture shaped society. In this section, I begin by discussing her ideas on culture and society, then discuss her model of the cultural diamond, her explanation of culture as an object, and how society receives it. I elaborate on how Griswold explains the interaction of individuals, the function of the cultural object, and the conflict that may arise when members receive the cultural object. I have also examined the views of other authors on the cultural diamond as it applies to different situations.

3.5.1 Culture and society

Griswold (2013) notes how sociologists usually focus on four aspects of culture: values, beliefs, norms, and expressive symbols. People consider values very important, beliefs are how they think the world operates, and norms are how people generally behave in a given society. Expressive symbols are concrete representations of these values, beliefs and norms. Griswold (2013) explains that modern sociologists increasingly focus on the fifth aspect of culture: practices. These refer to people's behaviour patterns, which may not be essentially connected to any particular values or beliefs. Furthermore, she affirms that cultural sociologists use culture to represent a range of practices, ideas and objects. For Griswold (2013), culture is expressed and embodied in objects, beliefs, and behaviours.

Since culture is dynamic, it is viewed in a variety of ways by scholars. Griswold's (2013) perspective is influenced by Matthew Arnold, a 19th-century British educator, poet and cultural critic who viewed culture in terms of its educational value and potential for individuals. Arnold believed that culture helps people connect various forms of knowledge, including the sciences and technology, and analyse nature and its beauty. He saw culture as a civilising force that harmoniously combines knowledge, beauty, people's conduct, social interactions, and social relations. For Arnold, culture as a tool is not an end, but a means to an end. Furthermore, Arnold saw culture as a therapy that can cure the social ills of society and can be used as a tool to teach people how to survive during difficult times while conveying moral ideas to individuals in the community. Griswold (2013) illuminates

Arnold's arguments and claims that culture can be used as a humanising agent that neutralises modernisation's more diluting and destructive demons.

Griswold (2013, p. 3) notes that Arnold and Weber concur that culture addresses essential issues that science and technology fail to solve, and she states:

Neither 'culture' nor 'society' exists out there in the real world — only people who work, joke, raise children, love, think, worship, fight, and behave in a wide variety of ways — speaking of culture as one thing and society as another makes an analytical distinction between two different aspects of human experience.

Therefore, Griswold (2013) views 'culture' and 'society' as inseparable and does not believe they exist separately from individuals. She further argues that culture is designated by the expressive aspects of human behaviour and existence, while society is designated by the relational and most practical aspects (Griswold, 2013).

Marxists see a close link between social structure and culture (Griswold, 2013). However, they argue that social structure influences culture rather than culture influencing social structure. Furthermore, they affirm that cultural products, whether implicit or explicit, depending on a solid economic foundation. In support of this view, Griswold (2013) refers to Berger's observation that individuals project their own experiences onto the outside world (externalisation), then sees these projections as independent (objectification), and finally incorporate these projections into their consciousness (internalisation). This process positions individuals as being in control of the formation of cultural traits. However, while this might apply to the originators or inventors of specific cultural objects, subsequent generations may not be actively externalising their experience but simply toeing the line and conforming. Such cultural conformity can result in deviation being seen as a rebellious act and being met with stern measures.

Culture exercises an essential function in society. Like Durkheim, Griswold (2013) claims that culture is a social fact that functions to fulfil a community's needs. Durkheim (1912/2012) argues that society is made up of social points, which he defines as cultural norms and values that guide and control the actions of individual actors. These social facts can be material or non-material. For Durkheim, the most important are non-material social facts (culture, social institutions, morality or collective consciousness), which must function

in unison to help guide society and satisfy the needs of individuals (Ritzer & Stepnisky, 2018).

Culture acts like an object that is passed from generation to generation. In addition, Neto (2013) and Ritzer and Stepnisky (2018) maintain that culture is an external commodity passed on to individuals throughout society. Individual members are not personally attached to culture or mandated to use their consciousness. Likewise, Durkheim (1912/2012) gave an example of language, in which an individual learns from societal members but does not question its semantics. In this case, Durkheim emphasises the function that language, as a social fact, plays in giving meaning as an object to society.

Griswold (2013) notes that Weber views culture as involving meaning and suggested that people could talk about a community in terms of its culture (which includes conventions, language in the form of jokes and slang, stereotypes, typical practices, and public knowledge) and its symbols that represent and control the thinking, rituals, feelings, and behaviour of its members. Furthermore, she argues that we could talk about a specific community in terms of its social structures, including its network of relationships, the nature of interaction among its members, and the depth of its economic and political life. Furthermore, Griswold (2013) rejects Marxism's conception of a one-way system in which social structures influence culture, arguing that a community's culture affects its social structure and vice versa. She proposes that culture and social structure intertwine and should only be separated for analysis.

Sociological theory values the concept of a cultural object. In addition, Griswold (2013) believes that sociologists need to understand society better and that to understand the culture, we need to understand the cultural object, which she described as follows:

A shared significance embodied in it is a socially meaningful expression that is audible, visible, tangible, or articulated. Moreover, a cultural object tells a story, sung, told, set in stone, enacted, or painted on the body. (Griswold, 2013, p. 11)

Griswold provides examples of these cultural objects, such as the belief that men are less sensitive than women, Rastafarian dreadlocks and their smoking habits, or the habit of saying "bless you" or "excuse me" when someone sneezes. Furthermore, she notes that the status of the cultural object comes from a rational decision that people make as observers and is not built into the thing itself. Furthermore, Griswold (2013) describes, for example,

how people eat different grains in different places: the Chinese depend on rice, the Senegalese eat millet, and Mexicans depend on corn. In some of these countries, eating bread signifies being Westernised or civilised. In southern Africa, we may think of maize not just as food or a commodity but as a cultural object recognised as the staple diet by different communities who share it to show that they are one.

3.5.2 The cultural diamond

Griswold (2008) provides a valuable framework for investigating cultural objects known as the cultural diamond. Griswold (2008, p.15-16) describes the cultural diamond as “an accounting device intended to encourage a fuller understanding of any cultural object’s relationship to the social world”. She further maintains that every society has its own culture, which it expresses as a relational part of human life. This culture becomes visible through actions, objects, and ideas that can be seen to express or stand for something else.

The cultural diamond depicts the movement of cultural objects, linking them to their affiliation to a socio-cultural context (social world), their production made by a creator and their fruition by a receiver. In expressing the cultural objects, Griswold (2008) put it in the form of shared significance embodied in form. This item tells many cultural stories, and thanks to these stories, it gains momentum and meaning. Griswold (2004, p3) explains the relation between cultural object and culture through an evocative metaphor: “The cultural object is the leopard frog, and the culture is the marsh.” This means culture is more significant than individuals whose survival is dependent on the manner they interact with this culture.

Peroni (2013) emphasised that in the cultural diamond, the interconnection between creators and consumers may be analysed, highlighting the power creators have to create demand for what they want to be done by distributors or the processes that transform consumers into cultural actors. When consumers are changed, the individual is free to choose their path toward self-realisation, taking on an opportunity and obligation once reserved for the elite group in society. However, Peroni (2013) criticised Griswold for treating all individuals who are consumers as being equal. Creators might empower individuals, but as actors, they do not perform in all arenas as some are reserved for the elite. This indicates that society is not equal.

3.5.2.1 The Cultural Object

Griswold (2004, 2013) acknowledge that in the cultural diamond, a cultural object is an essential entity as it has the potential to unite or destroy the relationship that exists between the creators, distributors and consumers. She defines a cultural object as a shared significance embodied in form. Specifying, she alludes that a cultural object is a way of grasping some part of the broader system we refer to as culture and holding up that part for the sake of analysis. In other words, it is a socially meaningful expression that is visible, audible, tangible or can be articulated. Furthermore, a cultural object has the potential to narrate a story, and that story may be sung, written, sculptured, enacted, or painted on the body. She said the story might be a belief that women are more sensitive than men or a Rastafarian dreadlocks.

It is important to remember that the cultural object must have direct or indirect meaning to a particular society as it is contextual. This means an important cultural object of one society might be regarded as less important by another society. By equating this notion with this research study and regarding the teaching about HIV & AIDS education as a cultural object, it differs from Griswold's notion as teaching about HIV & AIDS education must be done in all nine provinces irrespective of is acceptable or not. Distributors (teachers) and consumers (learners) have no choice, and neither any of them are involved in the invention of the cultural object (curriculum designing).

Cultural objects are ranked according to their status in society. Griswold (2013) maintains that the status of the cultural thing results from an analytic decision we make as observers as it is not built into the object itself. Furthermore, she acknowledges that if we see a quilt as something to warm our feet in bed and not in terms of its meaning, then the quilt will not qualify as a cultural object. We need to consider it in terms of its story, like how it expresses women collectively piecing together different cultures or how it raises the status of a home by simply possessing it. Then the quilt becomes a meaningful cultural object and may be analysed. This may be equated to the teaching about HIV & AIDS education. If it is viewed as a means to make learners pass and progress to the next Grade, then it does not qualify as a cultural object. HIV & AIDS education will exist as a cultural object when it is viewed as a means of equipping learners with survival skills in HIV & AIDS, enabling them to live a healthy life.

There is a strong link between the cultural object and culture. Griswold (2004, 2013) asserts that the relationship might be compared to the example of a leopard frog and the marsh (its habitat). The cultural object is the leopard frog, and the culture is the marsh. This means the survival of the leopard frog is dependent on the marsh. In simple terms, culture is more significant than the cultural object that must conform to society's dictates. This also applies to the teaching of HIV & AIDS education, which must not be in collision with the dictates of society, especially its cultural taboos. Such collision creates mistrust and resentment among stakeholders, which teachers will want.

Creators create cultural objects. Griswold (2013) maintained that these creators might be the individuals who first articulate and communicate an idea on what something should be like, the artists who come up with a new fashion, or the inventors of new cars or rules for the new game. Furthermore, the object may have one creator, such as the author of a book, or multiple creators, such as all of the people listed in the credits at the beginning of a movie. In the department of Basic Education, we might have multiple creators where a team of policymakers design policies or curricula for LO.

Peroni (2013) states that the cultural object must reach the intended audience for it to be felt and its importance appreciated. Similarly, Griswold (2004, 2013) concurs that if a poet sings in the wilderness with no one to hear or record or a technical malfunction prevents the broadcast of a radio program from reaching its audience from hearing it, then these present potential but not actual cultural objects. She acknowledges that only when such objects become public and enter the circuit of human discourse do they enter the culture and become real and meaningful cultural objects. In teaching HIV & AIDS education, LO teachers need to be audible enough so that their teachings are heard by learners without any doubt and implemented what is being taught. Therefore, all cultural objects must have people who receive and listen to them.

On the cultural object or audience link, Griswold acknowledges that it must be looked at how some cultural objects reach their audiences while others fail. She gave an example of books and poems written but never published. The bottom line is to understand how each cultural object fits into its context, which will help us understand the culture as a whole.

Griswold (2013) emphasises that cultural objects, creators, distributors and receivers are not floating freely in a vacuum but are anchored in a particular context which she calls the social

world. This includes the social, economic, political, and cultural patterns and exigencies at any specific time. This social world determines the type of cultural object to be created and received. When analysing the social world, Griswold (2013) alludes that one has to look at how in this society, some types of people get to create this type of cultural object and others do not. She gave an example of women who have often been excluded from leading in producing certain kinds of cultural objects. This highlights that some societies disregard women's role in uplifting society's standards. This also implies in the teaching about HIV & AIDS education why some LO teachers use particular strategies different from others or why other LO teachers' teaching methods about HIV & AIDS education are accepted by society while other teachers are under attack.

However, Alexander (2003) suggests that Griswold's idea is an essential contribution to sociology but is prone to criticism. Alexander (2003) argues that the cultural diamond is simplistic, and disregards one extremely important point, that art needs to be distributed and brought to the audience. "Art is communication", and therefore the connective (and often filtering) function of the distributors cannot be ignored and should be included in the diamond (Alexander, 2003, p. 62). Distributors can be seen as gatekeepers who control what kind of art gets to the audiences and will be known by society. Furthermore, Alexander, 2003, p. 62) was critical of the notion that:

Cultural diamond suggests that links between art and society can never be direct, as the creators of art mediate them on the one hand and the receivers of it on the other.

However, Alexander (2003) suggests that art and society are one thing; society is identified with its artwork. As a result, society can interact directly with their artwork as it gives them identity. Similarly, Becker (2008) criticised Griswold for only giving distributors the sole duty of distributing the cultural object. Becker (2008) maintains that other stakeholders play an essential role in the functioning of the society, including such as gatekeepers, agents and critics who pressurise creators for accountability. Becker (2008) emphasises the importance of 'division of labour' according to which the creators, distributors or artists are neither lonely souls nor the only contributors to the work.

The argument here is that society is significant and needs the involvement of many stakeholders for the cultural diamond to reach all audiences. In teaching HIV & AIDS, the sole teacher cannot effectively teach about HIV & AIDS education alone but should include

other stakeholders like peer educators and resource persons who can care for their shortcomings.

To add more dimensions to the cultural object, Schudson (1989) came up with the notion of cultural efficacy, which has five dimensions to examine the effectiveness of a given cultural object: Retrievability, rhetorical force, resonance, institutional retention, and resolution. While much of Schudson's (1989) examples refer to the media, some of these dimensions are also applicable to discussing the cultural object of this study. For instance, retrievability refers to the accessibility of a cultural thing to participants. According to Schudson (1989, p.169), "If culture is to influence a person, it must reach a person." This corresponds with Griswold (2013), who explained that distributors have a mandate to ensure that the cultural object reaches the intended audiences or consumers. Furthermore, Schudson's (1989) uses the example of advertising agencies placing ads that are most likely to be seen by people in the market for the advertised product. In this study, retrievability refers to how much or frequently the HIV & AIDS education teaching reaches learners.

The second dimension of this efficacy is rhetorical force, which makes the cultural object powerful and memorable. Schudson (1989, p. 165) defines rhetorical power as:

That indefinable quality of vividness, drama or attention-grabbing, and belief-inducing energy cannot be defined. Even if a cultural object...is within reach or retrievable, what will lead someone to be mindful of it? Even if it is in view, what will make viewing it memorable and influential?

It may appear that this cultural dimension does not lend itself to a simple observation but may result in several criteria. In the teaching about HIV & AIDS education, rhetorical force engulf teachers when emotions overwhelm them due to sensitive issues they experience daily. It becomes memorable when teachers change the lives of learners for the better. According to Schudson (1989, p.167), for an object to have rhetorical force, it "must be relevant to and resonant with the life of the audience. He further argues that audiences both attend to and perceive in selective ways. A cultural object's ability to resonate with its audience relies heavily on individual interests. Thus, for HIV & AIDS education to resonate well with the learners, they must develop an interest in learning it, and this will also motivate LO teachers.

The other component of efficacy relevant to this study is resolution, a cultural object's ability to affect the participants' future actions. Similarly, Schudson (1989:171) emphasises that some aspects of culture are more likely to influence action than others because they are better placed at a point of action or are naturally directives for action. He further maintains that an advertisement is a cultural text of high resolution in that it usually tells the audience precisely what to do to respond.

3.5.2.2 The role of consumers in the cultural diamond

The 'right-hand side' of 'Griswold's cultural diamond' considers the consumption of the cultural object and thus is dealing with how "people consume, use, and receive the cultural object. Alexander (2003) acknowledges that according to this 'reception approach' "the main idea is that consumers are the key to understand the cultural object. Furthermore, the meanings created from the cultural object and the way it is received and used depend on its consumers, not its creators. Moreover, Alexander (2003) and Becker (2008) argue that consumers are mediators of the cultural object, through which it can not only come to life, but through its consumers/audiences, it has an effect on society at large. Consequently, without consumers, no cultural object can be genuinely perceived as such. Therefore, consumers' perceptions are crucial and essential to this research study. In teaching HIV & AIDS education, learners are key stakeholders who may influence teachers on how they teach them about HIV & AIDS education. Therefore, their needs and concerns should be considered for teacher development studies.

Furthermore, Becker (2008) asserts that consumers may have the last say on the type of cultural object to be received as what they choose to respond to affects the work as much as the choices of distributors and support personnel. However, this contradicts this research study as the consumers (learners) have no say on what they are to learn about HIV & AIDS education. Everything is programmed by creators (curriculum developers) who give distributors the cultural object (HIV & AIDS education) to be distributed (taught) to learners. There is no room for deviation as the LO Annual Teaching Plan is rigged and inflexible for any changes. However, consumers' perceptions are essential and cannot be ruled out.

Griswold (1987, 2013) developed this model, shown in Figure 3.1. To better understand a cultural object, one must examine all the aspects that contribute to its existence as a cultural object. Griswold's (2013) cultural diamond illustrates how all cultural objects (*art*) have

creators and recipients (*consumers*) and have an impact on the social world (*society*), as they are anchored in a particular context with specific cultural patterns. These cultural objects are delivered or *distributed* in various ways.

Cultural objects must also have receivers who acknowledge and contribute to the ascribed meanings. Cultural objects, creators and receivers all exist together in a society that may or may not be based around the cultural object. It is not enough to merely consider the four points of the cultural diamond; one must also look at how the four points are linked. Once this is done, we can gain a better sociological understanding of the cultural object. As stated by Griswold (2008:17), once we “identify the characteristics of the object and how it is like some other objects in the culture and unlike others...we are on our way to understanding the culture as a whole.”

There has been a lot of scholarly work on the culture surrounding cultural objects. Still, surprisingly there is a lack of discussion about the people who give this cultural object meaning and distribute it. One of my rationale for this research study was to address this gap by contributing to the breadth of knowledge available about the distributors of this cultural object and how they make use of this object and culture in their daily lives. It should be noted that the cultural diamond has been adopted in several fields, including industries, poetry, agriculture and literature, to analyse and explain how society relates to its cultures and the cultural object. In this study, I have linked it to the teaching about HIV & AIDS education. The cultural diamond is illustrated below.

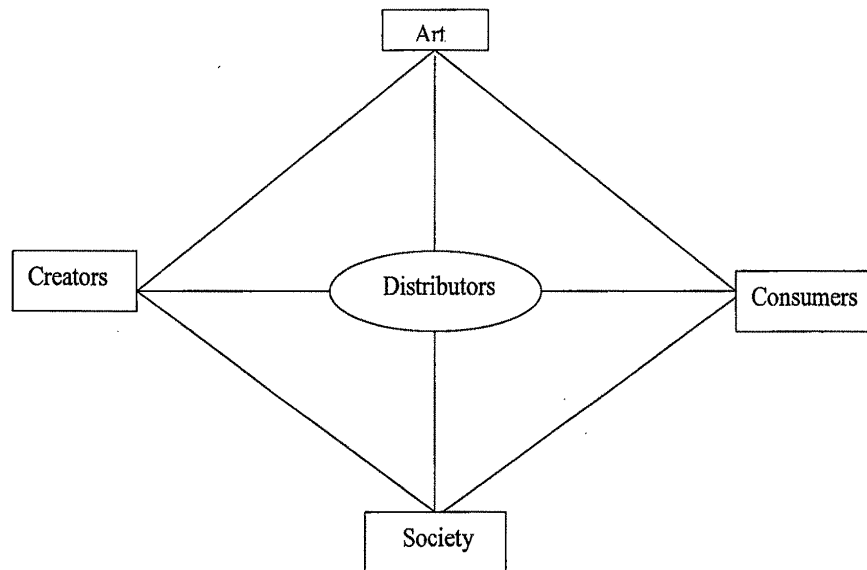


Figure 0.1: Diagram of Griswold's cultural diamond (Griswold, 2013, p. 17)

On the left side are creators. These are people responsible for formulating traditional rules or policies. At the Centre are distributors of the objects created by creators. LO teachers occupy this position whereby they teach about HIV & AIDS education. In society, this position is occupied by leaders who are the custodians of the rules and regulations. The consumers are the ordinary people of the community, and in school, they represent learners who receive a cultural object from teachers. Distributors are at the centre and act as mediators between creators and consumers of art and society.

The delivery or distribution of the cultural object depends on the type of society in which the cultural object exists. This means that it is contextual. In addition, Griswold asserts that once we understand the specific points and links in the cultural diamond, we can say that we have a sociological knowledge and understanding of that cultural object and its society. Once we sense how that cultural object fits into its context, we reasonably understand the culture.

Griswold (2013) argues that a cultural object, depending on how it is created and received, may unite or divide society and so needs to be understood. Accordingly, she proposes that people need to identify the characteristics of the cultural object and its relationships with the other objects in the culture. However, she suggests that people might resist receiving the cultural object, creating a Marxist class struggle. She maintains that if society fails, and

becomes dysfunctional and divided, then the role of the cultural object becomes meaningless.

Helleve et al. (2009) and Griswold (2013) note that societies experience social problems as cultural objects. For example, the carriers of HIV & AIDS are classified as *creators* who *distribute* the disease among the members of the society (the *audience*). Griswold explains that HIV & AIDS as a cultural object divides society and creates conflict, as the creators and audience blame each other for bringing the undesirable cultural object. According to Marx, this type of division creates social conflict as stigmatisation and segregation begin to divide society.

Marx argues that the working class are always on the receiving end of such conflict and is subjected to various forms of exploitation and punishment by the elite class. However, Griswold (2013) explains that not all social problems cause the depth of emotion and suffering as HIV & AIDS. Social ills like poverty and crime, for example, fluctuate in terms of public attention, unlike HIV & AIDS. Once a cultural object is defined as a social problem, the questions become: Will anyone try to solve it? Or will the social problem cause a social movement? Griswold (2013) concludes that for this to occur, the problem of HIV & AIDS (as a cultural object) has to link with the audience (as recipients) so that some of the recipients are stimulated to take action.

There are instances where the members of society do not take a problem seriously. According to Griswold (2013), even if a specific audience sees HIV & AIDS as a social problem, it is not guaranteed that members will take action. HIV & AIDS might be acknowledged as a social problems. Still, suppose individuals take a fatalistic view (the sick are always with us, or nothing can be done because there is no cure) or have a judgmental attitude (the people who contract it have loose morals, and so it is their fault). In that case, community members may decide not to take any action. In addition, Griswold (2013) notes too that the perception of whether or not there, in fact, is a social problem needing action differs across cultures. For example, Griswold (2013) asserts that most Westerners view female genital mutilation as a social problem that must be criminalised, whereas many African people regard it as a traditional practice.

Social actions are essential for informing society members about what they should do during times of crisis. Furthermore, Griswold (2013) argues that social actions should motivate

people to be aware that a social problem like HIV & AIDS exists and that there is a possibility of solving it, and should identify and communicate a particular solution. Similarly, Gamson (1995, p. 85) maintains that “social activists need to bridge public discourse and people’s experiential knowledge, integrating them in a coherent framework that supports and sustains collective action”.

Furthermore, to succeed, the audience must be connected to the problem of HIV & AIDS, and creators need to present the issue in a way that encourages the audience to accept its relevance. This is usually viewed as a problem of framing. Griswold (2013) describes a frame as an interpretive scheme that helps people understand what they experience. For example, one might believe that a person with HIV & AIDS has the condition due to sins they committed in a past life. Others might view the condition as a punishment sent by God. Yet others may interpret the condition in terms of economic injustice. Individuals view problems differently depending on how the creators distribute information about the cultural object.

3.6 Helleve et al.’s notion of the cultural diamond

Helleve et al. (2009) explored the perceptions and experiences of South African LO teachers teaching HIV & AIDS education from a socio-cultural perspective. They aimed to examine teachers’ responses to the perceived cultural differences between society and the LO content on HIV & AIDS education and all sexual matters. The rationale for their study was the escalation of HIV infections in the South African community, especially among the younger generation.

Helleve et al. (2009) contend that the importance of socio-cultural factors and other contextual factors in developing and implementing HIV & AIDS education in schools, alongside prevention programmes, is increasingly being recognised. Furthermore, they argue that the success of a programme is more likely if it is culturally appropriate and has been adapted to the context of the local cultural setting. They add that to better understand the relevance of culture, and people need to contextualise the perspectives of the different groups of people who interact with students, such as their family members, their peers, members of their religious group, sports teammates, and their teachers at school.

Similarly, Helleve et al. (2009) find Griswold’s concept of the cultural diamond to be instrumental because it can be used to emphasise HIV & AIDS education as a cultural object

that is viewed differently by the creator and the receiver within their respective societies. A teacher who teaches about HIV & AIDS education can be seen as both a creator and a receiver. The teacher becomes a creator of meaning by distributing information to the students and is the receiver of a task assigned by the curriculum developers.

Helleve et al. (2009) adapted and modified Griswold’s cultural diamond model into a double diamond and explained its applicability to teaching HIV & AIDS education. In this model, the creators are curriculum developers or policymakers who give the cultural object (the HIV & AIDS education content) to LO teachers (the distributors) who reach the audience (the learners) in the society. Helleve et al. (2009) explain that due to social problems and socio-cultural aspects, the creator (LO teachers) might fail to satisfy the needs of the recipients (learners), and learners will fail to experience the cultural object (HIV & AIDS education) being taught to them. Furthermore, they contend that cultural constraints may prevent the teachers from delivering the cultural object to the recipients effectively, thus creating barriers that inhibit learning.

Figure 3.2 shows Helleve et al.’s (2009) cultural diamond, highlighting how teachers experience socio-cultural aspects in teaching HIV & AIDS and sexuality education.

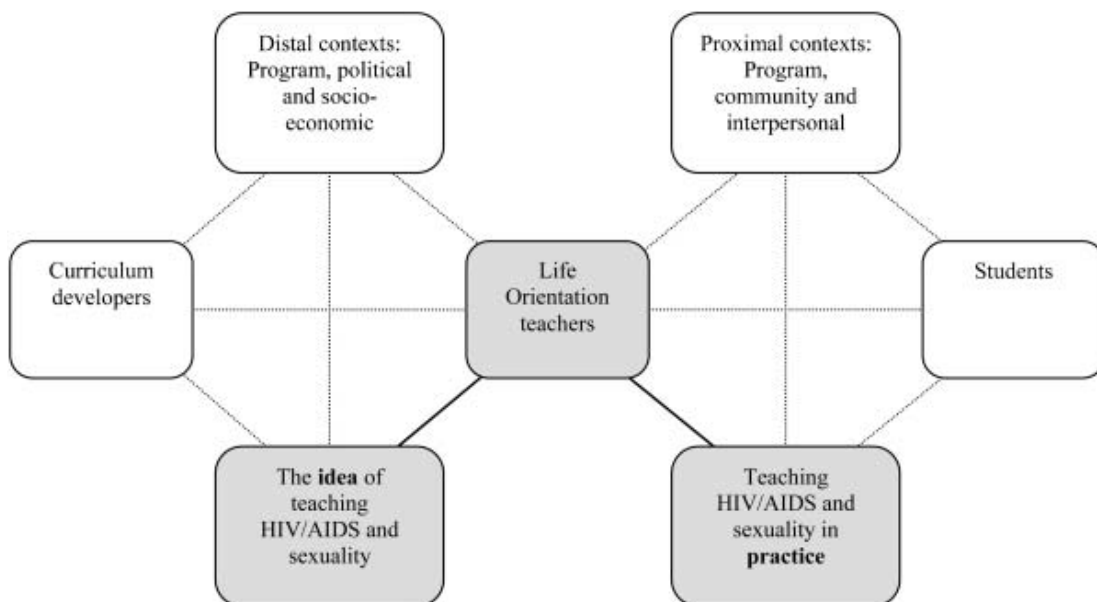


Figure 0.2: Diagram showing the cultural diamond (adapted by Helleve et al., 2009, p. 192)

The above is illustrated as a double cultural diamond where they illustrated with two different but sequential cultural diamonds as an analytical tool. The diamond on the left shows the teacher is the receiver of the concept of teaching HIV & AIDS education in LO. LO teachers are positioned at the middle as they can assume both roles of being the creators and distributors of the cultural object. Teachers act as intermediators between curriculum developers, community members and students who are on the right side. This diamond shows that there are, in a sense, multiple consumers in HIV & AIDS teaching. For example, curriculum developers produce teaching materials, which are then "consumed" by teachers, who use these materials to make the actual teaching in the classroom for students who are the end receivers. Helleve et al. (2009) assert that the teachers' primary focus is their perception of why and how they can teach HIV & AIDS education at school. In the second diamond on the right, the teacher is the creator of meaning by teaching about HIV & AIDS education to the students.

Helleve et al. (2009) explain that they use the double diamond to determine whether teachers find the idea of teaching HIV & AIDS education to be challenging and in conflict with the local norms and values and whether they are challenged by their students when teaching HIV & AIDS education in the classroom. In addition, Griswold (2013) maintains that their focus was on the complexities that teachers experience emanating from the distal and proximal contexts, which have different cultural and social setups and might be different from those of the teachers.

Adopting Helleve et al.'s (2009) twin cultural diamond allowed me to separate the ideas of creators, distributors, and receivers to conduct an in-depth analysis of the sequence followed by cultural objects. Furthermore, Helleve et al. (2009) argue that societies view HIV & AIDS as a cultural objects. This resonates with Griswold (2013), who affirms that individuals in society react differently to the news of the transmission and presence of HIV & AIDS in their society. Therefore, this highlights how teachers must not take it for granted that their learners will openly receive their message about HIV & AIDS.

Similarly, Helleve et al. (2009) resonate with Griswold's notion that HIV & AIDS education can be separated from the actual practice of teaching it in the classroom due to various socio-cultural dynamics in the setup. Separate cultural objects link these. LO teachers receive the task from curriculum developers and are expected to interpret it and teach it to learners irrespective of the inherent socio-cultural challenges. In addition, HIV & AIDS is a sensitive

issues. Therefore, teachers on the right-hand side of the diamond act as creators and their learners consume information on HIV & AIDS education.

By adopting Griswold's cultural diamond, Helleve et al. (2009) contend that not all teachers share common beliefs about why they should be teaching HIV & AIDS education in schools, nor do they possess a common understanding of the cultural dimensions of teaching HIV & AIDS education and how these influence their teaching. Griswold (1987, 2013) concurs with Helleve et al. (2009) that there is concern about individual teachers' cultural conflicts, personal constraints, and convictions.

I believe that Helleve et al.'s (2009) concept of the cultural diamond was a suitable conceptual framework for this research study as it assisted in the analysis of HIV & AIDS education as a cultural object that could be perceived in different ways by the creator and receivers within their comfort zones. LO teachers who teach HIV & AIDS education can be seen as both creators and receivers who are constantly challenged by the socio-cultural aspects in the process of delivering the cultural object (HIV & AIDS education) to the audience (the learners they teach) (Griswold, 2013). At the same time, as Griswold (2013) acknowledged, the cultural diamond tells a story that can be narrated from the curriculum developer down to the recipients (learners). This resonates well with my choice of narrative inquiry (discussed in Chapter 4), which involves participants telling their lived stories, with socio-cultural aspects being the main focus.

There are systemic challenges in South Africa's educational system, many of which have their roots in the legacy of apartheid. Like Marx, Helleve et al. (2009) note substantial inequalities between public and private schools regarding infrastructure, class sizes, and the schools' cultures. They note that the schools that face the most significant challenges are located in deeply rural communities predominantly overpopulated and occupied by 'black African people', as apartheid classified them. These schools tend to be found in provinces, regions and districts with poor people, where the prevalence of HIV and AIDS is high (UNAIDS, 2020). In addition, Levend and Canan (2018) note that the HIV and AIDS pandemic also affects teachers. It is estimated that more than 10% of South African teachers live with HIV & AIDS, and many have died of AIDS-related illnesses. When teachers are sick, it becomes a mammoth task for them to distribute the cultural object (HIV & AIDS teaching) and for learners (the audience) to take them seriously when they see that the teacher is sick.

In their findings, Helleve et al. (2009) observe that teachers often pay insufficient attention to learners' sexual and reproductive rights. HIV & AIDS education provision in schools follows a rights-based approach because it is made available on the principle that sex education should be universal. Furthermore, Helleve et al. (2009) contend that although the teachers in their study believed in teaching about HIV & AIDS education, they did not concentrate on these rights, nor did they ever think that young people had their independent values, norms and interests. Furthermore, the teachers did not question why policymakers and curriculum developers found it necessary to teach about HIV & AIDS education.

In addition, Helleve et al. (2009) find that teachers face more significant challenges when teaching about sexuality than in HIV & AIDS education. The possible reason is that teachers may teach HIV & AIDS education more technically, focusing on biological issues rather than social aspects. Teaching sexuality, on the other hand, is seen as being a more sensitive issue, and some teachers find it difficult to discuss sexual matters with their learners. Furthermore, Helleve et al. (2009) argue that many teachers believe that the purpose of teaching sexuality is to restore moral values to help solve the social problems related to the HIV & AIDS pandemic. They recommended a need for future research to examine the link between teachers' perceptions and cultural beliefs and their effect on HIV & AIDS education. This recommendation also motivated me to carry out this research study.

Therefore, Griswold's cultural diamond and Helleve et al.'s (2009) double cultural diamond were deemed appropriate for forming part of the conceptual underpinning of this research study. They position the LO teacher in proximity to the socio-cultural aspects influencing their HIV & AIDS education teaching. Culture is a complex issue that must be understood in its context. The creators, distributors and receivers do not behave in the same manner as far as the cultural object of HIV & AIDS education is concerned. This is evident in South African schools, where there are significant differences, and teachers and learners are expected to act differently. Finally, local communities are not homogeneous. The more diversity within a society, the more complicated it will be to consider all perspectives, especially when dealing with the HIV & AIDS pandemic.

3.7 Conclusion

In this chapter, I have presented the conceptual framework that guided this research study. This framework was underpinned by sociological theory, which examines the social life of

individuals and their societies. I presented an overview of sociological theory, followed by a discussion of the sociological perspective on culture and cultural values, and then examined the sociological perspective on education and schooling. Next, I discussed Griswold's (1987, 2013) cultural diamond, derived from sociological theory, and then Helleve et al.'s (2009) cultural diamond, adapted from Griswold's. These models show how cultural objects originate with creators, who distribute them to an audience who might receive the cultural object, delay it, or reject it altogether. Helleve et al. (2009) clarify through their model of the double cultural diamond, where LO teachers are at the centre of delivering HIV & AIDS education to the learners, who are the audience.

The next chapter discusses the qualitative, narrative methodological approach and research design I used to conduct this study.

CHAPTER 4

RESEARCH METHODOLOGY: NARRATIVE INQUIRY

4.1 Introduction

The previous chapter presented the conceptual framework that guided this research study, underpinned by sociological theory. I discussed how culture is viewed according to the different branches of sociological theory. I then discussed Griswold's (2013) and Helleve et al.'s (2009) cultural diamonds as models for exploring the socio-cultural complexities associated with teaching about HIV & AIDS education.

This chapter presents the research methodology used to implement this study, beginning with a discussion of the interpretive research paradigm and the qualitative approach that informed the study. Next, I discuss the narrative research design, which focuses on narrative inquiry. This is followed by an outline of the research context and a description of the purposive sampling techniques employed to select the research participants. The three data generation instruments are then described (lesson observations, collages, and narrative frames). The data analysis process is discussed next, after which the ethical considerations that were considered during this study are outlined (the ethical process of gaining access to the participants and the principles of informed consent, voluntary participation, and anonymity). The chapter concludes with a discussion of trustworthiness.

It was necessary to choose a research design that was appropriate for addressing the research questions which guided the study, which was as follows:

1. What socio-cultural factors influence LO teachers in teaching about HIV & AIDS in the FET phase?
2. How do the socio-cultural factors influence LO teachers in teaching about HIV & AIDS in the FET phase?
3. How do LO teachers address socio-cultural complexities in teaching about HIV & AIDS in LO in the FET phase?

4.1.1 Interpretive research paradigm

Terre Blanche and Durrheim (1999) observe that the word “paradigm” is of Greek origin and means a pattern of ideas, assumptions, and values that one can employ to explain the nature of a study. Similarly, Cohen et al. (2018, p. 8) maintain that a research paradigm is a way of looking at a research phenomenon: a world view, “or working an acceptable model or pattern”. It may be viewed as a shared set of principles and beliefs or a way of pursuing knowledge. Chilisa and Preece (2005, p. 21) affirm that:

A paradigm is there to inform the researcher’s knowledge about the conceptual framework or theoretical framework that guides the choice of the research problem to explore, the formulation of the research objectives and the research design, instruments for collecting data, data analysis and reporting of the research findings.

Bassey (1999) observes that a paradigm acts like a lens that provides a clear picture of how a person views and interprets the world and positions themselves and other people in that world. A paradigm helps people understand the world and develop innovations from the vision. This new knowledge can be utilised for the betterment of society. In addition, Medina and Taylor (2013, p. 37) maintain that “a paradigm is a complete belief system, a world view or a framework that guides how the research is done”.

Terre Blanche and Durrheim (1999) explain that a research paradigm comprises three dimensions: ontology, epistemology, and axiology. According to Terre Blanche and Durrheim (1999), ontology refers to a set of concepts and categories in a subject area that shows their properties and relationships. Khang (2018) maintains that ontology reflects the researcher’s sense of self. Similarly, Cohen et al. (2018) confirm that the ontology of qualitative research regards people as participatory and actively constructing their meanings of situations to interpret them. These meanings and interpretations are culture and context-bound.

The second dimension of a research paradigm is its epistemology. Khang (2018) defines epistemology as the theory of knowledge, which considers its methods, validity and scope, and the distinction between knowledge that can be substantiated and knowledge that is simply opinion. For a researcher, this includes determining what counts as knowledge to them. Similarly, Cohen et al. (2018) acknowledge that the epistemology of qualitative research suggests that behaviour and data are socially situated and context-based. They

further argue that to know a situation better, one needs to understand the context holistically, specifically since situations affect behaviour and perspectives. The researcher must understand, explain and describe the differing and multiple interpretations of situations. The epistemological focus of this study was on exploring the effects of socio-cultural factors on the teaching of HIV & AIDS education.

Terre Blanche and Durrheim (1999) view axiology as necessary to study society's values. Khang (2018) argues that the value is attributed to the researcher's context or the world they live in. In addition, Cohen et al. (2018) assert that these values are divided into two categories: ethics and aesthetics. They define ethics as questioning morals and personal matters, while aesthetics is valuing what is beautiful, tasteful or enjoyable. They further argue that values include human life, wisdom, knowledge, freedom, love and justice. In this research study, axiology governed how I ethically collected the data and valued my participants' autonomy and privacy.

This study was informed by an interpretive paradigm, which supports a subjectivist ontological point of view that acknowledges that what can be seen as reality is contextual and depends on the society under consideration. In this research study, my ontological position was to use the interpretive paradigm to understand the realities and socio-cultural factors influencing LO teachers' HIV & AIDS education.

Similarly, Creswell (2012, p. 6) refers to Guba's view of the interpretive paradigm as "a basic set of beliefs that guide action". He contends that the interpretive paradigm entails the perceptions and beliefs a researcher has about a phenomenon. Creswell (2014) affirms that researchers using the interpretive paradigm try to find out any meaningful and vital information about those they are studying. The main aim is to understand phenomena through the lens of the subjects. Medina and Taylor (2013, p. 3) further assert that the interpretive paradigm is used "to understand other cultures from the inside, to learn to stand in their shoes, look through their eyes and feel their pleasure or pain". Furthermore, they maintain that the education system helps researchers build "an understanding of the life-world experiences of students and teachers and the cultures of classrooms and schools they serve" (Medina & Taylor, 2013, p. 3). They add that the interpretive paradigm engages teachers as reflective practitioners to understand their learners' real worlds by asking questions that will enable them to know their true identity and themselves as teachers using socio-cultural lenses.

Similarly, Cohen et al. (2018) suggest that the interpretive paradigm mainly concerns an individual's understanding of their subjective world of human experience. They further argue that the interpretive paradigm preserves the integrity of the studied phenomenon by getting inside the person and understanding the phenomena from within the system. As the researcher, I become part and parcel of the phenomenon and eventually become an important research tool. Furthermore, Cohen et al. (2018) contend that when the researcher becomes part of the phenomena, it helps to guard against imposing external structures and forms, allowing for a reflection of the observer's viewpoints as opposed to those of the actor who is directly involved.

In addition, Cohen et al. (2018) argue that the researcher establishes a hermeneutic understanding (through uncovering and interpreting meaning) as they try to view the world through the participants' eyes rather than as an outsider. Furthermore, they assert that human behaviour is intentional. People interpret situations through what they see and on their terms. Likewise, Marshall and Rossman (2016) claim that such interpretations occur in socio-spatial, socio-temporal and socio-cultural contexts. This also motivated my choice of the interpretive paradigm, as HIV & AIDS is a social phenomenon that must be examined in a socio-cultural context.

In addition, Bassey (1999) asserts that the interpretive paradigm helps add to the knowledge base on how the world is and the shared meanings that individuals attribute to their specific contexts. The interpretive paradigm can help determine how socio-cultural factors affect LO teachers in HIV & AIDS education. Similarly, Terre Blanch and Durrheim (1999) argue that by selecting the interpretive paradigm, the researcher realises that the matter to be studied consists of individuals' subjective experiences of the external world. In this study, the lived experiences of LO teachers were of immense value in addressing the research questions. Researchers have a consensus on the reality of studying the interpretive paradigm. Likewise, Cohen et al. (2018) emphasise that an interpretive researcher aims to understand the reality of studying the phenomenon at a specific time, in a particular place, and compare it with what happens at other times and in different places.

However, some researchers have criticised the use of the interpretive paradigm due to its tendency to focus on qualitative methods to collect data. Demetron (2005) argues that the interpretive paradigm lacks consistency, as society has different contexts. Therefore, the findings from one context can seldom be applied to another. Furthermore, Demetron (2005)

adds that the interpretive paradigm indicates an inability to develop a common denominator of understanding knowledge and its construction. Despite this criticism, I considered the interpretive paradigm appropriate for this research study since HIV & AIDS is a social phenomenon that needs to be understood and interpreted from a socio-cultural context. Although societies might differ from place to place, there was some homogeneity in terms of the environment and culture of the communities in which this research study was conducted.

Given that the purpose of this study was to establish a deep understanding of how socio-cultural factors influence LO teachers in their teaching of HIV & AIDS education, I believed that the interpretive paradigm was appropriate. It helped me gather information to understand social action meaningfully, and it allowed me to understand better how LO teachers address the challenges they face when dealing with socio-cultural issues related to HIV & AIDS education in secondary schools. This paradigm supports the idea that knowledge is subjective since it is socially constructed in mind and put into practice. I considered it the most appropriate paradigm as it aims to explain the subjective reasons and meanings interwoven within social action. It also enabled me to make sense of and analyse how socio-cultural factors influence LO teachers in their teaching of HIV & AIDS education in the FET phase.

4.1.2 Qualitative methodological approach

Qualitative research can be defined in various ways. Hammersley (2013, p. 12) describes it as:

A form of social inquiry that tends to adopt a flexible and data-driven research design, use relatively unstructured data, emphasize the essential role of subjectivity in the research process, study several naturally occurring cases in detail, and use verbal rather than statistical forms of approach.

Therefore, qualitative research is more concerned with the verbal collection of data from social contexts that occur naturally. Cohen et al. (2018) contend that qualitative research produces an in-depth, intricate and detailed understanding of actions, attitudes, meanings and behaviours, which are well served by their occurrence in natural settings.

A qualitative methodological approach was used to generate rich data to explore the socio-cultural complexities in HIV & AIDS education in LO teachers' natural settings. According to Yin (2014), a qualitative approach enables the researcher to discover the phenomenon in its real-world setting, where the participants are studied in their natural setting to see how they cope and thrive in that situation. A qualitative approach also enables the researcher to observe the contextual richness of the participants' day-to-day activities. Furthermore, Yin (2014) asserts that a qualitative approach gives voice to the participants and probes the underlying issues deeply. However, as in this research study, participants may be unwilling to endure the emotional challenge of the researcher probing deeply and exposing sensitive matters. If the researcher insists on doing so, they may be guilty of unethically violating the voluntary nature of participation in the research and intruding on the participant's privacy.

Various avenues can be used when employing qualitative research. Similarly, Creswell (2014) describes how qualitative research uses many interactive, humanistic methods that allow participants to engage. Furthermore, qualitative research is emergent, and ideas are encouraged to emerge freely rather than being tightly prefigured, potentially distorting the research study's outcomes. Moreover, Yin (2014) asserts that a qualitative approach gives the researcher greater latitude for selecting topics of interest. On the other hand, there is a higher chance of obtaining a good depth of responses since qualitative researchers tend to deal with a few participants who give complete, in-depth responses.

Participants need to be made comfortable to assist them in reviewing the information and respond without fear or prejudice. Cohen et al. (2018) note that a qualitative approach entails collecting observable data from natural, undisturbed settings where participants speak in their language and, on their terms, most importantly, behave naturally. They further argue that the context should be natural and uncontrived and resemble the real-world setting with as little intrusiveness from the researcher as possible. Data is collected systematically and is analysed deductively or inductively to identify constructs and findings. This helps rich data emerge from the participants without feeling out of place.

Qualitative research is cognisant of the welfare of the participants. This is necessary because usually, only a few participants are involved, enabling the researcher to study their behaviour and responses in detail. Therefore, a researcher can tell if they have upset the participant through intrusive questioning and can back off or progress more slowly. In addition, Cohen et al. (2018) place a great deal of value on the welfare of participants and caution that human

phenomena require more conditional stipulations than the other types of phenomena. In this situation, the proof is replaced by meanings and understandings. The research has to be value-bound, and this value is derived from the researcher's choice of the focus of the research study and how the data is collected, organised, and analysed.

Some researchers criticise qualitative research for lacking rigour and control, especially in the data collection, which weakens the transferability of the findings. However, I agree with Cohen et al.'s (2018) argument that expecting qualitative research to abide by the rules of quantitative analysis is not justifiable. Qualitative research has its tenets that are comparable with those of quantitative research. In addition, Cohen et al. (2018) argue that quantitative analysis often ignores the research context in developing key concepts and themes, thus destroying the heart of qualitative research.

In the same vein, Nieuwenhuis (2010) asserts that qualitative research complements the interpretive paradigm where knowledge about a phenomenon in its natural context is paramount and must be reviewed. HIV & AIDS is a social phenomenon, and I found it appropriate to engage in qualitative research as it enabled me to understand human social behaviour in a social context. In addition, Bassey (1999) and Cohen et al. (2018) contend that qualitative research is fundamentally interpretive, where the researcher can freely interpret and analyse data without being restricted by the positivist requirements of quantitative analysis.

Yin (2014) concurs with Bassey (1999) that the information emerging from qualitative research represents the meaning given to real situations by the people who live in them. This meaning might differ from the values and perceptions held by the researchers or the researcher's preconceived views about a phenomenon. Denzin (2017) concurs that qualitative research is a situated process that positions the researcher in a particular location where the researcher will be armed with fundamental concrete ideas that possess sets of interpretive materials that can potentially enlighten the world and transform it through the findings from the research study. Similarly, Naidoo (2014) claims that a qualitative methodological approach helps researchers incorporate their philosophical views and worldviews with their transformative interpretive practices.

In collecting data, Creswell (2014) observes that qualitative approaches allow the researcher to collect data using several different methods. These methods can strengthen the credibility

and trustworthiness of the research study. Cohen et al. (2018) assert that qualitative responses are expressive. The many detailed responses from participants should be collected, not eliminating any valuable data. Themes are derived from the raw data assembled through qualitative methodologies.

In addition, Punch and Oancea (2014) suggest that qualitative research allows researchers to return the participants several times to collect data and seek clarity on specific information. The researcher also has some flexibility in choosing the appropriate methods of data collection intended for deriving qualitative descriptive data. Furthermore, Punch and Oancea (2014) contend that qualitative research allows the researcher to observe and read participants' body language and the context in which the phenomenon occurs and to capture non-verbal responses in real life.

The essential concern of any research is to obtain accurate results. Chilisa and Preece (2005) maintain that qualitative research is credible, valid and legitimate when it presents accurate information that describes how individuals behave in a particular manner in specific contexts. Furthermore, they argue that qualitative research enables the researcher to focus on particular experiences and construct and deconstruct their social meaning. Accordingly, a qualitative methodological approach helped me understand how the participants' social lives influenced their professional task of educating young people about HIV & AIDS.

In qualitative research, a great deal of consideration is placed on the value of the experiences acquired by the participants, which suited this research study, as teaching HIV & AIDS education is a social phenomenon occurring in a social context. Similarly, Denzin and Lincoln (2005) and Creswell (2012) argue that qualitative research can also produce a transformative approach to studying a phenomenon. This transformative approach is essential as it values research, especially in HIV & AIDS education.

Thus, the flexibility and simplicity of the qualitative approach made it a suitable methodological approach for this study. A qualitative approach allowed me to examine the phenomenon of teaching HIV & AIDS education more profoundly and understand the complex socio-cultural issues in HIV & AIDS education from the teachers' perspective.

4.2 Narrative research design

A research design describes the methods used to sample participants, generate data, and analyse data. Sileyew (2019) defines the research design as the path all researchers must follow in formulating their problems and objectives. White (2013, p. 221) contends that a research design is “a logical rather than a logistical matter ... concerned with the overall blueprint — the architecture rather than the nuts and bolts of how to carry out than plan”. The research design connects the ideas and the conclusions to the available evidence derived from the data. In addition, Cohen et al. (2018) describe the research design as a tool to solve all concerns raised in the research study. Correspondingly, De Vaus (1999) asserts that the research design enables researchers to use the data they obtain to answer the research questions as unambiguously as possible.

Furthermore, it must provide the framework for the study. It determines how data is going to be collected and analysed. It does not dictate the kinds of data but indicates the evidence types. Likewise, Cohen et al. (2018) suggest that data and evidence are different because data are neutral and unsorted facts or information. In contrast, one derives proof from the data after processing and interpretation. They further argue that data becomes evidence once it can be entered into evidential relationships, characterised by prediction, refutation or explanation.

Nyatsanza (2015) contends that the research design includes all the structural and methodological processes of the study. It addresses all the strategies to be implemented in the study, including how the data collected could answer the research questions and how the conceptual framework fits in with the discussion of the findings. This study used a narrative inquiry research design, which enabled me to obtain information about the teachers’ lived experiences in their personal and professional lives.

4.2.1 Origins of narrative inquiry

There are different views on the origins of narrative inquiry. Riessman (2008) argues that narrative inquiry became prominent in Social Sciences research from the 1950s onward. Other scholars trace the origins of narrative inquiry to Aristotle. Ricoeur (1991) is another distinguished scholar associated with narrative inquiry. Furthermore, Riessman (2008) maintains that Chase viewed narratives as being closely linked with studies conducted at the Chicago School, which focused predominantly on studying human behaviour that was not

only based on genetic causes and inheritance but the specific individuals' life experiences, histories, and physical environments, as well as socio-cultural factors.

On the other hand, Pinnegar and Daynes (2007) claim that there is strong evidence of the origins of narrative inquiry in the literature. Similarly, Polkinghorne (1988) outlines a detailed scholarly analysis of narrative knowing, and Bruner (1986) articulates the historical basis for the credibility of narrative inquiry. At the same time, Geertz (1983) presented a detailed metaphoric account through narrative inquiry. Deriving from the field of psychology, Sarbin (1986) describes a series of accounts that explained narrative psychology by outlining the history behind narrative in psychology. On the other hand, Martin (1986) employed a literacy critic to explain how Barthes and others used strategies from the social sciences to understand narrative in literature.

In contrast, Clandinin and Connelly (2000) were more personal in their explanations, writing about themselves and their development as narrative inquirers. They see narrative inquiry as the most compelling and appropriate way to understand how humans live and interact with one another. Therefore, it can be concluded that there is no single explanation for the origin of narrative inquiry, as all the role-players mentioned above can be credited and respected for the role they played.

