

**EDUCATORS' VIEWS ON HIV AND AIDS AND
SEXUALITY EDUCATION IN A MIDDLE CLASS
PRIMARY SCHOOL IN THE DURBAN AREA.**

By

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ABSTRACT

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This study examines how educators in a primary school view the teaching of HIV and AIDS and sexuality in the context of delivering the LO curriculum. It seeks to establish whether the educators are properly trained for and supported in their tasks and further seeks to establish their attitudes towards teaching these sensitive subjects.

The study is based on semi-structured interviews with eight Life Orientation (LO) teachers who work at CJ Primary School (CJPS) in Durban. CJPS is a well established school that formerly served only a white learner community. Since the early 1990s its racial demography has changed and it is now racially mixed with Indian learners constituting a slight majority. The school offers classes from Grade 0 to Grade 7.

The teachers interviewed for this study were all involved in teaching LO in the senior primary phase and all had delivered lessons on HIV/AIDS and sexuality. The sample comprised one African, one White and six Indian teachers and was made up of three males and five females. The school timetable includes two LO periods a week (i.e. 2 hours per week is devoted to LO) and evidence suggests that teachers are serious about the teaching they do in these periods.

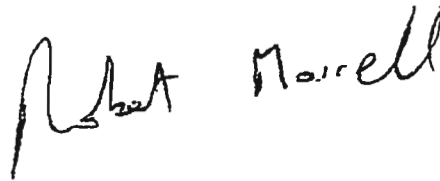
It was found that levels of both pre and in-service training in the areas of HIV and AIDS and sexuality and gender were low. Only 2 out of the 8 teachers had been trained in HIV and AIDS and sexuality education. 5 of the 8 educators had received some form of training, (weeklong workshops, for example) but many still felt unconfident about teaching sexuality.

Although national policy for teaching HIV and AIDS and sexuality does exist and the school also has its own set of policy documents relating to the LO curriculum, most of the teachers had not seen the national documents and were unaware of the school's policy. HIV and AIDS and sexuality are themes which are taught across the curriculum but rather cramped into one term's allotment of LO lessons which results in a lack of depth being achieved. Understandings of sexuality were basic and generally devoid of 'gender'.

It appears as though the female teachers were more enthusiastic about teaching HIV and AIDS and sexuality than were the men and the lone African educator was the most strident in demanding that the school devote more attention to these subjects, possibly because in her own life she had already directly encountered the ravages of the pandemic. There is some competition within the curriculum about which subjects should get the most attention and priority. Generally speaking, language teaching and mathematics were considered more important than the LO.

STATEMENT BY SUPERVISOR

As the candidate's supervisor I agree to the submission of this dissertation for examination.

A handwritten signature in black ink, reading "Robert Morrell". The signature is written in a cursive style, with the first name "Robert" and the last name "Morrell" clearly legible.

Professor Robert Morrell

17 December 2009

DECLARATION

I , Minalyoshini Naicker declare that

- (i) The research reported in this dissertation, except where otherwise indicated, is my original work.
- (ii) This dissertation has not been submitted for any degree or examination at any other university.
- (iii) This dissertation does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
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Signed:.....

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Dedication

This dissertation is dedicated to all Life Orientation educators and to all learners who are affected/infected by HIV/AIDS.

LIST OF ACRONYMS

AIDS	- Acquired Immunodeficiency Syndrome
DOE	- Department of Education
HIV	- Human Immunodeficiency Syndrome
JP	- Junior Primary
NGO	- Non-Governmental Organization
OBE	- Outcomes Based Education
LO	- Life Orientation
RNCS	- Revised National Curriculum Statement
UN	- United Nations
UNAIDS	- Joint United Nations Programme on HIV/AIDS
UNESCO	- United Nations Educational, Scientific and Cultural Organization

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PREFACE

INTRODUCTION

My interest in Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) and sexuality education began rather late in my life after I had been a primary school teacher for 17 years. In 2003 my school was invited to attend a workshop on HIV and AIDS. It was held at a neighbouring school in Durban Central and the guest speaker was a woman, Anna Leon who was HIV-positive. Her story of how she contracted HIV was very sad and this was my very first encounter with a person who openly spoke about her HIV status. She went on to say that she had lived with this disease for 15 years because of her treatment. She encouraged all the educators to make a concerted effort to educate learners on how to protect themselves from contracting HIV and for those who were not sure about their status, to ensure that they get themselves tested as soon as possible. What was most striking about this woman was that she was passionate about helping to save those who were already HIV-positive, by encouraging them to get the correct treatment so that they could have a normal, prolonged life just like she did.

In the early days it was difficult for HIV and AIDS infected people to get treatment and many of them were afraid to disclose their status because of the wrong messages about AIDS which often led to stigmatization and discrimination. I am also guilty of this because I, too, had the wrong perception of people with HIV and AIDS up until we got to meet this amazing lady. I have lived a very sheltered life and my upbringing was very simple. As a result, I did not learn about sex or sexuality from my parents or from my teachers at school. My upbringing as an Indian girl was shaped by my religion and culture, Hinduism.

Hinduism forbade girls from engaging in sexual relationships before marriage. Amongst KwaZulu-Natal's Indian population, religious morals were generally strong and rested on tight family organization. Many young couples married through prior arrangement by

elders and it was often grandparents who had the most input in this arrangement.

My parents' marriage was arranged by *their* parents. My parents accepted their arranged marriage which "stood the test of time". A sense of dignity, honesty and respect were important values in my family. The topic of 'sex' was taboo amongst the Indian families. I had no knowledge about sex and did not really speak about sex until I was much older, in my late twenties. The above were the norms in my family and also among Hindus more generally.

In 1967 my family was forced to relocate to an urban area, in Durban, from the Lower South Coast because my dad became unemployed. Given the existence of apartheid in this period, we lived in an area that was exclusively set aside for Indians. After six months of job-hunting, his persistence finally paid off as he was offered a job at a very small bakery. My dad worked his entire life for this company. Over the years, due to his dedication and hard work, we saw him progress from being a counter assistant to becoming a delivery personnel (a minor promotion, but a promotion, nevertheless). Much later in his life he was promoted to being the night shift manager.

We lived a simple life as we were restricted by limited finances. Our household was organized along traditional gender lines. My mum, my sister and I undertook the daily household chores while my dad, the bread-winner, worked hard to support us. My brothers enjoyed their social lives by playing sport and hanging around with friends. However, at times they did manual work around the house like gardening and painting. We had to do household chores because we could not afford maids/gardeners. Although my sister and I were allowed to complete our matric, my brothers were given first preference to further their studies. My parents instilled in us a sense of hard work, religion and prayer as they were staunch Hindus.

My parents were strict with us when we were growing up. One of the consequences of this regimented way of living was that there was little open discussion about sex. My parents did not speak to us about sex as they were "old-fashioned". There were always

talks in our house about finding the right boy to get married to. He had to be from the same racial, cultural and religious group and these factors were very important to my family. It was an unwritten rule that our parents would find suitable partners for us to marry. Gender inequalities did exist amongst the Indian community and also in my family but these did not impact heavily on me as I saw myself as a “modern” person.

What happened in my family was quite common. In many South African families, black and white alike, girls faced discrimination. Gender discrimination was experienced in many ways and in many contexts at the workplace, in schools and in sexually intimate situations. In my case, gender discrimination was not severe and I was able to complete my schooling. I was determined to be independent and secured very good results in my matric year. Although my dad could not afford to send me to further my education, he encouraged and helped me to apply for a bursary. My good results helped me to qualify for a bursary at Springfield College of Education. My parents were of the opinion that teaching was a good job for a girl and they were very happy that I could further my studies. I studied to become a junior primary educator. The lecturers at our college did not teach us about sex or sexualities because it was not part of the curriculum. Often when I think back, I realize how naïve and ignorant I was when I was growing up. My very first knowledge about sex came from some of my friends at college. Only one close friend spoke about her sexual encounters. We would ask her for intimate details as this was our very first open conversation about sex.

My first teaching appointment was in Howick and a year later I moved to a school in Phoenix which was a relatively new residential suburb North of Durban catering, mainly for Indian families. When I began teaching in 1986, I did not teach Life Orientation (LO) because it was not part of our curriculum. All schools were segregated and the apartheid government forbade the teaching of sex or sexuality education. Indian men and women were slowly breaking away from their traditions and finding their own life partners. This happened because more females were encouraged to further their studies and find jobs

because our parents wanted us to improve our life-styles. In this way we were in contact with other males who were not connected to our family structure and the religious, ethnic and racial worlds that we inhabited. My grandparents and parents began accepting these changes although they were not very happy since I married a man (a fellow educator) of my choice.

Due to my upbringing I did not see the need to teach learners about sex. The very first time I had heard about AIDS was when I was teaching in Phoenix in 1996. This was amazing since the AIDS pandemic was already nationally well entrenched with over a million infected and thousands dying monthly in South Africa. (One would have thought that teaching about AIDS and sex would have been a priority much earlier.) We attended a curriculum changes meeting and issues regarding HIV and AIDS were briefly discussed. The intention was to introduce the new curriculum known as Outcomes-Based Education (OBE). It was at this stage that educators were informed that HIV and AIDS education was to be included in the new curriculum under the learning area of LO. Educators were required to teach LO and HIV and AIDS education.

I did not really know what AIDS was all about but had heard that it was a killer disease. The information was not very clear but the message that we received had indicated that it was a dreadful disease that had no cure and resulted in death. Although the message was unclear, my understanding was that we had to stay clear of anyone who had AIDS. I did not even understand what being HIV-positive meant. At that stage, I too believed that it was a disease that only homosexuals. I came to the conclusion that it was a shameful disease to have and it was best not to talk about it. I began reading about AIDS in the newspapers and magazines but still did not fully understand HIV and AIDS. At that stage of my teaching, I did not teach LO or HIV and AIDS education and other educators did not too because we did not know how or what to teach. It was during my Honours studies that I began to reassess my views.

My first focused and concentrated academic engagement with the subject of AIDS was during my study for an Honours degree during a Social Justice module at the University of KwaZulu-Natal in 2002. There were various racial and religious groups in the class and I am not ashamed to say that very few of us understood what AIDS was all about. This is an indictment on the state of AIDS (and sexuality) education in South Africa. In general, educators have a lack of training to implement the AIDS education programme effectively and this will be discussed in chapter 4 which will focus on the analysis of interviews done.

I was much more fortunate than some Indian, Coloured and African females because I was able to continue studying as a post-graduate student. I wanted to further my studies because I was ambitious and wanted to keep abreast with the changes in education especially in the areas of social justice and gender. HIV and AIDS were included in these modules. This is how my interest in HIV and AIDS was further developed during my Honours studies.

In early 2000, there was a shift in the educational sector whereby educators were urged to accept people of different status and to teach learners about accepting people for who they are and not what society wanted them to be (sexuality education). The courses I chose for my Honours degree were a real eye opener for me both as a student and an educator. I was privileged to have met people who were not heterosexuals and who were not in 'perfect' health. This made me realize that we, as educators, had a difficult job ahead of us but not an impossible one. The DOE had done the ground work for us to NOW start teaching learners at all levels on HIV and AIDS and sexuality education. I had thus far lived in this perfect world where only what I was taught, I felt was right. But this had all changed and made me a much better person, accepting people for who they were and not what society wanted them to be. I continued my gender studies which enabled me to understand more clearly the gender dynamics that existed, especially in the educational sector.

A few years later I secured a place to study Masters in Education (M.Ed), focusing on Gender, which is my present field of study. This in turn had shed more light on my lack of AIDS knowledge and motivated me to want to make a contribution to combating the effects of the AIDS pandemic. I made a promise to fight gender and sexual discrimination through my teachings. It was only in my post-graduate studies (as a part-time student) that I began to become acquainted with the existing research work on gender and sexuality. In my M.Ed studies, it became clearer to me that schools are an important place for teaching about the prevention of HIV since transmission is very closely tied up with sexual attitudes and practices. Furthermore, as a primary school educator, I live in a world where AIDS has become a major social, political and educational challenge. All stakeholders should not turn a blind eye to these changes.

South Africa has the fastest growing HIV and AIDS epidemic in the world, with more people infected than in any other country in sub-Sahara (UNAIDS, 2000). About half of South Africa's population of 45 million are below the age of 16 years and attend school and this means that schools are the best place to get the HIV and AIDS message across. Educators can thus reach millions of school-going children. One way of understanding the challenges facing educators is to consider how schools could be made safer and more gender equitable.

Educators have an obligation to maintain a safe teaching environment although in the current South African context, this is not always easy. Schools in KwaZulu-Natal have been invaded by gangs and both educators and learners have been killed, assaulted and abducted. Threats to the safety of learners and educators are always gendered and can be better understood and tackled with the help of gender analysis. In my thesis I am not going to be looking at 'safety' broadly, but rather I am going to be examining how teachers help learners to develop skills that will assist them to have safe sexual relationships and thus avoid HIV infection. I will return to this issue in Chapter Two.

CONCLUSION

My developing interest in HIV and AIDS and sexuality education has prompted me to examine educators' perceptions and attitudes in teaching HIV and AIDS and sexuality education in a Durban primary school.