4.2.2 Narrative inquiry as a research design

Narrative inquiry can be defined in some different ways. Grady et al. (2018) define narrative inquiry as a spoken or written presentation that recapitulates events with special meaning. Furthermore, they describe it as an organisational scheme told in a story or stories in sequential order. They argue that it helps to explain human experiences and actions. On the other hand, Naidoo (2014) describes narrative inquiry as a methodology that offers opportunities to describe and interpret lived human experiences. Furthermore, she argues that narrative inquiry focuses on participants' values and perceptions of their experiences. Similarly, Golombek and Johnson (2017, p. 16) define narrative inquiry in the realm of educational research as a "systematic exploration that is conducted by teachers and for teachers through their own stories and language".

Cohen et al. (2018) refer to Bruner's description of the 'storied text' as having the effect of catching the intentionality, condition and the vividness of human experience in a more detailed manner. The lived realities through storied text provide researchers with platforms

to rescue the reality from what people think they know or what they think will happen, as they fill in the gaps by acting as an interactive medium. In addition, Gibbs (2007) maintains that stories help researchers personalise evidence-based generalisations. Furthermore, narratives can catch the chronology of events as they occur, which helps the researcher to infer causality. Similarly, Cohen et al. (2018) concur that narratives convey information and help bring that information to life. They help researchers and readers to know and understand the experiences and cultures of participants, which was critical to this research study.

Concurring with the above views, Golombek and Johnson (2017, p. 17), in their work characterising the functional role of narrative inquiry, argue that the transformative power of engagement in narrative inquiry activities lies in its ability to stimulate cognitive processes that can foster second language teachers' professional development. They describe narrative inquiry activities as mediational means, arguing that:

As a cultural activity, narrating influences how one understands what one is narrating. The telling or retelling (either oral or written) of an experience entails a complex combination of description, explanation, analysis, interpretation, and construal of one's reality as it is brought into the public sphere (Golombek & Johnson, 2017, p. 17).

The above sentiments demonstrate that different methods can be used to narrate cultural activities and information about the private lives of individuals as they are told to others. Golombek and Johnson (2017) further argue that for a narrative inquiry activity to work well as a mediational means in fostering teachers' professional development, it needs three interrelated and sometimes overlapping functions: narrative as verbalisation, externalisation, and externalisation as systematic examination. Furthermore, Golombek and Johnson (2017) assert that when a narrative inquiry activity functions as externalisation, it allows teachers to express their understanding and feelings by giving voice to their past, present, and even imagined future experiences.

In addition, Karpov (2014) argues that narrative as externalisation fosters introspection, explanation, and sense-making while simultaneously opening teachers' thoughts and feelings to social influence. In addition, Golombek and Johnson (2017) further contend that teachers' development of an awareness of what they are experiencing, thinking, and feeling may represent an initial step in cognitive development. However, from my own experience,

if it is not connected to a change in teaching activity, self-awareness can be cognitively and emotionally detrimental, as teachers may be aware that they need to change their teaching activities but are unable to do so, as several factors informed by their cultural context constrain them.

Using narrative inquiry as verbalisation helps teachers as they try to internalise the academic concepts at hand in their teacher education programmes. Golombek and Johnson (2017) argue that narrative inquiry as verbalisation allows teachers to employ academic concepts willingly and in an orderly manner to rename, reorient and reexamine their everyday lived experiences. To emphasise their point, Golombek and Johnson (2017, p. 493) further assert that when information is internalised, academic concepts:

have the potential to function as psychological tools, which enable teachers to have greater awareness and control over their cognitive processes, allowing them to engage in more informed ways of teaching in varied instructional contexts and circumstances.

Furthermore, Golombek and Johnson (2017) claim that for narrative inquiry activities to function well as verbalisation, the academic concepts must be located within the contexts and situations of teachers' professional development systems. Karpov (2014) maintains that when narrative inquiry is used to function as verbalisation, it becomes an essential mediational tool that helps to support teachers' thinking about certain concepts. The above information highlights that narrative inquiry cannot be relied upon only when researchers generate data from participants. Instead, it is an influential methodology that teachers can use when teaching.

Narrative as a systematic examination represents how teachers engage in narrative inquiry activities. In discussing narrative inquiry as a systematic examination, Karpov (2014) explains that when teachers employ narrative inquiry as a vehicle for inquiry, how they engage in it will help shape their mindset. Furthermore, different types of narrative inquiry activities will also mean different forms of systematic examination, resulting in different consequences for learning and development. This is important for teacher development, as teachers are given opportunities to think critically.

Creswell (2014), however, argues that narrative inquiry examines teachers' personal and professional experiences, agency, and teaching practices. This means that narrative inquiry

examines teachers' whole toolbox in the classroom. Naidoo (2014) concurs with Creswell (2014) and opines that narrative inquiry addresses the urgent need to hear and listen to the silent voice of teachers for them to review their identity. Furthermore, from such stories, the researcher will be able to gather rich textual information, either written or spoken, about the teachers' lived teaching experiences, enhancing credibility and trustworthiness.

In addition, Golombek and Johnson (2017) argue that teachers can narrate from their own experiences and express themselves freely to control the situation by employing Dewey's theory of pragmatism. This will encourage teachers' narrative inquiry to be part of their professional development because of the enormous potential changes that self-examination can produce. Inquiry into teachers' lived experiences enables them to draw from their own experiences and act with foresight. Similarly, Golombek and Johnson (2017) further acknowledge that narrative inquiry increases control over one's behaviour and thoughts, deepens meaning, enriches one's experiences, and helps one be more mindful and thoughtful of one's work. In addition, Baxen (2010) notes that narrative inquiry allows researchers to gain insight into the factors that play a role as mediating tools that teachers draw on when teaching HIV & AIDS education in the classroom.

Naidoo (2013) argues there has been a surge in narrative research in recent years. This gave me the confidence to adopt narrative inquiry to analyse and interpret human experiences. Creswell (2014) maintains that narrative inquiry is characterised by multidisciplinary and interdisciplinary dimensions that provide fertile ground for interpreting lived experiences. This also motivated me to use narrative inquiry to explore the social and cultural complexities in teaching HIV & AIDS education. It offered me an alternative lens through which to examine teachers' lives.

Clandinin and Connelly (2000) refer to a narrative space composed of three dimensions interlinked to provide a rich context for any particular story. The first dimension is time, a story's temporal connections to history and the future. The second dimension involves the participants in the story, their own experiences, and their interactions with others in society. The third dimension is the context, or where the story is located. Furthermore, Clandinin and Connelly (2000) argue that any story can be situated within the matrix created by these three interrelated dimensions. Within this context, a story can be understood well by the narrative researcher and the story's narrator.

In addition, Barkhuizen and Wette (2008) suggest that apart from the three dimensions mentioned above, which make narrative inquiry different from other research designs, another specific area that narrative inquiry has, separate from other qualitative research designs, is the analysis of the narrative data. Although this analysis allows for different methodological approaches, the analysis of narrative data takes account of the tellers' lived experiences within the three-dimensional narrative context. Furthermore, narrative inquiry concerns the actions of individuals' lives in a particular time, space and how they live in conjunction with other people.

In corroboration, Ford (2020, p. 237) asserts that narrative inquiry is an example of qualitative research that focuses on human stories, which "investigates human experience through life story interviews, oral histories, photo voice projects, biography, auto ethnography, or other human experience narrative methods". Ford (2020, p. 237) refers to Jeong-Hee Kim, who asserts that the primary purpose of narrative inquiry is to "invite readers to a sphere of possible contact with a developing, incomplete and evolving situation, allowing them to re-think and re-evaluate their views, prejudices, and experiences".

In addition, Ford (2020) identified two ways of examining human experience under the umbrella of narrative inquiry: paradigmatic analysis and narrative analysis. The paradigmatic analysis aims to locate common themes among the stories collected as data. On the other hand, narrative analysis encourages the researcher to develop or find a plot that shows the connections and linkages between the data elements. Thus, Ford (2020) suggests that analysis of narratives moves from mere stories to common elements, and narrative analysis migrates from elements to stories. The understanding is that narrative inquiry can be analysed from different angles and perspectives.

Another form of narrative inquiry suggested by Ford (2020) is "storying stories", developed by McCormack, who employed a multidisciplinary system to examine female graduate students' lived leisure experiences. Her research was drawn from feminist research approaches that aimed to unpack social and cultural inequalities. Ford (2020) contends that McCormack's "storying stories" strategy requires researchers to reflect on their emotional, intellectual and relational responses when interviewing participants. Similarly, Creswell (2014) asserts that these reflections form part of an interpretive story, part of reflection, interview transcript and analysis.

In addition, Ford (2020) maintains that the interpretive story becomes a synthesis of an analysed interview transcript and can contain both the interviewee and the researcher's intellectual and emotional reflections. Furthermore, in these interpretive stories, the researcher reviews their presence and the social context of the interview. Accordingly, Creswell (2014) asserts that the progression of an interpretive story involves a collaboration between the interviewee and the interviewer. These become separate and different from the traditional processes of interview and data analysis techniques. Ford (2020) expounds further on this viewpoint and claims that since interpretive stories are deeply involved with social contexts and their closeness with interviewees' work, they are better positioned to provide accurate and detailed information on individuals' lived experiences than traditional interview analysis. This closeness with the participants enabled me to capture their feelings and emotions. These factors, among others, motivated me to use narrative inquiry for the data generation section of my research design.

4.2.3 The research context

The research study was carried out at sites at six different schools in three different locations, purposively selected to ensure that cultural diversity was represented in this study. Two schools are located in a rural area, two in a township, and two in an urban area. School A and School B are located in an urban area and are former Model C schools; School C and School D are located in a township, and School E and School F are located in a rural area. All these schools are situated in uMgungundlovu, one of the largest districts in KZN, the province in South Africa most severely affected by HIV & AIDS. A description of each school's population, the sphere of influence, geographical location, and community follows.

School A is a former Model C school (a semi-private school structure used for whites-only schools towards the end of the apartheid era). White learners and teachers predominantly occupied Model C schools. Since 1994, teachers and learners at these schools have been represented by all races. However, the staff composition of these schools is not fully representative and tends to be more representative of whites and Indians. School A is no exception, as 98% of the teaching staff are white teachers, and the remaining 2% are African and Indian teachers. Each class from Grade R to Grade 12 has fewer than 20 learners to ensure adequate teaching conditions. The school is well resourced, as it can employ extra teachers paid by the school governing body (SGB). This is a combined school that has an

enrolment of 280 learners. School A is in quantile 5 (affluent schools), and each learner pays around R3000 per month.

The school is surrounded by sugarcane farms, farmed by primarily white farmers, who are the parents of the learners who feed this school. However, the sphere of influence stretches far away, as it is a boarding school. Teachers have a base classroom that learners visit when it is time for that subject. The learners sit individually at the single-seater desk. Each lesson is 45 minutes long, with one short break of 15 minutes and another long break of 45 minutes. One female teacher teaches all the LO lessons in the FET.

School B is also a former Model C school in an urban area. It is a quintile five school, and each learner pays around R2500 monthly. This school has no feeding scheme, as the parents can support their children financially. The school has an enrolment of 736 learners. Like School A, it has a mixed enrolment in terms of race. However, unlike School A, the school has more Indian than African learners. Almost 90% of the learners are Indian, and the remaining 10% are African. The learners have a base classroom that teachers visit, except for their practical lessons in the laboratory. The learners engage in various sporting activities and travel throughout South Africa. The school's catchment area is so vast that some learners travel as far as 20–30 kilometres to school each day. Most learners are dropped off by their parents, who use private cars or taxis.

At School B, 95% of the teachers are Indian, and only 5% are African. Most of the teachers are former students who have graduated and returned to work at their former school. The school also has teachers employed by the SGB who complement those employed by the DoE. Teachers travel to and from school using their private cars, and some come from other urban areas. Two teachers teach LO; one teaches Grade 10 and 11, and the other teaches Grade 12 only.

School C is situated in a township. It is a quintile four school, and learners pay R530 annually. The school has a feeding scheme administered by the DoE, and all learners are fed at break time. The school has 430 learners, all of whom are of African origin. Teachers visit learners in the learners' base classrooms. Two learners share a double-seater desk, except for the Grade 12 learners, who each have a single-seater desk. The school has more girls than boys. Each grade, from Grade 8 to Grade 12, has two classes. Most learners come from the township where their parents own or rent houses. Some learners come from the

neighbouring farms where their parents are employed. A river near the school does not have a bridge for crossing. As a result, learners living on the other side of the river must take a long route to school and often arrive late.

Some learners come from an informal settlement outside the township. These learners use taxis to travel to school. In addition to their classroom learning, the learners participate in different sporting activities and compete against other local schools. The DoE pays all the teachers, most of whom live in the township, while a few come from other township locations or urban areas. Most teachers use staff taxis, and a few use their cars. One teacher teaches LO in the FET.

School D is a combined school with an enrolment of 840 learners and is situated in a township. It is in quintile four school that has a feeding scheme. Learners pay around R450 annually. Most of the learners come from within the township, which is very large. Most learners walk to school as they live near the school, but some live on the far side of a large nearby mountain. These learners and others from the township's outskirts use taxis to reach school. Most learners at the school attended the primary school in the area. The learners have a base classroom, and teachers move around to conduct lessons. In class, some of the learners sit at double-seater desks and others at single-seater desks. The enrolment of boys and girls is almost equal. The learners do serious sporting activities, and some sporting codes play in the local leagues sponsored by the Department of Sports and Recreation.

All the teachers are paid by the DoE and are of African origin, except for two Indian teachers. The teachers use taxis to reach the school and come from different areas, including the local township. Reports indicate that the school has disciplinary problems. Teachers are afraid of being attacked by their learners or angry parents who accuse them of coming to school drunk or unnecessarily absent from work.

School E is situated in a rural area and has 130 learners from Grade 8 to Grade 12. Most of the learners in this community attend other nearby schools because of the poor condition of this school. It is far away from the nearest urban area and is accessed using a dirt road, making it difficult to access the school during the rainy season when the roads become very muddy. Most parents in this community are unemployed and depend on social grants. Most of those working earn very little, as they provide unskilled labour at their places of work.

The school is in quintile one and is located in one of the poorest communities. All quintile one schools are non-fee paying schools and depend on funding from the government. The school has a feeding scheme, and the learners are fed at break time. All the learners are from the local community, and most walk to school, except for a few who come from the outskirts of the community and use a taxi. Teachers visit learners in their base classrooms for lessons, using double-seater desks, except for those in Grades 11 and 12. Learners participate in only two sporting codes, netball and soccer, and compete in these sports with the local schools in their ward.

All the teachers are of African origin, and most come from urban areas, except for two who live in the community. The DoE employs all the teachers, and the number of teachers has decreased from 10 to six due to a decrease in the enrolment of learners due to the learners leaving to attend neighbouring schools. One teacher teaches LO in the FET phase, and this teacher also teaches Grade 12 Mathematics Literacy.

School F is situated in a rural area and has 640 learners from Grades 8 to 12, all of whom are of African origin. This school is in quintile two and is located in a poor community. As a result, the school has a feeding scheme for its learners. The school is situated far away from any township or urban area. It has a reasonable pass rate and attracts learners from very far afield, thereby depleting the catchment area of other small schools. A tarred road accesses it, and there are no transport problems for the learners and teachers, even during the rainy season. The learners use taxis to travel to and from school. Some learners who live very far away board in houses near the school. All the learners use single-seater desks, and teachers visit them in their base classroom for lessons. Some grades have two classes, while others have three. Learners participate in different sporting and extramural activities, including indoor games like chess, at which some compete nationally. Three teachers teach LO in the FET phase.

4.2.4 Sampling

Sampling is a crucial element of a research study. Cohen et al. (2018) refer to sampling as the standard procedure chosen for selecting a sample that reflects the required characteristics of a larger target population. They further maintain that the researcher must use discretion in selecting subjects to participate in a research study. The nature of the study determines who and what is needed. Similarly, Etikan et al. (2016) define a sample as a portion of a

population or universe. They argue that this portion must be representative of the larger population and allow the researcher to achieve the desired purpose and objectives of the study.

Similarly, Dawson (2007) suggests that sampling involves selecting a manageable, smaller number of people who become participants in the research study. Likewise, Walliman (2015) refers to sampling as the process by which a small segment of the whole population represents the population by having the characteristics found in the larger population. The smaller sample should provide the same information that one would obtain from the larger population. As a result, Hill (2012) maintains that the smaller sample is just as important as, the larger population. Furthermore, Hill (2012) argues that when conducting qualitative research, it is essential to select a sample that will adequately answer the research questions by providing the researcher with the necessary information to achieve saturation. Sampling can therefore be summed up as selecting a small, cost-effective and manageable number of participants representing a larger population and providing the same responses as the larger population.

Etikan et al. (2016, p. 8) distinguish between two forms of sampling in qualitative research: probability and non-probability sampling. With probability sampling, every participant has an equal probability of being selected from the population. In contrast, with non-probability sampling, subjective methods and systems may be employed to decide which elements are essential to include or exclude in the sample. This means that the sample is selected using a process that does not give all the participants or units in the population an equal chance of being included. There are various types of non-probability sampling, and Dawson (2007) stipulates that it is essential for a researcher to consider which non-probability sampling technique is appropriate for their study. The techniques a researcher might want to use depend on the study's nature, type, and aim.

I used purposive sampling to ensure that I included diverse and experienced LO teachers for this research study. Purposive sampling is a non-random technique that does not require other underlying theories or a set of many participants. Similarly, Etikan et al. (2016) contend that a researcher does not consult a rule book of sampling for purposive sampling, but has something in the mind of the particular participant characteristics required. In this regard, participants who suit the purpose of the study are included irrespective of their location.

Likewise, Cohen et al. (2018) concur with Etikan et al. (2016) and define purposive sampling as the process of hand-picking participants based on the researcher's judgment about their typicality or whether they possess the particular characteristics being sought to achieve the research objectives. Similarly, Creswell (2014) maintains that purposive sampling is based on the ability of the researcher to decide on the elements that reflect the interests of the researcher and to identify participants who possess the necessary knowledge to answer the research questions. On the other hand, Hill (2012) and Etikan et al. (2016) argue that it is the researcher's prerogative to decide who should participate and who would be willing to provide information based on their knowledge or experience, their availability and willingness to participate, and their ability to communicate experiences reflectively. The ability to reflect was considered important for this research study, as I needed participants with the ability to narrate their lived experiences through reflection. The researcher, therefore, uses their discretion to select the sample to be used in the research. Etikan et al. (2016) that purposive sampling techniques primarily emphasise saturation, which means continuing to generate data until a comprehensive data set has been developed and no new data emerges from the participants.

In addition, Hill (2012) acknowledges that with purposive sampling, participants are chosen based on the aims and objectives of the research study, with the expectation that all the chosen participants will provide valuable, unique and rich data. However, Cohen et al. (2018) caution that not all researchers will accurately select participants with the desired qualities. They further argue that some potential participants may deceive researchers by appearing to be suitable for the researcher's purposes but turning out not to be so. This is what is known as a sampling error. They argue that this produces a big difference between the data generated with this participant and data generated from the other participants, who may be more representative of the population mean. This means there may be a significant difference in character and value between the purposively selected sample and the population at large. The sample will not be identified with the general population. In the same vein, Etikan et al. (2016) state that in this situation, generalisation becomes difficult, as there is no trustworthy link between the behaviour of the sample and the more significant population.

In addition, Creswell (2014) cautions that narrative researchers must reflect a step further when employing purposive sampling because the researcher requires participants who not

only possess an understanding of the research problem but also have a willingness to participate and the ability to narrate or tell stories of their lived experiences.

Six FET LO teachers were purposively selected as participants to answer the three research questions dealing with the influence of social and cultural aspects on the teaching about HIV & AIDS education. I wanted to find experienced teachers who had been teaching LO for at least three years. Ultimately, the selection of schools could not be separated from the selection of participants, as the participants determined the schools I used in this research study.

The other factor that necessitated my choice of purposive sampling was that I wished to include teachers from different races to ensure cultural diversity, which was an essential ingredient for this research study. Therefore, I left out some schools to provide excellent racial distribution of LO teachers in the FET phase. I also wished to select teachers from rural, urban, and township schools to examine how the socio-cultural complexities of different types of schools and school communities influenced HIV & AIDS education teaching.

Among the selected schools in these different areas, I purposively included former Model C schools that are multi-racial and have teachers and learners from different cultures and family backgrounds. These schools had their own established cultures that I was interested in exploring, as I wanted to determine their influence on the LO teachers' HIV & AIDS education teaching.

The above considerations helped me select six participants from six schools — two each from rural, urban and township schools. Among these were two multi-racial schools.

4.2.5 Data generation methods

In this research study, I used narrative frames with discussions, collages and lesson observations as the data generation methods. I carefully chose these methods to be able to observe and interact with the participants in person, which helped to elicit rich data from them. HIV & AIDS is a social phenomenon that requires social action, hence the need to observe participants teaching and talking about their lived experiences. The following sections describe these data generation methods and my justification for selecting them.

4.2.5.1 Narrative frames

In this study, I used narrative frames to explore how socio-cultural complexities influence LO teachers teaching HIV & AIDS education (see Appendix 1). I phoned the participants to make appointments to meet them and to deliver the collage and narrative frame documents. I also made appointments to collect these documents. However, some participants took longer to submit the documents than promised, but I was patient and waited until they were completed. On the day of the lesson observation, I arranged to discuss the information on the narrative frames. I wanted the participants to provide detailed and clear information about their lived experiences, both personal and professional.

Warwick and Maloch (2003, p. 59) explain that narrative frames provide a “skeleton to scaffold writing”. Similarly, Hiratsuka (2018) describes narrative frames as sets of written story templates composed of sentence starters followed by blank spaces. These prompt participants to put down their ideas in a systematic narrative form. Similarly, Wray and Lewis (1997, p. 122) contend that a narrative frame:

consists of a template of starters, connectives and sentence modifiers. This gives children a structure within which they can concentrate on communicating what they want to say whilst scaffolding them using a generic form.

Narrative frames provide a supportive and guiding function for individual narrators to prevent them from getting confused. On the other hand, Barkhuizen and Wette (2008) acknowledge that some individuals find it challenging to write reflectively and personally in a coherent narrative form. They further argue that their experiences with teachers suggest that teachers are often unsure about what to write at the start of the narrative writing process. They often say they do not know how to speak and write narratively. Likewise, Barkhuizen (2014) contends that narrative frames provide outlines of guidance and support regarding the content and structure of writing.

From the researcher’s point of view, the narrative frames ensured that the participants’ responses were consistent with what was being asked, as each area had specific guidelines. They made it easier for the participants to capture and express their lived experiences coherently and logically. In this research study, I allowed the participants to narrate their lived experiences by writing on narrative frames. These templates helped guide the participants on what to write, which enabled me to generate data directly linked to the

teaching of HIV & AIDS education in the context of socio-cultural constraints. The narrative frames helped generate data that addressed the three research questions since I structured them to cater to each research question. I also arranged the narrative frames so the participants could narrate relevant information from their past and present as educators.

The narrative frames guided the participants to know where to begin and end. However, I took into account Vanassche and Kelchtermans' (2016) observation that the utmost importance of the narrative frames is that they provide the participants with some flexibility on what to write and give them a great deal of freedom to express themselves in their way.

It was easy for me to categorise the data as the narrative frames were arranged in sequential order. I discussed the information written by the participants on the narrative frames to get clarity and additional detailed information about their personal and professional experiences regarding their sexual life and the teaching of HIV & AIDS education. I voice-recorded all these discussions, which allowed me to capture all the relevant information, and whenever I needed clarity on anything, I replayed the recordings repeatedly. During the talks, I recorded in my reflective journal any feelings or emotions that the participants expressed and any information contextual information that I thought may be necessary during the data analysis process.

4.2.5.2 Collages

I also used collages that helped me generate data (see Appendix 2). Roberts and Woods (2018, p. 3) define collage as “the placing, rather than sticking, of representational and non-representational objects such as pictures, paper, artificial and natural materials onto a large sheet of paper to make meaning”. Similarly, Rahl et al. (2009, p. 229) describe collage as “a creative arts-based method in which separate images are cut from magazines, newspapers ... and then glued together to create a new image”. These definitions see collages as being designed from an artistic point of view, with researchers temporarily assuming an architect role.

The above definitions suggest that a collage is a piece of art made by sticking many different materials (such as photographs, fabric, pictures or drawings) onto a background to create a specific meaning. This art form reveals the inner feelings of an individual that may be more difficult to express through writing.

On the origin of collage, Vaughan (2005) asserts that, according to the strictest language of fine arts, collage comes from the French, meaning a glued work. Its origin within Western art is attributed to Picasso and Braque, to artworks from 1911 and 1912 that incorporated newspaper and pieces of chair caning into still life representations. Therefore, it can be concluded that collages originated many years ago with great painters such as Picasso and Braque.

Gerstenblatt (2013) observes that collage is a data generation method gaining stature in qualitative research and is increasingly being used as an alternative to the traditional data generation methods that have been used for many years. There is consensus among researchers that collages trigger the interest and engagement of researchers and readers because of their artistic representation.

Butler-Kisber and Poldma (2010) outline three collage uses in the context of qualitative research: a reflective tool, a weapon for elicitation, and a means of conceptualising ideas. In addition, James and Brookfield (2014) assert that by creating metaphors for feelings and experiences, the collage-making process creates room for more imaginative and reflective connection-making than actual writing might do. This reflective and imaginative process helps revive teachers' memories of their lived experiences. Similarly, Roberts and Woods (2018) argue that the deep reflection we seek in research might be aroused by our choice of materials to represent something and our selection of where such materials should be pasted and why. Similarly, James and Brookfield (2014) contend that the images produced by the process of collaging become pictures of experiences in which the meaning of objects is clearly defined by how they are linked to one another through visual juxtapositions (the placing together of images with contrasting effect). These juxtapositions are essential in producing meaning, especially if there is a need to understand a potentially complex phenomenon.

Similarly, Roberts and Woods (2018) suggest that collage as a research method allows for the production of new knowledge by exploring methods and systems that were not previously acknowledged or known. Collages unpack knowledge that rests 'unconsciously' in the subject's mind. Compared with other arts-based approaches like photographs, Roberts and Woods (2018) explain that collages allow for a deeper engagement with unconscious lived experiences. In keeping with the above viewpoint, Gerstenblatt (2013) maintains that collages as research methods are essential. They can open up a dialogue within an individual

and remedy a situation of social injustice where teachers' voices have been silenced. They have not been given a platform to be heard or have been otherwise marginalised.

In this research study, collages (see Appendix 2) helped me understand the socio-cultural constraints in teaching HIV & AIDS education. Roberts (2016) notes that, naturally, participants reveal a great deal of interesting information, as collages possess the ability to stimulate playfulness and laughter through the pasted pictures and drawings. For this research study, collaging was a fun and relaxed approach to data generation. It helped me to collect what I called "actual data" on the lived experiences of the LO teachers in the teaching of HIV & AIDS education. I term this "actual data" from the participants because it contrasts with the information provided by the participants, who may have been anticipating what I was expecting.

Collaging helped my participants visualise their lived experiences and express the inner thoughts they found challenging to narrate through writing or talking. This is supported by Khanare (2012), who finds that collage-making helps participants move beyond being just storytellers to engaging in actions that portray those stories. HIV & AIDS is a sensitive issue. Therefore, what participants possibly failed to narrate due to cultural taboos was expressed in collages. In this research study, the collages complemented the qualitative data from the narrative frames and the lesson observations. However, they were strongly linked to the data generated from the narrative frames, and lesson observations, as what was missed from these other data generation methods was consciously explained through collage. These collages generated data that primarily addressed research questions one and two.

4.2.5.3 Lesson observation

The third data generation method was lesson observation (see Appendix 3). I observed one LO lesson per participant and observed the participants teaching topics about HIV & AIDS education or sexuality education linked to HIV & AIDS education. These lessons were conducted in the FET phase, and I was a non-participant observer in all the lessons observed. I contacted the participants by telephone and made appointments with them on days suitable

for lesson observations. Most participants followed the lesson schedules as they appeared on the school timetable to avoid inconveniencing other teachers.

Cohen et al. (2018) assert that observation is a systematic way of examining people, events, behaviour or settings in person. They claim that its distinctive feature as a research process gives the researcher the chance to gather first-hand live data from naturally occurring contexts. Similarly, Walliman (2011, p.195) describes observation as “a method of recording conditions, events and activities through the non-inquisitorial involvement of the researcher”. Likewise, Nieuwenhuis (2007, p. 7) contends that observation is “an essential data-gathering technique as it provides us with an insider perspective of group dynamics and behaviours in different settings”, and Kumar (2011, p. 140) defines observation as “a purposeful, systematic and selective way of watching and listening to an interaction or phenomenon as it takes place”.

With observations, the researcher is directly involved in the data generated as it is an overt practice that affects the participants engaged in the research. These definitions highlight how observation equips the researcher with the unique strength of getting live-rich data from a naturally occurring situation without mediation. The above definitions emphasise the purposeful nature of observation and the elements of watching and listening to the phenomenon. Observations allow the researcher to be physically present and to see or hear the phenomenon’s occurrence in its natural setting. In corroboration, Cohen et al. (2011, p. 456) affirm that “observation’s unique strength” is its potential to produce “valid and authentic data” since it focuses on collecting data directly from real situations. They argue that highly structured observation occurs when the observed phenomenon is planned.

In addition, Hopkins (2017) maintains that the strength of data generation through observation involves real-life and real-time events that occur naturally. However, Hopkins (2017) noted that the observation method's only weakness is that it is time-consuming and intrusive. In this regard, it is essential to take note of Elliot et al.’s (2011) argument that many of the limitations of the observation method can be controlled and managed by the researcher’s skills and experience, in addition to their planning. The success of the observation method depends on the researcher’s ability to control the situation so that the context suits the occurrence of the phenomenon.

I decided to conduct a non-participant observation as I did not want to interfere with the data generation procedures. Cohen et al. (2011, p. 459) contend that non-participant observation is a process where the researcher “adopts a passive, non-intrusive role”. In the same vein, Punch (2009, p. 154) refers to it as being “pure or direct”, with the researcher observing but not manipulating or stimulating those under observation.

In addition, Check and Schuh (2012) suggest that non-participant observation can be overt or covert. Overt participation means that the research subjects are fully aware of the presence researcher and's intentions, but they do not interact with each other. Similarly, Hopkins (2017) contends that overt non-participant observation can produce a certain amount of bias through the observer effect, which might influence people to artificially change or improve how they relate to the phenomena because they are fully aware of being observed. On the other hand, Check and Schuh (2012) maintain that covert non-participant observation refers to observing research participants without them knowing they are being observed. However, although covert observation minimises the observer effect, it is not easy to use in schools because of certain ethical considerations around informed consent and the involvement of minors.

However, Hopkins (2017) claims that, although the covert method might be unethical, it is the best method of choice if individuals are unwilling to cooperate and participate in the research study. Certain situations might warrant its use, such as if the findings might help to benefit people in an emergency and if there is no time for participants to participate in the research. Since my research study was conducted in public schools and involved learners, I was motivated to use overt non-participant observation. I had to seek permission from gatekeepers and participants to use this simple method.

I designed lesson observation templates, on which I noted the development of the lessons, the communication between the learners and their teachers, and the body language used during the discussions. I also noted elements that could be considered missing from a typical lesson, which helped me identify gaps in the interactions. The data generated from the lesson observations helped to address all the research questions.

4.3 Qualitative data analysis: Thematic analysis

In this research study, I used qualitative data analysis. Cohen et al. (2018, p. 643) describe qualitative data analysis as the process of:

organizing, describing, understanding, accounting for, and explaining data, making sense of data in terms of the participant's definition of the situation (of which the researcher is one), and noting patterns, themes, categories, and regularities are the task of the qualitative.

Similarly, Boeije (2010) views qualitative data analysis as breaking up data segments into parts and reassembling the parts again into a coherent whole. On the other hand, Cohen et al. (2018) caution that qualitative data analysis is not straightforward. Although it turns data into findings, there is no direct recipe or simple formula to follow, and neither is there a single correct way to analyse data. They conclude that a researcher should apply the principle of fitness for purpose.

In the same vein, Gibbs (2007) asserts that qualitative data analysis is distinguished by its merging of interpretation with analysis and by the simultaneity of data collection and analysis processes. Cohen et al. (2018) and Creswell (2009) maintain that the researcher must focus on how and when to collect and analyse the data. The researcher must deal with the steps taken from collection to description, to understanding, explanation, interpretation and conclusion, to be honest, and transparent, thus strengthening the study's validity. This means that the researcher must be professional in data collection and analysis. Cohen et al. (2018, p. 643) contend that qualitative data analysis “focuses on in-depth, context-specific, rich subjective data and meanings by the participants in the situation with the researcher as a principal research instrument”. They highlight that the researcher cannot be divorced from the data collection process. They play a vital role.

Qualitative research has the potential to generate large amounts of data, and Glacier and Laudel (2013, p. 643) note that because not all data is helpful, qualitative analysis necessarily involves data reduction to avoid data overload. They argue that:

Data reduction does not mean disregarding data; instead, it means distilling from the complexity of the findings the critical points of the phenomenon in question, reducing complexity without violating it, catching the essence of the issue enabling the researcher to identify patterns, key issues, causal processes and sequences. (Glacier & Laudel, 2013, p. 643)

In addition, Cohen et al. (2018) argue that during the qualitative data analysis, the sole preserve of what to take or leave remains with the researcher, who must avoid indefensibly

privileging one interpretation over another equally important interpretation. This would create bias, which might distort the findings.

Given that my qualitative data involved sensitive and personal information, as a researcher, I had to consider a number of ethical considerations, such as the anonymity, confidentiality and privacy of participants. Similarly, Cohen et al. (2018) argue that while numerical data can be aggregated so that individuals are not traceable, this is not possible with qualitative data analysis, even if pseudonyms are used. As a researcher, I ensured non-maleficence (not inflicting harm) and beneficence (the act of kindness) to ensure that participants' rights and privacy were not infringed. To adhere to sound ethical obligations, I never insisted that the participants answer anything they deemed to be intrusive to their private lives. However, such information is necessary for this research study. I also conducted respondent validation and clearance, liaising with participants to decide which data needed to be included or excluded. While this was a mammoth task, it had to be done.

I used thematic analysis, drawing on the analytical frameworks of Griswold (2013) and Helleve et al.'s (2009) cultural diamonds, to interpret and analyse the data. I transcribed and coded the data from the narrative frames, collages, and lesson observations and identified vital ideas, patterns, and trends in the data. I coded the data by grouping variables under the same category to draw meanings. From this, I used an inductive explanation to make conclusions. According to Henning et al. (2004), codes are segments or units of importance. I then grouped the codes into possible categories and merged related categories, which helped me summarise and address the key issues of the critical research questions.

I paid attention to possible counter-narratives, tensions and emotions in the teachers' sense of self when dealing with HIV & AIDS education in the context of social and cultural complexities. To do so, I used my reflective journal to analyse the thoughts and feelings of the teachers to address their perceptions and subjectivity. Naidoo (2014) contends that teachers' subjectivities are constantly in flux due to the social and cultural issues they face and their own experiences. She maintains that a researcher needs to be aware of perceptions and that the emotions and subjectivities of participants should not influence the data generated.

I linked my findings with the literature and the conceptual frameworks of Griswold's (2013) and Helleve et al.'s (2009) cultural diamonds, which explain how culture is an integral part

of teachers' teaching of HIV & AIDS education in LO. I used direct quotes from the participants' narratives to minimise bias and enhance credibility, which helped justify and support the data analysis. This strategy ensured that the data represented the participants' views and not the researcher's bias.

However, the generation of qualitative data has various challenges and shortcomings. Cohen et al. (2018) and Creswell (2009) maintain that analysing data using emerging themes is problematic because the wholeness of each individual is lost, and it becomes difficult to make comparisons across the whole picture from each individual as their views are merged into themes. This results in the data being decontextualised to a certain extent, as sometimes it cannot be ascertained which data preceded a specific comment. However, what was important in my data was to derive meaning from it and address the research questions.

4.4 Ethical considerations

Ethics govern human behaviour and are seen and defined differently depending on the context. Cohen et al. (2007, p. 8) define ethics as "a matter of principled sensitivity to the rights of others" and state that "while the truth is good, respect for human dignity is better". Getting to the truth and establishing research results is essential, but this must not be achieved at the expense of human dignity and integrity. In addition, Maree (2010) maintains that when the research of an empirical nature is carried out, it is paramount to obtain consent and ethical clearance and abide by the given ethical guidelines throughout the research process. Similarly, Creswell (2014) asserts that educational researchers need to know and uphold the ethical issues that govern their research throughout the research.

Furthermore, ethical behaviour reduces the choice taken in pursuit of the truth. Creswell (2014) concludes that conducting research in an ethically sound manner promotes trustworthiness and the quality of the research. This builds readers' confidence in their reading, knowing it was ethically obtained and written.

In this research study, the rights of the participants were maintained and upheld. To comply with research ethics, I applied to the DoE (Appendix 9) for permission to access my chosen schools. The other application for permission to conduct the research was sent to UKZN's Humanities and Social Sciences Research Ethics committee (HSSREC) (Appendix 8). This is the university board that regulates the conduct of researchers and stipulates the procedures to be followed when carrying out research studies. I was approved by both departments,

though at different times. This means that I was allowed to interact with principals, teachers, and learners in schools and observe HIV & AIDS education lessons in LO.

Next, I contacted the six participants and their principals telephonically. I later hand-delivered the consent letters to them. The six participants assisted me in delivering the consent letters to the learners and their parents. The informed consent letters to the participants (Appendix 6) clearly stated that their participation was voluntary and that they could withdraw from the study if they felt they could no longer continue. They had the right to privacy, and their identity was protected by using pseudonyms. I ensured that all the information was treated with the highest confidentiality and respect. I did this by not writing down the participants' real names or the names of their schools.

I told the participants that I would not force them to go into detail over sensitive matters to ensure they would not be affected by these issues. I talked with the local counsellor at the clinic and arranged to offer assistance to the participants if they were negatively emotionally affected. Furthermore, I told the participants that no one would be able to access the data generated except my supervisor and myself. I also assured them that no names would be written on any materials they gave me, so there would be no identifying information if the materials fell into the wrong hands. I also informed them that after the research was complete, all transcripts and recordings would be stored securely in my supervisor's office for five years.

To encourage honesty and openness, I told the participants that the information they shared would only be used for this research study for no other reason. The informed consent letters outlined the purpose and duration of the study, the data generation instruments, and what I required from participants. I included my contact details, as well as those of my supervisor and the Humanities and Social Sciences Research Ethics committee (HSSREC), in case the participants wanted clarification on specific issues. I also asked their permission to tape-record our discussions of their narratives.

The principals' consent letters (Appendix 7) clearly stated that the identity of their schools and teachers would remain anonymous, and all the information would be treated with confidentiality. Furthermore, I told them that such information would be protected by the code of ethics stipulated by UKZN. I also stated that the research was not an evaluation of the performance or competence of their teachers. I gave the principals, and the participants

informed consent letters for them to sign. This was done within the expected time frame. The teacher participants and principals had total independent legal capacity, so they signed the consent letters without consulting anyone.

I also had to seek permission from the parents of the learners (Appendix 5) and the learners involved in the LO lesson observations (Appendix 4). It was an ethical requirement to seek parental approval since the children in the observation classes were minors. I drew up consent letters for both the parents and the learners to sign. I clearly stated that the children's participation was voluntary and that it was within their rights for parents to refuse to allow their children to participate or for the learners to withdraw themselves. The consent letters to the parents were delivered to them by their children, who had to bring the notes back to the schools. The LO teachers collected the letters from the learners on my behalf, and I organised to collect all of the letters from the schools.

Above all, I allowed the participants to ask questions to obtain clarity on everything they wanted to know about the nature of the research. I told them to feel free to explore and communicate their deeper feelings towards the teaching of HIV & AIDS education. Likewise, Hill (2012) maintains that for participants to speak about their deep feelings and challenging experiences, they must have a degree of trust in the researcher. Furthermore, she asserts that the greater the degree of trust between the researcher and the participant, the greater the degree of self-revelation. This is particularly relevant for a narrative inquiry into the participants' perceptions and experiences.

After obtaining the necessary approvals, I arranged access to the selected schools. Access is essential and must be decided in the early planning to prevent unforeseen delays and inconveniences. Cohen et al. (2018) advise researchers to carefully plan to gain access to the participant sample without causing inconvenience. Furthermore, they also recommend researchers engage with gatekeepers such as principals. These gatekeepers can prevent researchers from accessing the teacher participants if their institutional procedures are not followed or if they see the teachers concerned are very busy, especially during examinations or meetings. Furthermore, Cohen et al. (2018) argue that it is essential for researchers not to worry about *if* access will be sought but about *how* it will be sought.

Accordingly, I carefully planned access to the participants by phoning the principals and making appointments with the participants, and reminding them of my impending visits.

However, I was only able to access four of the schools without incident for this research study. Problems arose with the outbreak of Covid-19, which coincided with my data collection phase. In response to the Covid-19 outbreak, the DoE blocked all outsiders from accessing all schools to curb the transmission of the Covid-19 virus. This derailed my progress in collecting data, as I had not finished accessing the remaining two schools. I later gained access when the situation improved. Regarding hospitality at the schools, I did not experience any difficulties since the principals as gatekeepers behaved professionally and gave me their full support.

4.5 Trustworthiness

Trustworthiness encompasses many aspects, including validity and reliability. Bassey (1999, p. 74) acknowledges that the concepts of reliability and validity are vital in research studies and defines them as follows:

Reliability is the extent to which a research fact can be repeated given the same circumstances. At the same time, validity is concerned with the relationship between cause and effect and its generalisation to other contexts.

Gunawan (2015) argues that validity in qualitative studies should not be linked to the idea of “truth”, as this is associated with positivist research. A study becomes valid if the reader judges it to be so.

On the other hand, Cohen et al. (2018) proposed the idea of cultural validity, which they define as the degree to which a study becomes relevant and appropriate to the cultural setting where the study is being carried out. Cohen et al. (2018) maintain that cultural validity is characterised by sensitivity to the cultures, the phenomenon being studied, and the participants, which must be considered in cases where the researcher and the participants are from different cultures. Furthermore, Cohen et al. (2018) maintain that cultural validity requires the researcher to appreciate the participants’ cultural values. This is done through understanding the salient terms used in the target culture, selecting the appropriate research instruments suitable to the participants, and checking the interpretation and translation of the data with the local language speakers. In this research study, I considered cultural validity carefully, especially during the discussions with the participants, and had to back off on specific issues that were sensitive to their culture.

Exclusive reliance on one method might produce bias and not ensure the research study's trustworthiness. To counter this, Cohen et al. (2018) recommend using triangulation to enhance trustworthiness, which they argue helps demonstrate concurrent validity. They maintain that the more the different methods used to contrast, the greater the researcher's confidence. If different research instruments help to replicate the results of the findings, the researcher becomes more confident and experiences greater assurance about the validity of their findings. In this research study, I used collages, lesson observations and narrative frames as different research instruments, which promoted triangulation.

Apart from using different research instruments to enhance triangulation, various forms of triangulation might be used in a research study. Furthermore, Cohen et al. (2018) mention theoretical triangulation, where a researcher uses different or competing theories. In this study, I used conceptual frameworks under the sociological theory that draw on the cultural diamonds of Griswold (2013) and Helleve et al. (2009) to examine the complexities of the socio-cultural factors influencing the teaching of HIV & AIDS education. Cohen et al. (2018) also proposed observer triangulation, where more than one observer gathers data independently. However, this was not possible in this study, as I was the sole researcher.

In corroboration, Lincoln and Guba (1994) argue that another way of enhancing trustworthiness and sustaining it is through engaging with the data source for long periods, frequent observation of emerging issues, sufficient triangulation of raw data, and challenging the findings. Correspondingly, Amina et al. (2020, p. 2) contend that:

Prolonged engagement is a technique that gets the researcher to spend adequate time learning about the culture in which the research is conducted, building trust, and reflecting on potential distortions introduced by the researcher and participants and their impact.

Prolonged engagement helps a researcher grasp the full scope of the research study's culture. In addition, Lincoln and Guba (1994) concur that prolonged engagement with participants allows researchers to be cognisant of potential distortions from their prior formulations about the phenomenon. I frequently contacted the participants in this research study whenever I wanted clarity on specific issues.

However, in contrast, Shenton (2004) contends that the danger with prolonged engagement with participants is that if too many demands are made during the engagement process, some

gatekeepers might be deterred from cooperating, as they might get bored or frustrated. Participants might feel research fatigue because of prolonged engagement and might force others to withdraw before the commencement of the research. While prolonged engagement has certain benefits, it needs some limits.

In addition, Shenton (2004) argues that trustworthiness is enhanced by random sampling, ensuring that all unknown influences will be evenly spread in the sample. This limits the chances of research bias in selecting participants and enhances credibility. However, Shenton (2004) highlights that although random sampling strengthens credibility, the disadvantage is that the researcher has no control over the choice of participants, and the system might create uncooperative participants. This makes what Cohen et al. (2018) call sampling error. Fortunately, I did not experience this since I used purposive sampling and deliberately included the desired elements of teachers teaching LO in the FET phase.

Researchers agree that there must ideally be a high level of honesty on the part of the participants when generating data. Likewise, Shenton (2004) maintains that participants must be given several opportunities to choose whether to participate in the research or not to ensure that only those who are genuinely willing will participate. In addition, Cohen et al. (2018) argue that those willing to participate should be told from the start that they are doing this of their own free will and that if they wish to stop participating in the research study, they are free to do so at any time since their participation is voluntary. They also need to be made aware that if they withdraw, they may do so without having to give reasons to the researcher. I explained these points clearly in all the consent letters, and all the participants agreed that they understood the information in the consent letters.

The particular questioning techniques used can enhance credibility. Similarly, Nundkoomar (2016) asserts that iterative questioning involves the researcher returning to previously asked questions by reframing or rephrasing them. If the researcher notices discrepancies, falsehoods can be detected, and the data can be discarded. I used this tactic during our discussions when I suspected a participant had not understood particular questions or had evaded answering a question and asked the same questions differently.

I had frequent Zoom debriefing sessions with my supervisor to broaden my perspective on the research. This strengthened the study's credibility, as I could develop alternative approaches concerning any flaws that were pointed out. Correspondingly, Shenton (2004)

argues that peer scrutiny of the research project allows a researcher to challenge any assumptions caused by their closeness to the research project, which can often inhibit a researcher's ability to remain objective and detached, or to adopt a different perspective.

On the other hand, Guba and Lincoln (1985) assert that member checks are essential. They bolster a study's credibility, as participants can read what has been written to see if it reflects the information they shared. To ensure this, I showed the participants transcripts of their narrative frames and lesson observation notes on lesson templates, and they agreed that they reflected what the participants had said. The participants had access to the audio recordings during member checking to make the process more transparent and accessible.

Transferability is another critical area in research. Likewise, Guba and Lincoln (1994) highlight that transferability helps to indicate if the findings can be applied in other situations. Similarly, Stake (1995) claims that external validity is focused on establishing the degree to which the findings emanating from one context can be applied to or compared to other situations. In positivist research, it is essential to be able to transfer or use the findings to a larger population. However, Shenton (2004) contends that with qualitative research, the findings are specific to a small group or a specific environment, and it is difficult to transfer them to other situations and populations.

Conventional generalisability is impossible, as everything is characterised by the specific context in which it occurs. However, Stake (1995) argues that although each case may be unique to a particular situation, it is also an example within a broader group and that the chance of transferability should not be ruled out. I argue that transferability is possible if the correct sample with similar traits within the larger population is selected and tested in its natural context. However, as a precaution, such an approach should be carried out with extreme caution since it tends to minimise the importance and value of contextual factors that influence the findings.

In addition, Cohen et al. (2018) suggest that to satisfy the requirement of reliability, it needs to be likely that the same results would be obtained by repeating the study using the same tools, techniques, and strategies. However, in qualitative research, this is extremely difficult to assure and unlikely since the phenomenon under scrutiny is dynamic and constantly changing due to the influence of the context. For example, HIV & AIDS prevalence in a particular area might increase after data generation in one project due to establishing a new

mine, harbour or taxi rank. These contexts are known to be super-spreaders of HIV & AIDS as they attract sex workers. If the study is repeated, the results will not be the same because of the change in context.

Guba and Lincoln (1985) assert that credibility cannot be separated from dependability and that there is a close link between the two. Dependability is essential, as it shows whether the findings are consistent and could be repeated and produce similar results. This ensures that what emerges from the findings of a research study has emanated from the data collected. Accordingly, Guba and Lincoln (1994) suggest that confirmability is a degree of neutrality, or how the respondents shape the findings without the bias or interests of the researcher influencing the results.

To deal with bias, Shenton (2004) argues that triangulation can be used to ensure that there is no researcher bias. Any shortcomings in the research are exposed through triangulation, and the researcher must rectify them. I used narrative frames, collages, and lesson observations to ensure no bias and to strengthen confirmability. I also used member checking, where I shared my interpretations of the data with the participants so that they could interpret and clarify them. To avoid losing focus on day-to-day activities, I recorded my reflections using field notes and wrote down the contexts during my visits. The lesson observations verified the data collected using the narrative frames. I believe the sample of six teachers was appropriate and adequate to ensure the confirmability of the findings.

In the same vein, Guba and Lincoln (1985) suggest that for a research study to be meaningful, readers must not doubt its findings due to bias on the part of the researcher. Similarly, Amankwaa (2016) asserts that anything viewed as being of low or no value is considered worthless, as it lacks rigour and affects readers' confidence in the value of the material. Guba and Lincoln (1985) maintain that credibility and trustworthiness are needed to avoid this. Likewise, Denzin (2017) argues that all research studies must possess truth value that has consistency and neutrality to be seen as worthwhile. I employed different techniques, like using three research instruments to ensure the credibility and trustworthiness of my research study.

In a research study, authenticity is essential, especially when dealing with sensitive issues like culture, sexuality and HIV & AIDS. Similarly, Cope (2014) asserts that authenticity is how the researcher faithfully expresses the feelings and emotions of participants'

experiences. I enhanced authenticity by using direct quotes from the participants that expressed their feelings and emotions about their personal and professional lived experiences in HIV & AIDS education.

4.6 Conclusion

This chapter has presented and described the methodological approach I employed in the research study. I began with a discussion of the interpretive paradigm, justified its selection, and then presented the rationale for selecting a qualitative approach. I then explained the narrative research design, which focuses on narrative inquiry, and why it was essential to this research study. This was followed by an outline of the research context and a description of the purposive sampling techniques employed to select the research participants. I then described the three data generation instruments (lesson observations, collages, and narrative frames) and justified why I had chosen them. The process of thematic data analysis was discussed next, after which the ethical considerations that were taken into account during this study were outlined (the ethical process of gaining access to the participants and the principles of informed consent, voluntary participation, privacy, anonymity). The chapter concluded with a discussion of trustworthiness.

The process of thematic analysis allowed me to identify emerging themes, which are presented and analysed over the following three chapters. These chapters are structured according to the three research questions formulated for this study. The next chapter presents and analyses the data generated from the lesson observations, collages and narrative frames to address the first research question.

CHAPTER 5

SOCIO-CULTURAL COMPLEXITIES AFFECTING LIFE ORIENTATION TEACHERS

5.1 Introduction

The previous chapter outlined the qualitative narrative approach I adopted and described the research plan and data generation instruments. I then presented the sampling procedure, described the ethical considerations that were taken into account, and described the research context. Finally, I discussed trustworthiness and how it related to this research study.

The process of inductive analysis allowed me to identify emerging themes, which are presented and analysed over the following three chapters. These chapters are structured according to the three research questions formulated for this study. The analytical framework was underpinned by Griswold's (1987, 2013) cultural diamond, which draws on functionalist sociological theory. The notion of the cultural diamond was adapted for LO teachers and HIV & AIDS teaching by Helleve et al. (2009).

In this chapter, I present and analyse the data generated from the lesson observations, collages and narrative frames to answer the first research question: *What socio-cultural factors influence LO teachers in teaching HIV & AIDS education in the FET phase?* The chapter commences with a brief biographical profile of the six FET LO teachers selected as participants in this study. I then explain how I used thematic analysis to develop the themes related to the research questions. This is followed by presenting and analysing the results that address the first research question.

5.2 Biographical profiles of the participants

In this section, the profiles of each participant are presented and their collages. The actual names of the participants and their schools were concealed for ethical purposes, and instead, pseudonyms were used for the participants and their schools. In this way, the anonymity of the participants was ensured, and their identities were concealed. All discussions with participants were audio-recorded using my cell phone. The participants used pseudonyms: Phindiwe, Noxolo, Johnson, Felicia, Tapiwa and James.

5.2.1 Phindiwe

Phindiwe is a 28-year-old female teacher who has been teaching LO, Natural Sciences and English. She has seven years of teaching experience. My first encounter with Phindiwe occurred during our moderation sessions for LO in 2018. Her school is in a rural area, and we attend the same cluster meetings. Learners at her school walk to school, most of whom live less than five kilometres from the school.

Phindiwe is the second-born child of three children and is a single mother with one child. The father of her child left her when she fell pregnant, and she decided to raise the child on her own. On this topic, she lamented:

It was a challenging experience in my life as this affected me emotionally. The sign of pregnancy was an emotional scar. I did not expect him to treat me like that. However, I gathered courage and strength through family support, which allowed me to move on.

Phindiwe completed her primary education in the Eastern Cape and completed primary school at age 13. About the Eastern Cape, she said:

Life was perfect for me as I had many friends I had grown up with. I was used to them and the environment too. It was not the same when I moved to KZN. I had to look for new friends and speak and write Isuzulu, which was not easy.

Her mother is a teacher by profession and transferred to KZN, where Phindiwe started attending high school at 14 years. She did not repeat any Grades and completed high school at the age of 18 years. Although Phindiwe specialised in the sciences in high school, she did not study them at the university level. She enrolled for a BEd degree at UKZN, majoring in English and Natural Sciences. She explained that:

I did not meet the required points to study for science programs. I wanted to do engineering, and I was supposed to score more points and earn high levels in Physical Sciences and Mathematics. I later decided to do languages. Since I liked sciences, I had to take Natural Sciences to console myself.

She has taught English and LO for six years and Natural Sciences for seven years. When asked about her teaching experiences, she said:

At first, it was not easy to get used to the school environment. I was exposed to such an environment when I was in teaching practice. The duty load is a challenge as I have more classes to teach. English has more written work to mark, especially essays. The biggest challenge is LO. It has more content to be taught but has only two hours per week. On those two ours, Learners must do theory work and physical activity. This time is not enough to cover all the work.

Phindiwe lives in the local community and knows all the learners and their parents. I observed that she seemed to love her learners and was a dedicated teacher who loved her work despite working under harsh conditions in a rural area. She said, “*I have these learners at heart, and their education is my priority*”. She had had a good life due to her caring mother but experienced a bad relationship with an uncommitted boyfriend as a child. She once said, “*I appreciate what my mother has done for me. She gave me strength when I faced social problems*”. However, she changed her life for the better through education. She maintains that:

I never looked back despite all the setbacks. My mother was a pillar to me. I wanted to be like, her, an educated, independent woman. I worked so hard to pass matric, and when I achieved this, my mother cried with joy. I do not forget the day I collected my results. It was the happiest day of my life.

She said she was perturbed about the spread of HIV and blamed the non-existence of family structures as the leading cause of young people engaging in premarital sex and contracting the virus. She further said that the youth of today want to experiment with everything. She said:

They are not afraid to take risks because their parents do not guide them. Some are the heads of families, so they do what they like. They can bring girlfriends at home, different types for that matter. No one is there to tell them the correct way to live life. Such children are a problem in school as they are rude. They are not used to being told what to do. The problem is that their peers copy their behaviour.

Phindiwe said that many workshops should be conducted on teaching strategies, especially in LO, which has new teachers every year. She said she benefited a lot from the workshops that had taken place. She said many teachers lack training and need assistance. She explained:

I have shared a duty load for LO with several new teachers coming every year. Some of these teachers were coming directly from Universities. They lacked job experience. How do they accustom to teaching sensitive issues in LO? So, there must be programmes for training these teachers, and they will benefit.

I asked her what she intends to do in future if given a chance. She said she wanted to further her education and move out of the classroom. She explained:

Every person wants to go to the next stage in life. I plan to do Honours or even Masters Degree. I want to take any supervisory role to help me implement things I see not getting right in our education system, particularly in schools. Teachers are not resourced. They need the support of the SMT. Trauma is there in teaching LO where teachers are not trained to deal with learners who are affected by social issues. All these things need administrators who have soft hearts for other people.

Phindiwe observed that HIV & AIDS is rising because people do not think about it or see it as a social problem. She had this to share:

One day I was talking with my two friends in town. They have the habit of changing boyfriends. I asked them about this and whether they use protection every time they engage in sexual intercourse. They aptly agreed that the virus would stay in the body and managed it through ART and eating good food. To make matters worse, they are not working, and they have to ask these boyfriends to buy them good food. This is shocking to find people with such a mentality in this century. So you see, poverty is an issue in spreading HIV & AIDS.

However, Phindiwe said that despite seeing and experiencing social issues, she is a happy professional teacher who loves her learners. The following is Phindiwe's collage.



Figure 5. 1 Phindiwe's collage

5.2.2 Noxolo

My first encounter with Noxolo was during moderation sessions for Life Orientation. She is the second-born of five children, two boys and three girls. She attended primary school from 1988 to 1994 in an urban area. She later moved to a township and attended high school from 1995 to 1999. Due to financial constraints, she could not progress into tertiary education and was forced to look for employment until 2005. Her mother resigned from her job due to health issues, and the family relocated to a rural area, where they lived in poverty since there was no longer any income to sustain the family. She explained:

Life was so difficult when we were now staying in the rural area. There was no money, and my mother relied on our child grants. We could all see that she was trying her best, and we had to help her. That is why I had to look for a job to improve things. The other siblings were young and looked up from us to put food on the table.

In her personal life, Noxolo has two children with different fathers. She said both her boyfriends had left her heartbroken as they cheated on her and were not prepared to marry her. She regretted falling pregnant for the second time, as she thought she had found a soulmate, only to be heartbroken again. She acknowledged that:

Sometimes you do not know what is happening to you, things happen so fast, and by the time you realise this and that, you have already messed up. The first pregnancy happened because I was immature to realise what was happening.

When Noxolo narrated these experiences, I asked her to be open and explain what had gone wrong for her in that relationship as a young girl. I could see that this was a sensitive matter, which affected her profoundly, as she showed signs of emotion. I wanted to stop her, but she said:

No, no, I will tell you all so that you go and tell the other men that what you are doing to the women is wrong.

After saying this, she took a deep breath, raised her hand with her palm open, like a person giving an oath before a judge to signify that what she was about to say was the truth and came from deep down in her heart, and began to narrate:

I was not in control of the relationship, my boyfriend was dictating everything, and by that time, I did not see anything wrong with that. I thought things were supposed to be like that until now. I realised it was wrong. Many girls are in this situation, and these men trap them. Look today, how many women are killed through Gender-Based Violence (GBV)? Some are burnt, put in fridges and suitcases, and the rest are left to look after the children independently. You give someone your heart. What does he do? He pieces it off.

I asked her again what had gone wrong with the second relationship. Noxolo reflected:

Hau, you do not know that men are the same. They shower you with all sorts of things, and when you open your heart and get what they want, they are gone. They do not want to commit to one person. I have seen that men always want a new woman to make them breathe new life at every given opportunity. It is not like we women will be doing something wrong because we give it all about making it work. Men see this as a weakness, and they take advantage of us. This was precisely what happened in my second relationship. I was heartbroken and got sick over it, but now I am ok because I moved on quickly.

However, she said that she was grateful that both men were responsible for their children. Since she had a stable job, she said she was no longer thinking of marriage and wanted the freedom to live her own life. She had this to say:

Poverty is the vilest thing to have downed on earth. Women sticky on in an abusive relationships because of poverty. They need support from these abusers and decide to stay on until too late. As for me, my job is now my husband. I do not need anything from any men; I am self-sufficient and enjoy peace of mind. However, I feel sorry for the other women who are not in my situation. Their men cheat on them and infect them with HIV & AIDS while they are looking because they are powerless.

Noxolo worked in informal jobs from 2000 until she could obtain financial aid from the National Student Financial Aid Scheme (NSFAS). In 2006 she enrolled at the University of Zululand for a Bachelor of Education. She graduated in 2009 and had been teaching for 11 years. She indicated that her age was in the 31–40 years range. Noxolo liked teaching and was fully prepared to teach HIV & AIDS, although she had never been trained to teach LO. However, during our discussion after the lesson observation, she said:

When I started teaching LO, I was not confident enough as I lacked vocabulary. It was like venturing into new terrain. As time went by, I developed confidence, but it was not easy as there were still challenging topics.

Noxolo believed that the spread of HIV & AIDS is a considerable challenge globally and further stated that as long as people continue engaging in unsanctioned relationships, HIV is here to stay. HIV & AIDS is a sensitive topic; as a woman, she felt she could not talk about specific issues with the learners. The time she had spent living in a rural area had provided her with many experiences in relation to the challenges of HIV & AIDS. She explained that:

I have seen it all happening in the rural areas. People are dying of HIV & AIDS but do not talk about it because of the stigma associated with this pandemic. You tell the relatives that this one had no morals and was promiscuous. They do not take it lightly, so people are afraid of this and would rather keep quiet. The level of understanding of the dynamics surrounding HIV & AIDS is shallow. That is why others can even inherit spouses left by those who have died due to HIV & AIDS-related illnesses. No one warns others about it. They are silent about it. It now becomes difficult to discuss these things in school or the classroom.

However, Noxolo said she does everything necessary to make her lessons enjoyable. She said she values proper planning, an ethic she mastered during her teaching practice. She also believes in team teaching and invites nurses from the local clinic and experienced teachers to clarify topics she does not understand. She noted:

I believe in romping in other people to help teach specific issues in LO. Nurses are the best people to talk about STIs, and since learners go to the clinic to get medical help, they respect and listen to them. I am privileged to have a clinic near the school, so this nurse is a friend I always invite to help teach my learners.

For Noxolo, making her learners feel happy, free and comfortable in her classroom was essential, as she believed this encouraged them to engage and be open during classroom discussions. However, Noxolo did admit that it was not easy to teach HIV & AIDS education because of the stigma and sensitivity of the specific issues surrounding it. The following is her collage which expressed her inner feelings.



Figure 5. 2 Noxolo's collage

5.2.3 Johnson

Johnson is a white teacher who completed his primary and secondary education at elite schools in the Free State province between 2000 and 2011. He is the last born of five children, who both parents raised. His parents bought a farm in KZN, and the family relocated from the Free State. Johnson mentioned that his mother had been constantly sick since high school, but his father was very caring and always supported her. His father was now running the farm, which gave them enough money to live a luxurious life and helped Johnson obtain a better education. He explained that:

I was privileged to have parents who could provide us with those things we wanted growing up. However, a change from Free State to KwaZulu-Natal affected me a lot. I lost friends I used to play with. We had a small plot there, and I spoke Isisuthu language, which our workers spoke. When I came to KZN, I had to learn Isizulu, which is spoken by most of our workers and other learners in school. The change of environment also affected my health due to cold weather.

Johnson graduated with a BEd degree in 2016, specialising in Accounting and Economics, and a BEd Honours degree in 2018 from UKZN. He is currently studying for a Master of Education degree. He has taught Accounting, Economics and LO for the past four years in the FET phase. He is married with two daughters who are still in primary school. He said that his wife also works, and they are putting resources together to help raise their children as a couple. He further explained that:

My family comes first before other things in my life. I had to go and study at University to provide them with the resources they liked. I did not want to depend on my parents or make them look for my family. I am thrilled with what I have achieved so far.

Johnson admitted that while he derived greater pleasure from teaching LO than Accounting, his main subject, he had experienced both excitement and challenges associated with teaching HIV & AIDS education. When asked his views about the increase in HIV infections, especially among the youth, he said:

I think cultures are to blame as they give a blind eye to what their children are doing. Imagine parents allowing their children to bring their partners for a sleepover.

Obvious you cannot monitor everything they do during this time. This is due to family background.

Johnson added that he felt sorry when he saw sick learners whom he suspected were infected with HIV & AIDS. Some of his learners were often absent from school due to illness or because they had to look after family members who could not care for themselves. He said that these learners sometimes dropped out of school as they could not cope any further. In addition, he said that he had taught learners who cried in class without anyone doing anything wrong to them. For him, this was a very traumatic experience. He explained that:

It is alarming to teach learners with issues affecting them or whose health has deteriorated to the extent of failing to cope with classroom activities. What makes matters worse is that I am not trained to deal with counselling cases. We often experience these situations, and no one comes to assist me.

He mentioned that his parents taught him to seek assistance whenever he faced problems. He said that he was blessed to have a lovely wife who always assisted him by giving advice whenever he faced challenges. However, Johnson indicated he did not get help from other teachers, as they were not accommodating and were too busy with their work. He added:

Honestly, one likes team teaching, but my school's situation does not allow that as most teachers do. I get help from workshops only. Most teachers say they have not taught the subject before, and they fear expressing themselves in sexual matters to be taught to the learners.

He shared that he mainly relied on workshops and DVDs when teaching HIV & AIDS topics. He maintained that:

More needs to be done to help teachers teaching LO be assisted with essential resources to make their work much more manageable. In-service training must be done, especially in areas that deal with sensitive issues. We must be trained and know how to deal with these issues in the classroom.

He was worried that sometimes he taught sensitive issues about HIV & AIDS, yet there were infected and affected learners in his class. He had this to say:

In most cases, I do injustice to the learners when I do not teach specific topics to avoid upsetting some learners. Sometimes you just get worried even when the situation looks calm, and it is just panicking.

I asked him if he saw any contradiction between his religion and what he teaches in LO and HIV & AIDS education. He quickly answered and explained that:

Of course, many things are not the same. I cannot say precisely what it is, but when I am teaching, I can tell that these things are not allowed in my religion, so I find ways of dealing with those issues.

On his future aspirations, he said he wants to become a pastor and move around the province, helping those in need. He reflected that:

I want to go and study Theology, and then I will become a full-time pastor after retiring. I will take early retirement and take this path, and it is a calling from God I have to fulfil.

At the end of our discussion, Johnson mentioned that he was surprised that he had had so much to say and share with me, as he had not thought that this would be the case at the beginning of our discussion. The following is Johnson's collage

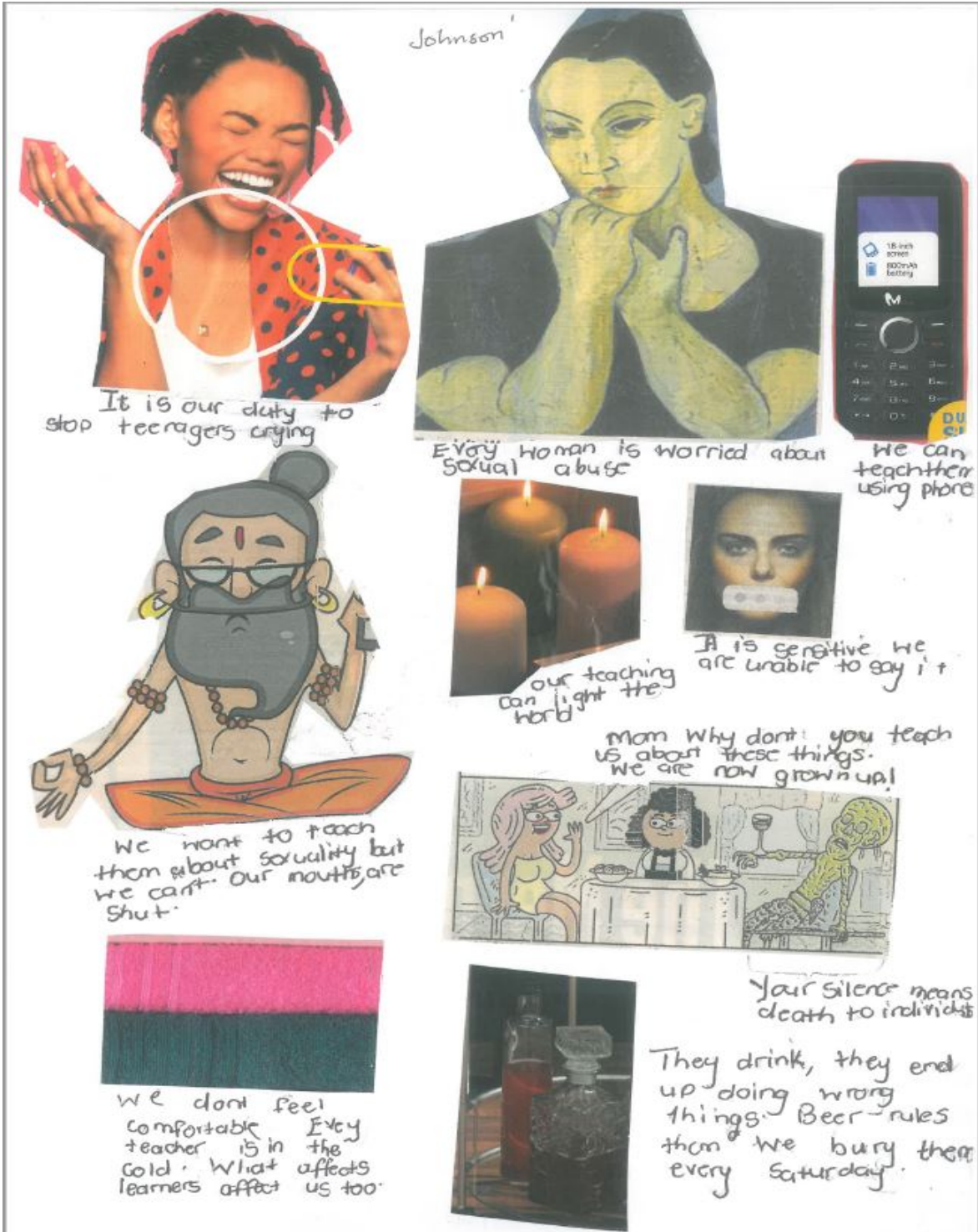


Figure 5.3 Johnson's collage

5.2.4 Felicia

Felicia is an Indian teacher between 31–40 years old. She explained that she has grown to become a teacher with a passion for teaching but feared teaching about HIV & AIDS. She teaches LO in Grades 9–12 and Life Sciences in Grades 10–12. She completed her primary and secondary education in KZN and matric in 2005. She proceeded to Rhodes University, where she completed her Bachelor's degree in Social Sciences in 2009. She could not get a job and decided to become a teacher. She enrolled at UKZN for a Postgraduate Certificate in Education (PGCE). She completed her PGCE in 2012 and started teaching in 2013. She explained that:

I never planned to be a teacher, and it never rang in my mind. I thought I would be a social worker to interact with the community and help those affected by the social ills. When I think about these plans, I sometimes laugh over them. Today, I am one of the best teachers. These are the plans of the Almighty, and you never know what the future holds for us.

When asked about her background, Felicia said that she had been raised by her grandmother and had never known her mother, who had died after giving birth. She was told that her father had abandoned her mother when she fell pregnant. She said that some people had reported that her father was in Pretoria. To make matters worse, some of her father's relatives disowned Felicia, telling her that she was not their blood relative since her father had refused responsibility for her mother's pregnancy. She said:

My grandmother was a pillar for me. She ensured that I got everything I wanted since she worked as a nurse. Whenever I was growing up, I visualised how my mother would do this and that for me. It affected me when my friends talked about their mothers and the good things.

Felicia is a single mother of a ten-year-old daughter whom she loves with all her heart. She was heartbroken when the father of her daughter passed away in 2020. She said he was one of the early victims of Covid-19. Due to the Covid-19 regulations, Felicia said she could not view his body at his funeral to say goodbye. She expressed concern, unsure if the body they buried was his. She said she found it very challenging to talk about death when teaching HIV & AIDS education, as it reminded her of the double tragedy she had suffered. She exclaimed that:

Life is not fair, and I lost my mother, now the husband who was a pillar in her life. It was difficult to come to terms with what had happened to me. I cried and cried until I could not cry anymore, and I could not get answers from the Almighty. He was gone so soon. I did not like my daughter to experience life without a father figure.

Felicia expressed her emotions in her narrative frame and outlined that teaching about HIV & AIDS was sad, as she had to talk about death, which reminded her of the mother and husband that she had lost. She added that although neither of them had died of HIV & AIDS, any death reminded her of her experiences of losing loved ones. Felicia explained that she teaches from her heart about HIV & AIDS, as her background experiences play an important role and influence her teaching. She maintained that she had a role to play both as a mother and as a teacher and that she was supposed to be a role model to the young learners that she teaches and those in the community. She lamented:

Most learners are neglected at home, and they do not have people to solve their issues. They come to school with these issues piecing their hearts. It is our duty as LO to look after them and comfort them. Otherwise, they will not be successful in life.

When asked about the increase in HIV & AIDS among the youth, she stated that this increase was due to poverty, which led to people, especially young girls, becoming promiscuous. She explained that South Africans are in the habit of co-habiting as sexual partners without formalising their unions and that these relationships do not last. Eventually, these couples separate, sometimes due to new partners who might be infected with HIV. To her, this was a severe cause for concern. She observed that:

There is rot in society. People do what they like because they are adults. The majority of the youth do not have permanent partners. This is so dangerous these days where there is HIV & AIDS. People ought to have morals, and parents assume the role of role models to their children.

Felicia added that some individuals are very traditional and believe any death to be associated with witchcraft, even if they notice the symptoms of HIV & AIDS. She mentioned that in her teaching about HIV & AIDS, she mostly avoided using words such as “death” and “sickness” due to her personal life experiences. The following is Felicia’s collage.

FELICIA'S COLLAGE



Figure 5. 4 Felicia's collage

5.2.5 Tapiwa

Tapiwa had been teaching in a rural area since graduating from the Durban University of Technology (DUT). He completed his primary and secondary education in Johannesburg, where he finished matric in 2005. He enrolled for a BEd degree at DUT, graduated in 2010, and specialised in teaching Geography and Mathematics. He started teaching Geography and LO in 2012 and continued to do so. He sometimes taught history to balance his teaching workload. He maintained that:

Teaching is complex, and you have to assume many roles simultaneously. You are a teacher, a father and, on the other hand, a counsellor. Sometimes, it becomes challenging to balance these roles due to work pressure.

Tapiwa was 30–39 years old and was born to working-class parents. He is the first born in a family of six children, and this position made him feel a sense of responsibility, which helped him be responsible in the classroom. Tapiwa stated that he had experienced both rural and urban life, as his parents worked in an urban area and had a home in the rural area where most of their relatives lived. He said he had not experienced hardship while growing up. His parents were able to send him to an affluent school in a suburban area. He asserted that:

Life was very easy for me as I had everything I wanted in life. Girls could run for me because I always had cash with me. I have visited resort areas in South Africa, so I know my surrounding area. I am working but cannot afford to live my parents' life.

Tapiwa said that, like other young people growing up, he had experienced setbacks that had had nothing to do with his parents. He explained that:

I loved this girl so much and did not expect anything or anyone to separate us. We stayed in the same suburban area and could afford to see each other daily. She was impregnated by another guy she was working together with. I was devastated because I never suspected her of cheating or that such a thing could happen to me. This experience taught me not to trust anyone again.

He acknowledged that parental care is critical in children's lives, as some children choose the wrong path because they lack guidance. He said he would do everything to support his children to grow up with morals and respect. He had this to say:

I will do everything to support my children, and I want them to remember me as a provider of their needs. If all parents care about their children, then cases of HIV & AIDS will be low as the country will be full of citizens with high morals and respect for others.

In his narrative frame, Tapiwa stated that he was well prepared to teach and knowledgeable in HIV & AIDS education. Attending workshops and teacher training programmes had prepared him to teach any topic. He confirmed that:

Attending these workshops is a good idea as they equip you with the knowledge and skills needed. I became composed with nothing to fear about the teaching of LO.

He said it was a good idea for HIV & AIDS education to be taught to learners as it gave them scientific knowledge about HIV and how it mutates and weakens the body's immune system. He asserted that:

Knowledge is power, and learners must know about HIV & AIDS to account for their actions. They must be equipped with skills to live during this pandemic.

Tapiwa agreed that culture contributed to the escalating rate of HIV infection, especially among the younger generation. However, although he said he was comfortable teaching about HIV & AIDS, he mentioned that he had a problem using sexual language in class and feared that this would raise the emotions of those with HIV & AIDS. He said that there were learners he knew were being abused by the relatives with whom they lived, but he was afraid to report the abuse to the police or advise the learners to do so for fear of being victimised by the perpetrators. He said:

The problem in the education system is that teachers are exposed to society. If you report something like rape, the perpetrators will come after you because no one will protect you. As a result, you end up keeping quiet about it. It is not good because the learner will be suffering. I have this learner in Grade 10 who reported that she was raped many times by a relative she was staying with. She said reflections of those incidences are now coming back as flashbacks. It was a sensitive matter I could not handle.

Tapiwa lamented that there were no systems in place in schools to deal with such matters. He lamented that this was beyond their control. He further stated that the danger of reporting such issues is when the perpetrator is arrested, given bail, and returns home. He said that these perpetrators would hunt you down, and many people were killed this way. The following is Tapiwa's collage.

TAPIWA'S COLLAGE

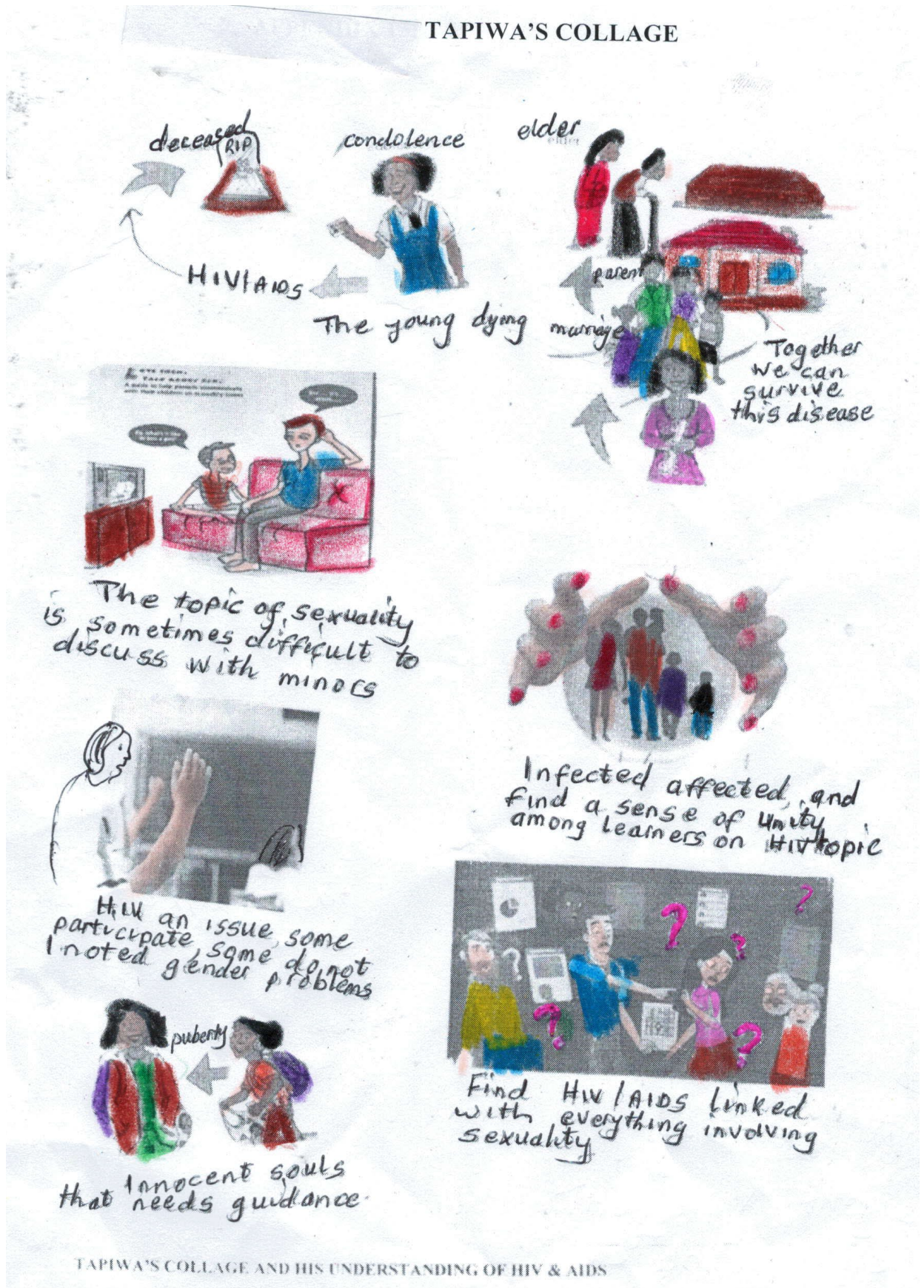


Figure 5.5 Tapiwa's collage

5.2.6 James

James is an LO teacher who has taught for ten years in the Eastern Cape Province and five years in KZN. His age is between 40–49 years, and he has been teaching LO and Life Sciences from Grades 10–to 12. He completed his primary and secondary schooling between 1983 and 1995 in the Eastern Cape Province. His mother is a teacher, and his father is a construction contractor. James has always stayed in an urban area where his family owned houses. Therefore, he did not have any experience of rural life. His first experience staying in a rural area was when he was appointed to teach in a rural area. He explained that:

I thank my parents, who have helped me grow up in a good environment and acquire an education. Some of my friends never got the chance I had in life and always admired me. I want to do the same to my children.

James shared that he is married with three children. His highest qualification is a B.Ed. Honours degree obtained from the University of Zululand in 2000. His area of specialisation is Life Sciences and Natural Sciences.

James stated that his teacher training had not prepared him to teach HIV & AIDS education and that he was not comfortable teaching the topic. He complained that:

I never trained to teach LO, and here it is one of the subjects I teach. LO needs special skills as it involves talking about sensitive issues and caring for learners with issues affecting them. These things cannot be done with someone who was never exposed to such situations before.

He attributed the increase of HIV & AIDS infections to the media, which he said exposes learners to sexual content and pornographic material. About the media, he explained that:

These days, social media posts many things not supposed to be seen by young people. They like experimenting with what they see on those videos and are not responsible for their actions.

He furthermore stated that people are arrogant, ignorant and reckless as far as sexual matters are concerned. He believed they did not use any protection despite the campaigns advising them to do so. He said:

Many people are reluctant to use protection. However, it is essential to find out why they do not want to do so. We need to check all areas, their background, religion and culture. We must unpack specific knowledge to help them achieve success amid this pandemic. Someone must stand up and show the direction. Otherwise, the whole generation will be wiped out.

He said that teaching HIV & AIDS education was challenging, especially if he knew that there were learners infected with HIV in class. He added that he was more like a church pastor and that it was difficult to talk about sex to youngsters and tell learners that there is no cure for AIDS. He believed that learners affected by and infected with HIV & AIDS might feel hopeless and give up on life. He maintained that:

We teachers should act like fathers to these learners. They are also our children. They say it takes the whole village to raise a child. It is everyone's child, so every member of society should take responsibility. A poisoned tree will also produce poisoned fruits that will be eaten and affect the whole community.

James shared that he liked teaching and counselling learners who had problems, just like in his church, where he was the father figure to most children. He said that sometimes he had to go beyond his job as a teacher. However, he said he had to be cautious because some parents were arrogant and did not like seeing someone helping their children this way. He explained that:

You do not always find parents coming on board and helping teachers. Some are arrogant and uncooperative. I have experienced this before in another school I was teaching. You have to be careful in your approach. The worst part is that the SMT does not support LO teachers' efforts. It is very worrying.

He mentioned that HIV & AIDS spread rapidly because people do not have Jesus in their hearts. He believed that the devil, whose main agenda is to tear families apart, guides their deeds. On this point, he explained that:

Sometimes we have to seek divine intervention. Some things are beyond our control, and we have to ask God to come to our assistance. This pandemic is here to stay, and people need to find ways of helping situations beyond our control. I think

religious education should be incorporated into all schools to have learners who will grow into citizens with morals and uphold the values of their societies.

I asked James what he wished to improve in HIV & AIDS education. He said that many things needed to be done:

Parents do not support our effort in teaching HIV & AIDS education. They do not trust us to be the best people to help their children. There has always been suspicion over our effort as educators. Parents must be involved and have a say in the current curriculum. We have parents who are educated and understand what is happening in school.

Despite the challenges mentioned above, James said he was prepared to teach learners and acquire the skills to help them live everyday life. He said he always tried his best, although teaching HIV & AIDS was challenging since it is a sensitive area. He concluded that if LO teachers were given more support and resources, teaching and learning would happen more smoothly, and teachers would be able to achieve the intended results. The following is James's collage.

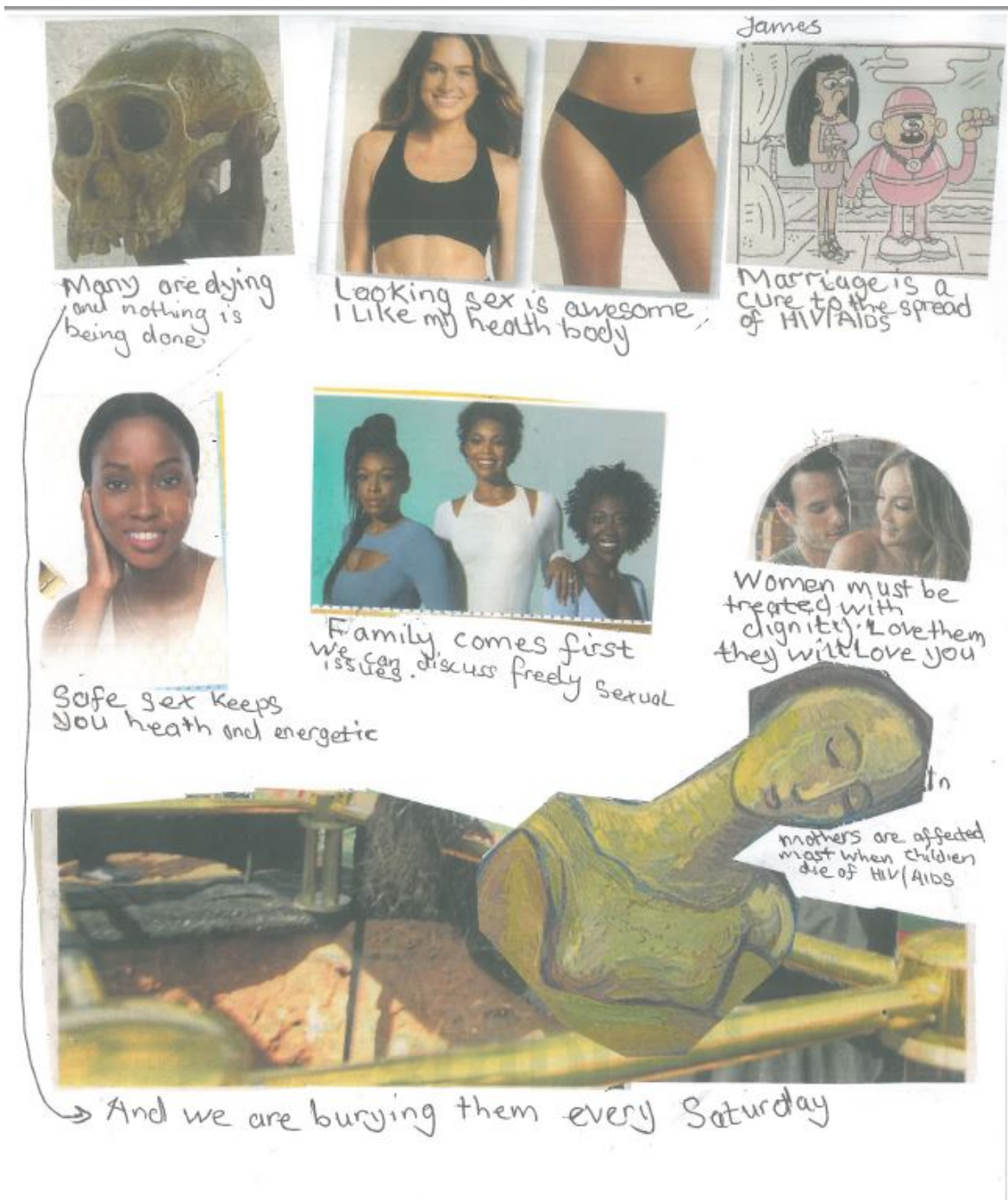


Figure 5. 6 James's collage

5.3 Summary of the Data analysis procedure

The above six participants were instrumental in providing information on the socio-cultural complexities that influenced their HIV & AIDS education teaching. In Section 5.4, I present and analyse the data they presented through the instruments of narrative frames, collages and lesson observations.

I used thematic analysis and drew on the analytical frameworks of Griswold's (1987, 2013) and Helleve et al.'s (2009) cultural diamonds to interpret and analyse the data. I transcribed and coded the data from the narrative frames, collages, and lesson observations. I identified significant ideas or patterns and trends in the data, which I coded, grouping variables from which I drew similar meanings under the same category. From this, I used an inductive approach to formulate conclusions. I then grouped the codes into possible categories and merged related categories, which helped me summarise and address key issues related to the critical research questions.

Since the methodology of this research study was a narrative inquiry, I was sensitive to the issues of counter-narratives, tensions and emotions in teachers' sense of self when considering the socio-cultural complexities that influenced their HIV & AIDS teaching. To counter this, I used my reflective journal to analyse the thoughts and feelings of teachers to address subjectivity and perceptions. I had to guard against this because teachers' subjectivities are not fixed. They are constantly evolving, depending on the context. Similarly, Naidoo (2014) maintains that a researcher needs to be aware of perceptions and that the emotions and subjectivities of participants should not influence the data generated.

Since my qualitative data involved sensitive and personal information, I had to consider the ethical requirement as a researcher to ensure the participants' anonymity, confidentiality, and privacy. I did not reveal the identity of any participant or their schools. I also ensured that the participants understood that they could withdraw from the research study at any time and for any reason, without penalty or explanation.

After identifying the participants' views, I linked my findings with the literature and the theoretical frameworks of Griswold's (2013) and Helleve et al.'s (2009) cultural diamonds, which explain how culture is an integral part of teaching HIV & AIDS education in LO. To minimise bias and enhance credibility, I used raw data (direct quotes from the participants'

narratives) to justify and support the data analysis. This strategy ensured that the data represented what the participants said, thus minimising bias.

Research question one aimed to identify the socio-cultural factors influencing LO teachers in teaching HIV & AIDS education in the FET phase. The emerging themes were: school guidelines: *just follow their culture*, culture of silence: *we don't openly discuss these things*, contrasting social backgrounds, and personal experiences. The second research question examined how these socio-cultural factors influence LO teachers teaching HIV & AIDS education in the FET phase. The emerging themes were: cultural taboo: *we cannot discuss sex*, emotionally draining: *not coping at all*, and language is limited: *a barrier to teaching*. The third research question concerned how LO teachers cope with and address socio-cultural complexities in their HIV & AIDS education teaching in LO in the FET phase. The following were the emerging themes: Avoiding contradicting cultural and religious beliefs, use of social media platforms, involving specialists and role models, and pastoral and parental roles.

I supported my discussion and analysis with the literature and the theoretical framework, drawing from the sociological theory of Griswold's cultural diamond (2013), which was also adopted by Helleve et al. (2009). The research instruments generated a great deal of data, and I had to decide which data to select to analyse in greater depth. I prioritised the most relevant data and responded to the main issues for the research questions. Excerpts from the narrative frames, collages and lessons observed were included to support the research findings. The following section presents and analyses the data related to research question one. Chapters 6 and 7 discussed the data related to research questions two and three.

5.4 Data presentation and analysis as related to research question one.

What socio-cultural factors influence LO teachers in teaching about HIV & AIDS education in the FET phase?

The four main themes that emerged after analysing the data related to research question one were: 1) school guidelines: *just follow their culture*, 2) culture of silence: *we don't openly discuss these things*, 3) contrasting social backgrounds, and 4) personal experiences. An analysis and discussion of the themes that emerged in relation to research question one follows. Verbatim participant responses are included in italics to accurately illuminate the

participants' views. In the end, I drew on the conceptual framework and the literature to show the similarities and differences in their views.

5.4.1 School guidelines: *just follow their culture*

Most participants mentioned that the schools they were teaching had their own cultures that had to be followed. These diverse cultures contributed to the identity of these schools. The participants indicated that some schools were passionate about the sport, while others focused on maintaining high matric pass rates. There were also prescribed ways in which teachers were expected to teach and conduct themselves in front of the learners in the classroom. Felicia explained that:

We are given to follow guidelines, like certain ethics, to instil in our learners. So there are things you cannot say to them. Certain words are regarded as vulgar, so you have to find your way around them; otherwise, you will be in trouble. The school sets things like laws to follow when teaching sexuality education, and we are controlled.

The above extract illustrates that teachers were required to follow the guidelines and regulations set by the school. Similarly, Johnson shared that:

Sometimes it is not easy, and you are not on your own. The curriculum controls you, and there is the school controlling you. They will tell you this is not done here, this and that, so to be on the safe side, I follow their culture.

Johnson's statement illustrates his complaint about being forced to follow the school's culture. After the lesson observation, I asked Johnson to elaborate on the school culture he was forced to follow. He explained that:

You have observed how I interact with these learners, and it has dignity. You mind what you say to them. Otherwise, they will report you straight to the principal. The issue does not end there. It goes to the school governing body. So the culture of the school is to maintain dignity, nothing else.

In addition, Noxolo explained:

The guidelines limit your freedom as a teacher. You have to explain to yourself why you said or have done this. HIV & AIDS is different from other diseases. It is susceptible, so the school wants to prevent us from going deeper to protect the learners.

In his collage, Tapiwa showed a teacher in chains and explained that teachers are in chains because they do not have the freedom to do their job based on their initiative, as they are told what to do and what not to do. He acknowledged that some schools are worse than others regarding how they treat teachers. He lamented that:

The multi-racial schools still possess remnants of apartheid, and you are regarded as an outsider. If you go to a community dominated by Whites, the schools are under whites, imposing their culture. You go to the Coloureds community, find the same, and go to the Indian society. They are doing the same. So if you are a teacher of another race and you go to teach there, obvious they will tell you what to do.

Noxolo echoed the same sentiments and argued that teachers lack the freedom to do what they want. While this was not such a big problem at her current school, she had experienced problems when she taught at a multi-racial school as a substitute teacher. She narrated that:

I never felt comfortable from day one. The principal was outstanding, and the problem was my HOD. She was always telling me, here things are done like this. She often said that learners I teach were complaining about the language I am using or speaking Isizulu in front of them. Even if I get a permanent post there, I will never accept it. There is racism at its maximum. Some of the things are concealed, but they are happening. On the outside, it looks normal. By the time you enter the gate, things change.

James maintained that LO teachers are not free to exercise their authority when teaching HIV & AIDS education. He maintained that:

School authorities are afraid to anger the SGB and parents at large when such issues of how teachers teach HIV & AIDS education are complained about. To be on the safe side, they put guidelines which control and govern teachers on what to say and which language to use to the learners over sexual matters.

James further stated that teachers are afraid to be reprimanded and are frustrated to be called to the principal's office over complaints about HIV & AIDS education teaching.

Felicia further explained that there was a certain school she taught before after her graduation that recorded classroom teachings. She explained that:

The school had cameras inside the classrooms, which recorded videos and audio. You were observed all your lessons by the principal in his office. He used to call us to his office to explain certain things we had said to the learners. Imagine being asked to go and apologies to the learners for saying certain things regarded as vulgar by the school. This was degrading, and I never felt at home at this school. I was happy when I transferred to this school. Although there are guidelines, it's a better devil, and I can manage.

Noxolo echoed the same sentiments and acknowledged that:

The education system must do something. Teachers are abused in schools, and their voices are silent. What makes matters worse is that LO is always given to new teachers who cannot voice their concerns. Mostly these teachers will be substitutes who do not have the strength to stand their ground. I have experienced this before, and it isn't very pleasant. Teachers must be free to interact with their learners and express their inner feelings because the teaching of HIV & AIDS is very traumatic.

The school guidelines varied at the participants' different schools. Griswold (2013) explained the views of Marx, who saw the tension in society due to the difference in the status of individual members. Furthermore, Griswold (2013) maintains that social stratification creates tension according to the societal level. Those who perceive themselves as oppressed are unwilling to cooperate with their oppressors, while the oppressors want to maintain their status. In addition, Griswold (2013) argues that individuals who feel to be looked down upon by those in powerful positions resist and do not cooperate with others. This makes the distribution of the cultural object difficult.

In addition, Griswold (1987, 2013) concurs with Helleve et al. (2009) that there is a concern for cultural conflicts, personal constraints, and convictions possessed by individual teachers. Such convictions in multi-racial schools sow the seeds of racism and patronage. Griswold (2013) also resonates with Marx, who argues that racism is a class struggle where the rich

prosper over the poor. In South Africa, most black people are inferior and do not own the means of production because the apartheid government marginalised them.

Furthermore, Griswold (2013) asserts that Marx saw class struggle as the source of conflict that tears society apart. These struggles carry over into the school environment, where they have the potential to disrupt teaching and learning. Griswold (2013) further contends that Marx assumes that the governing ideas are the ruling class's ideas and that these ideas rule by shaping the knowledge and attitudes of individuals. If teachers' ideas are shaped, their mindset will be similar to that of the broader society. If there are contradictions between society and the curriculum, teachers will choose the dictates of society to ensure their social security.

Griswold (2013) maintains that if a problem exists, it needs to be countered and that the school or society should create social movements that motivate people to recognise it. They must accept the possibility of it being solved and identify a particular course of action as likely to produce this result. In a school environment, the social movement in meetings should recognise the challenges in teaching HIV & AIDS education. A course of action should be adopted to benefit constrained teachers.

Drawing on the cultural diamond (Griswold, 2013; Helleve et al., 2009) as a lens to understand school guidelines suggests that the school acts as the creator who gives the cultural object (guidelines on how to teach HIV & AIDS education) to LO teachers (receivers and distributors), who reach the audience (learners) and teach them in a dignified manner. Griswold's (2013) argument that not everyone is prepared to receive the cultural object with open hands resonates with the participants' reactions. Some individuals resist and cause conflict in what Marx called a "class struggle".

According to the cultural diamond model (Griswold, 2013; Helleve et al., 2009), teachers would come into conflict with the school management team (SMT), who are seen as the creators of the cultural object (the guidelines). The implication is that teachers fail to execute their duties without fear and pressure. The participants in this study also expressed this, reporting that they did not perform well when teaching about HIV & AIDS because of fear and anger.

However, Griswold (2013) maintains that every institution needs guidelines to function smoothly. In other words, she contradicts the participants, who complained about the

guidelines they were forced to follow in their schools. Griswold (2013) asserts that guidelines are essential in society to maintain discipline. Furthermore, she agrees with Durkheim, who states that individuals need to be controlled by morality to stay free. To achieve this, the responsible organs of society must develop rules and regulations for the community members to adhere to. This is achievable if society is functioning well.

Furthermore, Durkheim provides an example in the school setting, where organs of the institution, such as the disciplinary committee, must guide both the teachers and learners in the institution's moral values for learning and teaching to take place effectively. This disciplinary committee must be armed with guidelines in the form of rules that all members must know.

This resonates with Mokoelli (2014), who contends that schools create an identity reminiscent of the dominant cultural and racial group. The implication is that some teachers from poor backgrounds do not feel comfortable working under such conditions.

The participants' concerns suggest that some multi-racial schools use specific tools as guidelines to control and racially divide staff. This affected those teachers who felt their humanity and integrity were being compromised. School guidelines that are not aligned with the constitution create social conflict in schools, affecting teaching and learning. Griswold (2013) suggests that humans must learn to live and adjust to changes to reduce conflict among individuals or groups along their racial and ethnic lines. Furthermore, she maintained that human learning is a social process of interaction and socialisation whereby culture is transmitted. Anthropologists stress how the total of such human interactions transmits patterns of meanings and behaviours and that these patterns are called culture.

However, Griswold's cultural diamond suggests that the creators are inventors of the cultural object, distributed to the consumers by distributors. The cultural diamond has a shortcoming as it does not explain challenges or limiting factors encountered by distributors as they spread the cultural object to the consumers. By giving guidelines, teachers as distributors face barriers preventing and restricting how they plan to teach their learners about HIV & AIDS education. Both cultural diamonds of Griswold and Helleve et al. (2009) assumed that what is created goes to consumers in its packaged state, not considering some modalities encountered in between. The guidelines are barriers to the distribution of the cultural object (teaching about HIV & AIDS education) to the consumers (learners).

It is widely acknowledged that South Africa's educational system was and still is racially divided. Mokoelle (2014) asserts that race is still the basis from which teachers determine their identity. The implication is that such categories divide teachers, despite the efforts to create non-racial inclusive schools that will create a non-racial inclusive society. Furthermore, Mokoelle (2014) maintains that race forms the basis of preferential treatment of learners by teachers, with white teachers preferring white learners and black teachers preferring black learners.

The findings under this theme resonate with DePalma and Francis's (2014) contention that school systems force teachers to adopt a prescribed school culture that can sometimes contradict that of the teachers. DePalma and Francis (2014) further acknowledge that most former Model C school cultures follow traditions modelled according to Western cultural systems at the expense of traditional local methods. MacDonald (2006) also suggests that this practice is common in former Model C schools, which echoes the apartheid system that looked down on the social and cultural beliefs of black people, which were seen as inferior in relation to the social and cultural beliefs of white people. Furthermore, MacDonald (2006) maintains that white teachers are not affected much, as they are used to the culture of these schools, since most of them are former learners, thereby continuing the adopted cultural traditions.

In addition, DePalma and Francis (2014) maintain that such a practice forces teachers to surrender their own cultures and adopt the school culture, which becomes depersonalised and mixed with what they call "good moral values", which the school forces the teachers to adopt and instil in their learners. Johnson, who talked about being forced by school guidelines to maintain a certain dignity, echoed this notion of "good moral values". Similarly, Mokoelli (2014) argues that schools should desist from enculturating learners and instead include diversified cultural values promoting multiculturalism. This suggests that LO teachers should be sensitive to the diverse cultural backgrounds of the learners they teach to develop a deeper understanding of the implications of cultural diversity.

Edles and Appelrouth (2005) share the same sentiments, arguing that a moral code builds a society's moral basis by deterring individuals from seeking personal selfish pursuits that may harm society. For HIV & AIDS to be controlled, moral values must be upheld. This also applies in the school situation, where guidelines help safeguard schools' culture and

standards. The participants were not against the use of guidelines but resented the tendency of these guidelines to be used to undermine their own cultures and silence their voices.

5.4.2 Culture of silence: *we don't openly discuss these things*

Culture and religion have the potential to act as dialogue stoppers in the classroom and therefore play an essential role in influencing teaching about HIV & AIDS. Many teachers come from different regions with different cultures from their teaching communities. Consequently, they sometimes consider specific topics or issues to be against their culture or even taboo in their culture. Phindiwe noted that:

Our parents were too shy and secretive about sexual matters back in our days. They believed that sex was for older adults. So to me, it is taboo to talk about it even in class.

During the lesson observation, Noxolo taught a Grade 10 LO class about the methods that transmit HIV from person to person. I noted that she avoided the use of certain words. For example, she replaced “sexual intercourse” with “sleeping together”, “vaginal fluid” with “flowing water”, and “sperm” with “male seeds”. During our discussion after the lesson, she explained that it was difficult to explain certain sexual words, as her upbringing was restrictive about such issues. She further elaborated that:

My parents did not teach me anything about sexual matters, even HIV & AIDS. Even when I reached puberty, I had no idea what was happening. It was later when I consulted my grandmother, who later guided me. So you see, we do not openly discuss these things, and I find it challenging to have an open discussion when teaching LO. Learners do not freely talk, especially girls. It is this cultural thing, and it is so bad.