1. CHAPTER ONE - BACKGROUND AND PURPOSE OF STUDY

1.1 INTRODUCTION

In the last few decades we have seen an exponential growth of HIV infections in South Africa (UNAIDS, 2007). Owing to the increasing number of HIV infections, AIDS cases and AIDS related deaths have resulted in a greater visibility of the pandemic even in primary schools. One of the major responses to the pandemic has been to promote prevention. Initially the target audience for prevention programmes was sexually-active adults but thinking about prevention has evolved and now it includes young children as well. HIV is primarily transmitted through sexual activities though these activities are located within gendered understandings and constructions of identity. People who become, or are, sexually active bring with them a set of attitudes and values which are formed throughout their lives. In other words, young children who are not sexually active during their years as primary school learners, develop attitudes towards sex. Attitudes towards sex are gendered and the willingness of men to take risks and for women to passively accept the rights of men to determine the conditions of sex are just two of the most obvious consequences of gender inequality in the realm of HIV and AIDS (Baylies and Bujra, 2000). The above factors have led to HIV and AIDS and sexuality education becoming an integral part of the curriculum in schools all over South Africa.

HIV and AIDS education was introduced in South African schools in 1996. However, it was not until 2000 that all schools had to officially implement this programme (Wildeman, 2001). The creation of one, united national Department of Education (DOE) from the highly fragmented residue of the apartheid education system became a stumbling block in the promotion of HIV and AIDS education. Coombe (2000) maintains that until late 1999, the DOE had no policy on HIV and AIDS. The introduction of Outcomes Based Education (OBE) in schools included a new learning area, LO, which in turn included Life skills and HIV and AIDS education. Moroney (2002) found that the training of LO educators was haphazard, many educators did not receive training and furthermore, in the most-affected schools, the LO curriculum was often not followed. In her study

conducted in two co-educational Durban secondary schools, she came to the conclusion that the DOE's policy on HIV and AIDS education was failing dismally. Two of the reasons cited in her work were the lack of teacher training and the lack of resources in HIV and AIDS education.

South Africa is a country that was, and remains, characterized by racial inequalities. Prior to 1994 when a non-racial (ANC led) government was elected, schools were structured to serve the particular needs of specific racial groups: White, Indian, Coloured and African. There were marked differences in terms of teacher skills, finances and resources in the divided schools. The abolishing of apartheid in 1994 did not bring major changes in schools and racial divisions and inequalities still remained. The school system today is still very uneven and the quality and resources of schools vary a great deal. Although the gap between under-resourced rural schools formerly devoted to the teaching of African children and suburban schools which did cater for the white middle class children has closed, there are still major differences which are reflected, for example, in the academic results obtained by these schools. We don't know much about the implementation of LO, HIV and AIDS and sexuality education in primary schools and specifically we don't yet know how educators think about the above. My study will make a contribution by researching LO educators' views in an urban school in Durban, KwaZulu-Natal. This will be discussed in Chapter Four.

Educators have to teach in communities where gender values are extremely conservative and where gender malpractices are common. Although gender equality is being pursued through educational policies and laws, gender-based violence in schools, unequal access to resources, a gender-skewed curriculum and patterns of academic performance still indicate the existence of gender inequality. Gender is an important component of HIV and AIDS and sexuality education. Within this context, my study follows a gendered approach in which seeks to describe and assess what contributions the LO educators are making to the successful delivery of HIV and AIDS and sexuality. This will be highlighted in Chapter Four.

1.2 HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV falls within a special category of viruses called retroviruses, so named because they reverse the usual order of reproduction within the cells they infect, a process called reverse transcription. HIV is a very small organism that enters the body, attaches itself to cells in the blood, uses them to multiply and then leads to the death of the blood cells. HIV lives quietly in the cells and infected people often bear no outward sign of illness but once they are infected they can pass the virus onto others. HIV can be found in semen, blood, vaginal secretions, saliva, and urine and breast milk of infected individuals. Transmission of HIV through sexual contact is estimated to be the cause of between 75% and 85% of the HIV infections worldwide (Graham, 1997; Tess et al., 1998). HIV is also transmitted via blood-contaminated needles shared by injection drug users. HIV progresses slowly and becomes acquired immunodeficiency syndrome (AIDS).

1.3 ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

The acquired immunodeficiency syndrome (AIDS) epidemic, which constitutes a world-wide public health threat of rapidly increasing magnitude, is now recognized as the most serious epidemic of our time. The incubation time for AIDS in adults typically ranges from 8 and 11 years or more, with a median duration of 10 years (Paul, 1997b:1-2). When a person has AIDS the blood test shows that their immune system is extremely weak. One also develops tuberculosis, pneumonia, weight-loss, or any other opportunistic infections.

1.4 SEXUALITY

Sexuality refers to the gendered identity developed in males and females and in relation to one's needs for sexual pleasure and relationships. Holland et.al. (1993:32) concluded in their study that "the social construction of sexuality, viewed from the accounts of young men, gives a different perspective on sexual encounters from those of young girls. Their struggles to be successful involve them in defining their sexuality in terms of male needs, desires and satisfaction, rather than in terms that might acknowledge and engage with female sexuality." Sexual identities are fluid and change over the life cycle. In young

people their development is associated with physical changes that both boys and girls go through. Gender-role expectations place a profound impact on our sexuality. Our beliefs about males and females together with our assumptions about what are appropriate behaviours for each gender will influence our sexuality. Besides early socialization experiences and exposure to sexual issues, opinions about appropriate sexual behaviours also influence our expressions of sexuality. Attitudes have changed in recent years; certain assumptions about what is normal (for example, superiority of men and the inferior status of women) still strongly affect sexual activities and sexuality.

It is clear that self-discovery and peer interactions are very important during childhood development of sexuality. Parents, teachers, the community, culture, religion and different media will continue to be influential during the learners' growing and adolescent years. Leclerc-Madlala (1997) explored the role of South African men in the spreading of HIV and states that high levels of pre-marital sexual activity, extra-marital relations and sexual violence place South African society at high risk. Sexual cultures in South Africa are often linked to denial and silence and these need to be changed before AIDS can be brought under control. She also points to the complicity of women in using sex to obtain consumer goods and favours with men, rather than putting their own safety first. These findings emphasize the importance of teaching sexuality in primary schools so that children can learn to respect themselves and each others' differences without gender glasses.

When teachers view sexuality in primary schools, it is important that they focus on both sexual practices/activities and sexual identities and the varied and diverse forms they can take. These include the full spectrum of physical and emotional experiences but most importantly, awareness that sexuality is always both material and social, since what is embodied and experienced is made meaningful through language, culture and values and these shift and change with time. The changes that schools are facing right now are the rapid growth in the number of young school going learners who are faced with AIDS

related issues. There is an urgent need to intensify the HIV and AIDS and sexuality education programmes in all primary schools and educators play a vital role in the implementation of these programmes.

1.5 NATIONAL POLICY ON HIV/AIDS EDUCATION

Legislation on the National Policy on HIV and AIDS for learners and educators in Public Schools has made it mandatory for all schools to include HIV and AIDS and sexuality education in the curriculum from a young age when children enter the schools. The National Education Policy Act, 1996 (No. 27 of 1996) (DOE,1999) protects all educators and learners with HIV and AIDS ('protects' means that educators and learners who are HIV positive enjoy the same benefits at school as those who are not infected and do not have to disclose their status) and advocates an AIDS programme to be included in the curriculum. According to the legislation educators have a responsibility to educate themselves about HIV and AIDS and sexuality. The DOE via the National HIV and AIDS policy inherently recognizes the need for educators to be knowledgeable about the modes of HIV transmission and prevention. The policy also focuses on the need for learners to acquire age and content appropriate knowledge and skills during their Life-Skills lessons in order to adapt and maintain appropriate behaviour that will protect learners from HIV and AIDS infections (DOE, 2003). The study of gender identities and risk behaviours also forms an integral part of HIV and AIDS and sexuality work.

1.6 GENDER IDENTITIES AND RISK BEHAVIOURS

Gender identities and risk behaviours are implicated in the high rates of HIV transmission in South Africa. The dissemination of knowledge alone is not sufficient to bring the AIDS pandemic under control because identities and behaviours are not necessarily shaped or changed by the transmission of knowledge. This means that educators can't just transmit knowledge; they have to do much more – and this links with the importance of properly trained educators who are motivated and believe in what they are doing. Martino (2003:432) emphasized the “need for the formulation of both school and governmental policy grounded in sound research-based knowledge about the social

construction of gender identities and its impact on the lives of boys and girls and their experiences of schooling”. They found that educators fail to interrogate or challenge the binary ways in which masculinity and femininity are socially constructed and institutionalized in schools through a particular ‘gender regime’. The failure to acknowledge the social construction of gender means that ultimately the schools’ programmes cannot be successful. An area that educators need to address is behavioural change and risk behaviour.

Boys and girls develop gender identities as they grow up and these gender identities will dispose them to act in one or other way. Girls, for example, internalize patriarchal expectations that they should serve men, cook for them, obey them and that they should not have desires and hopes of their own. On the other hand, some constructions of masculinity legitimate risk-taking as appropriate male behaviour. Risk-taking can lead to danger particularly in the realm of sex where it may lead to having unprotected or other forms of risky sex. It is important to grapple with constructions of masculinity in the context of HIV and AIDS and sexuality education (Seidler, 2006). In South Africa some young children are beginning sexual activity (sometimes because they are forced or tricked but at other times willingly) at very young ages (Jewkes et al., 2002; Richter et al., 2004). UNAIDS (2004) acknowledges that working with young children to change behaviour patterns from the start is easier than changing risky behaviours that are more entrenched. There is a need to begin teaching HIV and AIDS and sexuality education to young children as mandated by the National DOE. Gender infuses sexuality and risk and influences choices of behaviour which impacts of sexual activities. There is a serious concern about rape and sexual violence against young girls aged as young as nine months (Richter et. al., 2004) and this highlights the issues of gender inequalities and infuses the debates on sexual risk factors for women in general.

1.7 HIV/AIDS EDUCATION AND SEXUALITY IN PRIMARY SCHOOLS

My impression as a primary school educator is that many educators appear to view HIV and AIDS education as an unwelcome burden because they believe it adds to their responsibilities in days that are already taken up with teaching, administration and extra-curricular activity. Coombe (2000:25) states that the “demand for education is dropping and changing, many teachers are ill and dying, and the trauma of loss associated with HIV/AIDS is entrenched in South African classrooms. In South Africa, as in Africa as a whole, we can no longer assume that it is ‘business as usual’ for education.” The AIDS pandemic has made significant demands on teachers, particularly in township schools. It has been argued elsewhere that schools who serve the most disadvantaged communities - schools with a majority of black, working class learners - are confronting massive social issues associated with HIV and AIDS, violence and poverty. Bhana (2007:432) highlighted in her research that “little research attention has been paid to HIV and AIDS education in the early years of schooling; this is perhaps so because sexual activity is not considered appropriate to young children.” In this research project I will make a modest contribution to understanding how HIV, AIDS and sexuality are handled among primary school teachers at one particular, suburban school. I will illuminate the perceptions and understandings of HIV and AIDS and sexuality education amongst the teachers responsible for these lessons. I will attempt to establish whether educators have received training in the legal and ethical issues that is essential for properly and successfully conducting sexuality and HIV and AIDS education. Educators may already have the knowledge but in addition they will need other skills such as pastoral care and guidance/counseling, as society comes to realize that it is educators who have to deal directly with the epidemic (Crewe, 2000).

This study seeks to identify which aspects of sexuality and HIV and AIDS are successfully taught in a primary school and which aspects are omitted, glossed over or unsuccessfully taught. According to Morrell et al. (2002:11) “schools as public institutions open to all children...offer an important opportunity for mass-based state and other interventions that can impact beyond the immediate target population of learners and educators”. One

of the factors that impact on the efficiency of these programmes is whether educators believe in and support the teaching outcomes of the programmes that they are implementing (James, 2002). Educators are the driving force behind any successful programme. Rugalema & Khanye (2000:29) believe that “mainstreaming HIV and AIDS in education is basically an attempt to systematically integrate AIDS issues in education policies, programmes and projects in order to have an impact on the epidemic”. The mainstreaming of AIDS education means that it has to be integrated into every learning area and it is now compulsory to have it at every level of education. HIV and AIDS and sex education is part of the LO learning area.

1.8 LIFE ORIENTATION PROGRAMMES IN PRIMARY SCHOOLS

LO lessons were not part of the primary school curriculum until 1999 and there has been an uneven process by which it has entered primary schools. Policy advocates that HIV and AIDS education be taught in the context of LO education and be infused throughout the curriculum (DOE, 1999). I am aware that some schools do take LO seriously. LO is in the curriculum but it is often not taught or is poorly taught in some primary schools. In the LO curriculum there is a specific section dedicated to HIV and AIDS and sexuality. This is sometimes ignored, overlooked or taught in an ineffective way. Moroney (2000) in her research on secondary schools in Durban found that where provision is made in the curriculum, life skills in general and HIV and AIDS and sexuality lessons in particular are often not taught well. One of the reasons for this might be that educators are not properly trained. Another reason might be that schools and educators do not believe in the importance of HIV and AIDS prevention or in the specific form that this is offered via the LO curriculum. This study intends to contribute to understanding how LO (in its HIV prevention aspect) is delivered by focusing on what the educators who are responsible for doing so, think about it.