Noxolo was not alone in sharing these views. Johnson concurred and narrated that:

My parents were not very open enough to us, and we were not comfortable talking about sexual matters. Even though we know that a family member has died of HIV & AIDS complications, we do not openly discuss it, and people are silent. It is like that.

Similarly, James had this to say after I observed that he was interacting more with boys than with girls:

I interact well with the boys in my HIV & AIDS lessons, but the girls are silent. They are taught not to discuss such stuff openly.

In the same vein, Tapiwa had a picture of a teacher whose mouth was covered with seal tape on his collage, and he wrote: “*We cannot go against our culture*”. In this case, he was trying to make sense of how culture takes priority over other things. Teachers were forced to choose their culture over certain things that were not considered culturally crucial in some cases.

Phindiwe acknowledged in her narrative frame that getting girls to talk about sexual matters was challenging during her LO lessons about HIV & AIDS. She said the girls were reluctant to talk about sexual issues because they were taught to be submissive and not talk openly. She said:

It is challenging to bring girls on board and talk about sexual issues. As a female, I sometimes feel comfortable and try to participate. However, the presence of the boys is a stumbling block. I will not push them to do things they are culturally uncomfortable with.

Zulu culture treats women differently, as they have specific cultural norms and values to follow in relation to their husbands. This influences how boys treat girls in class when they discuss sexual issues. Similarly, Noxolo explained that:

In Zulu culture, the wife is not supposed to ask the husband's whereabouts. Even when he sleeps with another woman, you serve him food and warm water to bathe while you are quiet. The name for wife (umfazi) means that you die knowing the truth without asking what your husband is doing with other women.

Although James and Tapiwa described how they navigated their way through and dealt with cultural complexities in the classroom, the major hindrance for most of the teacher participants was that they were not trained to teach HIV & AIDS education. They, therefore, became frustrated if they failed to navigate their way, and such frustration affected learning and teaching, which was detrimental to the learners.

Felicia explained that:

It's challenging to sit with parents and start discussing sexual issues. We are equally not comfortable talking about these issues. When I was growing up, no one taught me about these issues. I learned most of the things from my peers. Parents only know how to give threat when you misbehave instead of teaching children how to grow up while you carefully look after yourself.

In the same vein, James added that he never had enough time with his parents as he always played with friends. He maintained that:

I never felt it easy to sit with parents and listen to them talk about sexual things. I was always running away, and most of the time, I stayed with my friends with whom I freely spoke about these sexual things. When I wanted to know the women's stuff, I used to ask my girlfriend. This was easy for me. So, we also find it difficult to discuss such issues in the classroom because we are not used to it.

James suggested that there must be platforms in communities where young people discuss their issues as they grow up and get assistance.

Similarly, Felicia alluded to this idea and maintained that it would never happen that teenagers would discuss their private life with their parents. She asserted that:

There must be ways of dealing with these issues, like finding other people who can discuss sexual matters with teenagers. What happened to us was not good and must not be repeated to our children. No one wants to see them going through such traumatic experiences. Even the learners we teach are in the same predicament and cannot freely discuss such issues with us, their role models.

Noxolo maintained that:

My friend lost a sister who committed suicide after discovering that her boyfriend was HIV positive. She said her sister could be alive today if she had discussed this issue. Many people are in such situations as they cannot discuss sexual problems with anyone. You feel the world has deserted you when you cannot discuss your issues with anyone. As long as families do not discuss such matters, it becomes worse for teachers teaching HIV & AIDS education as both teachers and learners are not comfortable discussing with one another.

Johnson added that the generation gap between old teachers and young learners makes it difficult to discuss sexual issues. He said:

The generation gap, if it is huge, will act as a barrier to a meaningful discussion. Learners will see such teachers as their parents and become shy to talk about sexual matters. Teachers, too, see the young learners as their children whom they cannot discuss with sexual issues. We see this as very difficult because we don't discuss such matters at home.

From the views of most participants, it can be concluded that sexual issues are not discussed at home, and teachers find it challenging to confer freely with their learners in school as both are not used to doing so, thereby making it difficult to teach about HIV & AIDS education.

In relation to the cultural diamond, Helleve et al. (2009) highlight how, due to social problems and socio-cultural aspects, the creator (LO teachers) may fail to satisfy the needs of the recipients (learners), who will then fail to experience the cultural object (HIV & AIDS education) being presented to them. Teachers may fail to deliver vital information to their learners due to cultural constraints, inhibiting learning about HIV & AIDS.

Griswold (2004) suggests that every society needs to rear and socialise their young ones, so every community has regular, institutionalised patterned relationships, called families, that perform this function. However, this contrasts sharply with what participants said when these institutions are no longer there. If they existed, parents could be able to discuss freely with their children or the institutions could have taken over the role of parents and discussed problematic issues with the young children.

Griwold (2013) affirms that society's role was to teach young people new things about life. However, change came when societies grew in size and density, and people began to specialise. This specialisation left some aspects unattended and left the family with the role of educating the young on how to behave, performing religious rituals, and making the transitions between birth and death. However, parents are not comfortable discussing such issues with the young ones. Modern institutions such as schools, mosques, and hospitals separate these life processes from the family.

Most participants reported that they could not discuss sexual issues with learners, nor did their parents perform that role. Griswold (2013) concurs that Durkheim considered several

possible answers to this problem. He stressed the need for people to exchange with one another specific roles, a state he called organic solidarity. Under such practice, the farmer exchanges his produce with the teacher, who, in return, educates his children, just as the organs of the body exchange with one another. At other times he suggested professional associations as a future source of cohesion. Although he never settled on a single solution to his problem, Durkheim believed that every society must have some kind of collective representation, some tie that binds and demonstrates to the society's members their undoubted connection to one another. In this case, teachers and parents could involve other stakeholders in teaching learners certain aspects they find challenging, like sexual matters. Then, a healthy society will emerge with fewer problems.

Similarly, Griswold (2013) stipulates that a healthy society exists in a state of balance in which institutions adapt to one another and operate in a system of mutual interdependence to meet the needs of the community. She explains that failures of fit, which all societies experience to some extent, are described as dysfunctional. A good example is the failure of an institution like a family to discuss sexual issues leaving the young people exposed to the harsh realities of the world. Furthermore, Griswold (2004) resonates that it follows from this thinking that every social level, like the culture, the polity, the economy, and the social order, provides input to and receives output from every other group. Every level adapts to or reflects every different level. This means if the level of interaction is limited at the family level, then there will be less interaction at the next level, which is found at school and in the classroom. Thus, culture reflects society just as society reflects culture.

Similarly, Helleve et al. (2009) contend that teachers view culture as an immutable obstacle that affects and inhibits proper teaching, negating the possibility of intercultural dialogue that could establish a mutually negotiated future. Regarding sociological theory, Griswold (2013) concurs that society mutually agrees to pursue certain cultural traits and that any regression is punishable. Similarly, Ritzer and Stepnisky (2018) allude to a collective consciousness in society, which Durkheim regards as the total of the sentiments and beliefs common to citizens of the same society.

The collective consciousness acts as a shared understanding of the society's culture, beliefs and norms, which unites people and enables them to fight for a cause if the need arises. As a result, it is uncommon for members who move out of the society or community to denounce this collective consciousness. Such a collective consciousness exists in the

classroom and was why the participants complained that they found it challenging to teach sexual topics in LO. As members of the collective, they feared being punished if they regressed over particular aspects of the collective consciousness.

On the topic of the treatment of women, Mofolo (2010) maintains that in most cultures, women are seen as inferior and are supposed to show that they respect men by keeping quiet about sexual matters. This gender issue creates power imbalances that contribute to the transmission of HIV & AIDS, as women cannot question their men even if they notice that they are cheating on them

The participants' responses showed that they were influenced by their family backgrounds and the social life of the communities in which they lived and that this was carried over into their classrooms. It seemed that this prevented meaningful dialogue from taking place in their classrooms. Francis (2015) concurs that if girls are to be punished for their silence in class over sexual issues, the punishment must go to the family that has brainwashed the girls with these dictates, to which they are now conditioned. Similarly, DePalma and Francis (2014) maintain that most LO teachers find culture problematic, especially when teaching HIV & AIDS education, as it eventually stops communication in the classroom. They argue that culture is an essential and monolithic entity that undermines any system or practice that challenges its authority.

In the same vein, Vincent (2008) describes initiation schools in the Eastern Cape, where young boys are ritually sequestered and circumcised and from which they graduate. Upon returning to their homes and schools, they are not allowed to discuss anything about their initiation experience, especially with women, even if they are their class teachers. Furthermore, if teachers attempt to discuss aspects of initiation, they may face the wrath of parents who accuse them of forcing their children to discuss initiation matters in class. This shows that parents sometimes want their children to maintain a culture of silence, while teachers want to initiate a dialogue as part of their teaching strategy.

Echoing similar sentiments, Ritzer and Stepnisky (2018) maintain that in sociological terms, when a society establishes a collective consciousness, it must possess collective representation to reflect itself through symbols, rituals, myths or religion. These act as motivators for individuals to conform to the collective claims. They further argue that the

school is an extension of society and must portray its characteristics by guiding its members to conform to their behaviour. Ritzer and Stepnisky (2018) confirm that cultural taboos are examples of things agreed upon through collective consciousness and must be guarded zealously. Similarly, Edles and Appelrouth (2005) view religion as an essential aspect of the collective consciousness for the functioning of society. Religion, like culture, influences teachers and learners to behave differently when sexual matters are taught in HIV & AIDS education. From the findings, one effect imposed by these two unchallenged entities was the silence of teachers and learners when conforming to the collective consciousness.

This emphasises how cultural issues are a massive barrier to effective HIV & AIDS education teaching. It can create significant challenges when teachers try to instil their beliefs in their learners. As Johnson stated, the major challenge is resolving cultural and religious conflicts between teachers and learners, teachers and parents, or learners themselves, especially in former Model C schools. If these conflicts are not resolved, teachers may remain silent about specific issues they cannot teach or may be biased in favour of their cultures, much to the disadvantage of their learners.

In addition, Mofolo (2010) contends that the detrimental effect of women being taught to be quiet when it comes to sexual matters is that they are associated with HIV & AIDS from a young age. Teachers from such cultures may reinforce gender disparities in class when teaching HIV & AIDS by facilitating this silence to the significant disadvantage of all learners, especially girls. Likewise, Griswold (1987, 2013) and Helleve et al. (2009) express concern that the threat of cultural conflict, personal constraints, and the convictions possessed by individual teachers may result in them keeping quiet on certain sexual matters. The implication is that there can be no dialogue in such a scenario in class. Some topics cannot be taught, which affects the teaching and learning of HIV & AIDS education.

Accordingly, Griswold (2013) argues that a cultural object, depending on how it is created and received, might unite or divide a society, so it needs to be understood. This implies that individuals need to know why they cannot discuss sexual matters in public and why they are not allowed to question the existence of certain taboos. Griswold (2013) also argues that people must identify the characteristics of the cultural object and its relationship with the other objects in the culture. This means that schools should invent and distribute cultural objects that are allowed by their communities. Griswold (2013) further suggests that people might resist receiving the cultural object. If society experiences failures, this is

dysfunctional, dividing society, and the object's role becomes meaningless. This may also happen in the classroom where teachers or learners refuse to receive particular cultural objects because society does not accept them.

Echoing the same sentiments, Browes (2015) claims that many hidden traditional barriers such as cultural taboos prevent the free and open discussion of sexual matters, especially between young people and adults. Furthermore, women are taught to maintain a social distance from men and avoid discussing or listening to discussions on sexual matters. This makes it difficult for teachers to teach sexual topics in HIV & AIDS education.

On the other hand, gender disparities are sometimes reported to be promoted through HIV & AIDS education, as shown by Browes' (2015), who maintains that teaching HIV & AIDS education in certain schools reproduced certain dangerous beliefs circulating in society. Bhana (2012) and Smith and Harrison (2013) also describe the reproduction of gender norms, where male teachers sexually abuse female learners because society views women as lesser humans.

Similarly, Browes (2015) also confirms that female students complain that gender disparities are reinforced and amplified by their teachers, who often overlook girls and mistreat them while paying positive attention to boys. Browes (2015) maintains that such practices emanate from the family, where the culture of the patriarchal societies in which these teachers were raised taught them that men dominate women. Likewise, DePalma and Francis (2014) argue that such practices amplify existing gender inequalities, even though teachers are expected to narrow the gender gap. These are the same teachers entrusted by parents with teaching and guiding their children in learning the morals and values of society. It is understood that girls do not just keep quiet in class over cultural taboos but are sometimes sexually harassed by the teachers who are supposed to rescue them from such abuse. However, this did not emerge from this study since the participants could not implicate themselves, nor did I observe it happening.

The abovementioned harmful practices are sources of parents' mistrust of teachers teaching their children about sexual matters. Furthermore, Bhana (2012) and Smith and Harrison (2013) claim that these contradictions are limited to the school environment and extend to these teachers' communities. This contradicts the findings of this research study, where the participants reported that cultural contradictions are transmitted from society to the school

and not the other way around. What can be construed from this is that certain schools influence society to behave in specific ways. As a remedy, Aggleton (2004) claims that while it is essential to equip individuals with the knowledge, attitude and skills for an adequate sexual education, unlocking cultural barriers at the societal level is essential to do away with oppressive gender disparities which cause girls to be silent in relation to sexual issues.

Khau (2016) corroborates the above viewpoint and further maintains that sexual matters are also taboo among the Basotho, especially if one is talking to children, and this makes the task of sexuality educators extremely challenging, as they are afraid to be rebuked by the community for talking about sexuality to their children. The silence on sexual issues is problematic, as teachers may use it to avoid discussing specific sensitive matters and may, in the end, avoid discussing specific problems related to sex education.

5.4.3 Contrasting social backgrounds

No society is homogenous. Griswold (2013) argues that social stratifications exist, with the rich controlling the functionality of society at the expense of the poor. This battle may also find its way into the classroom if teachers clash with their learners due to differences in social status. Felicia had this to say:

It is disturbing to have learners from better backgrounds than yours who argue a lot when explaining specific issues. You feel they are undermining me because I am just a simple teacher. Maybe at home, they discuss these things, prominent their parents are wealthy and influence them.

Some participants, such as Tapiwa and James, showed that they were not comfortable teaching learners who undermined them, especially those from affluent families. This was evident when James shared the following:

I once taught LO at this private school, everything is under scrutiny, and you cannot freely express yourself in the classroom. I looked at my background and that of children of wealthy parents. You just become scared to say certain things. However, I did enjoy my teaching there, and there was much support.

During the lesson observation, James taught a Grade 11 LO class about the effects of HIV & AIDS in communities. I noticed that he demonstrated great respect for his learners and

minimal interaction. It seemed he did not want to give the learners much room to talk to avoid criticism and questioning. Perhaps he lacked the confidence to teach them about HIV & AIDS, which affected his teaching. At first, he did not open up about this during our face-to-face discussion, but he explained his position in his narrative frame. However, Tapiwa had no problem with teaching learners from different backgrounds. He had this to say:

I am very comfortable teaching these learners as we come from the same community and practice the same culture. Their parents' backgrounds and ours are the same, and these learners see me as one of them.

Phindiwe also complained about and confirmed the inferiority complex felt by many teachers, although they may try to conceal it. She maintained that it is natural for adults to feel diminished in the presence of young people who are incredibly wealthy. She narrated the following:

It is the way they talk to you that annoys me. They sometimes lack respect because they see they have everything and do not care about what you say. I was experiencing this in one of the schools I once worked. However, here where I am working, there are no such things. Maybe we do not have learners of that calibre. They are all respected.

Tapiwa maintained that the problem of learners not showing respect is not experienced by all learners. He asserted that:

The upbringing of a child determines how they behave towards others. Some learners come from good families, but they respect a lot. However, there are those whose parents are always absent from their lives, and maybe because of work, they do not have morals. We had one in our school, and he made teachers uncomfortable. His parents were wealthy, and he used to come to school driving a posh car and behaved like a king in school.

Noxolo expressed similar sentiments and explained that the schools they teach affect teachers. She said:

Certain affluent schools are intimidating to teachers who come from poor backgrounds. Sometimes you exaggerate how you do things as you try to match the

high standards of these schools. You do not feel comfortable even taking decisions as a classroom practitioner because you think maybe you are doing wrong things.

Noxolo further asserted that sometimes the school environment could be a problem for some teachers. Wealthy school communities tend to have highly educated parents who scrutinise the conduct of the teachers. Noxolo said if these teachers come from poor backgrounds, they are likely to feel intimidated, which can affect their teaching. She said:

This is even worse for LO teachers teaching sensitive issues in LO. They will think, what if they are reported for saying this and that to these wealthy parents, so you end up not saying or doing certain things you had planned to do.

Tapiwa further maintained that teachers need respect and dignity to execute their duties. He maintained that:

The SMT has to protect teachers against learners who might want to abuse them. Learners from affluent societies tend to disrespect and mock teachers. You will feel insecure, and teaching with an open heart becomes difficult.

Noxolo concurred that:

Sometimes you feel uncomfortable if you are in this situation. You can't help it as you will think whatever you are teaching is going under the drain. However, you must pull yourself together and pretend that nothing is happening. It isn't easy, though.

The sociological theory describes society as being constantly not at ease with itself. As observed by Marx, Griswold (2013) maintains that cultural hegemony exists in every community. From the Marxist perspective, a society's most influential and wealthy people manipulate and dominate the culture. In addition, Connell (2007) maintains that cultural hegemony creates hegemonic masculinity, where men become dominant over women, thus giving men an advantage over women. Furthermore, this inequality is practised in the workplace, in schools, and even in the classroom, where girls are seen as inferior to boys, and female teachers are perceived by their male learners in sexist terms.

Griswold (2013) maintained that the ultimate success of a cultural object depends on its listeners, viewers, audiences, or consumers. In other words, it depends on the cultural recipients who make their meanings from it. Although the intentions of its creators may

initially suggest the purpose of a cultural object, the receivers of culture have the final word for its success. Griswold further maintains that sometimes the consumers may value the cultural object but might conflict with the distributors due to differences in language, ethnicity or social status. In such situations, the cultural object might not be received. Teachers are in similar situations where an antagonistic relationship might develop with the elite learners. The latter think LO teachers from low-income backgrounds cannot distribute the cultural object to them.

In the same vein, Griswold (2013) asserts that people need to consider how and with what degree of freedom receivers make cultural objects meaningful. Furthermore, we can think of many ways in which different types of people, for example, men and women or the rich and poor, seem to view the same thing very differently. These differences are predictable products of the social mind. However, people need to understand that the reception, the meaning drawn from the cultural objects, is not firmly and undeniably embedded in the object itself but in the people's social attributes, their positions in a social structure, the condition that they like, what they value, and even what they recognise in the first place. This position in the social structure must be understood as it creates problems between LO teachers and their teachers from affluent families.

Helleve et al. (2009) assert that social background is essential in ascertaining how learners receive the cultural object from teachers. Teachers who relate to or share a similar social background with their learners may experience little difficulty in interacting with them. However, the learners may come from poor communities, have a limited class vocabulary, and rarely challenge teachers. Learners of low economic status may not question why such an object is being given to them and may receive it with open hands. The implication is that teachers feel an inferiority complex if they come from poor backgrounds than the learners they teach. This affects their teaching of HIV & AIDS education. In some cases, teachers in their comfort zones do not allow dialogue to prevent questioning by learners.

Griswold (2013) concurs that inferiority is a problem that affects society. She maintains that people who feel inferior will never assume the role of creators or inventors on the cultural diamond, for they are not confident enough to do so. However, they can become receivers of the cultural object. The only danger is that they may accept anything without assessing the danger posed by the cultural object they receive. Griswold (2013) further reasons that an inferiority complex can cause them not to question since they also have limited vocabulary.

This has a tremendous effect on teachers and may result in them failing to teach HIV & AIDS education effectively, which needs brave and confident people due to its sensitive nature.

Echoing the same sentiments, Francis (2015) argues that traumatic experiences in the lives of certain teachers from poverty-stricken communities are likely to affect them more when exposed to challenging situations. Poverty is a challenge, and when other factors compound it, it is unlikely that teachers will be able to perform at their best. Bhana (2012) concurs that low-income family backgrounds affect teaching, as teachers feel isolated and vulnerable to criticism by colleagues and learners. Browes (2015) agrees that challenges and criticisms may silence such teachers, who may prefer to retreat into a comfort zone. A potential solution is for there to be regular counselling sessions for traumatised teachers.

Stephens and Martell (2019) concur that teachers' backgrounds influence their identity, thus influencing how they may teach HIV & AIDS education. They argue that if a teacher's background resembles that of their learners, they are likely to be a member of the majority group in class. In this case, the teacher will view the world as being normalised through their everyday experiences. The normality might be the eradication of HIV & AIDS among the youth. Stephens and Martell (2019) suggest that such teachers assume that all learners share their identity as they approach the classroom from a cultural perspective.

Park et al. (2018) argue that a teacher's family background may separate them from certain groups in class, as they may not appreciate or understand their learners' diverse situations. Learners may assume that teachers do not care about their welfare or that they are infected or affected by HIV & AIDS. Park et al. (2018) conclude that teachers may fail to address the needs of all the learners if they teach from a dominant social position.

However, in sharp contrast to the participants' views, some researchers have argued that teacher identity and family background do not influence teaching. Qin et al. (2015) argue that the differences in the backgrounds of teachers and learners are of minimal effect on the classroom environment because teachers are the ones who set the tone and culture of the classroom based on their values, attitudes and beliefs. Furthermore, they argue that teachers are constantly modifying and remodifying their expectations from learners, which puts them in control of the classroom situation. However, cultural background influences how teachers teach in the classroom since learners can resist the tone and culture set by teachers if these

contradict their own cultures. This may create conflict, as teachers perceive learners as undermining their authority. Teachers must therefore identify with the norms and values of the society they teach to minimise such conflicts.

5.4.4 Personal experiences

The teachers in this study came from different backgrounds and had had different experiences. Some were infected with HIV & AIDS, and sometimes they failed to cope due to illness, yet they were supposed to teach their learners to avoid HIV infection. The participants noted that they had lost close relatives who had succumbed to AIDS and said that talking about this illness was like torture in class. Tapiwe's collage included a picture of a tombstone with the word *deceased*. In her collage, Phindiwe had a view of a cemetery and said: "*Death is cruel*". During our discussion at the end of the lesson observation, she said she was uncomfortable talking about death, as she had lost close relatives, and the memories were still there. In her narrative frame, she asserted that:

It is touching to discuss HIV & AIDS when I have close relatives who have died. It is like you are opening old wounds. What about learners in the same situation as me? I did not receive enough counselling to cope with this. I end up giving up and not teaching or talking about specific issues. Emotions kill, especially if the parents have left while you are still young.

The above information indicates that Phindiwe was hounded by social problems, making it challenging to execute her teaching duties properly.

Noxolo used a cartoon on her collage which showed unhappiness due to her parents' death due to HIV & AIDS. She wrote: "*Wherever you are, father, stay safe*". In the lesson observation, she used graphs showing the percentages of people dying in different provinces due to HIV & AIDS. To her, death was the most devastating effect of HIV & AIDS. She said that she was worried much about the prospects of losing relatives due to this pandemic. In her narrative frame, she mentioned:

My father died while I was in primary school and very young. My mother depends on ARVs and is very healthy. I never discussed this, but now I am grown, so I guessed what killed my father. When I look at my mother, I get much inspiration that

strengthens me, and I share this with my learners, which motivates me to talk about it, although culturally, it is difficult.

This showed that Noxolo was not afraid to talk about death and drew much inspiration from her mother, who is still healthy. She can thus share information about HIV & AIDS with her learners by drawing from her own experiences. She was quite positive, despite losing her father.

However, unlike Noxolo, James seemed to be more greatly affected, as he had experienced the deaths of relatives and learners' parents. During my routine of member checking and wanting clarification on what was written on the narrative frame, James clarified that:

Mentioning the term HIV & AIDS is like opening an old wound caused by the death of my loved ones. I have attended many funerals of my learners' parents who died of HIV & AIDS. I know their parents. I was there when they were buried; these were in primary by then, and some don't know anything about it. They were smiling when others were crying, but I know and feel it when I teach them HIV & AIDS education.

In her collage, Felicia had pictures of people drinking beer. After this, they engage in unprotected sexual intercourse with partners. In the end, there is death, and people are crying. Felicia's collage also included a picture of a coffin with the phrases *Rest in Peace, and HIV/AIDS kills*. In the lesson observation where she taught about myths associated with HIV & AIDS, Felicia said that people do not openly discuss the deaths of relatives due to HIV & AIDS. She said to the class:

I have seen it with my eyes. When a family member dies, people are quiet about it. So let us be open and discuss it to save the lives of innocent people.

Johnson maintained that the death of close relatives is something you will stay with for the rest of your life. He asserted:

You cannot remove memories of death like you are removing dirt from your body. It stays in your mind for the rest of your life. The visuals continue coming back even when you are teaching. It would help if you were strong, but sometimes it isn't easy.

Sharing the same sentiments, Felicia reflected that it was difficult for a teacher who has lost parents due to HIV & AIDS-related illnesses. She said:

You might teach the topic that involves the death of people due to this disease, but inside you are not happy. You will think about how these learners cope with such situations you have experienced and then conclude that life is not fair. In some cases, you are forced to skip specific topics because you are not comfortable.

Phindiwe reviewed that teachers have different experiences with life. She said some situations are better while others are worse. In the narrative frame, she asserted that:

Before you hear other teachers' sorrowful stories, you will think that you have many challenges. However, after hearing others narrate their stories, you will conclude that your challenges are much better. Like that, you are supposed to help these learners, yet you also have issues. This affects our teaching of HIV & AIDS education.

In the narrative frame, Tapiwa mentioned that traumatic experiences affect the way we teach. I wanted clarity on what he meant by this and he explained that:

I have a friend I was teaching with some time back. He was teaching LO and was always complaining that he sometimes failed to sleep because he was haunted by what happened in his life. This involved the death of her mother, who had been sick for many years, and those experiences were revived because in his class, there was a girl who was not in good health, and she looked like her mother. He always thought that maybe he could have done something better to help her mother live more years. I felt sorry for him, and I don't know how he is coping with life today.

Noxolo added that teachers need counselling assistance to enable them to overcome personal challenges they experience in their lives. She believed that:

As teachers, we are human beings from family backgrounds with many problems. How do you expect me to teach better when I have challenges and don't have anyone to give me a shoulder and rest my head on? We have seen relatives dying, and others have died in our hands. This disease kills, and talking about it is a traumatic experience.

Most participants have indicated that they are traumatised by certain experiences in their life, which make teaching HIV & AIDS education a challenge. Others have stated that they

have seen what happened to the families of the learners they teach, which affects their teaching as they avoid arousing these memories. However, in some instances, teachers have experienced good experiences that they impose on their learners as they think it is a good practice.

Drawing from sociological theory, Griswold (2013) concurs with the Weberian view that criticises the practice by teachers of instilling their values and experiences in their learners, as the learners do not have the option of refusing. Learners are not simply people at a gathering who can leave whenever they wish or when they get bored. Regarding the cultural diamond, Griswold emphasises that the cultural object must be distributed in a manner understood by the receivers, who are aware of the benefits of accepting it.

Similarly, from a functionalist point of view and in support of Griswold (2013), Ritzer and Stepnisky (2018) also resonate with Weber. They argue that it damages teaching and learning when teachers are influenced purely by their values and personal experiences. In such cases, teaching outcomes are negatively affected, and teaching does not produce the intended results. Ritzer and Stepnisky (2018) further contend that teachers must be aware of, moderate, and control their values and experiences when teaching as a precautionary measure to minimise influencing their learners negatively.

Griswold (2004) acknowledges that connecting an audience to a problem requires casting the situation so that the audience accepts its relevance. A problem must not be imposed on audiences as they will develop negative feelings toward the cultural object or influence others to reject it. Griswold maintains that creators must select acceptable distributors with the same experiences as the consumers to avoid rejection. This will result in the cultural object not reaching its intended audience.

According to Wood and Rolleri (2014), teachers develop their identity through their personal experiences, which learners are required to accept. Lesko (2010) argues that the problem arises when teachers base their teaching on a rigid and unrealistic view of sexuality acquired from their own experiences, which contrasts with their learners' reality. Such teachers do not value dialogue, and they silence any opposing views. Lesko (2010) maintains that they learn this behaviour from their parents and from elders in society who see critical engagement as a challenge to their integrity and status. The biggest challenge comes when learners voice their concerns; teachers misunderstand this and equate it with an attack on their personality.

Park et al. (2018) argue that certain situations are not planned and are beyond teachers' control. They provide the example of a trauma experience brought about by the death or prolonged illness of family members, which is a situation that affects teachers in teaching HIV & AIDS education. Furthermore, Park et al. (2018) contend that teachers can also draw positive lessons from these personal experiences that might benefit their learners. A good example is a teacher with experience caring for the sick, as such skills can be utilised in the classroom if learners need such knowledge or assistance.

However, while Serpa and Ferreira (2019) acknowledge that teachers' personal experiences may help teach HIV & AIDS education, they caution that teachers must express facts and not personal values because learners may possess different personal values from those of the teacher. Furthermore, Ritzer and Stepnisky (2018) resonate with Weber, who asserts that a teacher is not like a politician, who, through speeches, aims to persuade the public to adopt their thinking. Weber contrasted a public speaker and a teacher, describing how a public speaker may promote personal values and experiences because the audience is free to leave whenever they wish. However, if a teacher does that, they will be doing the learners an injustice because learners are not like empty vessels that need filling with one's values. In addition, learners are subject to a classroom power dynamic, which places the teacher in a position of authority.

Although teachers can impart negative ideas to learners drawn from their own experiences, I disagree with Weber's viewpoint and resonate with Park et al. (2018) that not all teachers' personal experiences are bad and that teachers can practically guide learners by drawing from their own experiences. In the case of Tapiwa, for example, he did not have a problem, and his own experiences were compatible with those of the learners he taught. Similarly, Noxolo drew inspiration from the condition of her mother. Therefore, not all teachers' personal experiences affect their learners negatively. On the contrary, some personal experiences inspire and effectively teach HIV & AIDS education. Generally, this theme implies that teachers cannot divorce themselves from their personal experiences when teaching HIV & AIDS education. However, problems may arise when there are contradictions with the personal values of their learners.

5.5 Conclusion

In this chapter, I presented and analysed the data generated from the lesson observations, collages and narrative frames to answer the first research question: *What socio-cultural factors influence LO teachers in teaching HIV & AIDS education in the FET phase?* I outlined the biographical profiles of each of the six FET LO teachers selected as participants for this study and their general views about HIV & AIDS. I then explained how I used thematic analysis to develop the themes related to the research questions. This was followed by presenting and analysing the results that addressed the first research question.

The first theme was school guidelines: *just follow their culture*. Here, the participants felt they were sidelined as they were forced to follow specific school guidelines incompatible with their cultures and values. The second theme was the culture of silence: *we do not openly discuss these things*. Under this theme, the data showed that the participants developed a culture of silence. They could not teach specific topics or say certain words due to contradictions and conflicts with their social and cultural values. Under the third theme, contrasting social backgrounds, some teacher participants indicated that their social backgrounds differed from their learners. They sometimes felt undermined by the learners, especially those from wealthy families. This suggested that when teachers experience an inferiority complex, they fail to navigate the proper teaching of LO without experiencing pressure. Lastly, the fourth theme, personal experiences, indicated that in most cases, the teachers' personal experiences contributed negatively, as they tended to undermine the cultural values of the learners they teach and society at large.

The next chapter presents and analyses the data generated from the narrative frames, collages and lesson observations to address the second research question.

CHAPTER 6

SOCIO-CULTURAL CONSTRAINTS AND LIFE ORIENTATION TEACHING

6.1 Introduction

In the previous chapter, I presented and analysed the data related to research question one. I analysed data on the socio-cultural complexities that affect LO teachers in their HIV & AIDS education teaching in the FET phase. This chapter presents and analyses the data related to research question two: *How do the socio-cultural factors influence LO teachers in teaching about HIV & AIDS education in the FET phase?* Three primary themes emerged from the inductive, thematic analysis: 1) cultural taboo: *we cannot discuss sex*, 2) emotionally draining: *not coping at all*, and 3) language is limited: *a barrier to teaching*. I discuss these themes concerning the literature, Griswold's cultural diamond (1987, 2013) and Helleve et al.'s (2009) adapted cultural diamond.

6.2 Cultural taboo: *we cannot discuss sex*

The results revealed that cultural taboos hinder LO teachers' ability to deliver effective HIV & AIDS education in the FET phase. It was revealed that teachers fear compromising their cultural beliefs and the communities they teach. The topic of sex is a sensitive area that teachers must discuss carefully with learners, as society generally considers them too young to be exposed to sexual language. The following are the participants' views on how they react to such cultural taboos.

Phindiwe acknowledged that:

Young people cannot discuss sexual issues with their elders. It is taboo not only in South Africa but in most African countries. Teaching HIV & AIDS education where sexual language is involved is challenging.

Tapiwa acknowledged that culture is a factor that determines how they teach HIV & AIDS education. In his collage, he had pictures of more men than women, and he said he is more comfortable dealing with boys than with girls regarding sexual matters in HIV & AIDS education. He asserted that:

I feel free to discuss with boys than girls. It is not easy culturally to talk about sexual matters with girls, especially if you are a married man. You are a father to them.

While observing Tapiwa's lesson on risk behaviours that contribute to the transmission of HIV & AIDS, I noted that most of the girls were quiet, and only the boys interacted with Tapiwa. I also noted that Tapiwa did not involve the girls or encourage them to participate in the discussion. During our conversation after the lesson observation, he said it is difficult to discuss sexual matters with girls as a married man. However, he said that he sees the boys as his brothers and has no problem discussing sexual issues with them.

After the lesson observation, James acknowledged that he teaches about HIV & AIDS education using sexual language. He maintained that:

Mine is not the case of culture. I am timid about discussing such issues openly where there are girls. These learners laugh, and you wonder what they are thinking now. I end up avoiding it.

I noted that throughout the lesson, he did not use any words related to the language used to discuss sexuality. He spoke in low tones, indicating his discomfort with what he was saying. I asked him why he changed his tone, and he replied:

It is not easy to explain it because HIV & AIDS is sensitive. You can easily make learners uncomfortable too.

Noxolo concurred and maintained that "it is better to be on the safe side". She further emphasised that some communities are stricter than others, especially in rural areas where most people are uneducated and practise traditional rituals.

The culture hindered any open discussion of sexuality between the participants and their learners. Phindiwe was affected by this, and in her narrative frame and the discussion that followed, as I was doing member checking, wanting her to clarify the issue of her failure to discuss sex issues with her learners, she said that she felt part of herself was missing, as she often failed to express herself fully. She explained that:

It seems as if part of me is missing as we cannot discuss sex issues with our learners in the classroom when teaching LO. I avoid certain words I am supposed to tell learners that are painful.

Phindiwe was aware of not speaking freely or openly, which caused her some shame. However, she was fearful of the opinions of the learners' parents, who were suspicious of and hostile to teaching sexual issues in HIV & AIDS education.

Felicia concurred with this sentiment and maintained that:

Everything we say must have meaning to them and their parents. Otherwise, they might ignore you as you teach.

She said that learners might lose interest if they do not attach value to what is being discussed, as “*if something is discussed at home and concluded to be of no use, it is difficult for learners to accept it*”. Felicia provided examples of communities and religious people who do not believe in circumcision. She explained that:

It is difficult to convince them that circumcision reduces the chances of being infected with HIV & AIDS.

Felicia included a picture of a teacher with her mouth covered and the phrases *Culture keeps us quiet...we can't speak*. Likewise, Phindiwe argued that there are certain words that teachers cannot use because they are taboo in their culture. However, she said these words are unavoidable, as they are central to discussing sexuality in HIV & AIDS education. Therefore, the main issue that emerged under this theme of cultural taboo was that even though teachers are supposed to teach these sexual matters in LO, they cannot easily discuss sexual issues with learners, as young people do not interact with their elders in the discussion of sexual issues.

Noxolo concurred and stated that:

We are a distance apart from the young ones as far as sexual matters are concerned. When I was growing, I never discussed such issues with my parents. The only person who could discuss this with me was my grandmother, but it was not much. This practice becomes worse in the classroom. Worse still, as a woman, I find it challenging to discuss with the boys because it is taboo in our Zulu culture.

Both Phindiwe and Noxolo stated that in Zulu culture, it is taboo for adults to discuss sexual matters with young people. Phindiwe further lamented that they do not receive support from

the school management to deal with the cultural complexities they face in the classroom. She reflected that:

The school Management Team (SMT) is silent and inactive despite highlighting our challenges when teaching sexual issues in LO. We cannot solve them on our own, so for now, we keep quiet.

Phindiwe added that her religion was against the use of contraceptive methods and that it encouraged members to multiply to fulfil God's wish. She said she could not talk about these issues because she went to the same church as her learners and feared they might report her to her elders. Phindiwe acknowledged that:

I am a mother to them, so talking about certain things in front of them is difficult. However, I tell them certain things step by step, development is a long journey, and all my learners understand me.

From the data, gender also emerged as a complicating factor that affects teachers' HIV & AIDS education teaching. It is also part of the cultural taboo against men and women openly discussing sexual issues in private. James complained that:

It becomes challenging to convince the learners to accept the views that explain the natural causes of HIV & AIDS. They have been indoctrinated from a tender age and cannot buy our thoughts. You saw it in the lesson when that boy said ancestors could give you HIV when you do not do the ritual they ask you.

Indeed, in the lesson observation, James was teaching about social practices that might lead to the transmission of HIV & AIDS. Apart from the widespread belief that ancestors can punish offenders by getting HIV & AIDS, one learner answered James politely but confidently and said they used traditional medicine to charm girls. During our discussion after the lesson observation, I checked with James to verify the information I had captured. He explained that:

As boys growing up, most of us use traditional medicine (umuthi) to make a girl's mind weak and 'blind' when you approach her. She could not refuse you when you proposed love to her. You put this traditional medicine under the tongue and then speak with her. In the other type, you mix it with water and wash your hands, and

when you greet that girl with shaking hands. This puts the medicine into her blood, which will cause her to accept you without thinking. When doing sex with her, you put some medicine in front of your penis. It will make her not forget you. The medicine will make her not resist sex or see or argue why you are not using protection. The intention is to make her pregnant so that she becomes mine forever since we will be having a baby together.

I became intrigued by this discussion. I asked James why they could not put the traditional medicine in front of the penis and then wear a condom. He concurred with what the boys had said in class and explained that:

Once you put on a condom, you block the medicine's power from entering the girl's blood. Your chances of making her pregnant will be limited, and she can easily forget you. You must follow all the instructions the traditional healer (Inyanga) gives for this medicine (umuthi) to work. However, we were grown up by then, which was the thing for the boys.

James further echoed that it was a common practice by the boys to use traditional medicine to get the girlfriends of their choice quickly. I asked if he still believed in this, and he said:

Of course, why not? It is in our Zulu culture. You have to use traditional medicine to get lovely girls. The medicine will do everything because some girls will be of high status and come from good families while you do not match her. It works, and I got many girls through that. However, as I said before, we no longer practice this. It is a game for boys. The problem is that now I find it difficult to denounce in class. The boys in my class strongly believe in it, and to say no, is like you are indirectly attacking our culture. I give a blind eye to it.

James confirmed that he believed in it too and could not speak against it if he wanted to safeguard his status in the community. He confirmed that women are disadvantaged as they cannot negotiate sex since their brains will be 'paralysed' by traditional medicine. He said the boys' belief in this practice is so strong that even talking against it is meaningless. He maintains that:

This practice is a super spreader of HIV & AIDS because these boys can sleep with many girls while equipped with that traditional medicine. Sometimes they do this to

test if the traditional medicine works. However, we cannot speak against it because it is embedded in our culture.

To verify this practice, I asked Johnson, who reported that he only knew about men who put some substances in women's drinks to make them weak. He confirmed that:

Drugging has the effect of making women unconscious, and men will take advantage of those helpless situations. Drugging practices have the effect of promoting the transmission of HIV & AIDS. When teaching about HIV & AIDS, we emphasize and discourage such acts under alcohol and drug abuse topics.

Johnson's views and stance on the use and effect of using traditional medicine for charming girls contradicted Tapiwa, whom I discussed after the lesson observation. Tapiwa resonated with James and concurred that:

The use of traditional medicine is widely practised and has the effect of spreading HIV & AIDS since boys want to make girls pregnant while the girls do not have the power to refuse due to the effect of the medicine. I know the practice works because all my friends got and made those beautiful girls in school pregnant. They were buying it from the grandfather of one of the boys who was an 'inyanga'. It is difficult for me to teach against it because it is our traditional practice. The traditional healers are profiteering since they are paid, and I do not want them to hate me and they are in business.

During James's lesson observation, where the issue of traditional medicine for charming girls was discussed, girls were silent and did not join in the discussion. According to the dictates of culture, they were not allowed to discuss sexual issues openly, even though what was being discussed affected them. I wanted to hear the women's side of the story and how it affects their teaching. Felicia professed ignorance over this issue since they do not practice in her Indian culture. She said:

I only know stories where girls are drugged in drinks to become unconscious, and easy for men to prey on them. I have friends who have become victims of this. It is not a cultural practice but criminality.

Felicia said she had no problem teaching against such acts, as they are dangerous and leave victims vulnerable to contracting HIV & AIDS since these men drug many women, thus exposing them to the risk of infection. From this, it can be noted that teachers possess different cultural practices and beliefs and have had very different personal experiences. Similarly, in our discussion, Noxolo described how men use *umuthi* to charm girls and how the practice is passed on from generation to generation. She said she had had first-hand experience as a victim. She lamented that:

There was this boy in high school I loved so much. I was attached to her so much. Sometimes we could skip school and go to town together. My parents were against it, they could beat or swear at me, but I could not leave him. Then they talked about this thing of (umuthi) for charming girls, and I could not understand or feel it. I was just in love. They did a ritual without my knowledge and consent, and the affair ended. Now I see it, and it is a bad practice. It exposes women as if they do not know what is happening to them. Luckily, I did not get pregnant or contract HIV & AIDS. However, these days you will catch it and die. The only problem is that we cannot speak against it in class. It is taboo to do so.

Phindiwe acknowledged that the practice of using this *umuthi* to lure girls was widespread all over their area. She had this to say:

This umuthi is not only used by young boys. They cope with it from their parents. Some men even use it to take other people's wives. My grandmother knows this umuthi and is selling it here. She has made much profit because she has customers from all walks of life, including high-ranking officials. They say her umuthi is vital, so they constantly refer to her.

I asked her for her views on the effects of such practices on women and the impact on her teaching of HIV & AIDS, and she confessed that:

It disempowers the women who agree with what men say and want to do. Yes, women cannot say no to the sexual advances of men because they will be powerless. They do not know what is happening unless they have clever parents who can quickly intervene with another umuthi to neutralise this. Many women get infected, and in my community, these are the same known men on ART who are using this (umuthi),

and to my surprise, these women rush for them. So it is a cultural practice I cannot oppose.

Moreover, my grandmother sells this (umuthi) to the community members. What do you think she will think and say when she hears that I am speaking against this in school? I just keep quiet about it.

In her narrative frame, Felicia acknowledged that women are taught from a young age to respect men, enabling them to respect their husbands. She said that there is a problem in the classroom when you try to exert your authority when there are boys who have been raised to think that they know better than all women. I did member checking and asked her what she meant by saying women are suppressed throughout life. She said:

The position of female teachers is challenging, especially when teaching in conservative and traditional communities. They regard you as a sex tool created to satisfy the men. They do not see us as knowledgeable humans and are in a position to impart knowledge to this generation. I feel it from the manner the boys look at me. Those are sexual gestures; the worst part is that I cannot do anything about it because I am a woman, and they like it that way.

Felicia had a problem discussing issues with the boys and felt they undermined her because she was a woman. Similarly, Tapiwa had a problem discussing sexual matters with girls because it is taboo for men to discuss sexual issues with girls in their culture. Felicia declared that:

The message is clear, women do not negotiate sex, and how do I encourage the girls to prevent themselves from this pandemic? Society disempowers women and empowers men, leading to women's abuse. It is the source of gender-based violence like cancer in South Africa.

Like Noxolo, Phindiwe maintained that cultural practices are not supposed to be challenged or compromised, as there will be a backlash from the ancestors and the community. She mentioned that:

We must respect our culture; it is taboo to talk about sex or use these words publicly. Failure to follow your own culture makes ancestors angry, and you will either get

sick, make family members ill or get misfortunes in life like losing or failing to get a job. Worse still, these learners belong to my community, and I prefer to maintain my cultural traits than be ridiculed by society.

For Phindiwe to maintain her cultural practice, she had to stop teaching culturally related issues that compromised her culture. The above suggests that teachers, too, are brainwashed to believe in the ancestors' anger and its effect on individuals. Noxolo put pictures of African people on her collage, mostly in traditional Zulu attire. She said she had no option but to follow her culture, which sometimes forces her to do certain things in the name of culture. This suggests that she prioritises her culture over teaching specific topics in HIV & AIDS education, which could contribute to the rise of HIV & AIDS infections among the school-going age group.

Teachers formulate classroom rules to be followed in teaching. However, problems arise when these rules conflict with the cultural norms of some societies. Tapiwa provided the example of teachers insisting that all boys cut their hair short, yet some learners retain long hair because of their religious affiliation. In this case, culture conflicts with rational-legal authority. Tapiwa narrated that:

We try to maintain our dignity by enacting rules to obey; however, there is a challenge when those rules conflict with their culture.

When I asked Tapiwa to elaborate and to give examples of such conflicts in the teaching of HIV & AIDS education, he explained that:

In a role-play of how HIV & AIDS is spread, you must assign gender roles to society's expectations. You cannot give boys roles of girls, but you can provide girls with roles of boys. Boys will think that you want to make the girls, and they think girls are less human than them in their mindset. I once assigned one boy to clean up an area used by 'HIV & AIDS patients. He said, 'Angiyena owesifazane' (I am not a woman).

Tapiwa explained that they want every learner to play any role assigned to them in their teaching. However, he explained that giving boys the parts of girls is taboo. As a result, they are forced to change their teaching strategies due to these cultural complexities.

Many researchers have tried to explain why HIV & AIDS infections have continued to escalate even though many issues surrounding it are being taught in schools. Helleve et al. (2009) maintain that teachers are also affected by HIV & AIDS, which affects their teaching of HIV & AIDS education. Similarly, Griswold (2013) contends that societal problems affect individuals' performance. The problems become worse when they do not get support from their leaders. In addition, Helleve et al. (2009) also acknowledge that problems affecting teachers must be linked to socio-cultural issues that control how they teach. Furthermore, the profession of teachers is in the hands of their society, and they do not have freedom.

Similarly, Griswold (2013) contends that most branches of social theory assumes certain things as given and must be followed without questioning or resistance. Furthermore, she asserts that we might try to explain how the norms of a society constrain its members to act in one way and not another. The norm itself is taken as a given. Griswold (2013) posits that it is a given norm that sexual issues are not discussed openly or between the elders and the young. People learn this through interaction. Griswold (2013) maintained that symbolic interactionism concerns how people actively construct and learn their norms and roles. They are also taught the consequences of not following society's dictates. Therefore, members are afraid to discuss sexual issues and will remain silent.

Another dimension that Griswold (2013) highlights is the power relations in society among the creators, distributors and consumers. Those with power tell individuals or groups how to behave. Since they have less power, they will comply. The culture of society defines the code of conduct. According to Griswold (2013), culture defines what is legitimate, proper, and normal and sets a moral code. Furthermore, she maintains that culture shapes our common sense, our all-but-unconscious understanding of how issues are and should be.

According to Griswold (2013), legitimacy, morality, and common sense might illuminate the power relationship between creators and consumers. Power in society forces members to uphold moral values or face the consequences. By not discussing sexual issues publicly, members are displaying compliance and upholding society's ethics and moral values. In teaching about HIV & AIDS, creators as policymakers have power over teachers, who possess power over learners. Compliance is the central key at each level.

However, Griswold (2013) illuminates that people, individually or as groups, are free agents in control of their destiny. The same culture provides resources for resistance and domination, and people can use them to pursue their ends. However, In the teaching about HIV & AIDS education, teachers have no choice but to implement the curriculum in the form they are given. In other words, they do not possess the power to change things.

In another situation, Griswold acknowledges that people are programmed like robots by their culture to the extent that they fail to recognise their interests. Such individuals do not question what they are told to do but comply. It is difficult to change their minds, and teachers find it difficult to openly discuss sexual issues with these individuals.

The participants indicated that they preferred compromising their teaching to prioritise their culture. Griswold (2013) calls this action “organic solidarity”, where members of society elect to come together and defend a cause that they know helps them to survive and live. Griswold (2013) refers to Durkheim’s explanation that every society must have some collective representation or tie that binds, that demonstrates the undeniable connection to one another of society’s individuals. To be members of good standing, teachers may decide not to speak about things regarded as taboo by their community publicly.

Similarly, Berglas (2014) asserts that knowledge on sexual issues has been taught and transmitted from generation to generation for several years but with no success in changing people’s behaviour. This happens because the programmes offered to people have no link with the problem of failing to deal decisively with the complexities of various socio-cultural influences. Additionally, Browes (2015) claims that many hidden socio-cultural barriers, such as cultural taboos, forbid the open discussion of sexual matters, especially with young people, making it difficult for teachers to teach sexuality education. As a result, teachers have remained silent, which has compromised the teaching of HIV & AIDS education.

DePalma and Francis (2014) concur and observe that teachers understand such silences in terms of cultural taboos against certain social practices, such as the open discussion of sex and non-heterosexuality. Similarly, Naidoo (2014) acknowledges that the culture of silence about HIV & AIDS is found at home and school. She further maintains that HIV infects many parents, teachers, and learners, so they are not eager to discuss it. It becomes taboo to discuss HIV & AIDS openly because it offends those people or family members who are affected.

Naidoo (2014) also highlights that a significant challenge in teaching HIV and AIDS education is the belief systems that parents and church leaders instil in their children and congregants, making it difficult for learners to engage with and accept specific sensitive issues. Teachers who follow such beliefs and practices find it challenging to denounce them when teaching HIV & AIDS education. This area is fertile for further study, as it is as sensitive as teaching HIV & AIDS.

Similarly, in Lesotho, Khau (2016) contends that, generally, the Basotho communities do not like any person to teach sexuality education to their children other than people from their communities at the initiation schools. The Basotho only speak openly about sexuality issues at traditional initiation schools situated in the mountains for secrecy. For anyone to publicly talk about sexual matters, and worse still, to talk about them with young learners, is a punishable offence against their culture. This view resonates with Griswold's (2013) explanation that religion is an integral part of society and often determines who, how, and when members receive the cultural object. Culture values the cultural object greatly, and any violation of its dictates is punishable. Members who do so will be regarded as outcasts or be banished by the chiefs. However, today, expelling members is against the constitution, and members are opting for other options like paying fines in the form of cattle and goats.

Likewise, in their study on teaching G&C in Zimbabwe, Mugweni et al. (2013) assert that using the vernacular for human reproductive organs is taboo. It, therefore, becomes difficult for teachers to explain matters of a sexual nature to learners clearly and straightforwardly. These complexities compound teachers' failure to teach G&C and sexuality education within HIV and AIDS education. As a result, teachers remain silent over such matters, as they either fear the taboo or are not used to teaching such issues in the classroom.

Apart from cultural taboos affecting their teaching of HIV & AIDS education, teachers had problems changing cultural beliefs instilled into the minds of these learners in church and at home. Participants explained that learners were taught certain cultural beliefs in church or at home, and they reported that it became difficult to convince them to accept the correct information. Francis (2015) similarly claims that churches brainwash people into believing that HIV is a punishment from God for the wrong things they have done, such as having too much sex with different partners or having sex with a person of the same gender. This suggests that society believes that doing bad things may result in punishment from the ancestors or God and that this punishment comes in the package of HIV & AIDS.