For many reasons prevention initiatives in schools appear not to be meeting their goals of effecting behaviour change and thus stopping HIV transmission in young people. It is not clear what the reasons are for the slow progress of specific prevention efforts but one

possibility is that educators besides not being properly trained are not supportive of government prevention initiatives in schools or they are uncomfortable teaching HIV and AIDS.

In South Africa LO has been introduced into both the primary and the secondary schools curriculum and is now an examinable subject. This learning area allows for the teaching of AIDS, gender and sexuality. We do not know how many schools have actually availed themselves of this opportunity though the impression I get is that all schools, by now, would have introduced LO, but how much of HIV and AIDS and sexuality education is being taught is difficult to assume.

1.9 HIV/AIDS AND SEXUALITY EDUCATION

Initially HIV and AIDS and sexuality education was largely targeted at secondary schools but there was an increasing realization for the need to have it presented to young primary school learners. Under the apartheid government, sex education was not part of the school curriculum but with the introduction of the RNCS in 2005 and the rising HIV infection rates among young school-going children, conditions demanded that young learners be taught about HIV and AIDS and sexuality. Thus the introduction of sexuality and HIV and AIDS education into the curriculum invites research.

Researchers are now seeing the need to focus on primary school learners on issues of HIV and AIDS as an area that might help reduce the number of young children getting infected with the AIDS virus. The difficulty of actually teaching sex and HIV and AIDS to young learners is discussed by Bhana. Bhana (2007:310) states: "In context of the HIV and AIDS crisis in South-Africa, the question of sexual rights and independence for children in early childhood education remains complex and unexplored. I argue that a more capacious view of children, alert to their agency, can provide fresh perspectives on the salience of gender and sexuality in children's accounts of HIV and AIDS." So too Renold (2005:1), in her extensive research in the context of UK primary schools, found

that “Gender and sexuality does suffuse and shape the informal world of children’s peer group cultures and social relations in diverse and powerful ways. Exploding the myth of the primary school as a culture greenhouse for the nurturing and protection of children’s sexual innocence, children locate their local primary school as a key social and cultural arena for doing ‘sexuality’”. Learners are, of course, taught by educators and therefore the views and practices of these educators are critical in making any assessment of how children come to learn sexuality and how educators impact on the success or failure of HIV and AIDS and sexuality education.

1.10 EDUCATORS AND HIV/AIDS AND SEXUALITY EDUCATION

One of problems which might have lead to the slow progress of the HIV and AIDS and sexuality education programmes is the manner in which those educators who teach HIV and AIDS and sexuality education view LO education. There are various factors which influence the educators who teach LO. How the educators teach this area of study will impact on how learners understand issues of HIV and AIDS and sexuality. We don’t really know how HIV and AIDS education is taught especially in primary schools and although this study does not have an observational capacity, one of my primary goals is to find out from the teachers themselves what they think about their teaching and how enthusiastic they are about this teaching. An important contextual factor that is likely to impact on my study is that rates of HIV transmission in middle class communities are very low. Teachers may think that their learners are not at risk or are at very low risk. This may well impact on their sense of urgency when delivering LO lessons.

Messages about safe sex are taught in many different ways and one of the most significant locations of such education is the home. We don’t know if learners are getting messages about sexuality from their teachers, parents, friends, or the media and so care will be taken in this study not to attribute all the failings or successes of LO to educators alone. My research will show how educators view the teaching of HIV and AIDS and sexuality education and will shed more light on the plight of HIV and AIDS in primary schools.

One of the difficulties in delivering HIV and AIDS and sexuality education in schools is that frequently the 'subject' is not given the same status within the syllabus as compared to subjects like mathematics, languages and sciences. LO is a relatively new subject introduced in 1996. On the other hand, mainstream subjects (which will determine University entrance) encourage educators to push for better results in mathematics, languages and sciences. South Africa is now facing huge problems with the standard of education lagging behind the rest of the world which is the result of various reasons. These include the imbalances created by separate education systems for different race groups in the apartheid era and the more recent introduction of OBE which places children in under-resourced schools at a disadvantage. The ever-changing methods of teaching OBE has also put strain on educators as most educators have not been properly trained which is further impacted by the lack of resources and violence at schools. Therefore many educators appear to view HIV and AIDS education as a burden mainly because of the lack of training, resources and experience in this area. There is a huge variation of schools in South Africa and my analysis will take this factor into account in how the National Policy of HIV and AIDS education is viewed and implemented at CJPS (a pseudonym), the Durban primary school in which this study is conducted.

1.11 RATIONALE OF THE STUDY

My interest in this area of study was primarily prompted by my entry into the teaching profession and my own gendered trajectory described in the Preface. I decided to undertake this study because of high rates of HIV infection amongst school-going children and the ever increasing number of orphans being left behind due to AIDS related deaths in South Africa. The calamity of AIDS demands that researchers begin better to understand the strengths and weaknesses of prevention initiatives such as HIV and AIDS and sexuality education (UNESCO, 2007).

This study seeks to establish what the educators think about the introduction of HIV and AIDS and sexuality education into the school. The effectiveness of AIDS and sexuality

education is influenced by the views of educators. If they believe in it and are well-trained in the content and method of AIDS and sexuality education, lessons are likely to be more successful than those delivered by teachers who are skeptical (Moroney, 2002). The problem that South African primary schools face is the problem of getting learners to understand the importance of AIDS and sexuality education and how this knowledge will eventually help reduce the spread of the HIV virus.

In 1999 the National DOE put in place policies and documents on HIV and AIDS and sexuality education making Life orientation a compulsory learning area for all learners in South Africa. These documents serve as a guideline for schools and will be discussed in detail in Chapters Two and Four. Despite the strategic planning of the Department of Health and DOE, and increased resources for fighting the pandemic, South Africa is making slow progress in the battle against HIV and AIDS. Prevalence rose from 0.7% in 1990 to over 22% in 1999 (Moore and Kramer, 1999:14). According to UNFPA (2003), an estimated 6000 youth a day become infected with HIV and one every 14 seconds, the majority being young females. Due to the complex dynamics of the AIDS virus, it is difficult to pinpoint the exact reasons for the high rate of new infections. It is believed that unprotected sex plays a major role in new HIV infections. Educators play a vital role in educating learners on the topics of HIV and AIDS and sexuality. In this study I will analyze how educators in a middle class primary school in an urban area in Durban teach HIV and AIDS and sexuality education.

CJPS is a primary school situated in Durban, the largest port city in Africa. Durban is found in the province of Kwazulu-Natal which has the highest percentage of HIV infected people in South Africa (Whiteside and Sunter, 2000). In the last twenty years the size of the city has increased dramatically with large numbers of people flocking from adjacent rural areas but also from elsewhere in Africa to find work and shelter. The State Statistics Department (2005) showed that there are about 3 100 000 people living in Durban. However the city remains in some senses segregated and residential patterns, particularly in the townships are largely mono-racial. Today the most obvious

demographic divisions are along socio-economic lines. The townships, formally reserved for exclusive African occupation, remain largely working class. The suburbs, close to the city centre or to big shopping malls, formerly occupied exclusively by whites, have become multi-racial. It is in one of these suburbs that CJPS is located, which is a middle-class primary school in the greater Durban area.

CJPS is a co-educational ex-Model C school which has historically served a community that has not been particularly affluent. The school fees were R4600 pa which is very high when compared to rural schools or those located in poor sections of townships where fees are often R100/R200 per year. On the other hand, similar government primary schools in Durban charge close to R10 000 which indicated that CJPS is not prohibitively expensive. The fees charged therefore suggested that this is a school for middle class or aspirational parents prepared to make financial sacrifices to improve the educational achievements and prospects of their children. Therefore this information serves as an indicator of the socio-economic status of the parents of CJPS. The school is one hundred and twenty five years old and the maintenance of its material plant has been excellent. The school has twenty three classrooms which include an after-care centre, a reception unit, a junior primary section as well as a senior primary section. In addition, the school also boasts a large field, hall, pool, sports store room, equipment and furniture store room, a servant quarters, media centre, reading room and a tuck-shop. Presently, the school has African, Indian and White educators of which six are males and twenty three are females. The Principal, Deputy Principal and one senior primary Head of Department are males while there is one female Junior Primary Head of Department and one Senior Primary Head of Department. This school offers classes from Grade 0 to Grade 7. The racial composition of the learner population shows the culturally diverse nature of this school. I am of the opinion that CJPS attracts lots of Indian followed by African and White learners with a handful of Coloured learners. The school does not keep racially disaggregated data on the school population and therefore the racial composition could not accurately be determined. My description therefore is reliant on my observations during my school visits. The impression I got was that the majority of learners were

Indian, followed by Africans and then by Whites and Coloureds.

My research will examine the specific experiences, knowledge, contexts, training, perceptions and location of the educators who are responsible for teaching HIV and AIDS and sexuality education in CJPS. This study meets the need to conduct school-level studies of AIDS and sexuality education and to focus on the educators who are responsible for delivering the AIDS and sexuality curriculum. The performance of these educators is likely to be influenced by their beliefs, knowledge and energies. Further, this study will offer some tentative views about the possible slow progress of the HIV/AIDS intervention programmes by reflecting on the impact of educator understandings on the teaching programme. My research further explores how, according to the educators responsible, HIV and AIDS and sexuality education is delivered and considered at CJPS. My concern is to examine how educators view HIV and AIDS education and their attitudes towards the teaching of HIV and AIDS and sexuality education.

In this study, I elicit and analyse the views of eight educators responsible for teaching LO lessons at CJPS focusing on HIV and AIDS and sexuality education. The individual educators in this school experience life individually and collectively through their gender, racial and sexual identities and these are the factors which influence their attitudes and perceptions. Presently, learners from grade 4 to 7 are being educated in areas of HIV and AIDS and sexuality education. How effective these teachings are, will be further viewed and discussed in Chapter Four.

1.12 THE STRUCTURE OF THE THESIS

Prior to this Introductory Chapter One I included a Preface which described my own history and current professional status as a backdrop to the study. This Chapter built on the Preface to offer a rationale for and an explanation of the research topic. The next chapter, Chapter 2 (Literature Review), offers a theoretical framework and provides an overview of some selected literature which has been generated in the studies of gender, sexuality, schooling and HIV and AIDS. Chapter 3 will describe the methodology used in

this study and will include a detailed description of CJPS, the research site. In Chapter 4, I will present the findings of my research, highlighting the common themes. Finally, I will provide my conclusion in Chapter 5.

2. CHAPTER TWO - LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews literatures that deal respectively with questions of HIV and AIDS and sexuality education, sexuality and gender in primary schools, educators' role in HIV/AIDS and sexuality education and HIV and AIDS and sexuality intervention programmes in South African schools. Research undertaken by Bhana (2007) indicates that in order to prevent the spread of HIV and AIDS, it is crucial to research children before they become sexually active. An extensive epidemiological literature has, in different contexts, begun to identify the strengths and weaknesses of HIV and AIDS education and sexuality programmes. In my research, I focus on the views and work done by primary school educators in HIV and AIDS and sexuality education.

In section 2.2, I review literature on HIV and AIDS and sexuality education in primary schools. There has been some research conducted on gender and sexuality in primary schools, and less on how HIV and sexuality is treated within a primary school environment. The work that has been done in KwaZulu-Natal, has largely been undertaken by one scholar, Deevia Bhana, from the University of KwaZulu-Natal. Bhana (2007:431) argues that "it is necessary to start gender, sexuality and HIV and AIDS education early with young children because they are party to the calamitous effects of HIV and AIDS". Among other scholars both nationally and internationally I shall review the work done by Bhana in some detail in this chapter as it has direct relevance to my own study in primary schools.

Section 2.3 discusses issues of sexuality and gender in schools. Schools 'make' gender in the sense that they are often masculinizing institutions but also they are the sites in which learners and teachers interact to give the school a particular gendered complexion which Connell (1987) described as 'the gender regime'. Teachers and lessons that take no account of gender when they are involved in HIV prevention campaigns are likely to be unsuccessful because gender identities and relationships are at the heart of sexuality and

the HIV and AIDS pandemic (Morrell et.al., 2001).

In section 2.5.3 the literature will highlight the educators' roles in HIV and AIDS and sexuality education. Educators are key contributors to the transformation of HIV and AIDS and sexuality education in primary schools. My findings reveal that, while many educators may feel that it is not their responsibility, but that of the parents, there are many others that have a growing sense of responsibility regarding HIV and AIDS and sexuality education as the problems of sexual violence are gradually escalating. The focal point of this research is the educators' views towards HIV and AIDS and sexuality education and it is expected that their attitudes will reflect gender differences because there are differences between men and women. These differences have resulted from decades of social constructions. Connell (1986:351) emphasized the "biological differences that underpin and explain the social supremacy of men over women is the prized belief of enormous numbers of men, and a useful excuse for resisting equality". This quote from Connell reiterates that many men are still resisting equality and want to dominate women even in the educational field. The men use their physical strength and the social constructions of male dominance to continue the male supremacy over females and hold onto their power.