Leclerc-Madlala (2008) contends that the Christian religion also dramatically influences how teachers teach HIV & AIDS education. It governs what to discuss and what not to discuss when teaching sexual issues in HIV & AIDS education. Furthermore, she maintains that the dictates of religion are latent within the members and become apparent when a member has trespassed and is punished. Nyatsanza (2015, p. 223) concurs and argues that “part of the problem lay in the churches’ discomfort in openly discussing issues of sex and sexuality, which were inextricably linked to the epidemic”. This practice clearly showed that church members are influenced by the doctrines of their churches, which encourage them to be quiet about sexual issues. Similarly, Griswold (2013, p. 50) confirms that:

For example, in the past, teaching the young what they needed to know, performing religious rituals, and making the transitions of birth and death took place within the family. Society as a whole exerted intense pressure against deviation.

Furthermore, Griswold (2013) alludes to Durkheim’s explanation of religion as practising ritualisation and symbolisation, which must be adhered to by its members. To find out what all religions have in common, Griswold (2013) suggests that Durkheim does not see the answer lying in the widespread belief that they all believe in some supernatural or divine being. Durkheim (1912/2012) argues that all religious beliefs divide the world into the sacred and the profane. These are holy things, that is to say, things set apart and forbidden. Teachers cannot tamper with things regarded as sacred and taboo. LO teachers are members of these religious groups and may carry such influence into their classrooms.

What emerged from the above views is that, in addition to culture, religion also acts as a dialogue stopper. Griswold (2013) highlights that religion was the most fundamental bond between people of earlier times. This bond was passed on to subsequent generations without any resistance. This practice puts teachers at the centre of two hostile and unchallenged entities detrimental to HIV & AIDS education. This also resonates with DePalma and Francis (2014), who stipulate that society views culture as an essential and monolithic structure that devalues any practice which challenges its authority. Therefore, teachers face the wrath of parents, who are custodians of their cultural traditions. They also fear the leaders of their religious sectors, who ensure that members abide by their doctrines.

Cultural taboos silence teachers and prevent teaching and learning, as information does not reach the learners as intended. Similarly, in the cultural diamond, Griswold (2013)

acknowledges that an object with no meaning to society will subsequently be rejected. This rejection can discredit teachers who try and fail to give the cultural object to the learners. Therefore, cultural taboos hinder the proper teaching of HIV & AIDS education. As a result, teachers 'resign' and retreat into their comfort zones.

However, Francis (2015) maintains that the primary reason teachers develop resigned attitudes towards teaching cultural beliefs and practices is that most are not trained to teach LO. They lack confidence and an understanding of crucial methods of addressing certain sexual matters. Although the emphasis here is on a lack of confidence, and teachers not being adequately trained to teach HIV & AIDS in LO, I argue that a range of complex influences exist, including cultural taboos, that negatively affect how teachers teach HIV & AIDS education. The most damaging and counterproductive scenario is when teachers are bound by cultural taboos and lack the confidence and skills to teach about HIV & AIDS education.

Likewise, Ritzer and Stepnisky (2018) explain that functionalist sociological theory sees morality as an external social fact that governs how an individual behaves in society. It is coercive, and individuals do not choose to comply. Such an explanation suggests that LO teachers may be coerced to comply with not teaching aspects regarded as taboo by their culture to put themselves in the safe zone. By employing the cultural diamond, Helleve et al. (2009) emphasise the complexities that teachers experience emanating from their distal and proximal contexts, which have different cultural and social setups and may differ from those of the teachers. As highlighted in this research study, these differences create socio-cultural complexities, in the face of which teachers end up withdrawing and instead of seeking refuge in the comfort zone of their social structure, where they feel protected. This suggests that teachers prefer to choose the dictates of their culture than those of the DoE, which demands that all topics be taught irrespective of socio-cultural influences.

In addition, Naidoo (2014) argues that some teachers are shy and unwilling to discuss sensitive sexual issues. She links this to the fact that, in some cases, these teachers may either be sick from HIV-related illnesses or have infected family members, making it difficult for them to talk about it. Since HIV & AIDS is associated with stigma and discrimination, these teachers would rather stay silent about it. Likewise, Helleve et al. (2009) assert that not all teachers share the common belief that they should be teaching HIV & AIDS education in schools, nor do they possess a common understanding of the cultural

dimensions of teaching HIV & AIDS education. Again, this will make them silent on these issues in the classroom. In addition, Naidoo (2014) highlights that many teachers have not realised how much such problems influence their teaching. Griswold (1987, 2013) and Helleve et al. (2009) express great concern about individual teachers' cultural conflicts, personal constraints, and convictions. In the case of James, his issue was a personal constraint, where he felt too shy to explain certain things.

Francis (2014) also acknowledges that these cultural beliefs are viewed as symbolic aspects learned by society that govern, influence, and shape teachers' thinking. Likewise, DePalma and Francis (2014) affirm that boys disregard the opinions and roles of girls in society, who are expected to be submissive and to listen to what boys and men say, even on sexual matters. This creates a culture of silence in the classroom, as girls are not eager to discuss sexual issues openly as it is considered taboo to talk about sexual matters. This was evident in Tapiwa's lesson, where girls were silent during the discussions.

Similarly, Ahmed et al. (2009) contend that the gender of teachers affects their teaching about HIV & AIDS in LO. They find that male teachers express more discomfort in teaching sexual matters in HIV & AIDS education than female teachers, who were more able to hold an open and friendly discussion with their learners on sexual issues. This is also highlighted by Mugweni et al. (2013), who report that most teachers identified cultural taboos as the most significant factor hindering HIV & AIDS education teaching. Gudyanga et al. (2019) also assert that G&C teachers in Zimbabwe stated that taboos related to gender must yet be overcome for effective teaching about HIV & AIDS education. This indicates that taboos hinder the appropriate teaching of HIV & AIDS education in Zimbabwe.

Khau (2016) similarly argues that gender issues and sexual matters are taboo in Basotho, especially when talking to children. This makes the job of sexuality educators challenging, as teachers must step back from these issues out of fear of the community's wrath for talking about sexuality to their children. This results in teachers becoming silent over teaching issues regarded as taboo by their societies.

It must be noted that most of the findings in this research study indicated that cultural taboos hinder the teaching of HIV & AIDS education. This contradicts Helleve et al.'s (2009) finding that teachers ignore learners' sexual and reproductive rights. They do not explain why teachers fail to pay much attention to these topics and further contend that teachers do

believe in the idea of teaching sexuality and HIV & AIDS education (Helleve et al., 2009). Still, teachers do not concentrate on these rights, nor do they think that young people have independent values, norms, and interests. I believe that Helleve et al.'s (2009) research study did not look deeply enough to establish why teachers took such a negligent stance after acknowledging the importance of teaching HIV & AIDS education. Cultural taboos should not be underestimated, as they profoundly affect teaching HIV & AIDS education in the classroom.

Helleve et al. (2009) and Griswold (2013) agree with Durkheim's observation that although the school is supposed to serve the needs of its society, it is always in conflict with the culture and values of that society. They all agree that teachers must not take it for granted that their HIV & AIDS education teaching will be received with open hands by the community. Griswold (2013) further asserts that the cultural object distributed by teachers to learners must have a meaningful value they recognise; otherwise, they must expect resistance if it is regarded as taboo. In addition, Nyatsanza (2015) affirms that the concept of objectification occurs over time, and society affirms and ascribes AIDS to that society's popular beliefs and values. This indicates that sometimes it may take time for learners to understand what teachers are teaching, or they may understand but take time to practice what has been introduced.

The above views resonate with Helleve et al. (2009), who maintain that conceptualisation is a gradual process and that the value of what is being taught may be internalised later. The delivery of the cultural object may not be adequately compelling to warrant the learners' attention at that time. Their views resonate with Francis (2015), who contends that LO teachers are not prepared to address issues of gender and sexuality. They find themselves in limbo since the education department expects them to teach sexual matters in HIV & AIDS education while society forbids them. As a result, both teachers and learners remain silent. In addition, Boler et al. (2003) assert that cultural taboos hinder the effective teaching of HIV & AIDS education in schools, and teachers are not comfortable teaching these topics. They remain silent, which disadvantages learners by limiting their knowledge of HIV & AIDS.

The findings revealed no link between the expectations of the school and the society as far as culture is concerned. This concurs with DePalma and Francis (2014) and Naidoo (2013), who acknowledge that schools and communities often occupy two different ends of the

cultural spectrum, which act as a barrier to discussing HIV & AIDS education. To bring harmony, Levend and Canan (2018) argue that the schools' curriculum should be aligned to the communities' needs and demands to prevent suspicion and friction between the two antagonistic entities. They further say that the biggest losers are the learners if this is not done.

6.3 Emotionally draining: *Not coping at all*

Teaching is not easy, and many teachers are affected physically and emotionally. The participants indicated the ways they are affected by HIV & AIDS education teaching. The following were their views on how they have suffered emotionally over the years.

I captured James's concern about what teachers tell their learners in my field notes. His face indicated sadness. In his narrative frame, James maintained that sometimes LO teachers are affected by what learners tell them during private discussions. He had this to say:

After being told their experiences, you feel this will affect that learner when you teach because you are now talking about similar things. You think you are opening wounds that were healing. After considering this, you will never be the same as a teacher. Emotions will force you to change your tactics and say things differently.

Phindiwe, Noxolo and James suggested that teaching HIV & AIDS education is emotionally draining, as they are always in conflict with the society in which they teach. Their cultural practices and beliefs do not match those of the learners they teach. Noxolo said that it was emotionally draining for her due to the personal experiences she had endured in her life. She said:

It drains me emotionally to be reminded of my past through the teaching of HIV & AIDS. I feel sorrowful when discussing what happened to their parents with these learners.

Noxolo also said that she had lost close relatives due to the HIV & AIDS pandemic and that they had not discussed these issues as a family. In her narrative frame, she said:

I imagine myself returning to that situation again, walking on top of those thorns, feeling that pain in the spine, and I begin to imagine the pain of losing parents and

how difficult it is to talk about it. It is a reminder, a lousy reminder to my learners and me. It makes me cry, and I end up keeping quiet.

In her collage, on a section with people carrying a coffin, she had written in capital letters: *REST IN PEACE*. This showed that she associated the deaths of people with HIV & AIDS education. Noxolo said she had buried some of her learners' parents and that some had succumbed to HIV & AIDS-related illnesses. She said that she became emotional when looking at these learners, which affected her teaching. She explained:

Sometimes you feel like you want to cry when you say something about HIV & AIDS as a killer diseases, and a learner whose parent has died of this pandemic looks down or holds the cheek by the hand. This is so stressful, I tell you.

Similarly, Phindiwe felt sad when she reflected on the plight of her learners:

Some learners are infected, and others care for infected and ill people, so when I see the look on their faces, they are not coping at all, they need somebody to talk to, and that person is not there. I develop feelings of sadness.

During our discussions at the end of the lesson observation, in my field notes, I captured that she presented facial expressions of unwillingness to engage learners in sensitive issues. Phindiwe explained that she was comfortable teaching general topics not associated with infections and the death of humans. Therefore, teachers' work is constrained because they cannot openly discuss the HIV & AIDS pandemic with their infected or affected learners, whom they are supposed to assist. This failure to render assistance results in feelings of sadness and emotional suffering.

In addition, in her narrative frame, Felicia reported that, as a mother, she felt pain when she saw the suffering of her learners. She reported that:

I feel sad about how infected and affected our learners are and that death will eventually catch up with them. It is so emotional to know that what you say makes someone unhappy, but you do not have any choice.

Felicia, like Noxolo, showed that she was affected by the situation she observed from her learners. In her narrative frame, Felicia reported that her past experiences influenced her teaching. She said:

I had a traumatic experience during my teenage years. It was challenging to grow up without a father, although my mother was very supportive. The trauma comes back when I see the suffering of the learners who have lost their parents. We cannot divorce our teaching from our own experiences, and there is a link.

Felicia's responses suggested that teachers are sometimes traumatised by the negative experiences they have had in their lives and that many do not get assistance. Felicia had this to say:

We never received counselling. Sometimes you feel like this thing will go, but the experience of seeing learners suffering and you are supposed to comfort them is so difficult. HIV & AIDS is very sensitive, and sometimes we are stuck because of emotions.

Tapiwa reported that it was emotionally draining to teach LO in a class with learners you suspect to be HIV positive. He further said that one has to control one's emotions, but sometimes it becomes too much, and you cannot take it anymore. In his narrative frame, Tapiwa revealed that:

HIV & AIDS is a sensitive issue that people must be careful of when dealing with people infected or affected. In class, you may see that a learner has a problem, is not concentrating, and is unhappy, and you know the issue. It is difficult to call them and discuss the situation. You do not know if you will make them heal or damage their souls. Since our hands are tied, it affects us inside, and you are not happy.

I asked Tapiwa if all his LO classes have such cases, and he said some cases are unknown but are there. He said:

Sometimes they hide their situations, but you can see from how they behave that they have issues they cannot solve independently. Like in my Grade 12 class, I have this boy who is HIV positive. He goes every month to take the pills from the local clinic. Now he is grown up, is knowing what is happening to himself. He was born with the virus and is blaming his mother. So sometimes, he defaults from taking medication. After that, he became very sick and was absent from school for days. Due to weight loss, he will be thin when he returns to school. You do not ask why he was absent. You can see it on your own. This affects me a lot, especially when teaching HIV &

AIDS topics. I wish he is not there because I know what I will be saying affects him so much.

Tapiwa said that this boy has a sister in Grade 9 who was also born HIV-positive. He said the sister is better adjusted since she knows nothing about her status. Their mother told her that the medication she takes is to cure asthmatic illness, of which she does not have any symptoms. Tapiwa's concern was about when she would discover the truth like her brother. He said:

The truth shall come out later, and that is when all hell will break loose. Like her brother, she will be in denial and sometimes refuses to take medication. I know what will happen to her, and every time I enter her class, I feel sorry because she is innocent. I want to help her, but I do not know how. This makes me sad and affects my teaching.

Tapiwa's concern reminded me of a similar incident in a school at which I was teaching. A Grade 8 learner used to take his medication at break time after eating food since the school has a feeding scheme. His grandmother had told him that they were for curing his heart condition. On one of the days, his tablets were accidentally seen by a Grade 11 boy, who recognised the ART medication since his uncle was taking it. This boy told the young boy the truth and came to me in the staffroom, crying. Although counselling sessions were organised with the local clinic, they did not help much since the damage was done. Due to stigma and discrimination, the boy eventually left school and decided to go and learn at another school where his status was unknown. I understood how James felt when he narrated his story.

Johnson reflected on how teachers are human and how they are affected by society's problems. He said that teachers have feelings that make them emotional when teaching sensitive issues to their learners. He said the sadness starts in the staffroom, where teachers openly disclose their HIV status. This is what he narrated:

We have sick teachers who are always in and out of the hospital. You can see with the skin that one is not healthy. One teacher was brave enough to tell me about her HIV status. I feel sorry when she gets seriously ill. Then you enter the class, and you find they are there also. Some are not sick, but both parents have died due to HIV & AIDS-related illnesses. They stay alone at home and are always quiet in class. I feel

sorry for them, and it drains all my energy. The worst part is that there is nothing I can do about it.

James noted that they are not trained to handle such extreme cases in the classroom. He said sometimes learners with problems are referred to them, and he explained that:

We are not professional counsellors, and it is difficult to deal with cases beyond our profession. We never got any training to deal with social issues learners are facing. The more they tell you, the more it affects you. In the end, teachers and learners will require psychological assistance, which is challenging to get in schools. This ends up affecting our teaching in the classroom.

Griswold (2013) acknowledges that society has problems manifested by individual members' lack of knowledge. In some cases, the distributors encounter challenges in distributing the cultural object. Griswold (2004) maintains that individuals strive to maintain their identity in the face of their problems. In some cases, they become part of the problems they encounter. Distributors have passion for what they do as they want to be identified as peace-makers. Griswold (2004) further alludes that what affects distributors of the cultural object is the resistance they encounter from consumers who might not be ready to receive it. Thus, LO teachers are no exception as they are emotionally affected by what they teach and observe in the classroom. Griswold (2004) stipulates that distributors are exposed to many challenges, affecting them emotionally.

Drawing from the cultural diamond, Helleve et al. (2009) acknowledge that teachers are affected by what they teach about HIV & AIDS and what they see among their learners. They, too, have emotions and feelings that affect how they receive and distribute the cultural object to learners. Helleve et al. (2009) further contend that teachers are social beings affected by the negative things happening in the communities in which they teach. Some teachers try to pretend that all is well, yet they experience challenges in their teaching and cannot cope. Negative emotions affect teachers in their teaching of HIV & AIDS education, and many fail to cope with the stress caused by HIV & AIDS for their learners and themselves.

The literature supports the participants' reports of being affected emotionally. The participants' experiences are reflected by the World Bank's (2020) finding that teachers are burdened with the challenge of individually counselling learners infected with and affected

by HIV & AIDS. They are not given enough support at school to teach content that may help fight the transmission of HIV & AIDS. They also experience ongoing emotional effects due to their negative classroom experiences. Brown (2013) similarly argues that teachers experience psychological trauma when they try to handle HIV & AIDS cases in the classroom because they lack training, which leaves them without the skills necessary for addressing such sensitive issues. Correspondingly, UNAIDS (2020) reports that teachers are often depressed, anxious, lonely and withdrawn and unable to perform their teaching duties at their best. Teachers lack support for these emotional effects, affecting their classroom performance.

Naidoo (2014) concurs and adds that teaching about HIV and AIDS is an emotional praxis that drains the energy of teachers. Furthermore, Naidoo (2014, p. 223) argues that teachers employ different “emotion technologies” in their spatial and teaching praxis in HIV and AIDS lessons. However, the participants' responses in this study suggested that some teachers are not coping. The participants reported that many were affected by low-income family backgrounds, where they suffered emotionally without receiving care or assistance from their family or friends. This, compounded with their school challenges, incapacitated the teachers.

In addition, Naidoo (2014) maintains that teachers suffer emotionally from teaching HIV & AIDS education, which shifts their identity and affects their teaching. Once their identity is shifted, teachers do not realise who they are, which affects their thinking and reasoning. Furthermore, Naidoo (2014) suggests that the crux of the problem is that HIV & AIDS is a sensitive matter that cannot be discussed openly because of their stigma. Some of these teachers are affected and infected by this pandemic. They cannot discuss this with anyone, so they suffer inside, affecting them emotionally. UNAIDS (2020) acknowledges that teachers worldwide are experiencing problems teaching about HIV & AIDS education. Furthermore, they are not provided with counselling to help them deal with the psychological issues. They listen to and observe learners affected by and infected with this virus daily yet receive no professional assistance.

6.4 Language is limited: *a barrier to teaching*

Language is an integral part of teaching and learning. It is there for communication purposes to enable people to relate to one another and to enable teachers to convey their message to

the learners for effective learning. Through language, cultural practices are also passed on from generation to generation. However, language can also hinder the effective teaching of HIV & AIDS education. The following were the participants' views on how language hindered teaching about HIV & AIDS education.

James explained that language plays an integral role in the teaching profession. He said, “*without it, you are not a teacher. You are not complete*”. He added that the difficulties involved with speaking about HIV & AIDS made him feel uncomfortable, as he was supposed to demonstrate to the learners that he is knowledgeable about the subject he teaches. He further explained that:

Sometimes it is not lack of vocabulary, but the management of our schools censors us, and due to the limitation in your language, you wonder what I can say for this and that, eish it is not very easy. However, we teach these learners in the end because they are passing LO. I find ways to navigate my way through.

Phindiwe noted that teachers must design an LO curriculum that caters to most South African cultures. She said:

The curriculum must not conflict with the society's culture it is supposed to enlighten. There must be no conflict on what the teachers should say or not. Everything must be smooth and easy for us. However, we are engulfed in fear, yet we live in a free South Africa.

This suggests that teachers, through education, add an essential dimension to sociological theory. Their interaction through language is essential for child development and understanding HIV & AIDS education. However, teachers cannot freely express themselves due to cultural complexities, which is detrimental to teaching HIV & AIDS education effectively.

Johnson, like Felicia, had a unique problem that the other participants did not experience. They both explained that as non-isiZulu speakers, it was challenging to employ code-switching and use isiZulu to explain certain words to help learners understand better. Johnson explained that:

Most of the learners I teach are Zulu speaking, and sometimes I try to do code-switching, but I fail. Although I now know quite a lot of isiZulu words, I am afraid to use them, especially the sex language, because you do not see how offensive it might be, you may use words they avoid using, and they might think you do not have respect at all.

This problem was one of the challenges faced at multiracial schools, where teachers teaching learners of different races could not employ code-switching to help learners to understand better by using their home language.

James admitted that he was facing challenges but said he had solutions to his classroom challenges as he found “*ways to navigate through*” the obstacles. Felicia asserted that there must be a policy governing the use of sexual language in LO and workshops that give teachers the confidence to teach without fear. Any deviation in how teachers transfer this information to the learners creates problems that may leave learners infected with HIV in the future. In this case, Tapiwa explained that sexual language should be developed to make it easier for teachers to explain specific topics more acceptably:

It is so frustrating to come to a situation where you cannot express yourself to your learners because the language to be used is unacceptable to be used by an older adult to young children. It affects our teaching. Our language is limited. It is like you search on your vocabulary, what I can say now instead of using this word, and you end up bluffing.

Tapiwa shared that few words in their vocabulary enabled him to express the concepts fluently and continuously before thinking carefully about the right words to use.

Noxolo expressed similar sentiments and commented:

I still need to maintain my dignity as a teacher and community member. The curriculum expects me to say this, but I will not do it when speaking a specific language. These learners laugh at you when you do those things. I will talk in flat and straightforward language, no big words.

During the lesson observation, I noted that she had problems selecting certain words and stopped at various moments to think about certain words. She often would say “*this*” while

gesturing with her hands, indicating an effort to search for specific terms and suggesting that she was finding it problematic. James had the same problem with language use as other participants. However, his concern was compounded by the learners' inability to grasp certain concepts because they came from traditional cultural backgrounds. He acknowledged that:

Learners come from different backgrounds, have language barriers, many misunderstandings, and cannot express themselves because they are not exposed to these current devices at home, although some have. So they are at the traditional and cultural level of operation. This limits what Language I must use and the information they must know. Finding a substitute for specific words is difficult to help these learners understand better.

James experienced difficulty finding suitable words to use that would assist learners in understanding better. In the end, he said he ended up leaving out some of the topics he found problematic to teach. This language barrier affects learners' learning, as they find themselves at the receiving end.

Phindiwe maintained that something must be done to help teachers overcome the problem of language. She said:

I think policymakers can help in this situation. Teachers need to be capacitated through workshops and presented with various materials to help their language be rich. Sometimes you get stuck and don't know what to say. There is much that needs to be done in this area.

Tapiwa reiterated the same sentiments and argued that teachers must use language understood by learners for meaningful learning to take place. He said:

If we are limited in the language we use, it becomes a disadvantage for learners as they are the ones to benefit from all classroom activities. These issues need immediate attention from the education department before it is too late. It is a challenge for us.

Felicia gave an account of her own experiences. She asserted that:

I teach some learners who do not understand English. I struggle to find proper and meaningful words which they can understand better. Considering that there are some words you cannot use, the situation becomes difficult for me, although I try my best.

Noxolo maintained that teachers must be more committed, especially in understanding the language best for our learners. She reflected that:

HIV & AIDS education is one of the most difficult areas to teach because of its sensitivity. You can't say this or that as you will never know who is affected by that. It is essential to study our learners and know what is best when communicating with them. It isn't easy, but we try our best for the message to reach them.

Johnson further explained that:

You sometimes feel like you are letting these learners down because you cannot communicate properly. As teachers, we feel guilty, especially when we fail to do what we are supposed to do. The issue of language is a thorn one in our flesh as there is no immediate solution to the problem. However, I try my best to make them understand better.

Griswold (2013) contends that language unites individuals in society as they associate with one another through speaking the same language. Furthermore, she asserts that this language is essential in distributing the cultural object to the members of the society, who must understand its meaning and intentions. Teachers are constrained if language is a barrier to transmitting these cultural objects. This was reported by some participants, who lamented the absence of supporting factors to ease the difficulties they face in the classroom.

In addition, Helleve et al. (2009) concur that teachers are exposed to different and difficult situations in their everyday professional activities, which may result in them failing to communicate freely with their learners when teaching about HIV & AIDS. Furthermore, HIV & AIDS is a sensitive topic that needs to be handled differently. Teachers must communicate well in a language that the learners understand. Similarly, Griswold (2013) maintains that distributors of the cultural object must be of the same culture and speak the same language as the consumers to prevent misunderstanding due to the language barrier. She said culture is about language; without it, communication becomes difficult.

This resonates with Helleve et al.'s (2009) explanation that teachers view culture, especially language use, as an immutable obstacle that affects and inhibits proper teaching. As noted by the participants, teachers do not have solutions to this problem. As a result, learners are disadvantaged in their HIV & AIDS education.

Griswold (2013) concurs, drawing from the views of Durkheim, who also saw the importance of language in teaching, and further proposed that language is a commodity that individuals learn from members of society and that teachers have taken up this role. Durkheim (1912/2012) emphasises the function that language, as a social fact, plays in giving meaning as an object to society. Furthermore, on the cultural diamond, Griswold (1987, 2013) contends that society invests much in language as a resource essential for producing the cultural object and its transmission to the receivers. The people producing, transmitting and receiving the cultural object must communicate and understand its meaning and importance. This implication in the classroom is that curriculum developers must communicate appropriately with the teachers who implement the HIV & AIDS education curriculum by teaching it to learners. A communication barrier on this topic hinders the learning and teaching about HIV & AIDS education. There must be no language barrier for teachers to teach effectively and for learners to receive the cultural object.

Therefore, Griswold's (2013) and Helleve et al.'s (2009) cultural diamonds resonate with Durkheim's position that a language is an important object used for interaction and to develop the unity of a society. Furthermore, Griswold (2013) emphasises that language use must not be limited, as it is a cultural object that must reach the intended audience, in this case, LO learners studying HIV & AIDS education. She likened this situation to a broadcaster who experiences a technical fault that prevents the audience from hearing the broadcast, resulting in a failure to fulfil its mandate of delivering the object. This is similar to teachers who deliver HIV & AIDS messages to the learners. Due to complexities in language use, they fail to deliver the message correctly, meaning that they have failed in their mandate.

However, schools, like society, are not homogenous. This is evidenced by the challenges teachers face at multi-racial schools with learners of different races. Teachers have to use different strategies to cater for their needs. However, Griswold's (1987, 2013) and Helleve et al.'s (2009) cultural diamonds are "one size fits all". They have one system that distributes the cultural object to a homogenous society. They do not cater to issues such as language

barriers or cultural diversity South Africa experiences as a rainbow nation. That is why participants like Felicia and Johnson could not employ code-switching. As distributors of the cultural objects, they were constrained due to differences in language and culture between themselves and the learners.

The participants' sentiments on how the language barrier affects the teaching of HIV & AIDS education were reflected in the literature. Some researchers dispute the gravity of its effect, stating that the impact of the language barrier is contextual and depends on the experience of the teachers and how they navigate their way through the subject matter. The World Bank (2020) claims that some teachers report feeling uncomfortable when teaching specific topics and when using words such as "condom use" and "circumcision". These teachers argue that such issues clash with their cultural values and beliefs because discussing sexual matters is taboo in their culture. Mugweni et al. (2013) contend that the vernacular words for human reproductive organs are taboo. Sometimes teachers find it difficult to substitute certain words. These complexities compound teachers' failure to effectively teach sexuality education within HIV and AIDS education.

Interactionist sociological theory regards language as an essential mechanism that unites society. Retnoasih et al. (2020) maintain that the interaction helps groups learn or develop language, making communication easier. However, a problem arises when teachers cannot easily use familiar words to help learners understand their message. The resulting language barriers reduce the smooth interaction between teachers and learners. Ritzer and Stepnisky (2018), in their explanation of the functionalist theory of sociology, propose that teachers teaching in unfamiliar areas or cultures can be assisted to communicate better by learning the indigenous language, thereby learning the culture of that society. Minimising communication barriers in this way helps to improve the effectiveness of learning and teaching.

This view is also shared by Hashash et al. (2018), who maintain that schools play an essential role in developing learners' language abilities from a functionalist perspective. However, they argue that teachers are found at the centre of the web and that their interaction skills become limited if their language is also limited. DePalma and Francis (2014, p. 13) assert that "teaching sexuality education in multi-cultural societies such as South Africa will require meaningful engagement in intercultural dialogues". Such meaningful engagement helps teachers learn about different cultures, especially the cultures of the learners they

teach. This would assist in removing cultural barriers that might hinder the effective teaching of HIV & AIDS education.

6.5 Conclusion

In this chapter, I presented and analysed the data from the participants related to research question two: *How do the socio-cultural factors influence LO teachers in teaching HIV & AIDS education in the FET phase?* Three primary themes emerged. Under the first theme, cultural taboo: *we cannot discuss sex*, participants indicated that they could not discuss specific issues in the classroom because they were regarded as taboo by society. Under the second theme, emotionally draining: *not coping at all*, participants indicated that teaching HIV & AIDS education was emotionally draining and that they failed to cope. They could not effectively teach HIV & AIDS education as they experienced negative emotions which emanated from their own experiences and what they observed from the learners they teach. Under the third theme, language is limited: *a barrier to teaching*, the participants suggested that language was a barrier to teaching HIV & AIDS education. They did not have a range of culturally acceptable words to choose from and use in their HIV & AIDS education teaching. The results indicated that these socio-cultural complexities, especially cultural taboos, hinder proper HIV & AIDS education teaching.

The next chapter presents and analyses themes of the data generated from the lesson observations, collages and narrative frames to address the third research question. The participants discuss how they deal with the socio-cultural complexities influencing their HIV & AIDS education teaching.

CHAPTER 7

LIFE ORIENTATION TEACHERS' NAVIGATION OF SOCIO-CULTURAL COMPLEXITIES

7.1 Introduction

The previous chapter analysed data on how certain socio-cultural complexities influence LO teachers in their HIV & AIDS education teaching and addressed research question two. In this chapter, data relating to how participants dealt with the socio-cultural complexities affecting their HIV & AIDS teaching is presented and analysed to address research question three: *How do LO teachers address socio-cultural complexities in their teaching of HIV & AIDS education in LO in the FET phase?* Inductive, thematic data analysis was used to identify emerging themes. Four primary themes emerged from the inductive, thematic analysis: 1) avoiding contradicting cultural and religious beliefs, 2) use of social media platforms, 3) involve specialists, peer educators and role models, and 4) pastoral and parental roles. I discuss these themes in relation to the literature, Griswold's cultural diamond (1987, 2013) and Helleve et al.'s (2009) adapted cultural diamond.

7.2 Avoiding contradicting cultural and religious beliefs

In the previous chapters, it emerged that teachers tended to avoid issues that made them uncomfortable in their teaching of HIV & AIDS in the classroom. The data revealed that the participants used avoidance to prevent themselves from contradicting cultural and religious beliefs. To avoid problems and be on the safe side, participants avoided discussing sensitive issues about HIV & AIDS that contradicted their learners' cultural and religious beliefs and those of the community. The following were the participants' views that addressed research question three.

Phindiwe mentioned that *"to be on the safe side, the best way is to avoid topics in which you are conflicted"*. In her narrative frame, she noted that not discussing specific issues that may put you at loggerheads with the community you teach was the best way to avoid conflict. In her collage, she wrote the phrase, *"Silence conquers all"*. During our discussion, I asked Phindiwe if silence was the best way to deal with socio-cultural complexities. She responded:

Why not? It is the best way. I have learned this from my previous school; they removed a teacher because he was not following their dictates. It came as a divorce letter, and we were all surprised. We have heard that some are beaten up, so I must be a coward and remain silent.

In contrast, Noxolo expressed her feelings in her narrative frame:

I always want to do justice to the learners, I cannot keep quiet and let them suffer, so I teach HIV & AIDS as it is, but I replace certain words I cannot express in front of learners with less tone. Instead of using sexual intercourse, I say people are sleeping together, and they know what I mean.

Noxolo's strategy differed from Phindiwe's since she did not remain silent but found alternative ways to do justice to the learners. However, both participants used avoidance to navigate HIV & AIDS teaching. As a result, gender disparities affected the teaching about HIV & AIDS since women could not discuss sexual issues before men.

Johnson shared the same view that issues that contradicted cultural practices should be avoided to be on the safe side. He stated that:

Some issues contradict the teaching of my religion. How can I teach learners the benefits of circumcision when we do not practice it in my religion? I tell myself that I will look at this topic later, ending like that. No one checks if I have taught this and that. It is better that way than feeling guilt inside that you are saying things against your religion. I would rather avoid it and silently deal with the problem.

This suggests that Johnson prioritised his religious beliefs at the expense of teaching learners skills that would help them fight the spread of the HIV & AIDS pandemic. The issue of race under the pretext of following the dictates of religion, played a vital role in undermining the tradition of other cultures, especially that of learners.

Felicia said that she could not say certain things that made learners unhappy and depressed. As a mother, she said she was touched emotionally by how her words would affect them. In her narrative frame, she reflected:

You cannot stand there and talk about infected people, yet there are learners in front of you whom you suspect to be infected or whose parents have died of HIV & AIDS

complications. They will feel bad, so I skirt around such issues because I would not say I like to depress them. If I reflect on my lesson, I feel bad, like why I said this, what I had done well, wrong, etc. The sorrows of a learner due to your actions are terrible for any teacher, so I will avoid those moments.

In the lesson observation, it was evident that Felicia liked her learners to be happy and the lesson to be lively, with most learners participating. Perhaps she did not like any tense situations in her classroom for these reasons. She would rather sacrifice teaching sensitive HIV & AIDS topics for a happy, positive classroom environment. What can be deduced from the above is that teachers experience intrapersonal and interpersonal conflicts.

During our discussion after Tapiwa's lesson observation, he mentioned that:

It is like a war with the community, and they were disadvantaged by the apartheid government, which destroyed and undermined their socio-cultural practices. Now they want that back, and they are suspicious of teachers. To them, independence means taking back their pride. We cannot win the war without support, so we must remain silent.

James acknowledged that working in an environment that contradicted your religion or culture was problematic. He said:

The best solution is to ignore those areas I feel uncomfortable teaching. In this way, my relationship with the community will be sustainable. You do not have to worry about management asking you why some topics were not done. The priority is to put yourself on the safe side. Obvious learners will not know that specific topic were not done as they always follow behind.

Tapiwa concurred that he often avoided engaging in uncomfortable situations to teach specific issues. He explained:

There are girls there. How can I tell them the detail of sexual matters? When you talk, boys laugh, and the girls feel uncomfortable. They have difficulty making eye contact. I do not teach those topics and talk sexual language to them as a solution. In that way, I feel comfortable.

Tapiwa acknowledged that teaching sexual issues to learners was challenging, and like other participants, he believed that the best solution was avoidance. This suggested that teachers saw avoidance as the best solution, despite being detrimental to the learners as many HIV & AIDS-related topics were not being taught.

Felicia believed that keeping quiet was not cowardly but a way of safeguarding one's values and dignity. She asserted that:

I must not allow the community to ridicule me, preventing that. I must maintain my teacher identity to continue earning respect from my learners and the community. I know what I am doing is wrong, but who comes to my rescue when attacked? They always think you are doing this to undermine their culture, but that is not the point.

However, although teachers faced multiple problems teaching HIV & AIDS education, some exaggerated their problems to fulfil their agendas. As James explained:

Sometimes we are not under pressure and get support from the community, but we do not teach specific topics. We are used to the community, and there are particular issues we do not see as necessary, so we leave them out.

Griswold (2013) and Helleve et al. (2009) acknowledge that the teacher is a creator of meaning in that they mediate and distribute information to the students. However, they are also receivers because they receive the information from curriculum developers, who have been tasked with deciding what information to include or exclude in the curriculum. As a result, teachers have no choice but to teach what curriculum developers give them. In most cases, what they teach, like sexual issues, makes them be at loggerheads with the community.

Similarly, Helleve et al. (2009) concur that teachers view culture as an immutable obstacle that affects and inhibits effective teaching and negates any chance of intercultural dialogue producing a mutually negotiated future. As a result, teachers follow a middle path that is clear of obstacles and avoids conflicts with their personal and cultural practices. Helleve et al. (2009) and Griswold (2013) agree that societies experience solutions to social problems as cultural objects, which teachers try to reposition to meet their needs. When transferring the cultural object, teachers can conflict with society.

Griswold (2013) maintains that individuals in society are taught to interact with one another. This is the way the cultural object is passed from generation to generation. She maintained that the failure of individuals to interact creates a dysfunctional society where the cultural thing cannot be distributed among members. When this happens, cohesion among members is affected as there will be no solidarity. Griswold (2013) maintains that a lack of solidarity and cohesion also affects the unity of the society where they are supposed to work together during ceremonies like rituals. She further highlights a fit between culture and society in the functionalist perspective because any misfit would be dysfunctional. A misfit happens when there is a communication breakdown, or members can no longer do what they are expected to do. Similarly, Helleve et al. (2009) affirm that LO teachers should communicate freely with their learners to teach about HIV & AIDS education effectively.

Francis (2015) concurs that teachers will often remain silent to avoid such disputes in their comfort zone. DePalma and Francis (2014) acknowledge that teaching HIV & AIDS education in multi-cultural societies requires serious engagement in intercultural dialogues to do justice to teaching HIV & AIDS education. All stakeholders should be involved in developing the best mitigating factors. DePalma and Francis (2014) argue that the DoE should not exclude traditional leaders from discussions on the way forward.

The above views resonate with Khau (2012), who suggests that traditional leaders and LO teachers must communicate to find common ground to dispel misconceptions and integrate conventional ideas into the HIV & AIDS education curriculum. In such a scenario, the society supports teachers' efforts in teaching about HIV & AIDS education since part of their traditional teachings are included in HIV & AIDS education.

However, the LO teachers and traditional leaders have not decided upon the issue of including conservative and traditional views in the HIV & AIDS education curriculum. Instead, developers design the curriculum and select the HIV & AIDS information to be included.

A solution is needed to help teachers adopt the best strategy to deal with cultural complexities without disadvantaging their learners. This resonates with DePalma and Francis (2014). They argue that teacher training institutions must prepare LO teachers for culturally sensitive and dialogic pedagogy and address culture directly and how it can be reconfigured to meet the demands of LO teachers, the school, and the community.

The question must be addressed: why is the community at loggerheads with LO teachers teaching about HIV & AIDS education or sexuality-related issues? A further question must be addressed: why do teachers avoid or remain silent about HIV & AIDS education or sexuality-related issues that contradict the cultural practices of the community they teach? Leclerc-Madlala (2016) contends that traditional and cultural methods were not valued under the apartheid era. Today, traditional leaders want space to exercise their traditional rights. Therefore, traditional culture is now equated with notions of freedom and democracy in the new South Africa, hence the conflict between teachers and the community.

Similarly, Moletsane (2011) asserts that communities have designed strong moves towards upholding African culture to develop their own identities. This can only be achieved if they control what is taught in schools. According to Moletsane (2011), this is a form of “cultural nostalgia”, or a yearning for the past cultural practices destroyed by apartheid. African societies want their pride back at any cost and will fight with whoever stands in their way. Teachers are fully aware of this, which could be why most participants chose to remain silent or avoid topics that they felt might conflict with the community.

In addition, Kirby (1995) argues that teachers must not be biased and must be open to challenging existing socio-cultural norms. Teachers should set aside any bias or personal experiences which might cloud their adherence to programmatic values and intentions. However, Kirby (1995) agrees that teachers have difficulty talking openly about sexual issues and prefer to reinforce normative thinking that they have culturally acquired rather than challenge it. In this study, whatever topics participants perceived to be problematic were skirted around and avoided.

However, such normative thinking is a social complexity that must be challenged and resolved. Muthukrishna et al. (2007) contend that if these problems are not solved in teacher development programmes, the likelihood of “curriculum silences” will increase. Likewise, Mugweni et al. (2013) contend that teachers believe that campaigns could help to change cultural beliefs that oppose the open discussion of sexual matters, thereby weakening the culture of silence on sexuality education by learners, parents, and teachers.

Correspondingly, Daniel et al. (2007) suggest that cultural silence is problematic as it helps promote denial. Teachers find it much easier to hide behind the “we do not talk about this in our culture” attitude than to cope with the demanding situations and challenges that critical

discussion would entail. Wood and Roller (2014) maintain that the professional development of LO teachers should address their cultural values, beliefs, and attitudes that conflict with other cultures to overcome any personal bias they might possess.

In addition, Leclerc-Madlala (2016) contends that the internal conflict that teachers experience affects how they are supposed to execute their duties. When their beliefs and values conflict with those of the community they teach, they often remain silent over issues they cannot handle. They decide to pursue their interests or beliefs at the expense of what they are supposed to teach.

On the issue of religion, participants like Johnson indicated that they prioritised their religious beliefs and practices over the cultural traditions of their learners. MacDonald (2006) echoes that this practice is common in former Model C schools, reflecting apartheid system beliefs that black culture is very primitive and morally inferior to white Afrikaans. Perhaps Johnson prioritised his religious beliefs because he undermined the African cultural practices by not teaching specific topics. As a result of such training, Francis (2015) believes that the young generation feels inhibited when addressing sexuality matters with adults because their teachers do not teach them the relevant information.

DePalma and Francis (2014) maintain that gender inequality ensures that women are silent before men. However, teachers are still expected to discuss sexual issues in the LO lessons, even though it may be difficult for female teachers to discuss such matters with their male learners. This resonates with Leclerc-Madlala (2016), who asserts that most South African societies are silent about gender inequality because it is a common social practice rooted in the old traditional system, where the elders censored individuals, especially women, from discussing sexual matters openly. The data suggested that this affected the teaching of HIV & AIDS in the classroom, where the female participants tried to find alternate ways of dealing with the situation, but in vain.

The preceding discussion has highlighted how the participants avoided issues or topics that conflicted with the socio-cultural practices of the society they were teaching. However, this was not the best practice, as it was detrimental to learning about HIV & AIDS. I believe that the middle path should be followed, where teachers' cultural values align with that of the society, and lecturers must address cultural complexities at teacher training institutions.

7.3 Use of social media platforms

Advancements in technology have changed all spheres of life, including teaching. The participants indicated they used different teaching aids, including videos, flashcards, charts, and social media platforms, to teach HIV & AIDS education.

Most participants indicated that they had created social groups on WhatsApp and Facebook to make their lives more manageable. Phindiwe, in support of these social media platforms, explained that:

They come to our rescue where we cannot navigate due to cultural problems. In these platforms, different messages are spread, which are helpful to our learners. You are not scared or think, what will I say about this and that? Everything is at their disposal.

In her collage, Phindiwe had pictures of cellphones, cameras, and images taken from different videos showing people being taught about HIV & AIDS. In one picture, learners were watching a movie. Phindiwe explained that the movie was about a teenage girl whose parents had died of an HIV & AIDS-related illness. She was left to fend for herself, and in the process, she got abused sexually by men who promised to give her money. Eventually, she fell ill, and when she went to the hospital, she found that she was HIV-positive. Phindiwe said such movies focus on sensitive HIV & AIDS issues that teachers tend to avoid teaching for fear of the community's wrath. She noted that learners could better understand such matters if they followed a narrative of them happening in real-life situations.

In her narrative frame, Phindiwe acknowledged that the success of using a social media platform depended on the class you were teaching. While some learners might be interested in using social media platforms, others might not. She further acknowledged that:

As I said, there is a media culture where we learn many good or bad things. The use of videos and print media that express specific stories and sexual language teachers cannot express directly to their learners due to religious and cultural complexities.

Phindiwe emphasised that she often shared stories with her class through WhatsApp. She said that most of the stories were real-life situations and her learners enjoyed them. She acknowledged that the only challenge was that some of her learners did not have cellphones

due to several factors. She further explained that she printed out all the stories and distributed them to those who did not have cell phones. Phindiwe further acknowledged that using social media platforms like Facebook, Twitter, Instagram, or WhatsApp was helpful in her teaching about HIV & AIDS.

Noxolo agreed with Phindiwe that this generation of learners enjoys social media platforms since they always chat with friends and relatives. She said that if she posted something on Facebook, it reached them within seconds. She added that HIV & AIDS is a sensitive issues associated with stigma and discrimination. The use of social media platforms made it easier to convey sensitive information to her learners. She also explained that you could not observe learners' emotions as teachers on social media. As discussed in the previous chapters, teachers often find it challenging to deal with the traumatic events associated with HIV & AIDS that their learners' experience and the teachers' difficulties in processing these emotions can encourage them to avoid certain sensitive topics, which negatively affects the teaching and learning of HIV & AIDS education.

Noxolo elaborated further and explained that:

Pictures, videos, diagrams, and graphs are essential to understand self-talking better. Learners can see charts showing the number of people infected and dying. It was like 'had when I showed them graphs indicating that their province, KZN, leads to a high rate of people infected. They did not believe this, and I shared activities done in KZN on our Facebook group, leading to high numbers of infections. It was like, 'now we see the problem.' They enjoy this practice. I have observed that most of them, including girls, participate, ask questions, and give solutions and suggestions than they do in class.

Noxolo concurred that learners understand sensitive information better through social media platforms. She suggested that teachers were the biggest beneficiaries. They did not have to worry about conflict with the community since they did not discuss sensitive HIV & AIDS issues directly. Phindiwe and Noxolo alleged that they remained in their comfort zones by using social media platforms, as their learners received sensitive HIV & AIDS information from social media platforms and not from the teacher.

James also elaborated on the advantages of using social media platforms in teaching HIV & AIDS education. He asserted that:

We have to change our strategies to make our lessons enjoyable. We teach learners with problems, and our culture inhibits us from going the extra mile. No one blames you when they see videos about HIV & AIDS cases because you are not saying it yourself. This information stays in their minds for a long time. It is a done deal.

Like the other participants, James did not wish to shoulder the blame for the sensitive LO content, especially when the wider community questioned its appropriateness. He was more interested in making his lessons exciting and enhancing his learners' understanding of HIV & AIDS education. He believed that videos were an innovative teaching resource. Therefore, it was evident that the participants were afraid and felt very vulnerable concerning teaching about HIV & AIDS education. They seemed to lack protection from their communities and thus tried to take a safer option using social media platforms. This finding draws attention to the need for the DoE to review how HIV & AIDS education is taught at schools.

Griswold (2013) contends that cultural objects carry society's values, which are transmitted to the next generation. Like other artefacts, Griswold (2013) asserts that expressive symbols represent real things, usually values, social norms, and beliefs. Cellphones and other electronic media gadgets represent cultural objects that have meaning to society. They carry essential information that the community wants to engage with and conserve. As value is attached, the commodity will be valued and will likely be passed on from generation to generation. The new culture of social media influences how students behave.

Griswold (2013) concurs that people became linked at an accelerating rate economically, politically, socially, and culturally throughout the twentieth century and into the twenty-first through media technology. She further emphasises that today, only a few isolated groups living in deep disappearing rain forests or concealed in inaccessible mountain areas are unaware of their connections with the rest of humanity. Griswold (2013) further acknowledges that we are amidst such a revolution as the explosive growth in global electronic information and communication technologies (ICT).

Griswold (2013) stipulates that before literacy technologies appeared, the cultural object was transmitted mainly by people talking with one another. Sometimes the distributors had to travel long distances to reach the consumers. Furthermore, communication depended on face-to-face interaction, characterised by shared knowledge throughout the community. Griswold (2013) further alludes that cultures demanded distributors with prodigious feats of

memorisation. Such privilege came from a few memory specialists, who serve as repositories of group history and genealogy. Today, this is a thing of the past due to information technology. The choice of distributors is not along the lines of royalty and good behaviour as before but the will of people who have acquainted themselves with information technology like computers and cellphones. These are the modern distributors of the cultural object who can reach millions of people within minutes.

Griswold maintains that electronic communications, including broadcasting, help move us from the modern to the postmodern era. She further asserts that this revolution includes two-way transmission (telegraph, telephone, fax, the Internet), one-way transmission (broadcasting—radio, television; audio- and videocassettes, CDs, MP3s), and participatory new media (the proliferation of social media like Facebook, YouTube, chatrooms, and talk shows). Griswold highlights that these technologies have many common attributes that benefit humankind. They quickly connect people who live in separate locations. Furthermore, she explains that they can reach far greater numbers of people than was feasible in the past.

Griswold (2013) acknowledges that print media and e-mail spam, for example, are global in their distribution, with virtually no increased costs for increased numbers of people reached. She further contends that these allow the raw expression of ideas and emotions, making possible the immediacy and intimacy that had previously occurred only in face-to-face communication. Furthermore, modern information technology democratises cultural access where a cultural event such as a concert is no longer fixed at one time or location. Still, when it is recorded on tape, the receiver can select when and where to listen. They democratise cultural access based on education. This occurs when people study using online and remote learning.

Griswold (2013) further reiterated one does not need a specialized distributor to pass on the information as most the media technologies are easy and simple to such an extent that a two-year-old can “follow” her favourite television program. Even a functional illiterate can get the news on the radio, or an uneducated man can make his views known over the telephone, on a talk show, or through a website.

Griswold (2013) reflects on language development and that modern media technology substantially impacts language. ICTs stabilise and destabilise language, spreading certain

idioms around the globe while introducing words and shortcuts (txtng) that abruptly enter the everyday discourse (Crystal 2008). This is a faster way of communicating a message to someone without wasting time. However, language is distorted; today, you fail to write formal language due to these shortcuts.

The internet is the most profound development and widely used source of information worldwide (Crystal 2008). Similarly, Griswold (2013) resonates that the internet is regarded by many as the 'culture' of the century in the wired world. This invention has helped in the education sector, where teachers no longer engage face-to-face with students. This was instrumental during the Covid-19-induced lockdowns where learning was taking place through the internet. Similarly, Griswold (2013) resonates that schools have been the institutional link between the home and the Internet. Furthermore, not only do students use the internet frequently but also the school-aged children dramatically increase the likelihood that the household will have internet access. This helps learners take work away from the school environment and learn at home, where they research the internet and communicate with their teachers in the comfort of their homes.

The new changes brought by media technology also necessitate changes in the cultural diamond to suit these changes. Griswold (2013) alludes that shifting the analytic focus from the vertical to the horizontal axis of the cultural diamond accommodates this change. With new media, agency and interactions become primary. She maintains that the diamond remains the same, but attention may shift to the horizontal axis representing the relationships among people. Furthermore, she argues that instead of people producing and consuming culture, it is better to conceptualise the situation as people using cultural objects to communicate, network, learn, persuade, influence, and celebrate their sociability. This fits well with LO teachers who now use social media to teach their learners about HIV & AIDS education.

However, Griswold (2013), on the contrary, looked at the dark side of the internet. She asserts that gender roles are reproduced over the internet, sometimes in the vilest ways, as in pornography, trafficking in women, or sexual harassment. Sometimes this is done in familiar ways, like males dominating the conversations in chat rooms.

Kumar and Nanda (2019) observed that WhatsApp, Facebook, and Twitter are important platforms that can benefit learners, as they can be employed to create discussion forums and online communities. Adegboyega (2019) defines social media as electronic communication systems that help individuals who might be miles apart to interact. Social media uses highly accessible publishing techniques like web-based technologies to broadcast information and turn it into a social dialogue. It allows users to meet old and new friends and exchange ideas, images, videos, and audio. These social media platforms include Facebook, 2go, Twitter, BBM, Skype, and WhatsApp. In addition, Kumar and Nanda (2019) assert that educators now routinely use digital devices and social media platforms for sharing knowledge and fostering dialogue.

In addition, Döring (2021) contends that sex education using social media can often help address sensitive topics neglected during in-class sex education, as learners can process the information independently without feeling group embarrassment. Furthermore, Döring (2021) acknowledges that using social media to educate learners has many benefits, such as identity validation, reassurance, knowledge gain, encouragement, and improved agency. These factors can help learners to counter situations that affect them.

The teacher participants reported that they sometimes used social media platforms to communicate with their learners and help them understand better. The following were the participants' views on how social media platforms could enhance the effective teaching of HIV & AIDS education.

Using digital technology and social media presents opportunities for enriching the LO classroom environment. Kumar and Nanda (2019) argue that most teachers have adopted new technologies to create innovative pedagogical methods to motivate and encourage learning. Social media offers such an innovative approach to enhancing learner participation and understanding. Many studies have noted that learners spend much time on social media. Kumar and Nanda (2019) report that, according to 2017 statistics, the average time spent by millennial users (those born after 1980) worldwide on the mobile Internet is 223 minutes per day. Therefore, it makes sense to teach them using these platforms. This strengthens the rationale for teachers using social media platforms to teach HIV & AIDS education, as learners use them frequently and are comfortable and engaged with them.

Döring (2021) maintains that social media allows a degree of emotional distance from real-life interactions, shame-free and guilt-free access to a wide variety of information, and access to role models. Teachers, therefore, have fewer limits on posting relevant information for their learners. However, teachers must ensure that learners are guided appropriately and do not abuse social media platforms. A study by Adegboyega (2019, p. 97) revealed that “student involvement in the use of social media leads them to the act of sending erotic messages, watching pornographic films and movies and also increases risky sexual behaviour such as masturbation”.

This highlights that there must be caution and guidance in using social media platforms. Therefore, teachers must carefully consider their use of social media platforms and be aware of the effects of social media platforms on the behaviour of their learners.

7.4 Involve specialists, peer educators and role models

The participants believed that the involvement of health personnel and role models from the communities they were teaching improved learners’ understanding of HIV & AIDS topics. The participants felt that teachers were not specialists in dealing with issues of HIV & AIDS because of the stigma and discrimination associated with it. Noxolo mentioned that teachers could not speak with authority about HIV & AIDS issues because many teachers were affected and infected, making them vulnerable and unable to talk about it confidently. The following are the participant's views on the involvement of other people in the teaching of HIV & AIDS education.

Felicia maintained that:

Health workers are specialists in dealing with diseases like HIV & AIDS and can express themselves freely to the learners on behalf of the teachers. Our school is near the clinic, and I often call the nurses to conduct some of my lessons involving sexuality education.

Felicia further explained that because teachers often failed to express themselves due to socio-cultural constraints, preferring to remain silent. Nurses could do much better, as they were trained to speak about and teach such matters. Felicia suggested that role models are respected in their communities, and people listen more attentively to them. She elaborated

that she relied particularly on one former nurse from the township near the school to address her HIV & AIDS education learners.

Phindiwe asserted that learners were much more motivated to talk to outside specialists about HIV & AIDS education than their teachers, who speak to them throughout the year. She explained that:

It is nice to involve others in the teaching of LO. We can do team teaching or bring outsiders. Learners are excited by this, and they listen attentively.

Phindiwe had pictures of a class taught by teachers of different races in her collage. She explained that South Africa is a rainbow nation, and learners should have the privilege of being taught by teachers of other races. Similarly, Phindiwe further concurred that specialists give learners a sense of urgency and seriousness when dealing with HIV & AIDS topics. She explained that:

It is exciting to them, makes them understand better and as teachers, we are helped much in dealing with sensitive areas we cannot explain. Someone has to explain it to you. In the end, the winner is the learner.

James echoed the same sentiments in support of including specialists and role models. He acknowledged that they are essential in filling a massive HIV & AIDS education gap. He said that the sensitivity of HIV & AIDS topics creates such gaps and that teachers need assistance. Lamenting the lack of support for HIV & AIDS education teachers, James maintained that the teaching environment did not allow teachers to bring about change, as the school and the society were not ready for such change. He further said specialists or outsiders could help these learners and encourage them to change their behaviour. He said:

The whole idea is about helping and equipping learners with survival skills. It does not matter who has come to teach them. Other people may be affected or feel shy to talk sex language. Some of us have communities that are sensitive to HIV & AIDS education. If specialists like health workers come to our help, the better. I have used them once, but now I cannot call them again because they are too busy with this Covid-19 pandemic.

Tapiwa explained that he supported using role models to teach the learners. However, he said that not every role model is of good standing. Some do not have good morals, and including them could backfire. He added that teachers should check to ensure that the role models would not say or do things that conflict with the community culture or the subject content. He further said:

Role models are important people who can change these learners to behave well. They like these actors and singers, and they want their music. They are always putting earphones playing their music. Such people can help teach them understanding and cover me up, but they are hard to get where my school is. The people we bring in are church pastors. They teach them these things about morals at assembly. I instruct them to talk about HIV & AIDS; learners listen, they preach, and I like the idea.

In our discussion after the lesson observation, Tapiwa explained that specialists should be trained to deal with HIV & AIDS subject matter and cases. He said teachers must be left to deal with situations that are not sensitive and do not affect them emotionally.

Phindiwe shared the same sentiments and further argued that the sensitivity of HIV & AIDS made it difficult for teachers to stay in their comfort zones when teaching HIV & AIDS education. In her narrative frame, Phindiwe affirmed that schools should have a budget to allow LO teachers to hire specialists with the skills to deal with sensitive HIV & AIDS issues. She explained:

The government must support this idea and make a budget for hiring such a person to help the situation. It is exciting for learners to be taught by people other than their teachers. Teachers will stay free and with fewer worries over the teaching of sexual issues.

This idea resonated with the views of Felicia, who advocated for the inclusion of peer educators in the teaching of HIV & AIDS content:

Peer educators are like what a mother is like to her baby; she knows when the child is sick and quickly seek the correct remedy without delay. Peer educators have nothing to worry about, and they do not have a problem with societal issues we are very concerned about. They are close to these learners since they are of the same

age. They have no problem with language use since they understand a common language better.

Felicia acknowledged that peer educators have fewer issues with the socio-cultural complexities of society, as they are at an age when they are not too concerned about conforming to the community mindset. Felicia further asserted that young people have a better way of explaining sensitive issues than teachers. She described using peer educators as involving the double advantage of young people teaching each other while not worrying about being criticised by the community.

In his narrative frame, Tapiwa explained that the involvement of outsiders should include people from the school's immediate neighbourhood. He said that for a long time, communities had fought to influence what happens in the classroom and that in meetings, they often said, "*this is our school. Its destiny must be in our hands, not teachers who come and go*". Tapiwa mentioned that it would be a blessing if the community had role models or specialists in retired health people who could teach health issues like HIV & AIDS to bring about behavioural changes among the learners.

Phindiwe also asserted that schools should collaborate with their communities to establish peer educators who could help LO teachers teach sensitive issues such as HIV & AIDS education, which teachers find challenging. Furthermore, she echoed that teaching HIV & AIDS education would be easy and exciting if peer influence were put to good use. Teachers' fears would be overcome as the community would be involved through peer educators. She further said: "*it would be like their thing, and the community will support this strategy*". In our discussion after her lesson observation, Phindiwe explained that:

It is difficult for us to deal with some societal issues. Look, for example, the case where girls are physically taught the sexual exploits in bed. An outsider might not take it well and will condemn it as one of the causes leading to the spread of HIV & AIDS. How does society react? They will be angry and blame that teacher. On such issues, the best teachers are the peer educators or others from that community.

Noxolo also suggested it prudent to use community members who were educated and knowledgeable about HIV & AIDS. These people could explain the social issues that influence the transmission of HIV & AIDS in their community. She said that teachers might not go that far as they might be accused of revealing the secrets of that society.

Phindiwe shared similar sentiments and further reasoned that as teachers, we like to stay in the background when teenagers help each other so that we do not influence them to do certain things by drawing from our own experiences. She said that the way she had encountered and solved her social problems might be different or from a different context than the learners she teaches. Telling the learners to follow the same steps in solving their challenges might be misleading.

Tapiwa confessed that teachers did not have a common language with their learners, unlike their peers. This made it difficult for them to teach HIV & AIDS education effectively. Similarly, in her narrative frame, Noxolo narrated that teachers could not change things using cultural norms in the way that the learners' peers could because the peers would be seen as part of the community and enjoy the community's support, while teachers would be seen as outsiders

Contrary to the views expressed by the other participants, Johnson emphasised that he believed that he should teach HIV & AIDS education, as he did not want to burden any other person since he was aware of the challenges associated with this topic. He said:

We, as teachers, are trained to teach, primarily drawing from our own experiences. It is challenging to assign outsiders duties of teaching HIV & AIDS education. These people need training, and in the end, the burden is shifted to me.

However, Noxolo included a picture of a scale with people on the two sides in her collage. On the one side were the teachers, while on the other side, society had more weight and could pull itself down, raising the teachers. She explained that all the odds were against the teachers and that being lifted showed no support. Including peer educators or role models to teach HIV & AIDS would enhance teachers' much-needed support.

Griswold (2013) contends that community members drawn from its social structure are the best people to educate and teach a society its norms and values. Furthermore, she argues that Marxists see a close fit between social networks and culture, but they argue that the flow of influence is from the social system to culture and not from the culture to the social structure. In this case, the social system can release members who can distribute the cultural object to the other members.

However, a key difference emerged between the findings of this research study and Griswold's (2013) conclusions about the age of the members of the society that can distribute the cultural object. Griswold does not entrust teenagers or young people to distribute the cultural thing. Instead, she asserts that older adults entrusted by the community should distribute cultural objects because they command respect in society.

Griswold (2013) maintains that media can play an essential role in educating students in this new world of technological changes. She contends that electronic media have made it possible to put human beings in touch with one another as never before. This can also help students and teachers to keep in touch after school. Griswold maintained that students might use online teachers as an alternative to their teachers. This will help them to learn new things and teaching styles.

Helleve et al. (2009) mention that support is needed for teachers who teach HIV & AIDS education to help them get relief and overcome the trauma of dealing with learners in miserable conditions due to the HIV and AIDS pandemic. The participant teachers described how they were traumatised by what they saw daily, especially the physical condition of their learners. It is unacceptable for people to assume that teachers are mentally and emotionally equipped to teach HIV & AIDS education. They need support from various stakeholders to cope with the psychological trauma they experience in confronting such an immense national health problem among young people daily.

Helleve et al. (2009) also acknowledge the challenges teachers face in teaching HIV & AIDS education and recognise that LO teachers may fail to deliver the cultural object to its recipients due to the limits placed on them by various social problems, such as socio-cultural taboos. Furthermore, Helleve et al. (2009) contend that teachers' failure to deliver the cultural object may stem from a lack of understanding and from not knowing how to tailor the cultural object appropriately for the context, thus creating barriers to effective teaching and learning. Helleve et al. (2009) suggest that in cases where learners fail to receive the cultural object, outsiders such as peer educators or role models may be able to deliver the cultural object more efficiently. Mudzusi et al. (2021) also acknowledge that there must be a model for teaching HIV & AIDS education that can involve peer HIV & AIDS educators. Peers are at the level of the learners and know how to relate to them, and when they talk, learners listen to them more attentively than teachers or people who are not their age.

Tucker et al. (2016) acknowledge that some LO teachers may lack the necessary resources, experience, training, or institutional support. This results in stress and a diminishing interest in the subject. To address these concerns, Tucker et al. (2016) contend that some of the teachers in their study expressed interest in collaborating with outsiders to teach sensitive HIV & AIDS education issues. They further argue that outside specialists' involvement can help secure a more comprehensive commitment to teaching HIV and AIDS education by improving understanding of the social-cultural context. This will help engage and mobilise communities in the fight against HIV & AIDS. Such a practice may earn teachers much-needed support from the community.

The idea of other people supporting the teaching of learners in schools resonates with sociological theory. Thomson (2015) argues that adolescents can lead each other in teaching the hidden curriculum more than teachers can. The hidden curriculum could be taught on sexual issues that are not easy to speak about in public in HIV-affected communities. An example of a hidden curriculum aspect is the taboos that adults cannot discuss with young children. In contrast, teenagers are not subject to the same boundaries and can speak freely, thus educating each other. Kingsland (2018) shares the same sentiments and argues that young people can play an essential role in educating the community since they have more experience in teenage matters.

Similarly, Mudzusi et al. (2021) acknowledge that teachers and learners face many challenges in teaching and learning HIV & AIDS education, which sometimes lead to trauma. They suggest that the school needs to provide supportive and reliable guidance in the form of a counsellor who appeals to learners and can give good advice about problems related to HIV & AIDS. In addition, Ritzer and Stepnisky (2018) maintain that sociological research suggests that youth interaction amongst themselves yields positive results, as they share a common understanding and experience of the issues that affect them and of the remedy to such problems. Therefore, it may be helpful for teachers to engage learners by drawing on the experience of other young people when dealing with sexual matters in teaching HIV & AIDS education. Tucker et al. (2016, p. 7) concur, noting that "learners generate enthusiasm across poverty quintiles for hearing from guest speakers like medical professionals or survivors of illness or abuse and having outings to facilities like hospitals to witness realities".

The previous discussion highlights that it is beneficial for learners to be taught by different people, particularly regarding the sensitive subject matter of HIV & AIDS education in LO classes. Role models, respected authorities and peer educators can motivate learners and make them more eager to learn, especially regarding new information on complex topics such as HIV & AIDS. DePalma and Francis (2014) concur that LO teachers need support from specialists who can explain matters confidently and bring a new dimension to how HIV & AIDS education is taught. Furthermore, they argue that teachers are not specialists in HIV & AIDS topics and issues because of the cultural and psychological complexities and sensitivities involved.

Adeomi et al. (2014) also maintain that peer educators can help teach HIV & AIDS education, as they are effective educators. Peer education is a worldwide cornerstone of HIV prevention efforts, effectively improving knowledge and promoting attitudinal and behavioural change. Peers are friends, and they understand each other more than teachers do. Peer educators also function as an adequate cushion for teachers against the blame and cultural conflicts they experience from the community. James confirmed that having other people teach HIV & AIDS education was an effective way for learners to understand the content better.

In addition, Adeomi et al. (2014) contend that using peers as resources to provide information, skills, and caring can exponentially extend and improve the social climate. Peer education and support are often very effective among teenagers because friends are their primary source of information about sexual practices, and peer influence often positively motivates their behaviour. On the other hand, teachers may find it challenging to approach learners or discuss personal issues due to their power dynamics. Furthermore, Adeomi et al. (2014) argue that if peer educators are given adequate training and supportive supervision, and are used as specialists in teaching HIV & AIDS education, then learners themselves can be agents of change in the school environment. This will assist teachers in sharing HIV & AIDS information and protect them from the community's wrath. Unlike teachers, Adeomi et al. (2014) assert that adolescents are a critical age group to use in the fight against HIV & AIDS because they are experiencing the same issues as the learners and can identify with their problems. Similarly, UNAIDS (2020) acknowledges that peers possess knowledge and experiences that can be shared in a language accessible to young people.

Adeomi et al. (2014) recommended that educational programmes about HIV & AIDS should consider using specialists, young role models, and peer educators for effective outcomes, as they would not be governed and directly affected by socio-cultural complexities in the same way that teachers are. They confirm that “peer education is an effective behaviour change strategy in developing countries. It has the most substantial impact on changing HIV knowledge and attitudes” (Adeomi et al., 2014, p. 5).

Most researchers have acknowledged that socialisation is the central norm in developing countries, particularly in Africa, as people live as extended families. Family members assist each other in solving social problems that affect individuals. Visser (2014) contends that family members listen to each other more than school teachers, who use their authority to force people to listen to their views. James also highlighted this point and commented that it might not be the best option to teach these learners about sexual issues as they have other problems that need to be attended to. He said teenagers listen to each other and could easily influence each other positively over sexual matters.

UNAIDS (2020) acknowledges that peer education has been widely chosen as a substitute or as complementary to interventions presented by adults in their communities. It has become an increasingly popular method for promoting behavioural change in HIV prevention programmes among youth. However, even though peer education might be a popular strategy in school, South Africa has not implemented it as it is still under consideration.

Visser (2014) also highlights that peer-led interventions in the fight against the HIV & AIDS pandemic are based on the assumptions that behaviour is socially influenced and that these behavioural norms and values are developed through the interaction of members of that society. Teachers are not there when this interaction occurs, but members of the community who are part of the interaction could provide a more effective solution. Similarly, Visser (2014) concurs that using peers to provide information, resources, skills and caring could be extended exponentially, thereby helping to enhance the social climate of the classroom environment, which is not conducive to teaching and learning HIV & AIDS education. Similarly, UNAIDS (2020) maintains that peer education and support could be effective among adolescents because they derive their primary sources of information from friends about sexual practices. As a result, peer influence often motivates their behaviour.

Visser (2014) concurs that adolescents are more likely to discuss sexual practices openly with their peers than with teachers, whom they regard as authority figures. Furthermore, adolescents could serve as positive role models for one another. Moreover, learners are more likely to change their behaviour if they observe trusted and positive role models who emerge from amongst themselves than when their teachers teach them.

Similarly, Tucker et al. (2016) maintain that adolescents are partners in solving their social problems, and increased youth participation in decision-making contributes to their taking ownership of their health and taking the first steps to address some of the social issues they experience in their lives as teenagers. This contributes to higher levels of self-empowerment than when teachers initiate discussion, which can encourage them to grow up being passive and unable to deal with sexual matters that arise when they grow up.

However, Johnson's viewpoint resonated with Borgia et al. (2005), who opposed the use of outsiders in teaching HIV & AIDS education. They found no differences between teachers teaching HIV & AIDS and peer-led AIDS prevention programmes. In comparing the two strategies, they argue that peer educators require more training because they have less knowledge and skills in teaching HIV & AIDS. They further contend that adolescents also need much supervision to cope with the emotional demands of interacting with their peers.

Döring (2021) disputes Borgia et al.'s (2005) perspective on the value of using peer educators and their comparison of the results of HIV & AIDS teaching by teachers against teaching by peer educators. Döring (2021) maintains that peer education and support could be considered an appropriate strategy for HIV prevention, especially for young people, since they openly discuss personal issues, develop informal relationships and speak a common language they all understand. However, Döring (2021) cautioned teachers not to abandon their classes or allow themselves to be replaced by peer educators or specialists. Furthermore, peer education and support should not be regarded as a magic potion or cure-all. UNAIDS (2020) concur that the use of outsiders to support teachers could function effectively amidst other intervention programmes, which need support and supplemental resources from different levels of society to function optimally. This means that a peer-education programme could not exist as a stand-alone programme but should be used by teachers in conjunction with other programmes to be effective.

I would argue that peer educators are vital, as they help teachers who cannot express themselves well when teaching sexual matters and are afraid to cross the line when dealing with social and cultural taboos. The other participants in this study did not dispute that training was needed and agreed that the advantages surpassed the disadvantages. Moreover, peer educators were not seen as teachers' substitutes but rather as complementing their efforts.

The participants indicated that they needed assistance from stakeholders who could teach HIV & AIDS education on their behalf without fear. Generally, role models, specialists, and peer educators were considered to be the most appropriate sources of support for teachers in dealing with the sensitive issues concerning HIV & AIDS education and with the socio-cultural complexities that arise in the form of harmful cultural practices such as systemic gender inequality and cultural taboos.

7.5 Pastoral and parental role

The participants highlighted that teachers needed to put themselves in their parents' shoes to solve some of the problems they encountered in their day-to-day classroom activities. All six participants agreed that teachers needed to operate in a pastoral role, like parents who were ready to solve problems irrespective of people's gender or status. They argued that the pastoral and parental roles were lifelong and continuous functions one had to commit because sometimes the results did not come immediately. Sometimes they were not achieved at all.

Noxolo expressed how teachers needed to understand the problems that learners were facing. She suggested that one solution was for teachers to visit the homes of these learners and observe the type of life they were leading to establish an informed perspective. She shared that she had recently seen the home of one of the learners on ART, who looked weak and malnourished. She observed that this learner did not participate in class and often left work unfinished. After her home visit, she declared that:

It is horrible. Everything there is upside down. There is no food, yet she should eat and take her medication. She stayed with a grandmother who could not recognise me because she was intoxicated with beer. There is no support and parental care for this child. What is needed are prayers and a good heart from teachers to compensate for the lost and missing parental love.

Noxolo's observations were echoed by Phindiwe, who acknowledged that teachers must better understand their learners' behaviour. She said that if teachers want to find answers to the problems they encounter in the classroom, they must look beyond the walls of the classroom or school and pay attention to their learners' home backgrounds. In doing so, they may discover that learners are raised in specific ways that contradict classroom expectations or live in conditions that undermine their dignity.

During Noxolo's lesson observation, I observed that she smiled and showed motherly gestures to a learner, indicating that she was there for her. Noxolo said a smile meant a lot to this child because she did not receive smiles at home. She said she liked to hug and embrace this child, but because of Covid-19 regulations, she could not do that anymore. She commented: "*I connect with her spiritually and create this bond when I hug her*". She further said that at first, this girl used to cry when you asked her questions. She said: "*It used to disturb me, but when I discovered the source of the problem, I sorted it out with love*".

In her collage, Noxolo had placed a picture of a pastor preaching inside what looked like a church. On top of this picture, she wrote in bold letters: "**GOD HAS CURE**". I asked her to explain this, and she said: "*Certain things are beyond our control as LO teachers*". She explained that we had to look to the Almighty to get answers but that the problem was that some learners did not go to church, possibly due to their family beliefs. However, she said that they invited pastors to talk with the learners. She said:

Our school uses local pastors who often come during assembly or preach to boys and girls separately. However, their problem is that they do not want to stick to what you tell them. Theirs is talking about morals, and they touch here, there, and so on. However, to me, I find them helpful.

Tapiwa also acknowledged the challenges that teachers face and how it would help if teachers assumed the role of parents to deal with the social difficulties learners face. He said this would give teachers the courage and strength to deal with socio-cultural complexities. He explained that:

Adopting the role of a parent will help overcome other inhibiting factors and help the teacher gain trust from learners who might be affected and infected by HIV & AIDS.

In his collage, Tapiwa sketched parents attending church with children following them. He said parents or teachers have to earn their children's trust if they want the children to follow their orders with minimal resistance. Children will follow in the footsteps of their parents and leaders in society as far as the implementation of cultural practices is concerned. In his narrative frame, Tapiwa explained that:

Sometimes emotions make it difficult to talk with them, you imagine their situation, and I fail to speak with them. The best solution is to choose a mother figure from the community who can talk, show love and guide them to a happy life. I have done it two or three times, and it works.

James also contended that it was wise for teachers to assume the role of a parent to overcome the challenges they encounter in the classroom. He had this to say:

Teaching HIV & AIDS wholeheartedly is a mammoth task associated with all challenges. However, we must go beyond our duty and assume the pastoral and parental role when dealing with HIV & AIDS issues. Once I think about the role of a parent, I forget all the cultural taboos that create a barrier between learners and us.

James further noted that teachers should frequently communicate with learners on their level and share their own experiences that might guide them. He further said:

To be good parents, we teachers must frequently engage with our learners to create a bond to help understand their culture, thereby reducing clashes with their cultural taboos.

Phindiwe concurred with the other participants and reflected that:

In the end, you know that I am dealing with learners. Others have never experienced the love of parents who died while some were very young. They need mothers' love, and you have to go out of your way and embrace them. Otherwise, they will feel rejected.

Phindiwe acknowledged that although she was affected emotionally by the suffering of her learners, she could heal when she became closer to them and treated them like her own children. She said that in addition to taking on the role of parents, teachers could take a step

further by providing counselling sessions that brought them closer to their learners. Such counselling sessions, while benefiting the learners, could also allow the teachers to heal, as what these learners say could give them hope and a more positive attitude towards their teaching of HIV & AIDS education.

Felicia's collage had a map of Africa with people from different countries worshipping and singing together. During our discussion, she said that the map of Africa symbolised togetherness and that we were the same people. She also said that if teachers viewed their learners as their biological children and showed them love, irrespective of their colour, religion, or tribe, LO lessons would become more successful and enjoyable. She said:

LO is about teaching love, Ubuntu, where togetherness is critical. A rejected child is disrespectful and dangerous to society as they display compensatory behaviour. Due to work pressure, I have little time for them, but we must love these learners with all our hearts. We must take the lead in guiding them because we understand them better than other teachers and even their parents.

Felicia believed that love could conquer all and encouraged teachers to assist the emotionally needy learners in their classes without worry or fear.

In her narrative frame, Felicia also affirmed that teachers had to take a pastoral role to uplift learners facing many spiritual challenges. She said:

Both teachers and learners are facing challenges. We suffer emotionally from many cases of HIV & AIDS in the classroom. Learners, too, have their challenges. We must regularly invite pastors to give us prayers. This must be done every day. However, my Principal does not support this. Some say he is a 'sangoma,' which is against his religion. It is a challenge. I ended up taking the role and tried to assist them.

Despite such challenges, Felicia supported that teachers should take on pastoral roles to assist the learners. However, she emphasises that teachers and learners need assistance with their challenges. Religion could therefore be used as a means to solve certain classroom challenges.

Griswold (2013) argues that society becomes complete when its members work together and display love and affection to one another. She uses Marx's idea that a lack of love among

members of society creates conflict within the class struggle. Sharing the same sentiments, Durkheim (1912/2012) describes a collective consciousness, which he regards as the total of ideas and beliefs common to citizens of the same society. The collective consciousness acts as a shared understanding of the society's culture, beliefs, and norms, which unite people and enable them to fight for one cause if the need arises. Durkheim's search for collective representation and how it functions led him to look closely at religion, which he saw as the most fundamental bond among people of earlier times. If teachers act as parents and share their experiences with their learners, a common cause could be achieved.

In addition, Griswold (2013) maintains that religion masks the society of the social ills and gives solutions and directions to follow. Griswold (2013) expanded a sociological belief that children support and listen to parents and leaders who advocate passionately for them. She said that children yearn for such love and that once they trust their parents and leaders, it becomes easy to transfer the cultural object to them, and they will embrace it.

Griswold (2013) affirms that religion is a binding force that unites society. She asks the question: where does the power of religion come from? She maintains that one is not deceived when they believe in the existence of a moral power upon which he depends and from which he receives all that is best in himself, and this power exists in the society" The pastors and priests are the symbols of this power and that's why they are respected by society. Apart from this, they symbolise good morals, a point of reference by many individuals in the community. Griswold further acknowledges that the religious force comes not from a totem or a god but the social experience. The pastors are most experienced in this social aspect, putting them in the best position to help and teach others about good morals. Religion, therefore, encompasses the system of ideas by which people represent their society.

Griswold (2013) agrees with Durkheim, who maintains that a human institution such as religion cannot rest upon error or superstition. Instead, it responds to profound human needs from a moralistic point of view. Furthermore, Durkheim (1912/2012) contends that people think this moral support must result from some external cause, some force always represented with religious symbols, and they respond to the force with respect and awe. This force is associated with sacred things, making people afraid to disagree. Griswold maintains that religious leaders are believed to possess this force, so they have an essential role in guiding people to achieve their spiritual and material needs. These human needs might be

teaching morals or ways of overcoming social problems like the high rate of HIV & AIDS in society and ways of reducing its spread through good behaviour.

The above view resonates with Eliade and Couliano (1991), who claim that religion has a social function that encodes the system in which group members relate. It serves as a centre for reaffirming the collective ideas and objects that hold the society together. Similarly, Durkheim (1912/2012) affirms that every society needs to reiterate its communal sentiments regularly to its members so that individual members remain on track and the community continues to function smoothly. In schools, this is evident through singing religious songs and praying during assemblies and at other functions, such as sporting activities. Thus, if this is carried into the classroom, teachers could be assisted as much as the learners. However, Helleve et al. (2009) do not mention religion's role and are silent about its role in teaching HIV & AIDS education. They emphasised that on the cultural diamond, the distributors of the cultural objects are teachers who must be knowledgeable. They must vary their HIV & AIDS education teaching methods to make learners experience the artistic cultural object.

In addition, Gudyanga et al. (2019) concur that teachers must show their love to their learners to feel at home in the classroom. They further acknowledge that teachers are parents too, who must know the needs of their learners to assist them. Similarly, Mugweni et al. (2013) argue that teachers neglect the necessity of being father or mother figures to teach sexuality education effectively. Learners pay more attention to a teacher they see as a parent ready to come to their rescue when facing challenges. Mugweni et al. (2013) further argue that through love, teachers can step up and help solve their learners' emotional problems, and they support the notion that teachers' roles go beyond the classroom. Learners often suffer from emotional and traumatic experiences they encounter in their lives. Mugweni et al. (2013) suggest that teachers endeavour to rescue these learners by using love and affection as the most vital weapons for curing their negative emotions. Leclerc-Madlala (2016) also proposes that religion could solve specific social challenges. She states that religion could help to soothe the minds of learners and teachers and offer spiritual healing.

Browes (2015) maintains that where teachers fail, they must involve the community to assist in normalising issues that have to do with culture. Furthermore, community people are the custodians of all the cultural problems affecting school teachers and know the remedy.

Griswold (2013) further asserts that there must be platforms where communities can help and assist those in need of help so that there is peace.

Similarly, Gudyanga et al. (2019) claim that it would be prudent for LO teachers to learn to dialogue and share their lived experiences with their colleagues and learners. They further argue that there is value in listening as other colleagues share their lived experiences of HIV & AIDS education, which might be peculiar to their classroom situations. Gudyanga et al. (2019) confirm that through dialoguing and sharing, teachers might perceive issues differently through creative and participatory activities. This practice helps teachers become closer to their learners and earn their trust and respect. Although this is a good idea, I did not witness any robust discussions between teachers and learners in my lesson observations, as most of the answers the learners gave were one-word answers, or they would remain silent. As a researcher, I recommend more stimulating and robust discussions between learners and teachers.

Mugweni et al. (2013) and Manzira (2014) agree that teachers offer counselling sessions to traumatised learners. However, they agree that there are various challenges involved. Pithouse-Morgan et al. (2013) report that teachers suffer from counselling fatigue due to over-caring for traumatised learners. This creates problems for teachers as they also have to teach other subjects, thereby creating a burden. Gudyanga et al. (2019) and Manzira (2014) also report that teachers' counselling of learners is not appreciated by the school management, who do not consider such activities when considering teachers for promotional purposes. This leaves teachers disillusioned and demotivated and erodes their willingness to participate in counselling sessions.

7.6 Conclusion

In this chapter, data relating to how participants dealt with the socio-cultural complexities affecting their HIV & AIDS teaching has been presented and analysed to address research question three: *How do LO teachers address socio-cultural complexities in their teaching of HIV & AIDS education in LO in the FET phase?* The four primary themes that emerged from the inductive, thematic analysis were: 1) avoiding contradicting cultural and religious

beliefs, 2) using social media platforms, 3) involving specialists, peer educators and role models, and 4) pastoral and parental roles. I supported each theme with evidence from the data and then used the literature and the conceptual framework to analyse and interpret the data. The participants suggested innovative strategies for dealing with the socio-cultural complexities that negatively influenced their HIV & AIDS education teaching. They offered suggestions from their own lived experiences and their observations.

The next chapter concludes this research study by highlighting the key findings from the data I have discussed and analysed in Chapters 5, 6, and 7 and drawing attention to recommendations for further research.

CHAPTER 8

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

8.1 Introduction

This study aimed to examine the influence of socio-cultural complexities on LO teachers when teaching about HIV & AIDS in the Further Education Training phase. This qualitative research study was guided by the following three research questions that were addressed from the data generated:

1. What socio-cultural factors influence LO teachers in teaching about HIV & AIDS in the FET phase?
2. How do the socio-cultural factors influence LO teachers teaching about HIV & AIDS in the FET phase?
3. How do LO teachers address socio-cultural complexities in teaching about HIV & AIDS in LO in the FET phase?

Chapters 5, 6 and 7 presented and analysed the participants' narratives to understand how socio-cultural complexities influence HIV & AIDS education teaching in LO in the FET phase. The conceptual framework used to analyse the data drew on Griswold's (2013) cultural diamond and Helleve et al.'s (2009) adapted cultural diamond. In addition, I linked the key findings that emerged to the relevant literature, highlighting where the literature reinforced the conclusions of this study and where they differed.

This chapter provides an overview of the eight chapters that make up this thesis, highlighting their interconnectivity. I synthesise the empirical, theoretical, and narrative threads to illuminate this interconnectivity. I then discuss the essential findings and contributions of this research study. After noting the limitations of this research study, I provide recommendations for further research on the socio-cultural complexities that influence the teaching of HIV & AIDS education before offering some closing remarks.

8.2 Overview of the study

This research study was motivated by ongoing concerns about the HIV & AIDS prevalence rates and the window of hope that HIV & AIDS education offers to address this concern. UNAIDS (2020) emphasises that South Africa has a high HIV prevalence rate. An added problem has been the outbreak of the Covid-19 pandemic, which has worsened the HIV & AIDS situation since the focus has shifted to the fight against the new coronavirus. The South African provinces have to deal with a high rate of HIV-infected people, most of them on ART programmes. According to UNAIDS (2020), 260 000 HIV infections were recorded among young people aged 15–24 in South Africa in 2019. This was despite the health and educational efforts that have been and continue to be undertaken to equip people with the knowledge and ideas to protect themselves from HIV.

This research study was significant to me since, as an LO teacher, I wanted to explore strategies for dealing with the socio-cultural complexities that influence LO teachers when teaching HIV & AIDS education. This has been a challenge for both the education and health sectors. Therefore, I decided to put the socio-cultural complexities of HIV & AIDS education under the spotlight, hoping to contribute knowledge and understanding that could address the high number of HIV & AIDS infections that have persisted despite the many efforts and campaigns. Such knowledge would be valuable for assisting stakeholders in the education and health sectors in the fight against the HIV & AIDS pandemic. The following discussion outlines the interconnectivity of the different chapters.

Chapter 1 provided the background context for the study and an outline of the HIV & AIDS pandemic. Concerns about the high HIV & AIDS infection rate per age group in South Africa, as compared with other countries, were highlighted. The rationale and aims of this research study were presented, and the nature of LO as a subject and its link with HIV & AIDS education teaching were discussed.

Chapter 2 presented a review of the relevant literature. I outlined the HIV & AIDS pandemic and HIV & AIDS education. Social stigma, discrimination, and socio-cultural beliefs and practices related to HIV & AIDS education were also discussed. Furthermore, I described how different cultural traditions affect the teaching of HIV & AIDS education. A review of the literature on teaching HIV & AIDS education in South Africa and several other countries followed. I then reviewed the different curricula and teaching strategies employed

by other countries. Chapter 2 concludes with an outline of the literature on the effect of the HIV & AIDS pandemic on schools and the education system.

Chapter 3 discussed the conceptual frameworks I selected to guide the study. This chapter presented an overview of sociological theory, followed by an outline of Griswold's (1987, 2013) cultural diamond derived from sociological theory. Next, I discuss the cultural diamond adapted by Helleve et al. (2009), derived from Griswold's cultural diamond. I elaborated on sociological theory, Griswold's cultural diamond (1987, 2013), and Helleve et al.'s (2009) adapted cultural diamond as the conceptual framework that focused on the link between culture and society and explained why they were appropriate for the analysis of the data. In particular, Helleve et al.'s (2009) cultural diamond, which directly links LO teachers' interaction with teaching the HIV & AIDS education curriculum, was very useful as an analytical framework for this research study.

Chapter 4 described this research study's qualitative, narrative methodological approach. I presented the rationale for selecting a qualitative, narrative methodology. I explained how the interpretive paradigm was appropriate for understanding how socio-cultural complexities affect LO teachers' HIV & AIDS education teaching. Narrative inquiry was a suitable research design because it allowed the participants to narrate their lived experiences and the socio-cultural complexities they faced while teaching about HIV & AIDS education.

I discussed the data generation instruments: lesson observations, collage, and narrative frames, which enabled me to generate rich, in-depth data. Furthermore, I described the different steps to developing and analysing the qualitative data. The research context and the purposive sampling procedure were then outlined. I also included a detailed discussion of the ethical considerations that were taken into account throughout the study, particularly the principles of anonymity, confidentiality, voluntary participation and withdrawal, and informed consent. These were considered during the selection of the participants, the data generation, and the data analysis. Qualitative thematic analysis was used to identify emerging themes.

In **Chapter 5**, I first described the profiles of the six participants. The participants narrated their life experiences and experiences teaching HIV & AIDS education as LO teachers. They told the different contexts they had worked in and how this had influenced their teaching. Next, I presented, interpreted, and analysed the data related to research question one: *What*

socio-cultural factors influence LO teachers in teaching about HIV & AIDS education in the FET phase? The following themes were discussed in this chapter: 1) school guidelines: *just follow their culture*, 2) culture of silence: *we don't openly discuss these things*, 3) contrasting social backgrounds, and 4) personal experiences.

The reflexivity in the research process was also highlighted. Direct responses from the participants were included to enhance the study's credibility and analyse raw data. This chapter explored the socio-cultural complexities influencing LO teachers teaching HIV & AIDS education. Griswold's (1987, 2013) notion of the cultural diamond, the cultural diamond adopted by Helleve et al. (2009), and the relevant literature were used as an analytical framework.

Chapter 6 presented and analysed the data related to research question two: *How do the socio-cultural factors influence LO teachers in teaching HIV & AIDS education in the FET phase?* The following three themes were presented and analysed: 1) cultural taboo: *we cannot discuss sex*, 2) emotionally draining: *not coping at all* and 3) language is limited: *a barrier to teaching*. I interpreted these themes by drawing on the relevant literature, Griswold's (1987, 2013) cultural diamond, and the notion of the cultural diamond adapted by Helleve et al. (2009). I integrated direct quotes from the participants to analyse and interpret how socio-cultural factors influenced their teaching about HIV & AIDS. I believe that the findings of this chapter are crucial and could contribute significantly to knowledge about HIV & AIDS teaching and teacher professional development.

In **Chapter 7**, I presented and analysed the data related to research question three: *How do LO teachers address socio-cultural complexities in their HIV & AIDS education in LO in the FET phase?* The four emerging themes discussed were: 1) avoiding contradicting cultural and religious beliefs, 2) using social media platforms, 3) involving specialists, peer educators and role models, and 4) pastoral and parental roles. This chapter discussed participants' innovative strategies to address the socio-cultural complexities influencing their HIV & AIDS education teaching. These findings could offer valuable insight and assist subject advisors in the professional development of LO teachers to enhance teaching about HIV & AIDS.

8.3 Discussion of key findings

This section summarises and discusses the key findings from the themes discussed and analysed in Chapters 5, 6, and 7. Like Naidoo (2014), I suggest that these findings must not be treated as a means to an end. However, these findings provide a tool for further research about the socio-cultural complexities that influence the teaching of HIV & AIDS education.

The key findings of this research study draw attention to the gaps and new avenues for HIV & AIDS education research. My research on socio-cultural complexities and HIV & AIDS education is incomplete, ongoing and open to constructive criticism. As a researcher, my interpretations might be affected by my positionality or lack of insight. I highlight that my assumptions, positionality, and cultural and religious beliefs may influence me to unmask different and new ideas. Through the discussion and analysis of teachers' lived experiences of how socio-cultural complexities affect the teaching of HIV & AIDS education, it is envisaged that these findings will make a meaningful contribution to teacher professional development and assist policymakers in HIV & AIDS education.

I selected and grouped the key findings as follows: 1) school guidelines, lack of training, and gender-related issues influence the teaching of HIV & AIDS education; 2) cultural silence and taboos, family background and societal pressures challenge the teaching of sensitive topics in HIV & AIDS education; 3) religion and language serve as barriers to HIV & AIDS teaching; 4) teaching about HIV & AIDS is an emotional practice, and 5) teachers avoid teaching sensitive topics and use social media platforms or outsiders to teach HIV & AIDS education.

8.3.1 School guidelines, lack of training, and gender-related issues influence the teaching of HIV & AIDS education

Most schools have written guidelines that inform school policy documents and guide teachers on how to conduct themselves inside and outside the classroom (but within the school premises). Although the teachers in this study had their own cultures, they were sometimes forced to surrender and adopt the culture of the school at which they were teaching. This was evident in Tapiwa's collage, on which he had placed a picture of a teacher in chains. He explained that teachers were in chains, both physically and emotionally, because they did not have the freedom to do their job based on their initiative, as they were told what to do and what not to do.

During teacher training programmes, teachers are taught to be innovative and develop creative teaching strategies to assist learners. This suggests that if teachers are given boundaries and parameters, their ego and self-identity would be affected. The teachers would remain docile, which would affect their teaching. In this study, when the teacher participants' autonomy was threatened, it threatened their self-image. This affected their teaching, as they became less self-motivated and lost interest in their education. DePalma and Francis (2014) contend that school systems force teachers to adopt a prescribed school culture that may contradict their culture. This could potentially produce a clash of civilisations. In some cases, the teacher participants refused to surrender their cultural practices, thereby creating conflict with the SMT of their particular school. In the end, their learners were the ones who suffered as the teachers transferred to other schools.

Most former Model C schools prescribe guidelines for teachers to follow. This study mainly affected teachers of African origin, as they were unfamiliar with these guidelines, which sometimes undermined their cultures. The white teachers did not experience challenges with these guidelines because they were within the parameters of their cultures. Most of them were at an advantage since they were former learners of those schools and were familiar with their culture. This resonates with MacDonald (2006), who maintains that white teachers are not affected as greatly by the guidelines of former Model C schools as they are used to the culture of these schools since most of them were former learners of those types of schools. MacDonald (2006) suggests that they even facilitate the continuation of such cultures established in these schools.

Johnson complained that he was forced to behave in a particular manner as prescribed by his school. He called it "*the notion of good moral values*". Johnson said that teachers at the school had to maintain a certain dignity per the school guidelines. Such a practice affected teaching in the classroom, as teachers did not follow the regulations in the physical absence of those in authority. However, they would pretend to be implementing the rules during their presence. This practice was not good, as it affected the morale of the teachers and hindered the effective teaching of HIV & AIDS education.

It was found that some teachers worked under fear, especially temporary teachers. These teachers did not have job security, as they were at the mercy of the SMT to renew their contracts. Mokoelli (2014) argues that schools should desist from enculturating teachers and should include diversified cultural values that promote multiculturalism instead. This is a

noble idea since even though South Africa was torn apart during apartheid, it is supposed to be a rainbow nation now. Tolerance and the diversification of cultures and values is the appropriate response that must be followed with transformation regarding the staff composition of teachers teaching in multi-racial schools, which were former Model C schools. At the same time, LO teachers should be sensitive to the diverse cultural backgrounds of their learners to develop a deeper understanding of the implications of cultural diversity.

It was highlighted in this study that most teachers teaching LO are not trained to teach the subject. In many cases, teachers are allocated LO as a teaching subject to fill their required workload. New teachers teach LO every year in some schools due to fluctuations in the schools' Post Provisioning Norm, which determines the ratio of teachers to the number of learners in that particular school. The schools' needs should be considered first before teachers are declared surplus. School management teams are responsible for allocating teachers to subjects. Some teachers remain because there is no one else to teach that subject. However, LO is not considered when determining the school's needs. It is a subject whose final examination is marked by the same teachers teaching it, just like any other subject examination. However, it is assumed that any teacher can teach LO, and it seems that there is less accountability required of LO teachers since teachers can manipulate the final marks and pass all the learners. Such factors have contributed to the problems affecting the teaching of LO and, in particular, the teaching of HIV & AIDS education.

My views resonate with Francis (2015), who maintains that LO teachers are not prepared to address issues of gender and sexuality in their teaching because they are not trained to deal with these issues. They, therefore, avoid teaching sensitive HIV & AIDS-related issues or topics. Even when schools have prescribed guidelines to be followed, it is apparent that teachers become disillusioned. They cannot engage effectively since they lack the knowledge and experience in teaching HIV & AIDS education. In addition, most teachers are not intrinsically motivated because they are forced to teach LO to fulfil their teaching workload.

All the participants indicated that they had not received specific training at college for teaching HIV & AIDS besides their main subjects. Most participants stated that they relied on their experiences to teach LO. All the participants agreed that HIV & AIDS education is a sensitive topic, and some training was needed to teach sensitive issues. This lack of

adequate training was a significant challenge, as it exposed the teachers, negatively influencing their classroom teaching. As a solution, Mupa (2012) recommends that teacher training institutions have a specialised HIV & AIDS education department for teachers' training. The lecturers in these institutions need to be trained and oriented in HIV & AIDS education.

Suitable and relevant training could help teachers deal with sensitive issues and assist learners with social problems. Similarly, Mugweni et al. (2013) and Mnguni (2012) argue that this lack of adequate training hinders the fight against HIV & AIDS, and people blame teachers for not doing enough in the classroom to address the HIV & AIDS pandemic. Mnguni (2012) further states that many teachers lack the training to deal with sensitive issues and concentrate on giving learners knowledge instead of addressing behavioural challenges. In addition, Clarke (2008) maintains that the lack of training of teachers is a cause for concern, as many schools fail to equip learners with the knowledge and skills needed to deal with HIV & AIDS. The blame is thus placed on teachers for not doing enough. However, all the participants in this study agreed that the problem was mainly related to their training as LO teachers.

Furthermore, gender-related issues emerged as obstacles to the effective teaching of HIV & AIDS education. The female participants in this study, Felicia, Noxolo, and Phindiwe, indicated that they found it challenging to teach sexuality issues in HIV & AIDS education to boys in their class. They suggested that boys treated female teachers differently because society regards females as sex objects with nothing more to offer in the community. This resonates with Mapetla and Francis (2013), who maintain that boys are socialised from an early stage into traditional patriarchal systems of masculinity and dominance.

The gender-related issues identified by the participants resonated with Nyoni (2008), who acknowledges that the payment of the bride price endangers women. Men believe that women are "paid for" and must do everything the men want, even if it exposes them to HIV & AIDS. Furthermore, bride price payment gives men permanent ownership over their wives, akin to the title deeds to a house. This holds women back from seeking a healthy sexual life, as culturally, the women cannot say no to sex even in situations that expose them to ill health. Nyoni (2008) concludes that most women are not free culturally and become prisoners in their homes. This could explain why female teachers feel they do not have autonomy in their classrooms.

The participants described how, in the classroom, boys wanted to dominate the discussion about sexuality issues — this affected the female teachers, who confessed that they did not feel comfortable. Leclerc-Madlala (2016) highlights how patriarchal systems in Zulu and Xhosa cultures are dominant, much to the disadvantage of women. However, it was evident that gender-related issues did not only affect the female teachers. Tapiwa indicated that he did not feel free and comfortable teaching sexual matters in front of female learners, as such discussions in front of women, particularly young women, were culturally taboo. It was clear that the male participants did not feel comfortable dealing with the gender-based issues that emerged in the classroom when dealing with sexual problems in HIV & AIDS education.

In the lessons I observed, the girls were reluctant to engage in discussions on sexual issues, in which the teachers and boys participated. The girls possibly felt that if they talked about sexual matters, they would be culturally misjudged, or their participation in the discussions would be misinterpreted in front of the boys. Likewise, Mjwara and Maharaj (2018) argue that such patriarchal systems encourage boys to be more sexually dominant and lay the foundation for disregarding women's voices in sexual matters. Such patriarchal systems also promote the transmission of HIV & AIDS, as women whose voices are silenced cannot negotiate for safe sex. However, in schools, boys and girls are taught that they are equal. Browes (2015) affirms that female learners complain about how these gender disparities are amplified and sustained by their teachers, who often overlook girls and mistreat them compared to boys. This was evident in James's lesson observation, where the girls did not participate in the discussion. In addition, Browes (2015) maintains that this behaviour by female learners emanates from the home. The culture of patriarchal societies that raised these teachers taught them that men naturally dominate women.

DePalma and Francis (2014) argue that while teachers are expected to narrow the gender equality gap, such practices amplify the existing holes. This suggests that perhaps teachers are not the best people to resolve gender-related issues since they seem part of the problem. Therefore, it was essential to research how teachers dealt with such socio-cultural complexities in teaching HIV & AIDS education.

8.3.2 Cultural silence and taboos, family background, and societal pressures challenge the teaching of sensitive issues in HIV & AIDS education

It has been noted that various societies have developed cultures of silence about sensitive issues regarded as taboo. Such cultures of silence influence discussions in the classroom, making it difficult for learners to engage in meaningful conversations about sexual matters. Sex is not discussed between adults and young people. Learners are taught to be quiet about such issues, and their teachers have grown up knowing they cannot openly discuss sexual matters. The participants indicated that teaching HIV & AIDS education is challenging due to cultural taboos.

The teacher participants seemed afraid or wanted to maintain their cultural beliefs. This influenced them to remain quiet and avoid teaching specific topics or saying words they deemed improper to speak in front of learners. Francis (2014) claims that cultural beliefs in the form of norms and values are learned aspects that must not be criticised or taken lightly. They are expected to control and influence the behaviour of individuals. The essential element that culture instils into its members is conformity. One way of conforming or acquiescing to cultural practices is to keep quiet.

Similarly, DePalma and Francis (2014) highlight that female teachers are not permitted to discuss boys' initiation into schools. It is also taboo for initiates to speak with women and uncircumcised boys about their initiation experiences, which produces another inhibiting factor in the classroom. Furthermore, DePalma and Francis (2014) observe that teachers who try to approach such topics often face the wrath of parents, who accuse them of forcing their children to discuss initiation matters in class. Such situations can create a communication deadlock, which results in silence on such cultural issues.

James and Tapiwa reported that boys do not like to take on the female roles during role-plays depicting HIV & AIDS scenarios. They had been taught that girls are beneath them and that they should assume the role of head of the family. Tapiwa said it was taboo for men to be led by women or behave like women. He said that this was why men do not cry at funerals, as doing so is regarded as weak and is associated with women. This resonates with Leclerc-Madlala (2008), who reports that teachers acknowledge that boys are raised in a patriarchal pattern where the head of the family is the father in charge and women have no authority over family matters. Kirby (1995) contends that teachers find it difficult to talk

openly about sexual issues and tend to reinforce the normative cultural thinking they have acquired rather than challenge it. Ultimately, the participants reported silence in the classroom concerning any sensitive issue classified as taboo.

Family background plays a crucial role in shaping the personality and identity of teachers. Most African societies practise a patriarchal system of family structure. Family members are brainwashed to believe in cultural objects they are prepared to defend at all costs. At home, they think that men are superior to women and that women must be submissive to men. Correspondingly, DePalma and Francis (2014) affirm that boys are taught from a young age that they are superior to girls, who are required to be submissive and listen to what the boys say, even on sexual matters. This creates a culture of silence in the classroom, as girls are reluctant to discuss sexual issues openly as it is considered taboo. This resonated with what I observed in James and Tapiwa's lessons, where girls were unwilling to participate. These girls could grow up and train to be teachers but will not be able to discuss sexual issues openly, especially in the presence of boys. This is the source of the culture of silence in the classroom when discussing sensitive matters classified as culturally taboo.

In some situations, teachers might be incompetent to teach HIV & AIDS education because they lack knowledge about specific issues or are affected by cultural constraints. James disclosed that teachers sometimes hide behind cultural problems. This resonates with Daniel et al. (2007), who suggest that cultural silence is problematic. It helps to promote denial since teachers find it much easier to hide behind the "we do not talk about this in our culture" attitude than to cope with the demanding situations and challenges that critical discussion entails. It should be noted that some of the LO teacher participants were not familiar with the content they teach and needed assistance in the form of in-service training. However, such sensitive topics must be conducted at the tertiary teacher training institutions so that student teachers could get support from the lecturers training them and developing the appropriate knowledge and skills early on in their careers.

Noxolo, Phindiwe, and Tapiwa indicated that their cultural practices were neglected, and they were forced to follow the Western culture. Their sentiments were validated by Wood and Roller (2014). They suggest that the professional development of sexuality educators should address teachers' cultural values, beliefs, and attitudes to overcome personal bias. This will assist teachers in having a positive attitude towards the sensitive issues taught in HIV & AIDS education.