In section 2.7, I will review literature on the HIV and AIDS and sexuality intervention programmes in South African primary schools as a sub-section of LO. LO is sometimes referred to as Life Skills. The aims of LO education are admirable and seem ideal but the practical implication of this approach has led to many problems and the unfulfillment of its aims in South Africa. According to the DOE (2002), LO guides and prepares learners for life and its possibilities. Specifically, LO equips learners for meaningful and successful living in a rapidly changing and transforming society. LO is central to the holistic development of learners and the focus is the development of self-in-society. LO develops skills, knowledge, values and attitudes that empower learners to make informed decisions and take appropriate actions. The above might not have been fulfilled thoroughly because evidence still shows that many learners are still engaging in unprotected sexual activities and girls continue to face sexual harassment, violence and rape. Moroney (2002:9) found

that “Life Skills education as a method of lowering HIV transmission rates has not proven successful in South Africa”. It is important that HIV and AIDS and sexuality education programmes are looked at more carefully in order to ensure that its prevention programmes are being taught and implemented in the primary schools.

2.2 HIV AND AIDS AND SEXUALITY EDUCATION

For HIV and AIDS and sexuality education to be successful, it must begin in primary school and focus on much younger learners. They will be better equipped to keep themselves safe from getting infected with the HI-virus and will know how to handle issues related to HIV and AIDS. Young people are, by law, compelled to attend school and the school is therefore a convenient entry point where HIV and AIDS and sexuality education can be addressed. According to the World Bank (2002), formal education reaches the majority of young learners at an early age. Therefore education has the potential to transfer important HIV and AIDS messages when they are in their most receptive developmental stages. The potential strengths of a school setting are that children have a curriculum, educators and a peer group which is really an advantage in their HIV and AIDS and sexuality education. According to Bhana (2007:311), “In South African schools the HIV epidemic has mandated talk about sex through curriculum policies and Life Skills education into the regulated space of school even in early childhood”. Further, she elaborates that research into the involvement of young children in education about HIV and AIDS has been bypassed. My findings show that sex education is not taught in the lower grades, but is taught only at the grade seven level (to children of about 11, 12 or 13 years of age).

2.2.1 HIV AND AIDS EDUCATION IN PRIMARY SCHOOLS

Learners should be taught about HIV and AIDS in primary schools. Educators take for granted that there is a normal progression amongst their learners with regard to sexual interests. But Nkamba & Kanyika (1998) found that many children begin school late and many also repeat classes in primary schools thereby extending the within-class range. The

big age range impacts on the different sexual interests between learners in a class. This compounds the management and organization of some primary schools in the teaching of HIV and AIDS as the learners range from sexually naïve to knowledgeable and experienced. This places undue pressure on the LO educators to determine what constitutes age-appropriate information for their senior primary phase learners.

Research has shown that South Africa's response to HIV and AIDS has not been as comprehensive or directed as it should have been, resulting in South Africa having the fastest growing rate of the AIDS infections in the world. Over five million people in South Africa are infected with HIV, mainly black and female (UNAIDS, 2005). HIV and AIDS education needs to begin with young children as the Revised National Curriculum Statement (RNCS) in South Africa indicates and educators need to make the lessons on HIV and AIDS a comfortable one for discussion (Silin, 1995). For the HIV/AIDS programmes to make a positive impact, it depends on the manner in which educators engage with HIV and AIDS education with very young learners in primary schools. The manner in which male and female educators heed the call to teach HIV and AIDS and sexuality will vary from school to school and from educator to educator. These variants between educators and between male and female will be discussed further in this chapter.

A growing number of studies on the sexual behaviour of young people in Sub-Saharan Africa indicate that the age of sexual activity is dropping. Van Niekerk cited in Leeman (2004) revealed in a local newspaper article that by the age of 10, one out of every three children polled had already had sexual intercourse and she believes that the youth educational programmes on HIV and AIDS prevention and responsible sexual behaviour are not succeeding. UNAIDS members state that working with young children to change behaviour patterns from an early age is easier than changing risky behaviours that are more entrenched (UNAIDS, 2004). These findings show how important and urgent HIV and AIDS and sexuality education is in South African schools, especially in primary schools.

In the context of the HIV and AIDS crisis in South Africa, Bhana (2007:310) found that “the question of sexual rights and independence for children in early childhood education remains complex and unexplored”. According to Macphail and Campbell (2000), a growing number of surveys are pointing out that young people, especially young girls, are particularly vulnerable to HIV infection. These findings highlight young people as an obvious group for targeted interventions, insofar as the vast majority of young people under 15 are *not* HIV-positive. Kelly (2000:6), in her report, stated that “age-related data in various African countries regularly show AIDS cases at their lowest for boys and girls between the ages of 5 and 14. Because of mother-to-child transmission, they are higher in children below the age of 5, and after the age of 14 they increase very rapidly, especially for girls. This is the result of the gendered nature of the violence that occurs, targeting girls/females. Because of the low occurrence of AIDS among those aged 5-14, many regard these children as the ‘window of hope’”. Programmes targeted at this age group are thought to provide a special opportunity to prevent infections and reduce transmission of the disease (UNAIDS, June, 2000). Furthermore, with a significant number of young people in school, many members of this vulnerable group are located in an already established institutional framework within which HIV prevention programmes could be implemented with much success to all learners in primary schools. Berry (2007:7) states categorically “teachers also need to feel that they are entirely clear on the information that they will be passing on – they need to feel confident that they are able to answer any questions that might be asked. This necessitates an adequate level of teacher training – something that is sadly lacking in many parts of the world. In India, for example, where estimates suggest that more than two million people are living with HIV, 70% of teachers have been given no training at all.” Similarly, the extent to which educators are trained at CJPS – two out of 8 educators – i.e. 25% - is also low.

2.2.2 SEXUALITY EDUCATION IN PRIMARY SCHOOLS

Sexuality education is supposed to be taught in primary schools and while some schools are teaching sexuality education, others are not. Schools in general tend to limit their

discussion of sexuality amongst pupils to the health aspect through the pastoral system but there is much more to sexuality education than just sexual differences. Sexuality education is not the same as sex education.

Sexuality surfaces directly from time to time but the tendency is to cast it aside as a 'natural' part of children's development. The immediate concern is not an interpretation of the understanding of sexuality but rather its appearance within the school's HIV and AIDS and sexuality programme. According to the National Policy (1999:66) "sexuality is the total of a person's inherited characteristics, knowledge, attitudes, experience and behaviour as they relate to being a man or a woman. Sexuality includes our physical bodies, intercourse, feelings, our beliefs and values, the way we walk, dress, the decisions we make, relationships between people, social and spiritual aspects of perceiving ourselves as men and women. Sexuality Education is mainly a matter of education (guiding a child to responsible adulthood) and is always accompanied by values and norms".

Despite this notion of innocence, playful sexuality amongst very young children has received attention in South African literature. Sex play amongst young children is often discarded as an example of childishness and child's play. Kelly & Parker (2000) cited in Bhana (2007:434) reported on how "black South African children, aged from seven years, in deep rural areas engage in hide and seek, which involves sexual play but these children learn not to mention, or even hint at sexual issues in the presence of adults because of respect. Young children play at sex and teachers know this". In addition, Bhana (2007:436), in her research, found that when "teachers were asked about the importance of sex in HIV and AIDS education, they constructed themselves in ambivalent ways. The ambivalence was evident in the ways respect to children is meant to be by denying and/or limiting reference to sex but at the same time use the discourse of innocence to construct and perpetuate their authority and power over children". In some cultures sex play begins at a very young age and due to our diverse schools, educators need to cater for children of all race groups. Learners' sex play shows that there is a need for sexuality education in primary schools.

International studies also show a similar pattern in sexuality education in primary schools. Lubben and Campbell (2006:483), in their research in Namibia, concluded that “it is between the ages of 8-12 years that learners’ awareness of sexuality develops”. Almost half the primary school children in Malawi are reported to be sexually active (Domatob & Tabifor, 2000). HIV and AIDS manifests itself in school life in many ways – infections of teachers and learners, extra care work undertaken by members of the community and in the constant media coverage of the pandemic. In this way, issues of sexuality are constantly thrust into the public domain forcing teachers to make some kind of response. Their responses will be discussed in Chapter Four.

Although my research will be focusing on educators’ views on the teaching of HIV and AIDS education, I cannot ignore the learners who are the most important part of any school. Many research findings (Bhana, 2007) have shown that children as young as ten years old are going through physical changes and many are sexually active. There is also serious concern about rape and sexual violence against young girls, some as young as nine months old in South Africa. These incidences show us how very important sexuality education is and how vital it is to teach sexuality in primary schools.

Educators are aware that young learners are sexually active. Yobin (1997), cited in Bhana (2007), showed that teachers draw contradictorily on affective conventions of fear and anxiety in which sex is taboo and sexuality too dangerous to be countenanced in early childhood. These learners rely on their educators to disseminate the correct information on sexuality. Baylies & Bujra (2000:116) highlighted the AIDS statistics in Tanzania which revealed “the major group affected is young people, but also that the sexual relations through which it is transmitted are age-asymmetrical, with older men seeking younger women/girls both for sex and marriage”.

Thus far evidence has shown that there is an absolute need for sexuality education in primary schools with age appropriate information. Finally, sexuality is a key constituent of a person’s gender identity and that teaching sexuality therefore involves addressing issues

of gender. Sexuality in primary schools will be discussed more in detail in Section 2.

2.2.3 EDUCATORS' ATTITUDES TOWARDS HIV/AIDS AND SEXUALITY EDUCATION

The attitudes and histories of educators do impact on HIV and AIDS and sexuality education in primary schools. In this study I acknowledge that men and women may have different opinions on HIV and AIDS and sexuality, not random and not because of physical differences but because of gender socialization and inequity amongst educators. On the surface this does not seem to tie in with issues of sexuality but being male and female is linked to and identified with various aspects of sexuality. Gender identity involves the resolution of the individual's sexuality in a specific gender defined manner. Among the factors that are recognized as being important but about which no conclusive studies have been conducted are the attitudes of educators towards the teaching of HIV and AIDS sexuality education.

We need to take into account literature that shows how males and females are socially constructed and see why men and women might have different attitudes towards HIV and AIDS and sexuality that stem from gender histories and positions. How men and women construct their identities and how these identities relate to each other in equal, but often unequal manners, has a direct bearing on HIV infection, HIV transmission, and HIV intervention programmes (Morrell, et. al., 2001). There are a few concepts that will help me illuminate why gendered attitudes exist amongst educators in primary schools. One of these concepts is an awareness of the training element within a gendered social background which might be able to highlight why male and female educators have different attitudes towards HIV and AIDS and sexuality education. Bhana (2007:432) shows in her research that “educators and learners find it difficult to communicate on issues regarding sexuality and gender and this limits the possibilities of addressing important issues relevant to the HIV and AIDS programme in the LO curriculum”.

Gender in general interacts with race and class and is socially constructed by many other

factors that ultimately influence educators' attitudes, beliefs and knowledge. Other factors that also impact on the educators' attitudes are their personal experiences, culture, race, religion and age.

Gender divisions in society are one of the many factors that do impact on educators' perceptions. Baker & Davies (1989:75) emphasized the "methods of analysing the cultural and social logic behind gender talk in classrooms (and everywhere else in the everyday world) needs to be made available in teacher education programmes and in other educational sites where discourses are gendered". The influence of gender can therefore be subtle. Teachers, for example, can claim to be gender-sensitive yet their talk and actions show that their positions on gender equality might not be consistent or may even enforce attitudes that legitimate gender inequality. Teacher education programmes are necessary in the training of educators in the areas of gender equality, HIV and AIDS and sexuality education.

2.3 SEXUALITY AND GENDER IN SCHOOLS

Sexuality is a major site of gender identity construction as well as being, at the same time, a critical constituent of gender identities. Particularly in adolescence, sexuality becomes one of the places where young people define, construct and perform their gender identities. Until recently it was assumed that sexuality was not an important issue for young children and learners in primary school, but the work of Bhana (2007) and others show that young children are 'sexual beings' and therefore, sexuality needs to be taught in the primary school years. Morrell et. al. (2009:109) argue that the "movement towards gender equity requires many different forces and influences to be working at the same time and over a period of time. Movement towards gender equality is seldom linear and is always tenuous". The HIV pandemic is gendered in its modes of transmission and in its patterns of infection. Gender inequality has been identified as a 'cause' of the pandemic or at least as a driver of the pandemic. My research findings showed that educators had little understanding of sexuality and therefore they chose to ignore teaching this aspect of

the curriculum. The studies conducted by Bhana (2007) and Morrell et.al. (2009) show that most educators were not comfortable about teaching sexuality and sex education in the primary school.

2.4 THE GENDERED NATURE OF HIV AND AIDS

The gendered nature of the HIV epidemic is reflected throughout sub-Saharan Africa. Kimani (2002:2) found that “an estimated 58% of the region’s 26 million HIV positive people are female while 42% of them are male”. Moroney (2002:2) stated that “these frightening statistics are expected to get worse until the disease peaks. However, the projected number of South Africans who will become infected can be limited with the introduction of proper and effective intervention” but seven years have passed and the government’s intervention programmes in South Africa are still not as effective as it ought to be. Whiteside & Sunter (2000:53) predicted that “it is estimated that the natural apex of HIV infections in South Africa will occur in 2010 when approximately 6 million will be infected”.

One of the main indicators is that gender inequality plays out in South Africa in the form of very high rates of gender-based violence and this is transferred into schools by both educators and learners. Because of the HIV pandemic and increased violence against females, it has become important to acknowledge the gender inequality in schools and to highlight and teach about issues of sexuality (including issues of sexual orientation). Tallis (2000:58) believes that “there is a need to incorporate gender inequality issues in HIV and AIDS programmes in a structured way” and suggests that “gender inequality is the primary impediment to HIV and AIDS prevention”. Research in AIDS education has shown that for any preventative programme to succeed in primary schools and in schools in general, it is vital for educators to ensure that HIV and AIDS and sexuality education focuses on gender inequality.

Tallis (2000) also states that gender inequality seems to be the main problem area that is impeding HIV and AIDS prevention. She further states that gender inequality in the broader context encompasses all aspects of life, including attitudes towards sexuality, religious beliefs, cultural practices and poverty. These issues have the potential to increase or reduce vulnerability to AIDS. Morrell et. al. (2009:96), in their Durban-based study, found that “irrespective of race, class, gender and location, the teachers found it difficult to engage with issues of sex and sexuality, but for different reasons”. Bhana (2007:310) also found that “gender, race and class are important in understanding the high levels of HIV prevalence that have affected mainly black South African men and women”. Bhana & Epstein (2007:110) found that “the epidemiological studies of South Africa point conclusively to the gendered and racialized nature of the HIV and AIDS epidemic”. Therefore race and class need to be addressed when dealing with issues of HIV and AIDS. The children are invested in both the pleasures and dangers of sexuality in ways that are gendered and classed/raced and educators need to take cognizance of this in their teachings. Teachers need to be trained in areas of gender, equality, class and race in issues relating to HIV and AIDS.

As with HIV, the views of teachers are important in teaching about gender inequality because teachers are not gender neutral. There is a large literature that shows that teachers can contribute to gender inequality actively (eg by sexually harassing and having sex with girls, by promoting macho school cultures) or unconsciously (by teaching subjects uncritically and not challenging the messages of gender inequality contained within them for example). Inequality affects all members of the school community and manifested in the area of sexuality in homophobia, age, sexual harassment and sexual violence in schools.

South Africa is known to have one of the highest rates of sexual violence. Violence takes many different forms and women bear the brunt (Avert, 2007). According to Smart (1999), cited in Kelly (2000:3), “the lack of adult communication about sexuality issues is

of particular concern when one considers that many school children are in danger of sexual harassment. Reports are escalating about the extent of sexual abuse of children, especially girls, in the 5 – 14 age groups”. Kelly (2000) further points out that in the process of the abuse, many children, especially girls, become infected with the HI-virus and become potential transmitters of the infection to their schoolmates or teachers.

There is a connection between gender and primary school sexuality issues. Although educators teach sexuality from the LO curriculum which promotes gender equality through HIV and AIDS and sexuality education, there is uneven use of this programme by educators. South African schools are required to promote gender equality through the LO programmes to address gender inequality as it is manifested in schools. This study also seeks to examine how teachers interpret this curriculum and how they promote sexuality and gender equality in the HIV and AIDS education.

2.5 PRIMARY SCHOOL EDUCATORS IN THE NEW ERA OF HIV AND AIDS AND SEXUALITY EDUCATION

Educators are faced with more challenges now than in the past due to the rapid spread of HIV and AIDS. They play a vital role in ensuring that HIV and AIDS and sexuality are included in their teachings. Their own behaviour, feelings and attitudes affect learners and colleagues in either a positive or negative way.

2.5.1 EDUCATORS' TRAINING IN HIV AND AIDS AND SEXUALITY EDUCATION

In 1997, the HIV programme was introduced in South Africa because of the high rate of HIV and AIDS infections amongst the young people. The educators who were already teaching in South Africa had never received any formal training in either Life Orientation or Life Skills. To compensate for this, the DOE provided training for one or two teachers per school and they were then expected to train the other teachers at their schools (James, 2002). Moroney (2002:5) stated that “training was haphazard in its

implementation as many schools did not receive this training”. As a result, there is an imbalance in the manner in which primary schools teach HIV and AIDS and sexuality education.

Since many present-day educators did not themselves learn AIDS and sexuality education, they do not feel equipped to teach this learning area. Recent research by Pattman & Chege (2003) has suggested that educators who were asked to teach about HIV and AIDS may experience considerable uneasiness, even embarrassment and/or anxieties about sexuality. Educators generally felt confident to teach subjects that they had qualified in to teach and yet they feel uncomfortable to teach HIV and AIDS and sexuality education. In this context, the required multi-skilled teachers may be interpreted as teachers who are able to teach a discipline, such as mathematics, but are also required to be knowledgeable about and competent to teach and mediate the issues related to HIV and AIDS education to young learners (Coombe, 2003a). Although training is very important, there are many educators who are untrained and yet, still teach HIV and AIDS and sexuality education in primary schools.

Most teachers were self-taught with no formal training, relied primarily on traditional teacher-centered instructional methods, felt uncomfortable and ineffective using peer leaders and role plays, wanted additional training in all subject areas, and perceived others to be supportive (Karl, 2003). Moroney (2002:61) emphasised that “training teachers in Life Orientation is even more vital since any teacher who has been teaching for longer than 10 years has never received any training. Ideally, all teachers should be trained in HIV and AIDS education since it supposedly cuts across all subjects”. With proper training, there is a chance that effective instruction can take place.

In my research, my findings show that some educators were uncomfortable teaching HIV and AIDS and sexuality issues to young learners because they themselves did not receive any formal or informal education on HIV and AIDS and sexuality. Therefore, educators chose not to want to teach sex and sexuality education to young learners. To highlight

these reasonings, Bhana (2007:433) pointed out in her studies that “childhood sexuality functions to produce shame, contempt and disgust by teachers (and adults) and this is a strategic advantage held by teachers to prevent the possibility of linking HIV and AIDS to sex and sexuality and constraining even to teach more comprehensively about HIV and AIDS and prevention in the education programme”. These research findings point to why educators shy away from teaching HIV/AIDS and sexuality at primary schools, mainly because of the lack of training from which stems the knowledge of the subject to be taught.

2.5.2 EDUCATORS’ KNOWLEDGE OF HIV AND AIDS AND SEXUALITY EDUCATION

Educators are required to have more than personal knowledge about HIV and AIDS in order to facilitate the teaching and learning in HIV and AIDS education. Educators, as a minimum, need to have biomedical knowledge about HIV and AIDS together with some understanding of how to engage their learners in HIV and AIDS education. Baxen and Breidlid (2004) point out the assumption that if educators are given the necessary knowledge about skills to teach, the educators can and will teach effectively. These authors found that researchers often focused on the educators as the objects of study instead of taking into account how the educators position themselves within the HIV and AIDS discourse. Baker & Davies (1989:74) found in their research that “many educators genuinely seek to inspire critical, innovative forms of thinking in their students but educators are often trapped by their own technology - the same technology which characterizes teaching more generally and which is routinely passed on to new educators”.

There is limited information available about educators’ level of comfort in teaching HIV and AIDS and sexuality. The knowledge and beliefs of HIV and AIDS education under LO and educators’ knowledge about HIV and AIDS will also be under focus in my studies. Peltzer (2000), cited in Karl (2003:349), found in a survey of black school educators in the Limpopo Province in South Africa, that “scores indicated very poor

general knowledge about transmission of HIV and AIDS”. There is evidence that a poor understanding of HIV and AIDS education by educators has resulted in very slow progress in an attempt to decrease the number of new HIV and AIDS infections in young learners (Human Science Research Council, 2000, cited in Coombe, 2000). In contexts outside of Africa, similar findings have been generated, for example, in a Texas, USA study, it was found that secondary school teachers lacked training and most developed their own lessons for HIV and AIDS and sexuality education. According to Kelly (2000:5) “among teachers, there is a widespread problem relating to teacher knowledge, understanding and commitment of HIV and AIDS education, this is further complicated by the lengthy cascade model for training serving teachers by legitimate concerns about the dilution and even misrepresentation of content, and by the teacher’s dubious status as a role model when she or he may be known to be HIV infected.”

Educators have a profound influence on the learners in their charge. Morrell et. al. (2009: 108) found that “choosing the comfort of a transmission approach to teaching, the teachers avoid engaging the learners in ways that would draw on their knowledge and life experiences, arouse their interest and raise issues directly concerning sex and gender”. Educators of young learners undoubtedly, consciously or unconsciously, impart knowledge, skills and attitudes about everyday living including issues surrounding HIV and AIDS. To perform this responsibility effectively, primary school educators need to be equipped with the necessary knowledge and know-how to provide the essential, appropriate education related to HIV and AIDS. This lack of status for Life Skills/Life Orientation as a subject points to a challenge for HIV and AIDS education in the South African curriculum.

The above literature focuses on training and content knowledge in teaching HIV and AIDS and sexuality education and this cannot be avoided when discussing educators’ views on HIV and AIDS and sexuality education, which is the main focus of my research. Ngcobo (2000) in his finding states that educators were expected to teach HIV and AIDS and sexuality education but this is problematic as the educators themselves went through a

system that did not offer sexuality and HIV and AIDS education and therefore educators were not fully equipped in this area. Educators often lack adequate knowledge of the disease but even when they have sufficient knowledge, many may feel uncomfortable discussing issues of sexuality with students (Karl, 2003).

2.5.3 EDUCATORS' ROLE IN HIV AND AIDS AND SEXUALITY EDUCATION

To emphasize the importance of the primary school educator's role in helping to curb the spread of HIV and AIDS virus, I will highlight the Morrell, et.al. (2002: 11) study in which they argue that "those conducting interventions for this age-group have an opportunity to bring changes to reduce vulnerability to HIV through fostering and developing more equitable, safe, democratic and joyful norms and behaviours. However, an analysis of the content and format of various school-based HIV prevention interventions suggests that the gender components of these programmes are often limited". Educators play an important role in sexuality and HIV and AIDS education in the primary schools by using the AIDS intervention programme which was designed to reduce the number of new infections in young learners.

Educators play a pivotal role in the holistic development of the learners. Educators need to link the daily experiences of the learners to their own acquired knowledge to ensure successful learning takes place. Learners spend the greatest part of their developmental years within a primary school system, hence the educators are strategically placed to disseminate HIV and AIDS education to these primary school learners. Because HIV and AIDS and sexuality education were not previously included in the curriculum, many educators presently find it difficult to see the need to include it in the LO curriculum (Moroney, 2002).

Educators' own beliefs and behaviour shape education differently from the way the DOE may have planned. There are three reasons for this: 1) Teachers may sometimes hold different ideologies from those the DOE wishes to promote in schools, 2) Sometimes,

due to practical problems faced by teachers in the classrooms, they can be forced to adjust to prevailing conditions and dump the ideas that the DOE wants them to promote because they seem ‘impractical,’ [Fuller cited in Lubisi et. al., (1997)] and 3) The educators may have their own beliefs and personal histories which are at odds with or clash with the values that inhere in policy [this is, in fact, what Baxen and Breidlid (2004) argue].

In order to understand the educator’s role in HIV and AIDS education, we need to focus on how educators relate to the LO curriculum (i.e. how they teach HIV education in a primary school). We need to understand educators’ masculinities and femininities and the location of their sexuality in a primary school. It is also important to understand how educators think about and understand sexuality and HIV education in a primary school. Educators develop perceptions through their daily experiences in a gendered community and often in male-dominated environments. However, not all schools are male-dominated. In fact, most primary schools are female-dominated. Educators (male and female) play a vital role in the implementation of the HIV and AIDS and sexuality intervention programmes in primary schools.

2.6 FACTORS INFLUENCING EDUCATORS’ ATTITUDES TOWARDS HIV AND AIDS AND SEXUALITY EDUCATION IN SOUTH AFRICAN SCHOOLS

There are different kinds of intervention in SA and some focus solely on HIV and AIDS while others on sexuality. Some try to prevent infection and some try to prevent stigma. Some focus on biomedical aspects and others on health aspects. As discussed above, research has shown that young people are now becoming more the focus of HIV and AIDS prevention campaigns in schools. Schools should, therefore, be used as a platform to highlight sexuality and AIDS education by using LO educators effectively.

2.7 THE INTERVENTION PROGRAMMES IN PRIMARY SCHOOLS

Educators must, through necessity, move from a narrow ‘HIV education curriculum campaign’ towards a broader ‘HIV and Education’ campaign. A broad multidisciplinary

approach by educators to the pandemic is essential (Coombe, 2002: viii). In addition, educators can also help to shape learners' attitudes towards sexuality and HIV and AIDS. But we must not lose sight of the fact that the attitudes of educators are likely to impact on the effectiveness of these prevention interventions with positive outcomes for HIV and AIDS.

The heads at the UN (United Nations) (2001) highlighted that preventing new infections must remain their top priority. Identifying prevention as a goal is the easy part and what to do with it is the difficult part. Most learners are aware of HIV/AIDS but educators need to move beyond awareness to a deeper understanding of AIDS. According to Webb (1997:28), "in a behaviourist perspective, educators have a vital role to play in children's behaviour. This literature demonstrates that educators have to actively intervene to shape the behaviour of learners. Behavioural change is an absolute must for any HIV and AIDS intervention education to be successful, but this is a long term process". There are no short quick-fix methods in this important life skill of staying healthy and HIV negative.