Society puts teachers under immense pressure when teaching sensitive HIV & AIDS education topics. Similarly, Browes (2015) claims that there are many hidden traditional barriers, such as attitudes and behaviours that stem from gender inequalities and certain cultural taboos forbidding the open discussion of sexual matters, especially with young learners, making it difficult for teachers to teach sexuality education. This represents a significant challenge in teaching sexual topics in HIV & AIDS education. Tapiwa indicated that teachers could not resist these societal pressures because they did not receive support from the SMT, which they blamed for exposing them to the learners and their parents.

The participants in this research study came from different backgrounds, influencing how they taught about sensitive issues and cultural taboos in HIV & AIDS education. Felicia and Johnson came from more affluent backgrounds than the other participants and seemed to deal with socio-cultural complexities better than the other participants. Similarly, Browes (2015) acknowledges that teachers and learners from similar home backgrounds understand each other better. Likewise, Browes (2015) further asserts that their culture at home shapes teachers' abilities and values. Teachers from affluent families show confidence in what they do in the classroom, unlike those from poor backgrounds who are often afraid to initiate discussion. It was evident from the participants' responses that they were intimidated by learners from affluent families who were reluctant to follow their instructions. These teachers seemed to have an inferiority complex that affected their HIV & AIDS education teaching.

8.3.3 Religion and language serve as barriers to HIV & AIDS teaching

Religion emerged as one of the barriers to effective HIV & AIDS education teaching. Participants belonged to different religious affiliations, which inculcated different beliefs and values. Some of these beliefs and values contradicted what they were required to teach in HIV & AIDS education and the cultures of their specific schools. Due to their religious beliefs, the teacher participants were sometimes silent on certain cultural matters because what they taught in the classroom contradicted the teachings and beliefs of their church. Therefore, it seemed that some of these teachers preferred to prioritise their religious beliefs and values at the expense of their learners, whom they deprived of knowledge of sensitive topics such as HIV & AIDS.

Phindiwe stated that her church was against contraceptives and encouraged members to multiply so the congregation would grow more significantly, per God's wish. She said that she could not talk about things that contradicted her religion because she goes to the same church as her learners, whom she feared might report her to the elders. Johnson also admitted that he put his faith first and would rather not discuss issues that contradicted his religion. He said that he was spiritually attached to his beliefs and was prepared to sacrifice everything for the sake of his religion.

Leclerc-Madlala (2008) concurs that the Christian religion greatly influenced how teachers teach HIV & AIDS education. She suggests that its dictates are so powerful that members follow them at all costs for fear of punishment from the Almighty. This practice clearly shows that teachers who are church members are often influenced by the doctrines of their churches, which may encourage them to remain silent about specific sexual issues. The participants indicated that discussing sexual matters was immoral and unforgivable before God. Since they believed they could be punished, these teachers preferred to keep quiet over such issues, much to the disadvantage of the learners they teach. In addition, Griswold (2013) confirms that the reason for performing rituals is to ensure that members stick together and obey the beliefs and dictates of a religion. Religion acted as a dialogue stopper for the participants, who were afraid to expose themselves to the church leaders, who would punish members who did not adhere to their teachings and principles. In the end, the teachers were caught between religious and cultural dictates, making it difficult to navigate these challenges.

In addition, this study revealed that language also served as a barrier and played a role in undermining the efforts of teachers in teaching HIV & AIDS education. The participants experienced difficulty in selecting the appropriate words to discuss sexuality issues in HIV & AIDS education. Due to cultural or religious reasons, they could not use sexual language, making teaching HIV & AIDS education challenging. Tapiwa explained that sexual language should be developed to make it easier for teachers to explain specific topics more acceptably. He said that discussing sexuality issues with the learners in his culture was vulgar. He further said that they often taught these learners in isiZulu, as they were not fluent in English. Tapiwa suggested that learners would be understood better if taught in their home language. However, he elaborated that explaining sexual issues in isiZulu was challenging since it was taboo.

Noxolo shared the same sentiments and explained that teaching was challenging because she often failed to find suitable words to describe sexual matters in HIV & AIDS education. This was evident in her lesson observation, where she could not explain specific sexual issues to the learners and used gestures. Like Tapiwa and Noxolo, James experienced the same problem with language as a barrier in teaching HIV & AIDS education. However, his concern was compounded by the learners' inability to grasp certain concepts because they came from poor backgrounds. He said it was challenging to find the right words to make all learners understand, given that some words were sensitive to use in class.

Corroborating the participants' sentiments, the World Bank (2020) confirms that most teachers report feeling uncomfortable about teaching about sexual issues, which requires them to use words such as "sexual intercourse" and "circumcision", which are often regarded as culturally taboo. The World Bank (2020) further argues that saying these words publicly clashes with many teachers' cultural values and beliefs because discussing sexual matters is taboo in their culture. Therefore, these teachers have a limited vocabulary, hindering their ability to teach about HIV & AIDS education effectively. Correspondingly, Mugweni et al. (2013) maintain that the language used for human reproductive organs is taboo. The teacher participants were aware of their predicament, and their problem was finding suitable substitute words or language. Such religious and language complexities compounded the teachers' failure to teach sexuality issues in HIV and AIDS education.

In sociology, language is essential in transmitting cultural practices from generation to generation. The cultural object must be understood and unquestionably accepted to pass it to others to bring social cohesion through speaking the same language in society. Similarly, Griswold (2013) maintains that the cultural object should be distributed to the community members, who should understand its meaning and intentions. Furthermore, she argues that if language is a barrier to transmitting cultural objects, teachers are constrained since it is the only means they are trained to pass on their knowledge to their learners. This view was shared by Noxolo, James, and Tapiwa, who lamented the absence of mitigating factors to improve the language issue, which they claimed has existed for several years.

8.3.4 Teaching about HIV & AIDS is an emotional practice

Most participants reported that they were emotionally affected by their experiences teaching HIV & AIDS education. They noted that the suffering they saw their learners going through

drained their energy and left them feeling emotionally unstable. James reported that he believed he might be re-opening healed wounds when discussing HIV & AIDS. After considering this, his mood changed as he began visualising what had gone wrong with the innocent learners. Emotions forced teachers to change their moods and tactics and say things differently.

Some participants, such as Phindiwe, Noxolo, and James, suggested that the teaching of HIV & AIDS education was emotionally draining as they were always in conflict with the society in which they taught. They said that this battle was endless and resulted in them experiencing fatigue, as the conflict drained their energy and ability to cope. Phindiwe said that conflicts needed to end to have peace of mind. However, this was not the case where they constantly feared the community. James said they were mentally tortured, and there seemed to be no answers to their problems, compounded by their lack of support from the SMT.

The participants' experiences of losing relatives to HIV & AIDS also affected them, mainly when they talked about death when teaching HIV & AIDS education. Noxolo said that teaching HIV & AIDS education was depressing and disturbing for her and her learners, as they were acutely aware of the real-life consequences of the disease and the loss and sadness it caused. This would make her cry, so she often kept quiet on certain points. Noxolo said that she had buried some of the learners' parents, and some had died due to HIV & AIDS-related illnesses. Therefore, she became emotional when she looked at them, which affected her teaching.

The above views resonate with Mugweni (2012), who acknowledges that teachers' feelings and emotions influence their HIV & AIDS education teaching. In addition to socio-cultural complexities, some teachers were affected by the shortage of resources to use in LO and their lack of knowledge of HIV & AIDS education. Furthermore, Mugweni (2012) acknowledges that for teachers to move to better levels of practice, there should be minimal challenges affecting their work. She further contends that if teachers' frustrations were removed, they would likely become happier and teach in an improved manner. Using her Concerns-Based Adoption Model, Mugweni (2012) further explains that teachers exposed to daily frustrations are likely to work at the lower levels of their potential.

Similarly, Naidoo (2014), Nundkoomar (2016) and Steinberg (2013) acknowledge that teachers are affected by emotions that either increase or decrease their potential to teach.

They concur that negative emotions drain teachers' energy, leaving them frustrated and sad. Feelings of frustration seemed to be caused by a lack of confidence and an absence of strategies for dealing with sensitive situations.

Tapiwa reported that it was emotionally draining to teach LO in a class with learners who could be HIV-positive. He further mentioned that one had to control one's emotions, but there came a time when it became too much, and one could not take it anymore. This affects teachers' performance, as they fail to deal with sensitive classroom issues. This resonates with Naidoo (2014), who maintains that teachers are affected by teaching HIV & AIDS education, making them suffer emotionally, thus affecting their teaching. She further asserts that what worsens the situation is that HIV & AIDS is a sensitive matters that cannot be openly discussed because of the stigma and discrimination.

However, Ruiz (2016) contends that teachers' emotions can be helpful and can assist teachers in teaching in a better way. Furthermore, Ruiz (2016) maintains that feelings help build teachers' competence and preparedness. However, there is inadequate research on how emotions influence teachers teaching HIV & AIDS education. Therefore, this is an area for further study, as it is challenging to find information on how teachers' emotions affect their teaching of HIV & AIDS and their learners' learning.

8.3.5 Teachers avoid teaching sensitive topics and use social media platforms or outsiders to teach HIV & AIDS education

Teaching HIV & AIDS education is challenging and sensitive due to its stigma and discrimination. Therefore, teachers and learners find it challenging to discuss HIV & AIDS openly. In addition, teachers are often afraid of the community, as they disapprove of teaching sexuality issues in HIV & AIDS education. Therefore, the participants advocated using social media and recruiting outsiders to discuss HIV & AIDS topics to shield themselves from direct criticism at the hands of parents or community members.

The use of social media platforms is a new culture of communication. Due to technological advancements, cellphones and computers have necessitated that people spend much of their time on social media platforms. It was noted that most learners have cell phones and spend much time on social media platforms. Therefore, the participants found using these platforms in their teaching very relevant and helpful. The participants indicated they used

different teaching aids, including videos, flashcards, charts, and social media platforms, to teach HIV & AIDS education.

Phindiwe acknowledged that using social media platforms like Facebook, Twitter, Instagram, or WhatsApp was helpful in her teaching. She said that social media platforms came to their rescue when they could not navigate cultural complexities. She said they could not teach specific topics because they were too sensitive or considered culturally taboo. In some instances, they could not say certain words. However, they could use social media platforms to give learners work to discuss or do, even if it was susceptible. Phindiwe acknowledged the existence of a social media culture that teachers could incorporate into their teaching. She added that teachers could use videos and print media that expressed specific stories and sexual language that teachers could not speak directly to their learners due to religious and cultural complexities.

Noxolo supported the idea of teaching using social media platforms. She acknowledged that HIV & AIDS is sensitive to stigma and discrimination. She suggested that social media platforms make conveying sensitive information to learners easier by reducing everyone's sense of shyness or fear. She said it offered some emotional protection to teachers, as you could not observe learners' emotions, which tended to affect the learning and teaching of HIV & AIDS education. Teachers become emotional when they teach learners affected and infected with HIV & AIDS. The social media platforms create a reasonable distance and a less intense emotional space within which to operate.

This resonates with Döring (2021), who contends that social media sex education often addresses topics neglected in the classroom, as recipients can see certain things for themselves. It will then be up to them to judge what they see and read. Griswold (2013) affirms that artefacts carry essential information which the community wants to conserve. Gadgets like cell phones and computers play an indispensable role in helping members learn and pass on the information to the next generation. As the value is attached, the commodity will be valued and will likely be passed on immediately from generation to generation.

In addition, Döring (2021) maintains that social media facilitates self-teaching, leaving teachers with fewer tasks. Furthermore, it promotes a greater level of anonymity and provides shame-free and guilt-free access to various information and role models. Teachers also have fewer limits in posting relevant information to their learners. Phindiwe

acknowledged that anything unsuitable would be blamed on the social media platform, not the teacher.

Phindiwe mentioned that she often shared stories with her class through WhatsApp. She said that most of the stories were real-life situations and that her learners liked them. She added that some shared stories involved sensitive issues that would have left her emotionally unstable in a face-to-face encounter with her learners. However, through WhatsApp, her learners could engage with the stories independently and decide whether to stop or continue watching real-life videos. Noxolo said that social media platforms are rich with real-life situations that could benefit most learners by providing guidance.

Tapiwa approved using social media in HIV & AIDS teaching since it kept learners occupied while monitoring other issues. He said that sometimes they failed as teachers to explain sensitive, specific problems due to cultural taboos. However, on social media, such as Facebook, learners could be exposed to various situations that would help them remember, thereby aiding them in learning more about HIV & AIDS education. James said the information learners engaged with through social media platforms stayed in their minds for an extended period. This helped equip them with skills they could employ later in life when facing challenges.

Most participants suggested using outside experts or peer educators to help teach HIV & AIDS education. Noxolo acknowledged that specialists like nurses could explain sexual issues in HIV & AIDS education that teachers found challenging. Tapiwa asserted that these experts and peer educators did not worry about how they were being perceived since they were not permanent teachers. Community members were also less concerned about what these people said since they knew they were not trained to teach learners, and they quickly forgave them if they made any mistakes.

The participants reiterated that teachers were not trained to deal with HIV & AIDS-sensitive issues associated with stigma and discrimination. Furthermore, Noxolo maintained that many teachers could not speak with authority about HIV & AIDS issues, as they were either affected by or infected by the virus. This made them victims and made them feel vulnerable and unable to talk about the disease confidently. Noxolo said that people from the local health facilities should be given a platform to engage directly with learners about sexual issues in HIV & AIDS education. Felicia explained that health workers have specialist

knowledge in dealing with diseases like HIV & AIDS and could express themselves freely and without the hindrances of cultural taboos. They could therefore cover sensitive topics on behalf of the LO teachers without being greatly affected by socio-cultural complexities that influenced the teachers.

Felicia also advocated using local role models respected by their communities and made people listen to every word they said. Most participants agreed with Felicia that role models inspired the learners to follow their good example in terms of safe sexual behaviour, which helped to prevent the transmission of HIV & AIDS among the younger generation. Some participants, such as Felicia, reported using these role models in their LO lessons. However, other participants, such as Tapiwa and James, said they had few role models in their communities, but they supported the idea.

Apart from using specialists and role models, the participants indicated they could also use peer educators to assist in HIV & AIDS education. They agreed that because peers were the same age as the learners and understood how sexual issues affected them, peer educators could easily communicate with the learners since it was easier for them to open up to each other than to the teachers to discuss such sensitive issues. This view resonates with Adeomi et al. (2014), who concurs that using peers as resources people can exponentially extend and improve the social climate polluted with cultural taboos. Furthermore, peer education and support can be effective among teenagers because friends are their primary sources of information about sexual practices, and peer influence often positively motivates their behaviour. Furthermore, they argue that if peer educators are used as specialists in teaching HIV & AIDS education and are given adequate training and supportive supervision, learners can be agents of change in the school environment. This means that the teachers will not have to shoulder all the stress of navigating cultural taboos and pressure from the communities about teaching sensitive HIV & AIDS education issues.

In addition, Felicia acknowledged that peer educators were not so worried about cultural taboos or what societies thought about their teaching. They were in that age group where they were not concerned about what was happening in their communities or their mindset. Phindiwe asserted that communities should be mandated to identify peer educators who could assist LO teachers and teach areas regarded as sensitive by teachers. Similarly, Adeomi et al. (2014) contend that adolescents are a critical age group to use in the fight against this pandemic since they are also affected by the same issues as the learners and can

check the source of the problem. Peers can assist one another without fear. Therefore, peer educators should be tested to help LO teachers teach about HIV & AIDS education.

8.4 Original contribution of this study

This research study has explored the socio-cultural complexities that influence the teaching of HIV & AIDS education, an under-researched topic. Most research on HIV & AIDS has concentrated on condom use, circumcision, and abstinence. However, these strategies have yielded little success. This study approaches sexual behaviour and decision-making from a more foundational level by examining socio-cultural complexities. It looks at how community members behave towards each other and why they make particular decisions concerning sexual matters such as condom use, circumcision, and abstinence, among others. Griswold (1987, 2013) maintains that cultural objects, such as HIV & AIDS education, are approved or rejected by society, which measures their worthiness and the benefits they bring to members of society. What can be drawn from this study is that if the educational content teachers teach is not approved by society, it is meaningless. It is therefore essential to study the nature and influence of the socio-cultural complexities that determine society's approval or rejection of the content.

This study is one of only a few studies that have used the cultural diamond formulated by Griswold (2013) and adapted by Helleve et al. (2009) as a conceptual framework. Therefore, there is limited South African research that explicitly examines cultural complexities in teaching HIV and AIDS education and how these are addressed. Consequently, I believe this study's findings are significant for stakeholders to consider, which could significantly impact the professional development of LO teachers and curriculum design of the LO curriculum and HIV and AIDS education.

Because this study contributes to knowledge on HIV & AIDS teaching, it could assist education policymakers and curriculum developers in revising the LO curriculum to align with the socio-cultural issues identified. This would reduce the burden on teachers, constrained by having to avoid or navigate these socio-cultural complexities. In terms of the cultural diamond model, the inventors of the cultural object (the curriculum developers) should take into consideration the concerns of the distributors (the LO teachers) and the receivers (the learners). This study has revealed that not everything in the curriculum is received with open hands by society or by the teachers themselves, as some matters are not

valued or conflict with their culture. Teachers, not curriculum developers (the object inventors), find themselves on the receiving end of community anger at such conflict. The study has revealed that community leadership must be included in designing the LO curriculum to reduce the tension between the community and the teachers.

I used narrative frames and collage as innovative data generation methods instead of the more traditional methods such as semi-structured interviews and questionnaires. This helped to give teachers their voices that have been silenced. The implication is that teachers can share their narratives and experiences if given the platform.

In addition, higher education institutions and teacher development programmes could use the findings of this study to incorporate the socio-cultural complexities influencing HIV & AIDS education into the teacher training curriculum. Finally, and most importantly, this study identifies the importance of training peer educators who can assist LO teachers who find it challenging to deal with the sensitive cultural issues that arise in HIV & AIDS teaching.

8.5 Limitations and delimitations of the research study

This research study was conducted at only six schools in one school circuit in the uMgungundlovu district in KZN, and only six participants were used. Some researchers have criticised using such small samples in qualitative research, arguing that the data generated from a small sample cannot be generalised to other contexts. They say South Africa is a large country with people of different races and cultures. However, since data were collected from six different participants at six different schools in different social, economic and cultural contexts, there would be an opportunity to extend my research study to other schools in other circuits in the uMgungundlovu district. This would assist policymakers in reconsidering the socio-cultural complexities affecting LO teachers teaching HIV & AIDS education before making any declarations and changes to the curriculum.

This research study was also affected by the outbreak of the Covid-19 pandemic. I could not visit schools for some time, as they were closed during the lockdown, and when they were re-opened, there were restrictions on visiting schools. This forced me to deregister for the second semester in 2020 as I could not visit schools to generate data. Due to Covid-19 restrictions, I was allowed to observe lessons, however, I could not take someone else who was supposed to video record the lessons. Therefore, I used my cell phone for audio and

video recording of the lesson observations. The study could have generated richer, more in-depth data if more teachers and schools had been used.

The study involved schools located in close proximity to each other in the same catchment area and circuit. This was necessitated by financial and time constraints that did not allow travel to far, outlying areas. The schools I selected shared the same traits since they shared a similar geographical location. However, the participants from these schools had diverse personalities and family backgrounds, which helped me generate rich data.

My presence in the classrooms and the “observer effect” could have influenced the data generation, as teachers could have stage-managed the events to provide me with the outcome they assumed I wanted. Brown (2013) asserts that teachers may act on things they know the researcher wants to hear and could distort information to suit the situation. Therefore, before starting the lesson observation, I talked with the participants to assure them they must not be affected by my presence in the classroom. I encouraged them to be natural in how they conducted their lessons.

This research study was limited to the teachers’ experiences teaching HIV & AIDS in the FET phase. Grades in the GET phase were not explored, as I wanted an in-depth understanding of the FET phase, where teachers teach mature learners and discuss sexual issues in HIV & AIDS education. The study was also limited to the LO subject, as this is the subject in which most information on HIV & AIDS is covered.

The study was limited to public schools, including former Model C schools with learners and teachers of different races and cultures. I did not explore the teaching of HIV & AIDS in private schools, as there were no private schools in the geographical area selected for this study. If there had been, I would have been able to compare HIV & AIDS education in public and private schools.

8.6 Recommendations

This research study explored the socio-cultural complexities that influence LO teachers' teaching about HIV & AIDS education. Therefore, this study only addressed teachers' perspectives on how socio-cultural complexities affect their HIV & AIDS education. Given the closeness between teaching and learning, I argue that it is of paramount importance to elicit responses and perspectives from learners on how socio-cultural complexities influence

their learning of HIV and AIDS education. I recommend that future research on HIV and AIDS education examine the influence of socio-cultural complexities about HIV & AIDS education from the learners' perspective.

I recommend that the DoE must organise more teacher workshops, seminars, and group discussions, specifically about HIV & AIDS education. This will give teachers not trained to teach in this area the opportunity to become more knowledgeable and build their confidence when teaching about HIV & AIDS education. Teachers need to be knowledgeable about using different strategies when teaching HIV & AIDS education to suit the various needs of learners in their classes. Teachers also need support and technical knowledge to deal with sensitive sexual language and other socio-cultural complexities in HIV & AIDS education. They should know how their HIV & AIDS education teaching may affect their learners. Only through professional development and training will they be able to manage these situations.

The second recommendation to the DoE is for it to work out ways to reduce censoring and support teachers in delivering culturally sensitive issues. Policies must recommend and protect LO teachers so they can teach sensitive issues in LO without fear of knowing that policies protect them.

I recommend that principals of schools should be oriented so that they do not put guidelines that limit teachers and prevent them from freely teaching sensitive issues about HIV & AIDS education. This will help learners gain the information they are deprived. Policies can help principals assist LO teachers in dealing with taboo and sensitive issues in HIV & AIDS education.

The findings of this study highlight the vital challenge of addressing cultural and religious taboos when teaching about HIV and AIDS. I recommend that future research move beyond the confines of the school and classroom to involve community members, traditional leaders, traditional healers, and pastors from the community. This accentuates the need for future research studies on HIV and AIDS education to move beyond the four walls of the classroom and into society. The universities that train teachers should have a community involvement programme in the context of HIV & AIDS. This should be linked with schools so that the concerns of various communities can be discussed through community engagement. Such community engagement will assist in addressing society's mistrust of teachers teaching

sexual matters to their learners and addressing the problematic cultural and religious taboos. The DoE should design adult education programmes to educate communities about these socio-cultural issues and their effect on HIV & AIDS education.

I recommend that more information about HIV & AIDS be included in the GET phase subjects. This will enable learners to be exposed to more rigorous HIV & AIDS education activities at a younger age and equip them with knowledge and skills as teachers introduce them to basic information about HIV & AIDS. When learners reach the FET phase, they will have adequate knowledge and skills about HIV & AIDS. LO teachers will have fewer socio-cultural concerns, as parents and learners will be informed about sexual issues in HIV & AIDS education.

Colleges and universities should offer certified counselling and peer educator programmes in HIV & AIDS. These should be designed to assist LO educators in dealing with complicated issues when teaching HIV & AIDS education. The government should provide funding for such programmes and financial assistance for the educators who enrol in them.

The Teacher Development Studies (TDS) programmes in Universities should devise new methods of training teachers on how to teach and deal with sensitive HIV & AIDS education issues. This will help them counter any challenges they encounter in schools when delivering lessons about HIV & AIDS education.

I also recommend the TDS department focus on teachers and learners as their reactions and responses influence LO teachers on how they teach about HIV & AIDS education. Teachers and learners are interlinked and cannot be divorced from one another

8.7 Conclusion

It has been a long journey to conclude this doctoral research study on the socio-cultural complexities that influence LO teachers in teaching HIV & AIDS education in the FET phase. This research study has revealed that teachers are affected by various socio-cultural complexities when teaching HIV & AIDS education. They face challenges from many angles, including communities they lead, schools, and home backgrounds, where their own lived experiences can interfere in their teaching. These challenges and the fact that many of their learners are infected with or affected by HIV & AIDS result in them experiencing

difficult emotions. The sensitivity of HIV & AIDS as a topic also makes it difficult for teachers to teach it effectively.

It was evident that socio-cultural issues presented many challenges for HIV and AIDS education teachers, which affected their teaching. The teachers acknowledged that the cultural and religious beliefs of the learners, instilled by society, challenged their teaching praxis and their ability to encourage learners to adopt new behaviours to help curb the transmission of HIV & AIDS in our communities.

It was also evident that some parents and community members did not approve of teachers discussing sensitive issues about sex with learners. Teachers found it challenging to negotiate these cultural and religious conflicts and often preferred to avoid such conflict and remain silent. However, despite the influence of socio-cultural complexities on teaching HIV & AIDS education, the teachers agreed that it was their responsibility to expose learners to knowledge about HIV and AIDS since their parents were not knowledgeable or were too conservative in their approach to HIV and AIDS. Following traditional practices, parents often teach and pass on incorrect information or myths to learners.

The teachers reported that HIV & AIDS is associated with stigma and discrimination, making it difficult for them and their learners to discuss sexual issues openly. These cultural taboos created a culture of silence, making it difficult for teachers to discuss sexual matters. The odds favour boys who culturally did not have any limits about discussing issues regarded as taboo. The teachers' views resonate with the literature, which highlighted on most occasions that cultural and religious taboos inhibit the effective teaching of HIV & AIDS education.

The teachers suggested using role models and peer educators to teach about HIV & AIDS education as a potential mitigating factor. They argued that using role models and peer educators would shield them from criticism by parents and community members over their teaching of sexual matters. They said role models were respected, and learners listened to them more than teachers. The peer educators would be the same age as the learners, and there would be a greater chance that learners would open up to them about the sensitive issues affecting them.

The findings also revealed that language was a barrier to explaining sexual issues in HIV & AIDS education. Some participants reported that they did not have the right words to use.

Others said that they often teach in isiZulu and that it was challenging to find the appropriate words, as it is taboo to use sexual language in Zulu culture. This resulted in teachers not teaching specific topics or leaving out certain comments. Most of these teachers reported being afraid of criticism from the community, as some parents did not approve of their teaching of sexual issues in HIV & AIDS education. Drawing from the sociological perspective and Griswold's (2013) and Helleve et al.'s (2009) cultural diamonds, the teachers could be understood as acting as distributors of the cultural object to the learners, who are the receivers. However, the crux of the problem is that teachers are asked to distribute cultural objects that society does not approve of. Teachers cannot change the curriculum to meet the demands of the community. As a result, teachers remain silent over matters regarded as taboo by the community.

I hope this research study will contribute to a better understanding of the socio-cultural complexities that influence the teaching of HIV & AIDS education teaching. This research study draws attention to the many concerns, fears, and challenges that LO teachers face in teaching HIV & AIDS education, an area regarded as sensitive and associated with stigma and discrimination. Therefore, there is an urgent need for the DoE to plan interventions and support programmes for LO teachers who teach HIV & AIDS education. This will contribute to the professional development of LO teachers and enhance their knowledge and self-confidence in HIV & AIDS teaching.

REFERENCES

- Abouchedid, K., & Abourjeily, S. (2018). Student-teacher interaction in public schools in Lebanon: A symbolic interactionist perspective in Grade 6 classes. *Psychology, 24*(1), 1–24.
- ActionAid. (2010). *Global reporting initiative report*. ActionAid International. <https://actionaid.org/publications/2011/aai-2010-global-reporting-initiative-gri-report>
- Adegboyega, L. O. (2019). Influence of social media on sexual behaviour of youth in Kwara State, Nigeria: Implications for counselling practice. *Canadian Journal of Family and Youth, 11*(1), 85–103.
- Adeomi, A. A., Adeoye, O. A., Asekun-Olarinmoye, E. O., Abodunrin, O. L., Olugbenga-Bello, A. I., & Sabageh, A. O. (2014). Evaluation of the effectiveness of peer education in improving HIV knowledge, attitude, and sexual behaviours among in-school adolescents in Osun state, Nigeria. *AIDS Research and Treatment, a* 131756. <https://doi.org/10.1155/2014/131756>
- Aggleton, P. (2004). Sexuality, HIV prevention, vulnerability and risk. *Journal of Psychology and Human Sexuality, 16*(1), 1–11.
- Ahmed, N., Flisher, A., Matthews, C., Mukoma, W., & Jansen, S. (2009). HIV education in South African schools: The dilemma and conflicts of educators. *Scandinavian Journal of Public Health, 37*(2), 48–54.
- Alexander, V. (2003). *Sociology of the arts. Exploring fine and popular forms*. Blackwell Publishing.
- Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity, 23*(3), 121–127.
- Amina, M. E. K., Norgaard, L. S., Cavaco, A. M., Witry, M. J., Hillman, S., Cernasev, P., & Desselle, M. (2020). Establishing trustworthiness and authenticity in qualitative pharmacy research. *Research in Social and Administrative Pharmacy, 16*(10), 1472–1482. <https://doi.org/10.1016/j.sa.pharm.2020.02.005>

- Appalsamy, S. (2015). *Educators' experiences of teaching sexuality education in the FET phase* (Unpublished master's thesis). University of KwaZulu-Natal, Pietermaritzburg.
- Appelrouth, S., & Edles, L. D. (2011). *Sociological theory in the contemporary era*. Pine Forge Press.
- Atay, D. (2013). Beginning teacher efficacy and the practicum in an EFL context. *Teacher Development, 11*(2), 203–219.
- Barkhuizen, G. (2014). Revisiting narrative frames: An instrument for investigating language teaching and learning systems. *Language Teaching, 47*(4), 450–466.
- Barkhuizen, G., & Wette, R. (2008). Narrative frames for investigating the experiences of language. *Teachers' Systems, 36*(2), 372–387.
- Bassey, M. (1999). *Case study research in educational settings*. Open University Press.
- Baxen, J. (2010). *Performative praxis: Teacher identity and teaching in the context of HIV/AIDS*. Peter Lang.
- Becker, H. (2008). *Art worlds*. University of California Press.
- Berglas, N., Constantine, N. A., & Ozer, E. (2014). A rights-based approach to sexuality education: Conceptualization, clarification and challenges. *Perspectives on Sexual and Reproductive Health, 46*(2), 63–72.
- Berns, R. M. (2007). *Children, family, school, community: Socialisation and support* (7th ed.). Thomson Wadsworth.
- Bhana, D. (2007). Childhood sexuality and rights in the context of HIV/AIDS. *Culture Health and Sexuality, 9*(1), 309–24.
- Bhana, D. (2012). Girls are not free – in and out of the South African school. *The International Journal of Education and Development, 32*(2), 352–358.
- Bhana, D., Morrell, R., Epstein, D., & Moletsane, R. (2006). The hidden work of caring: Teachers and the maturing AIDS epidemic in diverse secondary schools in Durban. *Journal of Education, 38*, 5–23. https://journals.co.za/doi/pdf/10.10520/AJA0259479X_53

Bhana, D., Morrell, R., & Shefer, T. (2013). Teenage pregnancy and parenting at school in contemporary South African contexts: Deconstructing school narratives and understanding policy implementation. *Perspectives in Education*, 31(1), 1–10.

Bhowmick, T. (2021). Culture and education for lifelong learning. *International Journal of Research Publication and Reviews*, 2(2), 97–101.

<https://ijrpr.com/uploads/V2ISSUE2/IJRPR170.pdf>

Boeije, H. (2010). *Analysis in qualitative research*. Sage.

Boler, T., Adoss, R., Ibrahim, A., & Shaw, M. (2003). *The sound of silence: Difficulties in communicating on HIV/AIDS in schools*. Action Aid.

Bos, A. E. R., Schaalma, S., & Pryor, J. B. (2008). Reducing AIDS-related stigma in developing countries: The importance of theory and evidence-based interventions. *Psychology, Health and Medicine*, 13(2), 450–460.

Browes, N. C. (2015). Comprehensive sexuality education, culture and gender: The effect of the cultural setting on a sexuality education programme in Ethiopia. *Sex Education*, 15(6), 655–670.

Boer, H., & Mashamba, M. (2005). Psychosocial correlates of HIV protection motivation among black adolescents in Venda, South Africa. *AIDS Education and Prevention*, 17(6), 420–440.

Borgia, P., Marinacci, C., Schifano, P., & Perucci, C. A. (2005). Is peer education the best approach for HIV prevention in schools? Findings from a randomized controlled trial. *Journal of Adolescent Health*, 36(2), 508–516.

Brown, E. A. (2013). *Attitudes and experiences of teachers and students towards Life Orientation* (Unpublished master's thesis). University of the Witwatersrand, Johannesburg.

Bruner, J. (1986). *Actual minds, possible worlds*. Harvard University Press.

Buchel, A. J., & Hoberg, S. M. (2007). *The role of the principal as school manager in dealing with the impact of HIV/AIDS in school management*. University of South Africa.
<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.519.7361&rep=rep1&type=pdf>

- Butler, R. (1997). Teachers' achievement goal orientations and associations with teachers' help seeking: Examination of a novel approach to teacher motivation. *Journal of Educational Psychology*, 99(2), 241–252. <https://doi.org/10.10037/0022-0663.99.2.241>
- Butler, R. S., Sorace, D., & Beach, K. H. (2017). Institutionalizing sex education in diverse United States school districts. *Journal of Adolescent Health*, 62(1), 149–156.
- Butler-Kisber, L., & Poldma, T. (2010). The power of visual approaches in qualitative inquiry: The use of collage making and concept mapping in experiential research. *Journal of Research Practice*, 6(2), 110–125.
- Byakika-Tusiime, J. (2008). Circumcision and HIV infection: Assessment of casualty. *AIDS and Behaviour*, 12(2), 835–841.
- Campbell, R. J. (1997). Innovations in research-based practice. *Personnel Psychology*, 50(2), 453–453.
- Cewila, L. C. (2011). *HIV and AIDS: United Church of Zambia's response to traditional marriage practices* (Unpublished doctoral thesis). University of KwaZulu-Natal.
- Chambers, A. H., Tomney, J., Samantha, C., & Roberts, S. (2017). Sexuality education delivery in Australian regional secondary. *Health Education Journal*, 12(2), 115–129.
- Check, J., & Schuh, R. K. (2012). *Research methods in education*. Sage.
- Chilisa, B., & Preece, J. (2005). *Research methods for adult educators in Africa*. African perspectives on adult learning series. UNESCO Institute for Education.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. Jossey-Bass.
- Clarke, D. J. (2008). *Heroes and villains: Teachers in the education response to HIV*. UNESCO and the International Institute for Educational Planning. <https://unesdoc.unesco.org/ark:/48223/pf0000181572/PDF/181572eng.pdf.multi>
- Clarke, D., Yankah, E., & Aggleton, P. (2015). Life skills-based HIV education: Some virtues and errors. *Sex Education, Sexuality, Society and Learning*, 15(6), 597–612.

- Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education* (6th ed.). Routledge.
- Cohen, L., Manion, L., & Morrison, K. (2011). *Research methods in education* (6th ed.). Routledge.
- Cohen, L., Manion, L., & Morrison, K. (2018). *Research methods in education* (8th Ed.). Routledge, Taylor and Francis Group.
- Connell, R. (2007). *Gender and power: Society, the person and sexual politics*. Stanford University Press.
- Connolly, C., Leickness, C., Simbayi, L. C., Shanmugam, R., & Ayanda Nqeketo, A. (2008). Male circumcision and its relationship to HIV infection in South Africa: Results of a national survey in 2002. *South African Medical Journal*, 98(10), 789–794.
- Coombe, C., & Kelly, M. J. (2001). Education as a vehicle for combating HIV/AIDS. *Prospects Quarterly Review of Education*, 31(3), 435–443.
- Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, 41(1), 89–91.
- Cree, V. E., Kay, H., Tisdall, E. K. M., & Wallace, J. (2006). Listening to children and young people affected by parental HIV: Findings from a Scottish study. *AIDS Care, Psychological and Socio-medical Aspects of HIV/AIDS*, 18(1), 73–76.
- Creswell, J. W. (2009). *Research design: Qualitative and mixed method approaches* (3rd ed.). Sage.
- Creswell, J. W. (2012). *Educational research: Planning, conducting and evaluating quantitative and qualitative research* (4th ed.). Pearson Education Inc.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (4th ed.). Sage.
- Crystal, D. (2008). *Txtng: The Gr8 Db8*. Oxford University Press.

- Daniel, M., Malinga Apila, H., Bj Rgo, R., & Therese Lie, G. (2007). Breaching cultural silence: Enhancing resilience among Ugandan orphans. *African Journal of AIDS Research: AJAR*, 6(2), 109–120. <https://doi.org/10.2989/16085900709490405>
- Dawson, C. (2007). *A practical guide to research methods: A user-friendly manual for mastering research techniques and projects* (2nd ed.). How-to books.
- Demetrian, G. (2005). *Postpositivist scientific philosophy: Mediating convergences*. <http://en.copian.ca/library/research/george/post/01.htm>
- Denzin, N. K. (2017). Critical qualitative inquiry. *Qualitative Inquiry*, 23(1), 8–16. <https://doi.org/10.1177%2F1077800416681864>
- Denzin, N. K., & Lincoln, Y. S. (2005). *The Sage handbook of qualitative research*. Sage.
- DePalma, R., & Francis, D. (2014). The gendered nature of South African teachers' discourse on sex education. *Health Education Research*, 29(4), 624–632.
- Department of Basic Education (DBE). (2017). *National Curriculum Statements: Curriculum and assessment policy statements grades R-12*. Pretoria: Government Press.
- Department of Basic Education (DBE). (2021). *Life Orientation Annual Teaching Plan*. <https://www.education.gov.za/Portals/0/Documents/Recovery%20plan%20page/2021%20ATPs/FET%20Rearranged/Life%20Orientation/English/2021%20LO%20GRADE%2011%20ATP.pdf?ver=2021-01-26-210629-323>
- Department of Education (DoE). (2000). *White Paper 6: Special Needs Education. Building an inclusive education and training system*. Pretoria: Government Press.
- Department of Education (DoE). (2008). *Learning programme guideline: Life Orientation*. Pretoria: Government Printers.
- Department of Education (DoE). (2010). *Curriculum and assessment policy statement: Life Orientation FET*. Pretoria: Government Printers.
- Department of Education (DoE). (2021). *National Curriculum Statements: Curriculum and assessment policy statements grades R-12*. Pretoria: Government Press.

- Department of Health (DoH). (2020). *Access to information: Department of Health (act no2 of 2020)*. Pretoria: Government Press.
- De Vaus, D. (2001). *Domestic violence in Australia. Are men and women equally violent?* University of Melbourne.
- Devos, A. S. (2013). Decline in incidence of HIV and hepatitis C virus infection among injecting drug users in Amsterdam: Evidence for harm reduction. *Journal of Addiction, 108*(6), 1070–1081.
- Dickinson, D. (2011). Myths, science and stories: Working with peer educators to counter AIDS myths. *African Journal of AIDS Research, 10*(2), 335–344.
- Donald, D. (2002). *Educational psychology in social context* (2nd ed.). Oxford University Press.
- Döring, N. (2021). *Sex education on social media*. Encyclopedia of Sexuality and Gender. https://doi.org/10.1007/978-3-319-59531-3_64-1
- Durkheim, E. (1912/2012). *The elementary forms of religious life*. Translated by C. Grossman. Oxford University Press.
- Edles, L. D., & Appelrouth, S. (2005). *Sociological theory in the classical era*. Pine Forge Press.
- Eliade, M., & Couliano, L. P. (1991). *Religion as system*. Harper Collins.
- Elliot, D., Hulme, M., Lewin, J., & Lowden, K. (2011). *A guide to practitioner research in education*. Sage.
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1–4.
- Fassin, D. (2007). *When bodies remember: Experiences and politics of AIDS in South Africa*. University of California Press.
- Feyissa, G. T., Abebe, L., Girma, E., & Woldie, M. (2012). Stigma and discrimination against people living with HIV by healthcare providers, Southwest Ethiopia. *Public Health, 12*(2), 522–540.

- Ford, E. (2020). *Tell me your story: Narrative inquiry in research*. College Research Libraries.
- Francis, D. (2014). You must be thinking what a Lesbian man teacher is doing in a nice place like Dipane Letsie school? Enacting, negotiating and reproducing dominant understandings of gender in a rural school in the Free State, South Africa. *Journal of Gender and Education*, 26(5), 539–552.
- Francis, D. (2015). Sexuality education in South Africa: Three essential questions. *International Journal of Education Development*, 30, 314–319.
- Gamson, J. (1995). Must identity movements self-destruct? A queer dilemma. *Social Problems*, 42, 390-407.
- Geertz, A. W. (1983). Book of the Hopi: The Hopi's book. *Anthropos*, 78(3), 547–556.
- Gerstenblatt, P. (2013). Collage portraits as a method of analysis in qualitative research. *The International Journal of Qualitative Methods*, 12(1), 294–309.
- Ghosh, G. (2013). Job satisfaction of teachers working at the primary school. *International Journal of Humanities and Social Science Invention*, 2(7), 1–5.
- Gibbs, G. R. (2007). *Analyzing qualitative data* (Flick, U., Ed.). Thousand Oaks, CA: Sage.
- Glacier, J., & Laudel, G. (2013). Two methods for early-data analysis in qualitative research aiming at causal explanations. *Qualitative Social Research*, 14(2), 1–37.
- Goldman, J. D. G., & Coleman, S. J. (2013). Primary school puberty/sexual education: Student-teachers' past learning, present professional education, and intention to teach these subjects. *Sex Education: Sexuality, Society and Learning*, 13(3), 276–290.
- Golombek, P. R., & Johnson, K. E. (2017). The reconceptualising the teachers' narrative inquiry as professional development. *Profile*, 19(1), 15–28.
- Govender, K., & Poku, N. K. (2021). *Preventing HIV among young people in Southern and East Africa. Emerging evidence and intervention strategies*. Routledge Taylor and Francis Group.

- Govender, K., Poku, N. K., Armstrong, R., & George, G. (2021). Epidemiology of HIV among adolescents and young people in the Eastern and Southern African region. In K. Govender & N. K. Poku (Eds), *Preventing HIV among young people in Southern and East Africa: Emerging evidence and intervention strategies* (pp. 11–47). Routledge Taylor and Francis Group.
- Grady, G. O., Clandinin, D. J., & Toole, J. O. (2018). Engaging in educational narrative inquiry: Making visible alternative knowledge. *Irish Educational Studies*, 37(2), 153–157.
- Green, E. C., & Ruak, A. H. (2014). *AIDS, behaviour and culture. Understanding evidence-based prevention*. Left Coastal Press, Inc.
- Griswold, W. (1987). The fabrication of meaning: Literary interpretation in the United States, Great Britain and the West Indies. *American Journal of Sociology*, 92(2), 1077–765.
- Griswold, Wendy. 2008. *Cultures and Societies in a Changing World*. 3rd ed. Los Angeles: Pine Forge Press.
- Griswold, W. (2013). *Cultures and societies in a changing world* (4th ed.). Sage.
- Guba, E. G., & Lincoln, Y. S. (1985). *Naturalistic inquiry*. Sage.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105–117). Sage.
- Gudyanga, E., de Lange, N., & Khau, M. (2019). Zimbabwean secondary school guidance and counselling teachers teaching sexuality education in the HIV and AIDS education curriculum. *Journal of Social Aspects of HIV/AIDS Research Alliance*, 16(1), 35–50.
- Gunawan, J. (2015). Ensuring trustworthiness in qualitative research. *Nursing Journal*, 1(1), 10–11.
- Gurma, G., & Etana, D. (2015). Unemployment and food insecurity in Ethiopia. *African development Review*, 29(1), 56–68.
- Haberland, N., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*, 56(1), S15–S21.

- Hall, K. S., Sales, J. M., Komro, K. A., & Santelli, J. (2016). The state of sex education in the United States. *The Journal of Adolescent Health, 58*(6), 595–597.
- Halperin, D. T., & Epstein, H. (2007). Why is HIV prevalence so severe in southern Africa? The role of multiple concurrent partnerships and lack of male circumcision — implications for HIV prevention: opinion. *Southern African Journal of HIV Medicine, 8*(1), a630. <https://doi.org/10.4102/sajhivmed.v8i1.630>
- Hammersley, M. (2013). *The myth of research-based policy and practice*. Sage.
- Hashash, M., Aboucheidid, K., & Abourjeily, S. (2018). Student-teacher interactionist public schools in Lebanon: A symbolic interactionist perspective in Grade six classes. *SAGE Open*. <https://doi.org/10.1177/2158244018783039>
- Hasnain, M. (2005). Cultural approach to HIV/AIDS harm reduction in Muslim countries. *Harm Reduction Journal, 23*(2), 2–23.
- Helleve, A., Flisher, A. J., Onya, H., Kaaya, S., Mukoma, W., Swai, C., & Klepp, K. (2009). Teachers' confidence in teaching HIV/AIDS and sexuality in South African and Tanzanian schools. *Scandinavian Journal of Public Health, 37*(2), 55–64.
- Helleve, A., Flisher, A. J., Onya, H., & Klepp, K. (2011). Can any teacher teach sexuality and HIV/AIDS? Perspectives of South African Life Orientation teachers. *Sex Education, Sexuality, Society and Learning, 11*(1), 13–26.
- Hendricks, N. G. P. (2011). *The role of Life Orientation teachers in addressing the emotional needs of HIV/AIDS affected learners in the intermediate and senior phase at two schools in Gauteng* (Unpublished master's thesis). University of Johannesburg.
- Henning, E., Van Rensburg, W., & Smit, B. (2004). *Finding your way in qualitative research*. Van Schaik.
- Hill, C. E. (2012). *Consensual qualitative research. A practical resource for investigating social sciences phenomena*. American Psychological Association.
- Hiratsuka, T. (2018). Narrative frames as a course evaluation instrument. *The Language Teacher, 42*(1), 3–7.

Hopkins, S. (2017). Lessons learned through reflecting on a classroom observation. *Health and Social Care*, 2(1), 77–86.

Hunter, M. (2010). *Love in the time of AIDS: Inequality, gender and rights in South Africa*. Indiana Press.

Islam, Z. (2020). Culture as the reflection of a society: A sociolinguistics phenomenon. *Journal of Creative Writing*, 4(1), 20–32.

James, A., & Brookfield, S. D. (2014). *Engaging imagination: Helping students become creative and reflective thinkers*. Jossey-Bass.

Jewell, B. L., Mudimu, E., Stover, J., Ten Brink, D., Phillips, A. N., Smith, J. A., & Bansi-Matharu, L. (2020). Potential effect of disruption to HIV programmes in Sub-Saharan Africa caused by COVID-19: Results from multiple mathematical models. *The Lancet HIV*, 7(9), e629–e640.

Johnson, G., Poliner, R., & Bonaiuto, S. (2005). Learning throughout the day. *Educational Leadership*, 63(1), 59–63.

Johnson, S. M. (2017). A psycho educational approach for prevention of burnout among teachers dealing with HIV/AIDS in South Africa. *AIDS Care, Psychological and Socio-medical Aspects of AIDS/HIV*, 29(1), 73–78.

Kamau, M. N. (2012). *AIDS stigma and discrimination in public schools: A case study of HIV-positive children in Kenya* (Unpublished doctoral thesis). University of Western Ontario. <https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1703&context=etd>

Karpov, Y. V. (2014). *Vygotsky for educators*. Cambridge University Press.

Kasondo, M. (2013). *Perceptions of teachers to sexuality education in secondary schools in Gaborone, Botswana* (Unpublished master's thesis). Stellenbosch University.

Kelly, M. J. (2000). *The encounters between HIV/AIDS and Education*. University of Zambia.

https://healtheducationresources.unesco.org/sites/default/files/resources/01_encounterKelly.pdf

- Kelly, M. J. (2003). The significance of HIV/AIDS for universities in Africa. *Journal of Higher Education in Africa RESA*, 1(1), 1–23.
- Kelly, M. J. (2008). *Gender, HIV/AIDS and the status of teachers*. Paper presented at the 3rd Commonwealth Teacher Research Symposium, Maputo, 19 February. <https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/Gender,%20HIV%20and%20Status%20of%20Teachers.pdf>
- Kelly, M. J. (2010). *African education system vs missionary education*. Lusaka, University of Zambia.
- Kendall, L. (2002). *Hanging Out in the Virtual Pub: Masculinities and Relationships Online*. University of California Press.
- Khanare, F. (2012). School children affected by HIV in rural South Africa: Schools as environments that enable or limit coping. *African Journal of Aids Research*, 11(3), 251–259.
- Khang, M. (2018). *HIV/AIDS support group in Botha-Bothe, Lesotho: Navigating discourses of prevention and care* (Unpublished doctoral thesis). University of KwaZulu-Natal.
- Khau, M. (2012). Sexuality education in rural Lesotho schools: Challenges and possibilities. *Sex Education*, 12(4), 411–423.
- Khau, M. (2016). Journeying into the past: Lesotho sexuality education curriculum history. *Southern African Review of Education*, 22(1), 98–114.
- Kingsland, J. (2018). *Growing old with HIV: Challenges and opportunities*. Sage.
- Kirby, D., Laris, B., & Roller, L. (2005). *Impact of sex and HIV education programmes on sexual behaviors in developing and developed countries*. Youth Research Working Paper No. 2. Family Health International.
- Kirby, J. R. (1995). *Assessment of cognitive process*. Allyn & Bacon Publishers.
- Kumar, R. (2011). *Research methodology: A step by step guide for beginners* (3rd ed.). Sage.
- Kumar, V., & Nanda, P. (2019). Social media to social media analytics: Ethical challenges. *International Journal of Technoethics*, 10(2), 5–14.

KZN Department of Health. (2016). *District Health Plan 2015/2016: uMgungundlovu Health District*. <http://www.kznhealth.gov.za/Strategic/DHP/2015-16/Umgungundlovu.pdf>

Leclerc-Madlala, S. L. (2008). Age-disparate and intergenerational sex in Southern Africa: the dynamics of hypervulnerability. *AIDS*, 22, S17-S25.

Leclerc-Madlala, S. L. (2016). Traditional leaders and the 'fast track' HIV response. Is success possible without them? *African Journal of AIDS Research*, 15 (2), 185-193.

Leclerc-Madlala, S., Simbayi, L. C., & Cloete, A. (2009). The sociocultural aspects of HIV/AIDS in South Africa. In P. Rohleder, L. Swartz, S. C. Kalichman & L. C. Simbayi (Eds), *HIV/AIDS in South Africa 25 years on: Psychosocial perspectives* (pp. 13–26). Springer.

Lincoln, Y. S., & Guba, E. G. (1994). *Naturalistic inquiry*. Sage.

Lesko, N. (2010). Feeling abstinent? Feeling comprehensive? Touching the effects of sexuality curricula. *Sex Education*, 10(3), 281–297.

Levend, M. A., & Canan, S. N. (2018). Navigating sexualisation as a sexuality professional: Recommendations from sexuality educators at the 2016 National Sex Education Conference. *American Journal of Sexuality Education*, 13(1), 94–107.

Little, W. (2014). *Introduction to sociology* (1st Canadian edition). Openstax College.

MacDonald, D. (2006). *Celebrating the past to move into the future: Appreciative narrative inquiry during organizational change* (Unpublished master's thesis). Royal Roads University.

MacPhail, C., & Campbell, C. (2001). 'I think condoms are good but, aai, I hate those things': condom use among adolescents and young people in a Southern African township. *Social Science and Medicine*, 52(11), 1613–1627.

Mahajan, A. P., Sayles, J. N., Patel, V. A., Remien, R. H., Sawires, S. R., Ortiz, D. J., Szekeres, G., & Coates, T. J. (2008). Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward. *AIDS*, 22(S2), S67–S79. <https://doi.org/10.1097/01.aids.0000327438.13291.62>

- Majinya, N. T. (2015). *Developing a transformative approach to HIV/AIDS education: An analysis of Scotland and Zimbabwe* (Unpublished doctoral dissertation). University of Glasgow.
- Maluleke, M. J. (2012). Culture, tradition, custom, law and gender equality. *Electronic Law Journal*, 15(1), 1–22.
- Mampane J. N 2011. *Psychosocial problems and needs of educators infected by HIV/AIDS in selected Johannesburg inner city schools* (Unpublished master's dissertation). University of South Africa.
http://uir.unisa.ac.za/bitstream/handle/10500/4849/dissertation_mampane_jn.pdf?sequence=1&isAllowed=y
- Manhanga T. (2004). *Faith-based response to HIV and AIDS fight in Zimbabwe*. Report from the National HIV/AIDS Conference, Taking Stock, Looking to the Future 15–18 June 2004.
- Manzira, R. L. (2014). *Implementation of guidance and counselling in secondary schools in Chinhoyi Urban* (Unpublished master's dissertation). Midlands State University.
- Mapetla, L., & Francis, D. (2013). 'We live in strange times. In our day all you had to worry about was a baby, now there are illnesses... Our children are in trouble': Parents' perspectives on the teaching of sexuality education. *Journal of Educational Studies*, 12(1), 124–136.
- Maree, K. (2010). *First steps in research*. Van Schaik Publishers.
- Marshall, C., & Rossman, G. (2016). *Designing qualitative research*. Sage.
- Martin, J. R. (1986). Redefining the educated person: Rethinking the significance of gender. *Educational Researcher*, 15(6), 15–36.
- Masinga, L. (2009). An African teachers' journey to self-knowledge through teaching sexuality education. In K. Pithouse, C. Mitchell & R. Moletsane (Eds.), *Making connections: Self-study and social action* (pp. 237–246). Peter Lang.
- Maticka-Tyndale, E. (2012). Condoms in sub-Saharan Africa. *Sexual Health*, 9(1), 59–72.

- Mawar, N., Sahay, S., Pandit, A., & Mahajan, U. (2005). The third phase of HIV pandemic: Social consequences of HIV/AIDS stigma & discrimination & future needs. *The Indian Journal of Medical Research*, *122*(6), 471–484.
- May, J. (2013). Sexuality education in Australian secondary schools: Averting a sexual health crisis among young people. *HIV Australia*, *11*(1), 123–135.
- Mbonu, N. C., Van den Borne, B., & De Vries, N. K. (2009). Stigma of people with HIV/AIDS in Sub-Saharan Africa: A literature review. *Journal of Tropical Medicine*, *2009*, a145891. <https://doi.org/10.1155/2009/145891>
- McGuire, M. (1997). *Religion: The social context* (4th ed.). Wadsworth Press.
- McKay, E., Vlazny, C., & Cumming, S. (2017). Relationship and sexuality education topics taught in Western Australian secondary schools during 2014. *Sex Education*, *17*(4), 454–470.
- McNeill, F. G. (2009). ‘Condoms caused AIDS’: Poison, prevention and denial in Venda, South Africa. *African Affairs*, *108*(432), 353–370.
- Medina, M. N. D. & Taylor, P. C. (2013). Educational research paradigms from positivism to multi-paradigmatic. *Journal for Meaning-centred Education*, *1*. <http://www.meaning-centred.org/journal/volume-01/educational-research-paradigms-from-positivism-to-multiparadigmatic/>
- Ministry of Education, Sports and Culture (MoESC). (1993). *Zimbabwe education report for 1993*. Government Printers.
- Mjwara, N., & Maharaj, P. (2018). Becoming a mother: Perspectives and experiences of young women in a South African township: Culture, health and sexuality. *An International Journal for Research, Intervention and care*, *20*(2), 129–140.
- Mkhwanazi, N. (2014). Revisiting the dynamics of early child bearing in South African townships. *Culture, Health & Sexuality*, *16*(9), 1084–1096.
- Mnguni, L. E. (2012). *The relationship between the Grade 11 Life Sciences Curriculum documents, HIV/AIDS knowledge and behavioural preferences* (Unpublished doctoral thesis). University of Pretoria.

Moletsane, R. (2011). *Cultural nostalgia in the age of AIDS in South Africa: Memory and pedagogy*. Routledge.

Mofolo, T. (2010). *The role of culture in contributing to the spread of HIV/AIDS*. AISA Policy Briefing no 29. Pretoria, Africa Institute of South Africa.

Mokoelli (2014). *HIV and AIDS in schools*. Taylor and Francis.

Moyo, Z., & Perumal, J. (2019). Challenges faced by teachers living with HIV. *South African Journal of Education*, 39(1), 1–10.

Mudzusi, M., Adekola, A. P., & Hellen, A. (2021). Addressing learner-centered barriers to sexuality education in rural areas of South Africa: Learners' perspectives on promoting sexual health outcomes. *Sexuality Research and Social Policy*, 1–17. Advance online publication. <https://doi.org/10.1007/s13178-021-00651-1>

Mugweni, R. (2012). *Secondary school teacher conceptualisation and implementation of the AIDS Action Programme in Zimbabwe* (Unpublished doctoral thesis). University of Pretoria.

Mugweni, R., Hartell, C. G., & Phatudi, N. (2013). Teachers' understanding and conceptualisation of the HIV and AIDS policy: The case of secondary schools in Zimbabwe. *Journal of Asian and African Studies*, 49(6), 721–732.

Mupa, P. (2012). *Quality assurance in the teaching and learning of HIV/AIDS in Zimbabwe* (Unpublished doctoral thesis). Zimbabwe Open University.

Muthukrishna, N., Ramsuran, A., Pennefather, J., Naidoo, J., & Jugmohan, P. (2007). Sense making frameworks: Dominant, discursive constructions of learners and communities by teachers in the context of intersecting barriers to basic education, *Perspective in Education*, 25(1), 31–44.

Naidoo, J. T. (2013). HIV/AIDS pedagogy and teacher emotions: The heart of the matter. In D. Francis (Ed.), *Sexuality, society and pedagogy* (pp. 45–61). Sun Media.

Naidoo, J. T. (2014). *A labyrinth of teacher narratives: Subjectivities and emotionality in HIV and AIDS teaching* (Unpublished doctoral thesis). University of KwaZulu-Natal.

- Nduna, M., & Mendes, J. (2010). Negative stereotypes examined through the HIV and AIDS discourse: Qualitative findings from white young people in Johannesburg, South Africa. *Journal of Social Aspects of HIV/AIDS*, 7(3), 21–27.
- Neto, F. L. (2013). *Cultural sociology in perspective: Linking culture and power*. <https://doi.org/10.1177%2F0011392114533212>
- Niehaus, I., & Jonsson, G. (2005). Dr. Wouter Basson, Americans, and wild beasts: Men's conspiracy theories of HIV/AIDS in the South African Lowveld. *Medical Anthropology. Cross Cultural Studies in Health and Illness*, 24(2), 179–208.
- Nieuwenhuis, J. (2007). *Introducing qualitative research*. In K. Maree (Ed.). *First steps in research* (pp. 47–54). Van Schaik Publishers.
- Nieuwenhuis, J. (2010). *Introducing qualitative research*. In K. Maree (Ed.). *First steps in research* (pp. 47–54). Van Schaik Publishers.
- Nkani, N., & Bhana, D. (2016). Sexual and reproductive well-being of teenage mothers in a South African township school. *South African Journal of Education*, 36(2), 1–10.
- Nundkoomar, M. (2016). *An exploration of how curriculum changes affect the emotions of Life Sciences teachers* (Unpublished master's dissertation). University of KwaZulu-Natal.
- Nyatsanza, T. M. (2015). *Developing a transformative approach to HIV/AIDS education: An analysis of Scotland and Zimbabwe* (Unpublished doctoral dissertation). University of Glasgow.
- Nyblade, L. R., Pande, R., Mathur, S., MacQuarrie, K., Kiddy, R., & Banteyerga, H. (2003). *Disentangling HIV and AIDS stigma in Ethiopia, Tanzania and Zambia*. International centre for research on women. <https://www.icrw.org/wp-content/uploads/2016/10/Disentagling-HIV-and-AIDS-Stigma-in-Ethiopia-Tanzania-and-Zambia.pdf>
- Nyoni, C. (2008). *Socio-cultural factors and practices that impede upon behavioural change of Zimbabwean women in an era of HIV/AIDS* (Unpublished doctoral thesis). University of South Africa.

- Onyango, C. A. (2009). Kenya post conference report. In P. Wickenberg, A. W. Flinck, U. Leo, B. Rasmusson, R. Stenelo & B. Yebio (Eds.), *Taking child rights seriously: Reflections on five years of an international training programme* (pp. 60–65). Lund University.
- Park, M., Dimitrov, L., & Park, D. (2018). Early childhood teachers' beliefs about readiness for teaching Science, Technology, Engineering, and Mathematics. *A Journal of Early Childhood Research*, 15(3), 275–291.
- Parker, R., Aggleton, P., Attawell, K., Pulerwitz, J., & Brown, L. (2002). *HIV/AIDS: A conceptual framework and an agenda for action*. The Population Council Inc.
- Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: Conceptual framework and implications for action. *Social Sciences and Medicine*, 57(1), 13–24. [https://doi.org/10.1016/s0277-9536\(02\)00304-0](https://doi.org/10.1016/s0277-9536(02)00304-0)
- Parsons, T. (1990). *Talcott Parsons' sociology of social action*. Institute for Sociological Research.
- Patta, R. (2008). *Condom use and sexual health*. Springer.
- Pattman, R. (2001). Boys and girls should not be too close: Sexuality, the identities of African boys and girls and HIV /AIDS education. *Sexualities*, 8(4). <https://doi.org/10.1177%2F1363460705056623>
- Pattman, R. & Chege, F. (2003). 'Dear Diary I saw an Angel, she looked like heaven on earth': Sex talk and sex education. *African Journal of AIDS Research*, 2(2), 103–112.
- Pedroni, M. (2013). *From production to consumption: The cultural industry of fashion*. Inter-Disciplinary Press.
- Peltzer, J. W., Schibrowsky, J. A., & Drago, W. (2007). The interdependence of the factors influencing the perceived quality of the online learning experience: A causal model. *Journal of Marketing Education*, 29(2), 235–255.
- Pettifor, A. E., Measham, D. M., Rees, H. V., & Padian, N. S. (2004). Sexual power and HIV risk, South Africa. *Emerging Infectious Diseases*, 10(11), 1996–2004.

- Pillay, J. (2012). Keystone Life Orientation (LO) teachers: Implications for educational, social, and cultural contexts. *South Africa Journal of Education*, 32, 167–177.
- Pinnegar, S., & Daynes, J. G. (2007). Locating narrative inquiry historically. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 3–34). Sage.
- Pithouse-Morgan, K., Mitchell, C., & Weber, S. (2013). Self-study in teaching and teacher development. *Educational Action Research*, 17(1), 43–62.
- Pohan, M. N., Hinduan, Z. R., Riyanti, E., Mukaromah, E., Mutiara, E., Tasya, I. A., Sumintardja, E. N., Pinxten, W. J. L., & Hospers H. J. (2011). HIV–AIDS prevention through a life skills school based program in Bandung, west Java, Indonesia: Evidence of empowerment and partnership in education. *Procedia-Social and Behavioral Sciences*, 15(2), 526–530.
- Polkinghorne, D. E. (1988). Validity issues in narrative research. *Qualitative Inquiry*, 13(4), 471–486.
- Posel, D. (2004). Getting the nation talking about sex: Reflections on the discursive constitution of sexuality in South Africa since 1994. *Agenda*, 62(2), 53–63.
- Punch, K. F. (2009). *Introduction to research methods in education*. Sage.
- Punch, K. F., & Oancea, A. (2014). *Introduction to research methods in education*. Sage.
- Qin, D. B., Saltarelli, A., Rana, M., Bates, L., Lee, J. A., & Johnson, D. J. (2015). ‘My culture helps me make good decisions’: Cultural adaptations of Sudanese refugee emerging adults. *Journal of Adolescent Research*, 30(2), 213–243.
- Radulović, L. M., & Krstić, S. M. (2017). Social inequality in education analysed within various theoretical frameworks. *Philosophy, Sociology, Psychology and History*, 16(1), 25–36.
- Rahl, P., Smith, A. N., & MacEntee, P. (2009). *Teaching methods in education*. Sage.
- Rathel, J. M., Drasgow, E., & Christle, C. C. (2008). Effects of supervisor performance feedback on increasing preservice teachers’ positive communication behaviors with students

with emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 16(2), 67–77.

Rehle, T., Shisana, O., Pillay, V., Zuma, K., Puren, A., & Parker, W. (2007). National HIV incidence measures: New insights into the South African epidemic. *South African Medical Journal*, 97(3), 194–199.

Reschly, A. L., Huebner, E. S., Appleton, J. J., & Antarmian, S. (2008). Engagement as flourishing: The contributions of positive emotions and coping to adolescents' engagement at school and with learning. *Psychology in the Schools*, 45(2), 419–431.

Retnoasih, P., Rachman, M., & Raharjo, T. J. (2020). Social interaction patterns in inclusive education of elementary school. *Journal of Primary Education*, 9(2), 236–242.

Ricoeur, P. (1991). Life in quest of narrative. In D. Wood (Ed.), *On Paul Ricoeur: Narrative and interpretation* (pp. 160–188). Routledge.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage.

Ritzer, G., & Stepnisky, J. (2018). *Sociological theory* (10th ed.). Sage.

Roberts, A., & Woods, P. A. (2018). Theorising the value of collage in exploring educational leadership. *British Educational Research Journal*, 44(4), 626–642.

Roberts, N. (2016). Learning from disruptive classroom behavior in a Grade 2 mathematics lesson. *South African Journal of Childhood Education*, 6(1), 377–390.

Rooth, E. (2005). *An investigation of the status and practice of Life Orientation in South African schools* (Unpublished doctoral thesis). University of the Western Cape.

Ross, E., & Deverell, A. (2010). *Health, illness and disability: Psychosocial approaches*. Van Schaik Publishers.

Ruiz, D. R. (2016). Effect of teachers' emotions on their students: Some evidence. *Journal of Education & Social Policy*, 3(4), 73–79.

Sarbia, M. (1986). *Research methods in education*. Sage.

- Schneider, H., & Fassin, D. (2002). Denial and defiance: A social political analysis of AIDS in South Africa. *AIDS*, 16(2), S1–S7.
- Scott, M., Marsh, C. S., & Fields, J. (2017). *Sex education in the United States*. <https://www.doi.org/10.1093/OBO/9780199791231-0114>
- Secretariat. (2011). *National AIDS Council of Zimbabwe: Coordinating the multi-sectoral response to HIV&AIDS in Zimbabwe*. <http://www.nac.org.zw/about/strategic-framework>
- Seelye, H. N. (1997). *Teaching culture strategies for intercultural communication*. National Textbook Company.
- Serpa, S. N. F., & Ferreira, C. M. (2019). Sociology of organizations: Potential and challenges. *Humanities and Social Sciences Reviews*, 7(2), 165–169.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–67.
- Shih, P. (2020). *HIV/AIDS today*. Springer Publishers.
- Shih, P., Worth, H., Travaglia, J., & Kell-Hanku, A. (2017). ‘Good culture, bad culture’: Polygyny, cultural change and structural drivers of HIV in Papua New Guinea. *An International Journal of Research, Intervention and Care*, 19(9), 1024–1037.
- Sileyew, K. J. (2019). *Research design and methodology*. IntechOpen. <https://doi.org/10.1016/j.jssr.2019.02.02> DOI:10.5772/intechopen.85731
- Simbayi, L. C., Kalichman, S., Strebel, A., Cloete, A., Henda, N. & Mqeketo, A. (2005). Internalising stigma, discrimination and depression among men and women living with HIV/AIDS in Cape Town, South Africa. *Social Science & Medicine*, 64(9), 1823–1831.
- Singh, A. K., & Rabindranath, S. (2020). Gender divide in education in India: A critical study based on functionalist theory of education. *Journal of Critical Review*, 7(2), 574–578.
- Singh, S., & Hamid, A. (2016). Reflections of a group of South African teenage mothers: Sexual health implications. *Health Educational Journal*, 1(2), 1–11.
- Smith, K., & Harrison, A. (2013). Teachers’ attitude towards adolescent sexuality and life-skills in rural South Africa. *Sex Education*, 13(1), 68–81.

Stadler, J. (2003). Rumour, gossip and blame: Implications for HIV/AIDS prevention in the South African Lowveld. *AIDS Education and Prevention*, 15(4), 291–293.

Stake, R. E. (1995). *The art of case study research*. Sage.

Steinberg, C. (2013). *Teachers' emotions towards assessment: What can be learned from taking the emotions seriously?* [Unpublished doctoral dissertation]. University of the Witwatersrand.

Steinhart, G., Chen, E., Aguillas, F., Dietrich, D., & Kramer, S. (2013). 'Prepared to plan?' A snapshot of researcher readiness to address management planning requirements. *Journal of Science Librarianship*, 1(2), 35–50.

Steinberg, C. (2008). Assessment as an 'emotional practice'. *English Teaching: Practice and Critique*, 7(3), 42–64.

Stephens, K., & Martell, C. (2019). Feminist social studies teachers: The role of teachers' backgrounds and beliefs in shaping gender-equitable practices. *Journal of Social Studies Research*, 43(1), 1–16.

Tenkorang, E. Y. (2013). Myths and misconceptions about HIV transmission in Ghana: What are the drivers? *Culture Health and Sexuality*, 15(2), 296–310.

Terre Blanche, M., & Durrheim, K. (1999). *Research in practice*. University of Cape Town Press.

Theron, L. C. (2005). Educator perception of educators' and learners' HIV status with a view to wellness promotion. *South African Journal of Education*, 25(1), 56–60.
<https://www.ajol.info/index.php/saje/article/viewFile/25016/20688>

Thomson, K. (2015). The functionalist perspective on education. *Journal in Sociology of Education*, 3(4), 250–265.

Timaeus, I. M., & Moultrie, T. A. (2015). Teenage childbearing and educational attainment in South Africa. *Studies in Family Planning*, 46(2), 143–160.

Trommsdorff, G. (2014). *Cultural roots of values, morals, and religious orientations in adolescent development*. Oxford University Press.

- Tucker, L. A., George, G., Reardon, C., & Panday, S. (2016). Sexuality education in South African schools: The challenge for civil society organisations. *Health Education Journal*, 76(1). <https://doi.org/10.1177%2F0017896916652166>
- UNAIDS. (2019). *AIDS data*. https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf
- UNAIDS. (2020). *2019 Report on the global AIDS epidemic*. Fact Sheet. UNAIDS.
- UNESCO. (2016). *National HIV/AIDS strategy 2011–2016*. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_190733.pdf
- UNESCO. (2018). *Integrating HIV & AIDS education in school curriculum*. http://www.ibe.unesco.org/fileadmin/user_upload/HIV_and_AIDS/publications/IBE_Curr_Manual_3v_en.pdf
- UNESCO. (2020). *Global education monitoring report 2020-Inclusion and education: All means all*. <https://gem-report-2020.unesco.org/>
- United Nations General Assembly Report. (2008). *Report of the Committee on the Rights of the Child*. Supplement no. 24, United Nations.
- Vanassche, E., & Kelchtermans, G. (2016). A narrative analysis of a teacher educator's professional learning journey. *European Journal of Teacher Education*, 39(3), 355–367. <http://dx.doi.org/10.1080/02619768.2016.1187127>
- Van Dyk, A. (2012). *HIV and AIDS: Education, care and counselling* (5th ed.). Pearson Education.
- Vaughan, K. (2005). Pieced together: Collage as an artistic method for interdisciplinary research. *International Journal of Qualitative Methods*, 4(1), 27–52.
- Vincent, L. (2008). 'Boys will be boys': Traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Culture, Health & Sexuality*, 10(5), 431–446.

- Visser, M. J. (2014). HIV/AIDS prevention through peer education and support in secondary schools in South Africa. *Journal of Social Aspects of HIV/AIDS*, 4(3), 10–35.
- Walliman, N. (2011). *Your research project: Designing and planning your work* (3rd ed.). Sage.
- Walliman, N. (2015). *Social research methods* (2nd ed.). Sage.
- Warwick, P., & Maloch, B. (2003). Scaffolding speech and writing in primary classroom: A consideration of work with literature and Science pupils group in USA and UK. *Literacy*, 37(2), 54–63.
- Washington, R. (2007). *Stigma and discrimination*. Sage.
- Weiler, J., & Martin-Weiler, C. J. (2012). Addressing HIV/AIDS education: A look at teacher preparedness in Ghana. *Journal of International Studies*, 2(1), 14–25.
- Westercamp, N., & Bailey, R.C. (2007). Acceptability of male circumcision for prevention of HIV/AIDS in sub-Saharan Africa: A review. *AIDS Behaviour*, 11(3), 341–355.
- White, P. (2013). Who's afraid of research questions? The neglect of research questions in the methods literature and a call for question-led methods teaching, *International Journal of Research & Methods in Education*, 36 (3), 213-227.
- WHO. (2020). *2020 report on HIV/AIDS*. <https://www.who.int/data/gho/data/themes/hiv-aids>
- Williams, G., Blibolo, A. D., & Kerouedan, D. (1995). *Filling the gaps: Care and support for people with HIV/AIDS in Cote D'Ivoire*. ActionAid.
- Wood, L. (2008). Socio-cultural factors. In L. Wood (Ed.), *Dealing with HIV and AIDS in the classroom* (pp. 47–65). Juta & Company Ltd.
- Wood, L. (2010). Faculty views of HIV and AIDS education in the curriculum at tertiary level. *South African Journal of Higher Education*, 25(4), 819–837.
- Wood, L., & Pillay, M. (2016). A review of HIV and AIDS curricular responses in the higher education sector: Where are we now and what next? *South African Journal of Higher Education*, 30(4), 126–143.

- Wood, L., & Rolleri, L. A. (2014). Designing an effective sexuality education curriculum for schools: Lessons learned from the Southern African literature. *Sex Education, 14*(5), 525–542.
- World Bank. (2018). *Second multi country HIV & AIDS programme (MAPS) for Africa*. World Bank.
- World Bank. (2020). *Education and HIV/AIDS: A Sourcebook of HIV/AIDS prevention programmes*. World Bank.
- Wray, D., & Lewis, M. (1997). Extending interactions with non-fiction texts: An exit into understanding. *Reading, 29*(1), 2–9.
- Yang, P., Yuan, G. A. O., & Yang, Y. (2007). Gender analysis related to the HIV/AIDS health education among university students. *Journal of Health Education, 8*(3), 56–73.
- Yin, K. R. (2014). *Case study research: Design and methods* (5th ed.). Sage.
- Zembylas, M. (2005). Discursive practices, genealogies and emotional rules: A post-structuralist view on emotion and identity in teaching. *Teacher and Teacher Foundation, 21*(8), 935–948.
- Zimbabwe Ministry of Health. (2019). *Report on the spread of HIV/AIDS among the youth*. Government printers.

APPENDIX 1 (SAMPLE OF A NARRATIVE FRAME)

NARRATIVE FRAME FOR THE LIVED EXPERIENCES OF LO TEACHERS (FELICIA)

Introductory comments

I thank you for sparing your time and agreeing to participate in this research study. All information you are going to narrate will be treated with confidentiality and will not be used for other purposes outside this research study. Your participation is voluntary, and you may withdraw anytime you wish, and you are not forced to write any information you are uncomfortable with. You may leave any section blank you feel uncomfortable writing anything. You are expected to narrate through writing your live experiences personally and professionally. Please do not be shy to write out information from your mind and be open in your responses.

1. **My upbringing:** *I was raised by my grandmother and had never known my mother, who had died after giving birth to me. I was told that my father had abandoned my mother when she fell pregnant. My grandmother said that some people had reported that my father was in Pretoria.. It was her who made sure that I get education and train to be a teacher. She was strict as she wanted me to stay home most of the time. This resulted in me having few friends as most of them preferred to go out.*

2. **Sexual matters my parents taught me.** *We didn't talk much about these things. The only thing I remember my grandmother teaching me was when I experienced my first menstrual flow and teachers had to send me back home. She taught me when to expect it and what to do. On sexual issues, we never formally set down and talk about it. Occasionally she would mention these things as warnings. Sometimes she could issue some threats especially over the issue of playing with boys.*

3. **Social problems I have encountered in life:** *It was difficult to grow without parents. To make matters worse, some of my father's relatives disowned me, telling me that I was not their blood relative since my father had refused responsibility for my mother's pregnancy. I was heartbroken when the father of my daughter passed away in 2020. He was one of the early victims of Covid-19. Due to the Covid-19 regulations. I could not view his body at his*

*funeral to say goodbye and I am concerned as I am not sure if we buried the correct body
She expressed concern, as she was unsure*

4. How these problems have influenced my teaching of HIV & AIDS education?:*I teach with emotions and teaching about HIV & AIDS education is a sad experience, as I have to talk about death, which reminded me of the mother and husband I have lost. Although neither of them had died of HIV & AIDS, any death that occurred reminded me of my own experiences of losing loved ones. I teach from my heart about HIV & AIDS, as my background experiences play an important role and influence my teaching. I have a role to play both as a mother and as a teacher, and I feel that I must be a role model to the young learners that I teach, and to those individuals in the community.*

5. Socio-cultural complexities I have experienced as an LO teacher in teaching about HIV & AIDS education:*There are these cultural taboos that interferes with our teaching. Certain things are regarded as good by society and yet we say they are bad in LO. You cannot openly say these things are wrong because the learners can report to their parents who will reprimand you. There is rot in society. People do what they like because they are adults. The majority of the youth do not have permanent partners. This is so dangerous these days where there is HIV & AIDS. People ought to have morals, and parents must assume the role of role models to their children. However, when you tell them that having many partners is bad, the boys in class complain and says it's their culture.*

6. How I have solved the socio-cultural complexities as an LO teacher:*There are certain things I have to keep quiet about in class as I have no option. The position of female teachers is challenging, especially when teaching in conservative and too traditional communities. They regard you as a sex tool that was created to satisfy the men. They do not see us as humans who are knowledgeable and in a position of imparting knowledge to this generation. I feel it from the manner the boys look at me. Those are sexual gestures, and the worst part of it is that I cannot do anything about it because I am a woman, and they like it that way.*

7. Effect of my cultural practice on my teaching:*There are certain things I cannot do or say in class which are against my culture. I cannot compromise it. Like in class, most*

learners believe that illnesses including HIV/AIDS are caused by ancestors who are angry over something. In my culture we do not believe in this ancestor thing. I have observed that my cultural taboos are different with those in the area I teach. In most cases, I ignore such topics where I see there are cultural conflicts.

8. Topics of sexuality and HIV & AIDS education I am uncomfortable to teach: *They include circumcision, masturbation, or when we talk about death issues. These affects me a lot.*

9. Why I find these topics difficult to teach: *Death gives me memories of the death of my mother even if she did not die of HIV/AIDS. The other topics are against my religion so I am not comfortable discussing them with my learners, even with anyone.*

10. Drawing from my experience, my advice to LO teachers experiencing socio-cultural complexities when teaching sexuality and HIV & AIDS: *They must involve others on topics they find difficult to teach. May involve some peers, health people or pastors in the community. Also they must attend all workshops and research on internet to find different ways of teaching this sensitive area.*

APPENDIX 2: COLLAGE GUIDELINES

Introductory comments

I thank you for sparing your time and agreeing to participate in this research study. All your information and drawings will be treated with confidentiality and not be used for other purposes outside this research study. Your participation is voluntary, and you may withdraw anytime you wish, and you are not forced to draw and write any information you are uncomfortable with. You may leave out any information or drawings you feel uncomfortable presenting. Please do not be shy to showcase your artistic skills when designing your collages, and try to be open in your presentation. You are expected to design/draw any diagrams that might depict your experiences in the teaching of HIV & AIDS and sexuality education. Write any information to explain each diagram. Let the diagrams express your inner feelings as an LO teacher.

APPENDIX 3: LESSON OBSERVATION SCHEDULE

Date:	Grade:
Subject:	Topic:

Prompts and comments:

Planning

Lesson objectives, resources, organisations, time management

Teacher's knowledge on sexuality and HIV & AIDS

Teaching

Language use, socio-cultural complexities and dealing with sensitive issues.

Class management

teacher-learner interaction

Conclusion

APPENDIX 4: CHILD ASSENT

I am Mr E Muza from the University of KwaZulu Natal. I am a Doctor of Philosophy student in the school of education. I am researching how **socio-cultural complexities influence teachers teaching about HIV & AIDS in Life Orientation at the Further Education and Training phase.**

I kindly ask you to participate in the research study by being observed, audio and video recorded in any two LO lessons you will be learning and taught by your teacher. The answers or questions you will ask during the lesson observations will not be shown to other people except my supervisor and me. The observation will not be used to judge your performance or rate you in any way. Your name and that of your school will be kept anonymous; instead, pseudonyms will be used to protect your identity and that of your school.

I am sure there will be no problems during the lesson observations, but it is possible that you might feel sad, emotional, shy or embarrassed to hear or discuss specific issues concerning HIV & AIDS. You might also be upset if other learners laugh at you when you respond in any way during the lessons. However, your teacher will try to protect the rights of each learner during the lesson observation.

You should know that:

- You do not have to be part of this study if you do not want to. You will not get into trouble with anyone if you say no.
- You may stop being in the study at any time. (If there is any question you feel uncomfortable answering during the lessons, you may choose not to answer).
- Your parent(s) or guardian(s) were asked if it is fine for you to be observed in the two LO lessons. Even if they say it is fine, it is still your choice whether or not to take part.

You can ask any questions you have now or later. If you think of any question(s) you, your parent(s) or guardian(s) can contact me at email: elasmusmuza@yahoo.com cell number 0734384344 or my supervisor at 033 260 5867, Email address: naidooj@ukzn.ac.za

Sign this form only if:

- You have understood what you will be doing in the study,
- Have had all your questions answered,
- Have talked to your parent(s) or guardian(s) about this research study and
- Agreed to take part in this research study

.....

....

Your signature

Print name

Date

.....

....

Name of Parent or Guardian

.....

....

Signature of researcher

Print name

Date

APPENDIX 5: PARENTAL CONSENT DOCUMENT

House No 7 Shroeders village,
New Hanover
Pietermaritzburg.
Date:

Dear Sir/Madam

REQUEST FOR YOUR CHILD TO PARTICIPATE IN THE RESEARCH PROJECT

My name is ELASMUS MUZA (Student No.212558969), a Doctor of Philosophy (PhD) student in the School of Education at the University of KwaZulu-Natal (Pietermaritzburg campus). As part of the requirement for this degree, I am required to conduct a research project. I request your assistance in this research project by being granted permission to observe, audio and video record your child while learning in any two Life Orientation lessons conducted by their LO teacher. The title of my study is: **“Socio-cultural complexities and their influence in the teaching about HIV & AIDS in Life Orientation at the Further Education and Training phase.”**

This research study aims to examine how socio-cultural complexities influence LO teachers in teaching sexuality and HIV and AIDS education. I want to examine how they cope and deal with such complexities if they arise in the classroom. This study will not involve any child's risks and discomfort. Also, the study will not provide direct benefits to your child. Participation of your child in this research study is voluntary, and the child may withdraw participation at any point. In the event of refusal/withdrawal of participation, the child will not be penalised. There are no consequences for the child's withdrawal from the study. No costs will be incurred, and there are no incentives or reimbursements for observing audio or video recording your child in the lessons as part of the research study.

Your child's name and school will be changed, and pseudonyms will be used so that the school and your child remain anonymous. Information provided by your child during the lesson observation will remain confidential and will not be shared with anyone else. Data generated through lesson observations will be stored in my supervisor's office at the School of Education, Pietermaritzburg campus, for five years and destroyed after that.

If you have any problems or concerns/questions, you may contact me, my supervisor or the UKZN Humanities & Social Sciences Research Ethics Committee. Contact details are as follows:

My contact number

Email: elasmusmuza@yahoo.com Cell:073 4384 344

Supervisor

My supervisor is Dr J. Naidoo, located at the School of Education, Pietermaritzburg campus of the University of KwaZulu-Natal.

Telephone 033 260 5867, Email address: naidooj@ukzn.ac.za

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Durban
4000
KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Thank you for your cooperation.

Yours in Education

Elasmus Muza

DECLARATION OF CONSENT

I, _____ (Name of parent) being the parent of ---
----- (name of child) grant permission for my child to be observed while
learning in any two LO lessons. I have been informed about the study entitled: **Socio-
cultural complexities and their influence on the teaching about HIV & AIDS education
in Life Orientation at Further Education Training phase.** by Elasmus Muza.

I understand the purpose and procedures of the study.

I have been allowed to ask questions about the study and have had answers to my
satisfaction.

I declare that my child's participation in this study is entirely voluntary and that my child
can withdraw at any time from the research study without suffering consequences.

If I have any further questions/concerns or queries relating to my child being observed in
the lessons. I understand that I may contact the researcher (provide details).

If I have any questions or concerns about my child's rights during the lessons observation,
or if I am concerned about an aspect of the study or the researcher, then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

**Research Office, Westville Campus
Govan Mbeki Building**

Private bag X 54001
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent for my child to: (Please circle response)

Be observed in lessons and classroom activities YES/
NO

Be audio-recorded and taken lesson videos YES /
NO

Signature of Parent

Date

APPENDIX 6: LETTER TO PARTICIPANT

House no 7 Shroeders Village
New Hanover
Pietermaritzburg.
Date:

Dear Sir/Madam

REQUEST FOR PARTICIPATION IN RESEARCH PROJECT

My name is ELASMUS MUZA (Student No.212558969), a Doctor of Philosophy (PhD) student in the School of Education at the University of KwaZulu-Natal (Pietermaritzburg campus). As part of the requirement for this degree, I am required to conduct a research project. I request your participation in this research study. The title of my study is: **“Socio-cultural complexities and their influence on the teaching about HIV & AIDS in Life Orientation at the Further Education and Training phase.”**

This research study aims to examine how socio-cultural complexities influence LO teachers in teaching sexuality and HIV and AIDS education. I want to examine how they cope and deal with such complexities if they arise in the classroom. This study is expected to observe any LO lesson between Grades 10-12 in your school in one hour. It will involve the following procedures. As a participant, you will be observed as a data generation method during your LO lesson. You may also be required to complete a narrative frame schedule and participate in designing or drawing collages that are expected to last between one to two hours at a time suitable to you, which will not disturb teaching and learning. Follow-up procedures may be conducted if necessary. Each discussion with you may be voice-recorded, and videos will be taken to observe the two lessons. The duration of your participation if you choose to participate and remain in the study, is expected to be 4-8 weeks.

This study will not involve any risks or discomfort to you and your learners. Also, the study will not directly benefit you and your learners. Participation in this research study is voluntary, and you may withdraw participation at any point. In the event of refusal/withdrawal of participation, you will not be penalised. There are no consequences for your withdrawal from the study. No costs will be incurred, and no incentives or reimbursements for participation in the study.

Your name, school and learners will be changed, and pseudonyms will be used so that the school and participants remain anonymous. Information provided by you and learners will

remain confidential and will not be shared with anyone else. Data generated through lesson observations, narrative frames and collages will be stored in my supervisor's office at the School of Education, Pietermaritzburg campus, for five years and, after that, be destroyed.

If you have any problems or concerns/questions, you may contact me, my supervisor or the UKZN Humanities & Social Sciences Research Ethics Committee. Contact details are as follows:

My contact number

Email: elasmusmuza@yahoo.com Cell:073 4384 344

Supervisor

My supervisor is Dr J. Naidoo, located at the School of Education, Pietermaritzburg campus of the University of KwaZulu-Natal.

Telephone 033 260 5867, Email address: naidooj@ukzn.ac.za

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Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za
Thank you for your cooperation.

Yours in Education

Elasmus Muza

DECLARATION OF CONSENT

I, _____ (Name of participant) have been informed about the study entitled: **Socio-cultural complexities and their influence on the teaching about HIV & AIDS education in Life Orientation at Further Education Training phase** by Elasmus Muza.

I understand the purpose and procedures of the study.

I have been allowed to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits I usually am entitled to.

If I have any further questions/concerns, or queries about the study, I understand that I may contact the researcher (provide details).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers, then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

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4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to: (Please circle response)

Observe lessons and classroom activities	YES / NO
Audio-record any discussions and take lesson videos	YES / NO
Complete narrative frames	YES / NO
Design or draw collages	YES / NO

-

Signature of Participant

Date

APPENDIX 7: LETTER TO PRINCIPAL

House no 7
Shroeders Village,
New Hanover
Pietermaritzburg.
Date:

Dear Sir/Madam

My name is **ELASMUS MUZA** (Student No. 212558969), a Doctor of Philosophy (PhD) student in the School of Education at the University of KwaZulu-Natal (Pietermaritzburg campus). As part of the requirement for this degree, I am required to conduct a research project. The title of my research study is: **Socio-cultural complexities and their influence on the teaching about HIV & AIDS in Life Orientation at the Further Education and Training phase.**

The purpose of this research study is to examine how socio-cultural complexities influence LO teachers in the teaching of HIV and AIDS education. I want to examine how they cope and deal with such complexities if they arise in the classroom. I request your assistance in this research project by allowing me to conduct my study in your school/institution. This study is expected to observe any LO lesson between Grades 10-12 in your school in one hour. It will involve the following procedures.

Participants will be observed during LO lessons as a data generation method. They may also be required to complete a narrative frame schedule and participate in designing or drawing collages that are expected to last between one to two hours suitable to them, not disturbing teaching and learning. Follow-up procedures may be conducted if necessary. Each discussion will be voice-recorded, and videos will be taken for the lessons observed. The duration of their participation if they choose to participate and remain in the study, is expected to be 4-8 weeks.

This study will not involve any risks and discomfort for the school and participants. It will not be used to rate your school. Also, the study will not provide direct benefits for the school or participants. Participation in this research study is voluntary, and participants may withdraw at any point. In the event of refusal/withdrawal of participation, the participants will not be penalised. There are no consequences for participants who withdraw from the study.

Participants will incur no costs due to participation in the study, and there are no incentives or reimbursements for participation in the study.

All names of schools and participants will be changed, and pseudonyms will be used so that schools and participants remain anonymous. Information provided by participants will remain confidential and will not be shared with anyone else. Data generated through lesson observations, questionnaires and semi-structured interviews will be stored in my supervisor's office at the School of Education, Pietermaritzburg campus, for five years and, after that, be destroyed.

If you have any problems or concerns/questions, you may contact me, my supervisor or the UKZN Humanities & Social Sciences Research Ethics Committee. Contact details are as follows:

My contact number

Email: elasmusmuza@yahoo.com Cell: 073 4384 344

Supervisor

Dr J. Naidoo Email address: naidooj@ukzn.ac.za Telephone 033 260 5867

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Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za
Thank you for your cooperation.

Yours in Education

Elasmus Muza

DECLARATION OF CONSENT

I _____ (Full names of the school principal) have been informed about the study entitled: **Exploring socio-cultural complexities and their influence on the teaching of HIV & AIDS education in Life Orientation at FET phase.** by Elasmus Muza.

I understand the purpose and procedures of the study.

SIGNATURE OF PRINCIPAL

DATE

APPENDIX 8: ETHICAL CLEARANCE FROM UKZN



16 July 2019

Mr Erasmus Muza (212558969)
School of Education
Pietermaritzburg Campus

Dear Mr Muza,

Protocol reference number : HSS/0175/0190

Project title: Exploring socio-cultural complexities and their influence on the teaching of HIV & AIDS education in Life Orientation at -ET Phase

Approval Notification – Full Committee Reviewed Protocol

With regards to your response received on 10 June 2019 to our letter of 05 April 2019, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

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

The ethical clearance certificate is only valid for a period of 1 year from the date of issue. Thereafter Recertification must be applied for on an annual basis.

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

Yours faithfully



Dr Rosemary Sibanda (Chair)

/ms

Cc Supervisor: Dr Jaqueline Naidoo
cc Academic Leader Research: Dr Ansurie Pillay
cc School Administrator: Ms Sheryl Jeeraraan

Humanities & Social Sciences Research Ethics Committee


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APPENDIX 9: PERMISSION LETTER FROM KZN DOE TO CONDUCT RESEARCH



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Phindile Duma

Tel: 033 392 1063

Ref: 2/4/8/1758

Mr E Muza
Box 362
Wartburg
3233

Dear Mr Muza

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: "EXPLORING SOCIO-CULTURAL COMPLEXITIES AND THEIR INFLUENCE ON THE TEACHING OF HIV & AIDS EDUCATION IN LIFE ORIENTATION AT FET PHASE", in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the Intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 April 2019 to 01 September 2021.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Phindile Duma at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

UMgungundlovu District


Dr. EV Nzama
Head of Department: Education
Date: 05 April 2019

KWAZULU-NATAL DEPARTMENT OF EDUCATION
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APPENDIX 10: CERTIFICATE FROM LANGUAGE EDITOR



P.O. Box 100715
Scottsville
3209
22 January, 2022

To whom it may concern,

I have edited the following thesis for language errors, and in the process have checked the referencing and layout:

Title: *Socio-cultural complexities and their influence on the teaching of HIV & AIDS education in Life Orientation in the FET phase.*
Author: Elasmus Muza
Student no: 21255896
Degree: Doctor of Philosophy (Teacher Development Studies)
Institution: University of KwaZulu-Natal
Supervisor: Dr Jaqueline Naidoo

Please feel free to contact me should you have any queries.

Kind regards,



Debbie Turrell

debbie.turrell@gmail.com

063 891 3870

APPENDIX 11: TURNITIN REPORT

Elasmus Muza PhD THESIS 2022

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APPENDIX 12: EMERGING THEMES FROM DATA ANALYSIS

CODES USED FOR PARTICIPANTS: Felicia (F), Johnson (JN), James (J), Noxolo (N), Tapiwa (T) and Phindiwe (P).

CODES USED FOR RESEARCH INSTRUMENTS: Collages (C), Lesson Observation (LO) and Narrative Frame (NF).

RESEARCH QUESTION	CODES/PHRASES	THEMES	CONCEPTUAL FRAMEWORK
<p><i>1) What socio-cultural factors influence LO teachers in the teaching about HIV & AIDS education in the FET phase?</i></p>	<p>Felicia: There are guidelines we are given to follow, like certain ethics to instill in our learners. So there are things you cannot say to them. Certain words are regarded as vulgar so you have to find your way around them otherwise you will be in trouble. The school set things like laws to follow when teaching sexuality education, we are controlled (F.NF). Johnson: Sometimes it's not easy, you are not on your own. There is the curriculum controlling you and there is the school controlling you. They will tell you this is not done here, this and that so to be on the safe side I just follow their culture (JN.NF). James: At the school I am not under pressure at all. I can teach HIV & AIDS education using my own style. However, in my previous multi-racial school it was not the same. You had to mind what you say to learners. Their parents were former students of that school, it's like they will say such stuff is not said at our school you do it like this, it will influence our learners negatively (J.LO).</p>	<p>School guidelines: just follow their culture</p>	<p>Narrative Frames, Collages and Lesson Observation</p>
	<p>Phindiwe: Back in our days, our parents were too shy and secretive about sexual matters. They believed that sex is for old people. So to me, it's like taboo to talk about it even in class. Noxolo: My parents did not teach me anything about sexual matters even HIV & AIDS. Even when I reached puberty stage, I had no idea of what was happening to me. It was later when I consulted my grandmother who later guided me. So you see, we don't openly discuss these things and I find it difficult to have an open discussion when I am teaching LO. Learners don't freely talk especially girls. It's this culture thing and it's so bad (N.NF). Johnson: My parents were not very open enough to us and were not comfortable in talking about sexual matters. You know, even we know that a family member has died of HIV & AIDS</p>	<p>Culture of silence: we don't openly discuss these things Non discussion of certain things</p>	

	<p>complications, we don't openly discuss it, people are silent. I don't know why but it's like that (JN.LO).</p> <p>James: In my HIV & AIDS lessons, I interact well with the boys but the girls are silent, they are taught not to openly discuss such stuff (J.NF).</p>		
	<p>Felicia: It is disturbing to have in class learners who come from better backgrounds than yours and who argue a lot when you want to explain certain issue. Obvious you feel it that they are undermining me because to them I am just a simple teacher. Maybe at home they discuss these things, obvious their parents are rich and influence them (F.LO).</p> <p>James: I once taught LO at this private school, everything is under scrutiny, you can't freely express yourself in the classroom. I looked at my background and that of children of rich parents, you just become scared to say certain things. However, I did enjoy my teaching there, there was a lot of support (J.C).</p> <p>Tapiwa: I am very comfortable teaching these learners as we come from the same community where we practice same culture. Their parents' backgrounds and ours are the same and these learners sees me as one of them (T.NF)</p>	<p>Contrasting social background</p>	
	<p>Phindiwe: It is so touching to discuss about HIV & AIDS when I have closed relatives who have died from it. It's like you are opening old wounds. What about learners in the same situation like mine? I did not receive enough counselling to cope with this. I end up giving up and not teaching or talking about certain issues. Emotions kills especially if the parents have left while you are still young (P.NF).</p> <p>Noxolo: My father died while I was in primary and very young. My mother depends on ARVs and is very health. I never discussed this but now I am grown up, so I guessed what killed my father. When I look at my mother I get a lot of inspiration which strengthens me, I share this with my learners and this alone motivates me to talk about it although culturally it's difficult (P.NF).</p> <p>James: Mentioning the term HIV & AIDS, to me it's like opening an old wound caused by the death of my loved ones. I have attended many funerals of my learners' parents who died of HIV & AIDS. Really I know their parents, I was there when they were buried, these ones were in primary by then and some know nothing about it, they were smiling when others were crying, but I know and I feel it when I teach them HIV & AIDS education. (J.LO).</p>	<p>Personal experiences</p>	

	Phindiwe: Has broadened my thinking and opened my eyes to many things (P.C).		
2. How does the socio-cultural factors influence LO teachers in the teaching about HIV & AIDS education in the FET phase?	<p>Phindiwe: We cannot discuss sex issues with young people. Sometimes I avoid certain words. We have to be silent about these issues (P.NF).</p> <p>Noxolo: We have to respect our culture, its taboo to talk about sex, or use these words on public. Worse still these learners belong to my community, I prefer to maintain my cultural traits than to be ridiculed by the society (N.LO).</p> <p>Tapiwa: I feel free to discuss with boys than girls. It's not easy cultural to talk about sexual matters with girls especially if you are a married man. You are a father to them (T.LO).</p>	Cultural taboo: we cannot discuss sex	Narrative Frames, Lesson Observations and Collages.
	<p>Noxolo: It drains me emotionally to be reminded my past through the teaching of HIV & AIDS. I feel sorrowful when I discuss with these learners knowing what happened to their parents.</p> <p>Phindiwe: Some of the learners are infected, others are caring for people who are infected and ill, so when I see the look in their faces, they are not coping at all, they need somebody to talk to and that person is not there. I develop feelings of sadness (P.NF).</p> <p>Felicia: I develop feelings of sadness when I think how infected and affected are going to receive HIV & AIDS knowledge. It's so sad to know that what you are saying makes someone unhappy but you don't have any choice (F.LO).</p>	Emotional instability Emotionally draining; not coping at all	
	<p>Tapiwa: It is so frustrating to come to the situation that you can't express yourself to your learners because the language to be used is unacceptable to be used by an elderly person to young children. It has an effect on our teaching, our language is limited, it's like you search on your vocabulary, what can I say now and end up bluffing (T.NF).</p> <p>Noxolo: I still need to maintain my dignity as a teacher and community member. The curriculum expect me to say this and that but what I see that I can't say I won't do it. These learners laugh at you as if you do those things, I will talk with simple and flat language, no big words (N.NF).</p> <p>James: Learners come from different backgrounds, have language barriers (J.C), a lot of misunderstandings and can't express themselves because at home they are not exposed to these current devices although some have. So they are at the traditional and cultural level of operation. This limits what Language I have to use and information they must know (J.NF).</p>	Language is limited	

<p>3) How do LO teachers address socio-cultural complexities in their teaching o about HIV & AIDS education in LO at FET phase?</p>	<p>Phindiwe: In order to be on the safe side, the best way is to avoid topics in which you are conflicted (P.NF). Noxolo: I always want to do justice to the learners, I can't let them suffer so I do teach HIV & AIDS as it is but I replace certain words I can't express in front of learners with those words that have less tone. You see instead of using sexual intercourse I simply say people sleeping together and they know what I mean (N.NF). Johnson: Some issues contradicts with the teaching of my religion. How can I teach learners the benefits of my religion when we don't practice it? I tell myself that I will look at this topic since I will be feeling guilt (J.C)but it ends like that (JN.NF). Felicia: You can't stand there and talk about people who are infected yet there are learners in front of you whom you suspect to be infected or whose parents have died of HIV & AIDS complications, they will feel bad (F.C). I just skirt around such issues because I don't like to depress them. I will feel bad I am I start reflecting on my lesson, like what have I done badly, what have I done good and so on (F.NF).</p>	<p>Avoidance Contradicting cultural and religious beliefs</p>	<p>Narrative Frames, Lesson Observations and Collages.</p>
<p> </p>	<p>Phindiwe: like I said, there is a media culture where we learn a lot good or bad things from the social media using videos and print media that expresses certain stories and sexual language teachers cannot express directly to their learners due to religious and cultural complexities (P.NF). Johnson: I rely mostly on workshops and DVDs that I use when teaching about HIV & AIDS (JN.NF). Noxolo: Pictures, diagrams and graphs are important as they talk on their own. Learners can see graphs showing number of people infected and dying. Really it was like 'hau' when I showed them graphs indicating that their province is leading in the high rate of infected people. They enjoy this and the local clinics supplies me with a lot of HIV & AIDS pictures (N.NF). James: We have to change our strategies to make our lessons interesting. We teach learners with problems and our culture inhibit us to go an extra mile we want to go. No one blames you when they see videos related to HIV & AIDS cases because actually you are not saying it yourself. This information stays in their minds for a long time. It's a done deal (J.C).</p>	<p>HIV&AIDS Teaching aids Use of social media platforms</p>	
	<p>Felicia: Health workers are specialists in dealing with diseases like HIV & AIDS and can express</p>		

	<p>themselves freely to the learners on behalf of the teachers. Our school is near the clinic and I often call the nurses to conduct some of my lessons involving sexuality education (F.LO).</p> <p>Phindile: It's nice to involve others in the teaching of LO. We can do team teaching or bring outsiders. Learners are excited by this and listen attentively (P.LO).</p> <p>James: The whole idea is about helping and equipping learners with survival skills. It doesn't matter who has come to teach them. Other people may not be affected or feel shy to talk sexuality language (J.NF).</p> <p>Tapiwa: Role models are important people who can change these learners to behave well. They like these actors and singers, they like their music, they are always putting earphones playing their music. Such people can be helpful to teach them and understand, they can cover me up, but where my school is, they are hard to get (T.LO).</p>	<p>Involve specialists and role models</p>	
	<p>Noxolo: In our school we use local pastors and they come often during assembly or preach to boys and girls separately. However, their problem is that they do not want to stick on what you tell them, theirs is talking about morals, they touch here they touch there and so on. But to me I find them helpful much (N.NF).</p> <p>Tapiwa: Adopting the role of a parent will help overcome other inhibiting factors and help the teacher to gain trust from learners who might be affected and infected by HIV & AIDS (T.NF).</p> <p>James: Teaching HIV & AIDS whole heartedly. We have to go beyond our duty and assume pastoral and parental role when dealing with HIV & AIDS issues (J.NF).</p> <p>Phindiwe: At the end you know that I am dealing with learners, others have never experienced the love of parents, parents died while some where very young. They need mothers love (P.C), you have to go your way out and embrace them otherwise they will feel rejected (P.LO).</p> <p>Felicia: LO is about teaching love, Ubuntu where togetherness is key (F.LO). A rejected child is a disrespectful child. I know I don't have much time for them due to pressure of work but there is need to love these learners with all our hearts, lead in guiding them because we understand them better than other teachers (F.NF).</p>	<p>Pastoral and parental role</p>	