The issues of learner behaviours and/or their innocence cannot be side-lined when focusing on educators' views on HIV and AIDS and sexuality education. Bhana (2007:438) advocates that "sexual innocence is not the domain of young children but that which is wished upon them by teachers". The above extract clearly indicates that childhood behaviour focusing on innocence is a myth and children do involve themselves in sex-play and have even reported sexual activity to educators. The socio-sexual environment of HIV epidemiology is taking into account the socio-economic indicators which primarily include gender, age, income and status which can provide a framework for the analysis for the variety in perceptions within and between educators. Differences which are shown to be significant can attempt to illustrate not only the social epidemiology of HIV, but the reasons why attempts to stop the spread of the virus are not meeting with major success.

Research thus far on sexuality education and HIV and AIDS intervention programs shows that a lot of interventions carried out by educators are 'very fluid' in the sense that there is much disagreement and uncertainty about the effectiveness of these interventions by educators. Acker (1994:39) explains that with interventions, "teacher expectations and preferences often seem to be sex-specific, although it is not yet clear under what circumstances particular expectations are produced and operationalized in classrooms."

2.8 LIFE ORIENTATION AND EDUCATORS' UNDERSTANDING OF HIV AND AIDS AND SEXUALITY EDUCATION IN PRIMARY SCHOOLS

HIV and AIDS interventions in primary schools focuses on LO and its constituent parts, HIV and AIDS and sexuality education. LO as a learning area was introduced into the primary school's curriculum when Outcomes-Based Education (O.B.E.), the new method of teaching, was introduced in 1996 in government schools in South Africa.

In the last decade, LO has been the subject of interest in educational circles, especially in the area of HIV and AIDS and sexuality education. Casey & Thorn, cited in Moroney (2002:11), state "the original HIV and AIDS interventions that began in the mid-1980s in the USA, Europe, and developing countries (as sponsored by the European Commission), were premised on the beliefs that teaching children knowledge about HIV transmission and the consequences about becoming infected would be sufficient to curb behaviours that transmit HIV", but Moroney (2002) found in her research, however, that this did not prove to be true. She stated that educators realized that while learners must have a strong foundation of knowledge about the disease, knowledge must be complemented with the development of life skills. In 1997, 10 000 teachers were trained to teach HIV and AIDS education in South Africa. Early evaluation of the program showed that it was not an unqualified success as many teachers did not go back and implement the AIDS education programme or those who had attended the workshops did not teach LO (Karl, 2003).

According to Dyasi (1997), in terms of Curriculum 2005, "LO was be a new discipline integrating several efforts in making learners adjust to life in a new South Africa most

effectively”. In the past this was part of school guidance. Even then, as several studies in South Africa and abroad have indicated, guidance in schools has been a neglected area. LO may suffer a similar fate unless an attempt is made to understand what educators think about this subject area. It is important to generate a special interest in treating LO as equal as any of the so-called more significant and more utilitarian subject areas as HIV and AIDS and sexuality education is part of LO.

The introduction of LO into the curriculum in 2005 and the fact that it became examinable at matric level in 2008, gave impetus to programmes that focus on teaching about gender and sexuality as well as to initiatives to improve on gender equality and to combat the spread of HIV and AIDS through the taught curriculum. In this context the message from central government was confused, to say the least. The provincial department also issued materials that could be used with suggested lessons. Teachers could adopt these with or without the training provided to teach HIV and AIDS and sexuality education. Government initiatives were not co-ordinated nationally and President Mbeki’s denialism made implementation even more difficult as he claimed that there was no causal link between HIV and AIDS (Mbali, 2004). These initiatives offered can be seen as indirect interventions for both primary and high schools. Morrell et. al. (2009:94-95) showed how “the seriousness of the HIV and AIDS pandemic and the efforts to contain and prevent its spread opened up the possibility of dealing with sexuality in the LO curriculum and the provincial Department of Education’s materials were an intervention designed, in part, to do this”. Educators need to be well-trained and also knowledgeable in the field of HIV and AIDS and sexuality education in primary schools so that there can be greater success with the HIV prevention programme.

Besides the DOE, the Humans Rights Commission also highlighted the importance of HIV and AIDS and sexuality education in schools, and now focused on the provision of HIV and AIDS education for much younger learners, aged between 7 and 15 (primary school learners). Recently, in 2006, the Human Rights Commission issued a *Report of the public hearing on the right to basic education*. The Public Hearing highlighted key issues that

require addressing for fulfillment of the right to basic education. One of the issues is HIV and AIDS and another issue is the fact that teachers are identified as the most important role-players within the education system. It would seem appropriate that the teaching and learning of HIV and AIDS should be occurring in the Learning Area named 'Life Orientation' in primary schools. LO is where teachers of young learners could support and equip them with life skills. Kollapen et. al, (2006:15) in The Public Hearing report, however, indicated that:

“Experience shows that schools do not adhere to the life orientation curriculum, that specialist life orientation teachers are not used, that teaching is fragmented and often misunderstood, or that the time allocated to it is often regarded as a free period. Furthermore, many teachers are not comfortable with the curriculum due to their own personal values and beliefs. Research indicates that LO is not achieving its objectives. In sum, it fails to be recognized as an important subject.”

Educators play an important role in the implementation of the HIV and AIDS and sexuality programmes in primary school and Kelly (2000), in her research, found that many educators remain unaware that there is an enormous communication gap that they do not perceive about the young people they work with-often learners think differently from educators. In addition to the obstacles noted, one of the most critical problems HIV and AIDS education poses for schools is that educators, in common with the education systems to which they belong, tend to shy away from dealing with the basic, existential issues of child and sexuality. This coyness depends largely on the communities that the educators live and teach in. On the other hand, Webb (1997:28) focused on “how educators in the community respond to the epidemic itself and the ways in which social constructions of the disease reflect wider sociopolitical trends and how these constructions affect the course of the epidemic”.

The positive impact of the Education campaigns have had some success and recent reports suggest a decline in new infections among young people but evidence of the

prevention programmes have also shown that they have limitations such as young people still indulging in unprotected sex and girls still facing gender-based violence. This is due to the fact that the epidemic has not been prioritized, as a result of wider structural concerns, such as violence, poverty, drought and prevailing health problems. Often these influences are varied depending on the communities educators belong to.

2.9 CONCLUSION

The literature reviewed in this chapter provides the theoretical foundation for the presentation and analysis of the research data which follows in future chapters. The role of the educators in disseminating HIV and AIDS information seems to be critical for the success of school-based LO programmes because ultimately educators are the backbone of the HIV and AIDS prevention programme. The views of the educators are not only going to be the key element in implementing Life Skills/Life Orientation but also in developing HIV and AIDS and sexuality curriculum in primary schools. In most areas of concern, the extent to which LO educators were selected by schools was negligible. What constitutes these views include, amongst other elements, the way that primary school educators interpret and view the teaching of HIV and AIDS and sexuality education. It is therefore the purpose of this study to investigate these views, perceptions and interpretations of HIV and AIDS and sexuality education by a group of primary school educators in an urban area. These views will be elaborated in Chapter Four. Having reviewed the literature, it is now possible to discuss the methodology utilized in this study and this will be done in Chapter Three.

3. CHAPTER THREE - RESEARCH METHODOLOGY

3.1 INTRODUCTION

In order to obtain the views of educators on HIV and AIDS and sexuality education, I used a qualitative approach in this research project. Qualitative research is useful in order to delineate the process of 'meaning-making' and accordingly to describe how people interpret what they experience (Merriam and Simpson, 1995). A qualitative approach is concerned with peoples' perspectives of the world and therefore generates insights rather than statistical analysis (De Vos, 1998). The following research questions were designed to generate data relevant to this study:

1. What do educators at CJPS consider to be the (official) reasons for teaching HIV and AIDS and sex education at their school? 'Official' is taken to include National and Provincial policy as well as school policy.
2. What training have the educators at CJPS had in order to equip them to teach HIV and AIDS sexuality education?
3. What are the attitudes of educators at CJPS towards the teaching of HIV and AIDS and sexuality education lessons? Do they consider it necessary or important to teach about these issues?
4. What factors influence the educators' attitudes?

3.2 TYPE OF STUDY

This chapter will describe and justify the research methods used. My study regarding educators' perceptions of HIV and AIDS and sexuality education is based on interviews conducted with eight educators from CJPS. Once the principal of CJPS granted me permission (Annexure A), I approached the eight identified educators in the Senior Primary phase (my sample, discussed below) to be interviewed. The senior primary phase consists of 14 educators. Six of these educators do not teach life skills which is the subject in which sexuality and HIV and AIDS education is taught and therefore there was no reason to interview them. This left me with eight educators each of whom I interviewed. The Senior Primary phase consists of learners in grades 4 to 7 who range

from nine to fourteen years of age. Once the selected participants agreed to be interviewed, the interviews were scheduled at a time suitable for the researcher and participants. All interviews were recorded for encoding purposes. I thereafter analysed the data quantitatively.

3.3 THE RESEARCH SITE

This research project was conducted in May 2007 at CJPS, a pseudonym for the school. It is a co-educational, ex Model C School in the greater Durban area. This was a school formerly reserved for exclusive white use under the apartheid system but which opened up to all races in 1994. It prides itself on providing education of a high standard. It provides holistically for the learners and it keeps up with modern educational changes (curriculum changes, coaching methods etc.). CJPS has 466 boys and 374 girls with a total of 840 learners. Although CJPS caters for middle class families, there are a small percentage of learners who hail from working class (or unemployed) families who live in a nearby government housing complex. CJPS prides itself on having good facilities and an excellent academic curriculum. There are eight grades (including the Reception Class) and boasts twenty-four classes. The following learning areas are taught at CJPS: English, Afrikaans, Zulu, Mathematics, Natural Science, Technology, Art and Culture, Life Orientation (LO), Social Sciences and Economic Management Sciences. CJPS has a multi-racial staff of 32 educators and is a well-run school, which represents the demographics of the present day learner population. In essence, new laws (in the post-apartheid era) have slowly welcomed educators and learners from the various race groups which are in keeping with transformation laws of South Africa.

There were four main reasons for choosing this school. The first is that I am an educator and CJPS is close to my home and therefore, it was a convenient research site and did not pose difficulties of access. The second reason for choosing this particular school is that my research warrants a school in an urban area and CJPS is well-suited for this purpose. Thirdly, I have a sound knowledge of the school because I had done the necessary background 'research' before placing my own children at this school. I am

also aware that the staff is adequately qualified as they deal expertly with academic issues and they have a strong academic climate. The last reason was that sexuality and HIV education currently feature in the school timetable so I was able to engage with the school's educators in my chosen area of interest. This meant that the school was selected on the basis of its typicality, location and accessibility, and in this way the sample was based on specific needs (Cohen & Manion, 1989).

3.4 THE SAMPLE POPULATION

In my research study, educators teaching Life Orientation in the senior primary phase were chosen as key informants to study educators' perceptions of the teaching of HIV and AIDS education by means of semi-structured interviews. Research has shown that sample population is vital to ensure that research is successful and the best possible way to do this is by using purposive sampling. Purposive sampling is the most important kind of a non-probability sampling. The advantages of non-probability samples are that they are less complicated and more economical in terms of time and financial expenses. Huysamen (2001:43) highlighted "the use of purposive sampling allows the researchers to rely on their experience, ingenuity and/or previous research findings to deliberately obtain participants in such a manner that the sample obtained may be regarded as representative of the relevant population".

Eight senior primary educators were purposively chosen as they all taught LO in the Senior Primary phase and were in fact collectively and individually responsible for the delivery of sexuality and HIV education to the senior primary learners at the school. Once the sample had been chosen, each participant was invited to participate and asked to fill out a consent form (Annexure B). They were informed as to the nature of the study and the use of the data supplied before data was collected from them. Huysamen (2001:37) pointed out that "population validity refers to the extent to which the results obtained for a sample of individuals may be generalized to the population to which the research hypothesis applies. The degree of the population validity achieved depends

exclusively on how representative the sample is of the population from which it has been obtained”. Consequently, I have to rely on the data obtained for a sample from the population. These issues will be discussed in Chapter 4.

Although I wanted to have two educators from each grade, I found that Respondent 2 taught across all four grades. As a result my sample was made up of Respondent 2, two grade seven educators, two grade six educators, two grade five educators and one grade four educator. There was an unequal representation across gender and racial lines as they comprised of one African, one White and six Indian teachers and were made up of three males and five females. According to the educators’ availability for their interviews, they were as follows:

Respondent 1 – An Indian female, 47 years old. She has been teaching for 27 years and has been at CJPS for 10 years. She has taught LO for 6 years. She is presently a grade 7 form class educator (a teacher who is in charge of that class).

Respondent 2 – An African female, 45 years old. She has been teaching for 21 years but has only been at CJPS for a year and a half. She is an educator with no form class and was allocated to teach HIV and AIDS education to 7 out of the 14 senior primary classes and teaches Zulu as a second language to some of the grades in the senior phase.

Respondent 3 – A 56 year old White female who has been teaching for 22 years. She has been teaching for 18 years at CJPS. She has been teaching LO for 9 years and is presently teaching LO only to her own class, grade 5.

Respondent 4 – An Indian male who is 38 years old and has been teaching for 17 years. He has been at CPJS for only 18 months. He is a grade 4 educator who teaches LO to his form class. He has been teaching LO for 5 months.

Respondent 5 – An Indian male who is 39 years old and has been teaching for 18 years. He has been at CJPS for 5 years. He is presently teaching LO to his Grade 6 form class. He has been teaching LO for 17 months.

Respondent 6 – An Indian female who 45 years old and has been teaching at CJPS for 8 years. She is presently teaching Life – Orientation to her Grade 6 form class. She has taught for 23 years.

Respondent 7 – An Indian female whose first appointment was at CJPS and who has now been teaching there for 4 years. She has taught LO for the last 4 years. For her first 3 years of her teaching she was given more LO classes to teach across the senior primary phase although her major was physical education and science.

Respondent 8 – An Indian man, 41 years old and has been teaching at CJPS for 6 years and taught LO for 3 years to his grade 7 form classes. He has taught for 20 years.

3.5 THE RESEARCH INSTRUMENT

I decided to use a semi-structured interview schedule (Annexure C) as my research instrument as it would enable me to gain clarity on any question or issue if the need arose. According to Ely (1993:58) “every interview has a structure. The difference lies in how that structure is negotiated. For some interactions, the strategy is predetermined. For others, it is shaped in the process.” The process of ‘face-to-face’ interviewing is undoubtedly the most common method by which qualitative data is collected in educational research, (McKay, Messner and Sabo, 2000). Cohen et. al. (2000:248) believed that “the semi-structured interview sets the agenda but does not presuppose the nature of the response”. In choosing the semi-structured interview instrument, the participants were not restricted in answering questions as it allowed for flexibility in the process of interviewing. Between the completely structured interview, on the one hand and the completely unstructured interview on the other hand, various degrees of structures are possible. Interviews between these two extremes are usually called semi-structured. Instead of an interview schedule, interview guides are sometimes used in semi-structured interviews.

According to Huysamen (2001:145) “the latter involves a list of topics and aspects of these topics (not specific questions) which have a bearing on the given theme and which the interviewer should bring up during the course of the interview”. Although in my research all respondents were asked the same question, I adapted the formulation, including the terminology, to fit the background and educational level of the respondents. The questions used in my interview schedule were simple, straight forward

and required answers of a personal nature. The semi-structured interview is suitable when the topics are of a sensitive nature which was the case with my research topic. It required participants to answer questions on their personal views on issues of HIV and AIDS and sexuality. Huysamen (2001:175) states that, "The individual with whom unstructured interviews are conducted are usually obtained by means of purposive or snowball interviews. Often preference is given to key informants who, on account of their position, and teaching experience, have more information than regular group members and/or are better able to articulate this information". My research, therefore, was done through the semi-structured interviews with educators who taught LO.

Interviews have some advantages over questionnaires. The format of my interview schedule (Annexure 3) was more flexible and I was able to elaborate on questions that were confusing or needed more clarification. In a semi-structured interview, there is an option of varying the sequence of questions if it seems appropriate for a respondent. The strengths of my interview were in the skilful use of probes that also yielded additional information very tactfully about the research topic. Finally, the researcher established an excellent rapport with respondents that resulted in a sense of trust and produced more revealing responses than would have been possible with questionnaires.

The major instrument used in my research was an interview schedule which comprised key questions which outlined the main themes of my research topic. Each key question was followed by sub-questions which ensured educators elaborated further on their personal experiences. These responses supplemented and shed more light on the key questions. According to Cohen et. al. (2000:297) "the semi-structured interviews may use a combination of open and closed questions". The semi-structured interview schedule used in my research had both closed and open ended questions. The open-ended questions provided flexibility and allowed me to probe the responses of the educators interviewed. This method also allowed the respondents and me to clarify

misunderstandings which resulted during the interviews. All the respondents answered the same questions thus increasing the comparability of their responses. The researcher guaranteed total anonymity so that the respondents could be honest with responses.

3.6 COLLECTION OF DATA

The sole source of my data was the interviews conducted with the eight educators and in this way information from the educators were generated. I conducted interviews mindful of their complexity. The importance of the interview is asking questions to elicit information or opinion. By asking research questions, I gathered data on the educators' understanding of teaching HIV and AIDS and sexuality education.

The semi-structured interviews conducted in May 2007 were held in a familiar, comfortable atmosphere in a relatively quiet area in an office in the school where the interviewees felt comfortable and were familiar with the environment. I interviewed each respondent, which lasted approximately 45 minutes. I informed the participants that their interviews would be recorded. As a researcher, I tried to put them at ease by reinforcing the fact that their responses would, in no way, be associated with them as they would be referred to as respondent 1, respondent 2 etc. when I would be analyzing the data. This "clause of confidentiality" for both the educators and the school helped the interviewees to feel more at ease. I also thanked them for making themselves available for the interview.

I adopted a relaxed style of interviewing, allowing the participants the opportunity to answer many open-ended questions and in this way got them to 'open up'. I gathered information for my key questions by interviewing the selected participants individually and at suitable/convenient times during May 2007. I began the interviews in a friendly, but purposeful manner. I ensured that the participants were free from anxiety so that they did not feel intimidated by the mere fact that I would be "questioning" and recording them.

The responses were recorded and notes were made about gestures, which were useful later during the data analysis. Then I transcribed the information verbatim and analysed it by using coded numbers and colours. The recordings were played again and simultaneously I read the transcripts several times to get some idea on the content. The information collected was classified under the following headings:

- understanding the reasons for teaching HIV and AIDS and sexuality education,
- impact of teacher training on the teaching of HIV and AIDS and sexuality education,
- attitudes of educators towards the teaching of HIV and AIDS and,
- sexuality and other factors that influence the teaching of HIV and AIDS and sexuality education.
- the official reason for teaching HIV and AIDS and sexuality education and policy documents.

I proceeded to interpret the data, organize and analyse the information so that it answered my research topic meaningfully.

3.7 LIMITATIONS

There were two types of limitation that impacted on the findings of this study. The first relates to conditions under which the data was collected, the second relates to the claims that can (or cannot) be made on behalf of my findings.

I encountered some noise and disturbances from learners who just barged into the office used for the interviews. The intercom came on a few times and disrupted the interview process. Limitations seem to be a common factor that most researchers face and often have to deal with it, as best as they can. Another limitation in my research was the sensitivity of my topic because the questions focused on, among other things, their personal experience and on their attitudes towards sensitive issues. Race was also a factor because only Respondent 2 (African educator) spoke about her personal experiences with family members who were HIV positive and the remaining seven

educators did not have personal experiences with someone with AIDS to share in their interview. This to a certain extent could also mean that the seven educators might have held back on their experiences during their interviews. Often research has shown that respondents may be tempted to gloss over their experiences or behaviours and this is a limitation itself. As a colleague and a fellow teacher I also share/agree on some issues but I am divided from the respondents as I am just getting information and cannot share or influence their responses. Recording the interview did hinder the educators' responses because they did not want to elaborate at times and tried to give short answers. Only eight educators were interviewed and, therefore, these research findings might not be fully representative of primary school educators. Regarding the limitations that pertain to the interpersonal aspect, I, as an Indian woman, am more likely to get unrestrained responses from women of a similar age, ethnic and religious background than I am from somebody of different race, language, religion, age and gender.

3.8 ETHICAL ISSUES

In the process of developing the research design it is also important to consider the ethical issues associated with the research, i.e. whether the research design is socially and morally acceptable. The best approach, according to Gratton and Jones (2004) is that of informed consent.

Consent is an important ethical issue in my study and, therefore, it was obtained from the participants, in the form of a letter (Annexure 2). The respondents were given the right to withdraw from the study at any time but since I only interviewed them once, this wasn't a major factor. The participants were informed of the purpose of the study and the process of the data collection. Coercion was not used under any circumstances to ensure participation in any way. Through informed consent, all participants were informed that only I would have access to the research data. I assured them that once the data was collected, no one would have access, unless authorized to do so. The participants were informed that their names would not be used instead the anonymous

description of 'respondent 1', 'respondent 2' would be used to identify individuals in the data analysis. I approached the sensitive and controversial issue in my research schedule carefully, ensuring confidentiality of the educators.

This research project was modest in scope and in reality, no ethically challenging issue emerged in the research process. For example, no teacher raised issues of HIV status in the school (either personally or in relation to members of the school community) and I did not have the difficult decision of how to handle delicate information. No criticism of the school's policy towards and implementation of LO as it related to HIV and sexuality education was made so I was not required to exercise ethical judgement about whether to share the finding with the school authorities or not. In short, the project paid careful attention to ethical issues but was not impaired or limited thereby, nor was any harm done to any of the informants.

3.9 CONCLUSION

The chapter describes how I came to conduct a research project at CJPS, how I selected informants and what research instruments and modes of analysis I used. My study was designed to obtain the views of different educators concerning the delivery of HIV and AIDS and sexuality education in the school. In the next chapter, I present my research findings.

4. CHAPTER FOUR - FINDINGS

4.1 INTRODUCTION

This chapter presents and analyses data that I gathered at CJPS from semi-structured interviews with educator respondents around the issues of HIV and AIDS and sexuality education at the school. The chapter is organised around the four research questions outlined in Chapter One. It explores how teachers view HIV and AIDS and sexuality education, the policies that the school has and the types of training that educators have been through in relation to HIV and AIDS and sexuality education. In analyzing this information, I identify those policies and practices that are effective and those that are not.

The chapter is structured around the following questions:

- What training have the educators at CJPS had to teach HIV and AIDS and sexuality education?
- What do the educators at CJPS consider to be the (official) reasons for teaching HIV and AIDS and sexuality at their school? ('Official' policy is taken to include National and Provincial policy as well as school policy.)
- What is the primary school educators' understanding of HIV and AIDS and sexuality education?
- What are the attitudes of the educators at CJPS towards the teaching of HIV and AIDS and sexuality education?
- What factors influence the educators' attitudes in teaching HIV and AIDS and sexuality education?

The methodology that I used in analysing the above has been set out in Chapter Three, where I acknowledge that my analysis is coloured by my experience as an educator.

HIV and AIDS education has become an established part of the school education curriculum. Although the rate of new infections has dropped, the efforts to raise the levels of awareness about HIV and AIDS especially in the educational sector continue. Fortuitously, HIV and AIDS education presents the opportunity to promote gender equity and awareness of sexuality and sexual rights. The onset of the AIDS pandemic has foregrounded the need for sexuality education and the promotion of gender equality (as reflected in the Constitution) in schools, but the success of HIV and AIDS and sexuality education depends on the skills, sensitivity and commitment of educators. The Department of Education has put in place a policy to ensure that all schools, both primary and secondary, teach HIV and AIDS education. In teaching HIV and AIDS, educators are required to teach about sexuality in relation to learners' behaviours in order to reduce the number of people getting infected. This promotion of AIDS awareness began with the training of educators in the new subject Life-Orientation (LO), with much emphasis being placed on HIV and AIDS and sexuality. For LO educators to teach learners about HIV/AIDS, they needed to be trained by the DOE or at tertiary institutions, to use their own experiences, and to be informed by colleagues or guided by documents. One measure of whether or not an educator would be able to deliver successful lessons on HIV and AIDS is if he/she has been trained to do so.

There were at least two kinds of pre-service training, namely, a University education or training in a College of Education. (These colleges were closed down after the year 2000 and incorporated into Universities). In addition, there is a range of in-service training programmes, including those delivered by the DOE and various NGOs. Only a handful of educators are trained, and they are supposed to go back to their schools and train their colleagues. There are eight LO educators who teach HIV and AIDS education in the senior primary phase at CJPS. Only two of the eight LO educators had received training by the DOE in HIV and AIDS education. At CJPS all classes receive one hour a week of HIV and AIDS education in the third term.

On the composite time-table, two hours are allocated to Life Orientation lessons of which one hour is allocated to physical education and the remaining hour is shared for teaching themes relating to health, and personal and visual development. The effect of this arrangement was evident when Respondent 4 asserted that HIV and AIDS education was not being taught in the junior primary (JP) phase. He noted that “the learners knew very little or nothing at all on AIDS when they came to grade 4 and this was proof enough that the JP phase did not formally/informally teach HIV/AIDS education”. Curiously, HIV and AIDS education does not appear on the JP time-tables. Respondent 4 was adamant that HIV and AIDS education should start in the JP phase with age-appropriate information/topics on HIV and AIDS education. In this way the learners will have a better understanding of HIV and AIDS from a younger age.

In the section below, I will summarize the responses of the 8 educators interviewed; focusing on the training these educators had received to teach HIV and AIDS and sexuality education in a primary school.

4.2 TRAINING TO TEACH HIV AND AIDS AND SEXUALITY EDUCATION

Only 2 of the 8 LO educators were trained to teach HIV and AIDS and sexuality education. All of the educators interviewed are between 38 and 56 years old and have had 3 years of educator training except for Respondent 7, who had four years of training. In completing a 3-year Education Diploma, one specializes in a specific subject area. The educators in this study had not been trained to teach LO or HIV and AIDS and sexuality education as their areas of specialisation, although this is now one of their classroom responsibilities.

These educators, prior to 1996, were responsible for teaching their specialist subjects only. Due to changes in the educational curriculum, they are now expected to teach HIV and AIDS and sexuality. Only two educators, Respondent 1 and 2 were comfortable with

teaching HIV and AIDS and sexuality education mainly because they were trained in this learning area. The other 6 educators taught LO only because the school needed to staff this area of the curriculum.

Unlike subject specializations, CJPS did not consider the suitability of teachers to teach life-skills, HIV and AIDS and sexuality education. At CJPS, form educators were given the task of teaching HIV and AIDS education as a filler subject on their time-table to make up the required contact time educators need to spend with the learners. Respondent 8 had stated that “I taught LO for the very first time because there was a need for me to teach an extra hour in my class. I was told to teach LO as this was the only learning area that was being shared by the teacher in charge of LO and form educators where necessary”. This might not be the only reason why form educators were given LO to teach. I can only assume that the thinking behind this could also mean that such an allocation may have to do with the special relation that form educators have with their learners opening the channels of communication for learners.

4.2.1 What training have educators had for teaching HIV and AIDS and sexuality education?

In this section the educators were asked the following question: “More specifically, can you tell me what training you have had in HIV and AIDS and sexuality education?” The LO educators are supposed to have had some LO training in the appropriate learning areas. Trained LO educators are also supposed to have further training in the sub-areas of LO, one of which is HIV and AIDS and sexuality education. Some of the respondents had indeed obtained some training through workshops organised by the provincial DOE in LO which also included HIV and AIDS and sexuality education. The educators who had not received training are still expected to teach HIV and AIDS and sexuality. How well these educators teach this learning area could not be measured as I did not sit in on their HIV and AIDS and sexuality lessons. Some educators received training a long time ago and did not feel that this was sufficient, adequate or sufficiently current for them to be

able to assume any authority in this area. However, they were still expected to develop and deliver a curriculum to learners around issues of sexuality, as is evident in the responses below.

Respondent 1's response was "I attended a 3 day workshop 6 years ago on HIV/AIDS at the International Convention Centre (ICC) run by the department of education. It was very fruitful and practical but it was very basic training with just a few ideas". This gave me the impression she was not really impressed with the level of training. Respondent 1 (an Indian female) was chosen because she was in charge of Life Orientation for the senior primary phase, prior to Respondent 2 being appointed at CJPS. She also planned and taught HIV and AIDS education to grade sevens.

Below, I provide further evidence of educators receiving minimal training but assuming positions of authority in controlling and teaching sexuality education.

Respondent 2 (an African female) stated that she "did go for a few AIDS workshops at my old school. But this year, I went for one week and I gained a lot. The training was so much [long] and some of them [trainers] were so good. They trained you by yourself [so that you could train other educators]". Respondent 2 (who has isiZulu as her first language) was prepared to be interviewed in English. Respondent 2, who was employed at CJPS in January 2006, was given charge of teaching Life-Orientation in some of the grade 4, 5 and 6 classes in the senior primary phase. She had attended a few meetings prior to coming to CJPS (she could not specify how many meeting she had attended) but indicated that she was trained for one week when she attended a workshop while being employed at CJPS. Respondent 2 is now in charge of HIV and AIDS education at CJPS and teaches 7 of the 14 classes in the senior primary phase.

My interviews revealed that educators received indirect training in sexuality and HIV and AIDS via other forms of training. Respondent 7 stated "I went for RNCS training where we did get some training in the teaching of Life Skills. Yes, they did mention HIV and

AIDS but it was not in-depth. They just did the basic things on how to teach the children and they advised us that it is important in primary school that children learn about AIDS so that in high school and tertiary level they will be equipped. I did not research this topic [HIV and AIDS] as yet because I haven't looked at any documents as yet and I don't have a booklet to teach from as yet".

Respondent 8 had studied for his Honours Degree, which had covered aspects of HIV and AIDS and sexuality, but he had not received training in HIV and AIDS education from the DOE or via the school. Respondent 8 said "I haven't been trained to teach Life Skills as such but while studying for my Honours Degree in Education, HIV and AIDS and sexuality was covered quite extensively in Social Justice (a subject in the UKZN Honours programme). So I am sure that could be considered as training". Although Respondent 8 had an excellent understanding of HIV and AIDS and sexuality, his teaching skills would have to be adapted to suit a primary school level, with age-appropriate lessons. He did not come across as being comfortable teaching HIV and AIDS and sexuality education.

Respondents 3, 4, 5, and 6 had not been trained in HIV and AIDS education but are teaching this learning area. Reference is made in the HIV and AIDS policy to educators' being sensitive to and being equipped to deal with confidential issues (DOE, 1999). However, very few educators at CJPS have been trained specifically to undertake this work. This pattern is not exclusive to CJPS, as other researchers show that a similar pattern prevails in other schools. James (2002:175) observes that problems such as the "lack of adequate initial teacher-training and on-going teacher support" might have contributed to the poor implementation of the HIV and AIDS and sexuality education programmes at schools. So, too, Coombe (2002) found in a survey of teacher training programmes offered by universities and colleges in South Africa in 2001 that the introduction of the Life-Skills curriculum was very slow. The statement still applies in 2009 as many educators have not yet been trained in HIV and AIDS education.

Although the educators at CJPS are teaching HIV and AIDS and doing the best they can, they certainly lack adequate training and on-going support from the DOE. The training being done by different institutions might vary in content and structure; therefore there will be a difference in the manner in which educators are trained by the different institutions. Their content matter would also vary. I cannot really prove that the lack of training impacts negatively on the manner in which HIV and AIDS education is delivered, as educators have indicated that they used their own knowledge of HIV and AIDS to teach their lessons. However, those educators at CJPS who had been trained were more enthusiastic about teaching HIV and AIDS than those who had not been trained. Similarly, Bhana et. al. (2006) found in some Durban high schools that, in spite of the lack of training, support and rewards for the multiple demands the teachers faced, they did perform their care work in HIV and AIDS education.

4.2.2 How has the Department of Education's training programmes impacted on your teaching of HIV and AIDS and sexuality education in the primary school?

Only a handful of educators have been trained in the area of HIV and AIDS and sexuality education throughout South Africa. Educators who have not been trained are still willing to teach HIV and AIDS and sexuality education, and their self-taught knowledge might make up for the lack of training. Nevertheless, all of those at CJPS expressed their desire to be trained. Of those who had not been trained, Respondent 7 commented "I didn't have any special training and some of the information came from the documents while most of my knowledge came from watching TV and reading the newspapers and books. Just getting to know what's going on around us is important. I did go on my own to get information because when we plan, it depends on the individual teacher". Respondent 8 stated "I am not sure about the DOE's training programmes. I have not had the opportunity to go for training and I am sad that I did not go as yet. I have no idea what it entails and it has made no impact on me as I teach from the programme that the school had bought the workbooks and from my own knowledge". The evidence here shows that those who haven't been trained have missed out only to a certain degree or they think they haven't missed out as they have not interacted with the documents.

Respondent 1 said “It [the training] has had a positive impact and I’m now more confident to talk and use certain terminologies like sex, intercourse etc. In trying to get the learners to talk about these terms was difficult on my part and initially they giggled. But the training has made it easier for me to talk to them. Over a period of time it got better”. Respondent 2 stated “I did benefit from the training and now know what to teach the learners in HIV and AIDS education. It has made me wiser”. They believe that the training did have a positive impact on them.

Those educators at CJPS who had been trained felt confident to teach HIV and AIDS education, while the others just went about teaching it as the need arose. Gender was not a particularly visible element in the content of the teaching although the principal seemed to have responded to the need for gender equality by choosing 2 female educators to attend the training in HIV and AIDS education. There are no structures in place at either the provincial or the national level of the DOE to help educators in the area of HIV and AIDS education and there are very few support services to help educators in the area of sexuality education. Moletsane (2003) found that the education system, including the educators, are ill-prepared to address the special educational needs of the infected and affected. Providing better training, information materials and preparation for educators is a major priority. There are many educators at CJPS who were not properly or full trained. As the evidence shows that all LO educators at CJPS are teaching HIV and AIDS education I conclude, for lack of evidence to the contrary, that in some cases this might have had negative effects on their mastery of content, but in other cases it might have had little negative effect.

4.3 POLICY TOWARDS HIV AND AIDS AND SEXUALITY EDUCATION: EDUCATORS’ ATTITUDES

The performance of educators may be affected by school, provincial and national policy. After all, these policy documents are designed to direct and guide their work. While this section does not examine the policies in detail, it seeks to establish if teachers actually know of the various policies, and assesses the extent to which policy has guided teacher

attitudes towards their HIV and AIDS and sexuality education teaching. In this section, the interviews were structured to answer the question: “What do educators at CJPS consider to be the (official) reasons for teaching HIV/AIDS and sex education at their school? ‘Official’ is taken to include National and Provincial policy as well as school policy”.

4.3.1 School policy on HIV AND AIDS and sexuality education

The school does have an HIV and AIDS policy, which is rather long and can be viewed as Annexure D. I will briefly highlight some of its important aspects: “HIV and AIDS and sexuality, morality and Life-skills will be implemented and provided by the institution to learners – to provide them with healthy morals and guidance regarding sexual abstinence until marriage... the constitutional rights of all learners and educators will be protected on an equal basis... If a learner with HIV and AIDS becomes incapacitated through illness, the school will make work available to him/her for study at home... Educators will ensure that learners acquire age and content appropriate knowledge and skills in order to adopt and maintain behaviour that will protect them from HIV and AIDS infections”. (CJPS’s school policy on HIV and AIDS education, 2004. Annexure D)

4.3.2 Educators’ attitudes towards the school’s HIV and AIDS and sexuality policy

Respondent 1 (who was previously in charge of LO) stated that “the school does have a HIV and AIDS policy and it is in place for the last 4 years. I was one of the educators who attended the workshop and therefore was asked to draw up the Life Orientation programme and HIV and AIDS policy”. Respondent 1 was the only educator interviewed who had seen the HIV and AIDS policy. Respondent 2 (the educator who is now in charge of Life Orientation) stated “yes they have one but I might not have seen it”. Even though the school has a policy, most of the educators are not aware of it.

Respondent 7 was very doubtful and it seemed to the researcher that she did not want to let the school down when she stated “I am aware that there was one because there were

grade 5 and 7 educators who went to a workshop and they had to have a policy document. When the DOE officials come to our school, they will check to see if the school had a policy on HIV and AIDS. I was told that there was one but I have not seen it as yet”.

Respondent 1 (the grade 7 leader) was instrumental in drawing up this policy by herself. As the other LO educators have not read this policy, their HIV and AIDS lessons are unlikely to adhere to it. The policy looks good on paper and seems to be in line with national policy documents, so it is sad that the educators haven’t read it. It could serve as a guideline that would set the tone for the teaching of HIV and AIDS education at this school.

4.3.3 Provincial and National policy and documents on HIV and AIDS and sexuality education

The official reason according to the DOE (1999) for teaching HIV and AIDS education is because of the seriousness of the pandemic and the failure of strategies thus far in reducing the rate of new HIV infections. As discussed in Chapter Two, there is a National Policy governing the teaching of HIV and AIDS to learners and educators in public schools, students, and educators in further education and training institutions. A brief description of the National policy (1999:20), is as follows: “Despite of the seriousness of the HIV/AIDS epidemic, international and local evidence suggests that there is a great deal that can be done to influence the course of the epidemic, The Ministry is committed to minimise the social, economic and developmental consequences of HIV and AIDS to the education system, all learners, students and educators, and to provide leadership to implement an HIV and AIDS policy. This policy seeks to contribute towards promoting effective prevention and care within the context of the public education system”. This policy document serves only as a guideline and schools are to adapt it to the context of the communities they serve. The CJPS educators interviewed had no knowledge of HIV and AIDS policies at school, provincial or national level.

4.3.4 The educators' attitudes towards the National and provincial policy and documents

Not all LO educators at CJPS had the HIV and AIDS documents necessary to support their teaching of LO. Only two educators (Respondents 1 and 2) had documents from the DOE on HIV and AIDS education. The reason that these two educators at CJPS had the documents was that they had been selected by the principal to attend the HIV and AIDS workshop where they received the documents. Respondent 2 said "Yes I was the lucky one to be nominated to go for the HIV and AIDS training. I went by myself and yes I got them both [the documents]". Given the fact that the educators had found the workshops interesting and helpful, they thought they knew what had to be taught in the HIV and AIDS lessons. I cannot say for certain that these educators would not have found the documents helpful, because they had not read them. This is evident in Respondent 1's statement: "I will be lying to you if I tell you that I have read all the documents but I have paged through them. There were lots of documents that were given and I think that there are more provincial documents".

The responses above reflected that those educators were not sure if the documents were national or provincial or both. It is important that schools have the HIV and AIDS policy documents, because when officials visit the school, they ask to see them. This is seen in Respondent 8's response: "With the whole school evaluation it has become compulsory that every school have a policy for every aspect of the school. The school has now drawn up a policy for HIV and AIDS but I have not seen this policy. We must also have all the policy documents from the DOE". The remaining 6 educators who were interviewed did not have access to nor had seen the documents. Respondent 3 was "Not sure if we do have one" and Respondent 5 stated "I will be lying if I told you we have one".

The fact that the documents have not been made available suggests that neither the teachers nor the school has prioritised HIV and AIDS education. Alternatively they might think that HIV and AIDS education is important but have their own approach to it, which ignores official documents. The school has its own general education programme

called OBE Plus (which is supported by educator and learner workbooks which do not emanate from the state) and this is what the educators were using. They were presenting HIV and AIDS lessons from this programme, which might or might not be in line with the National policies. The researcher did not review the workbooks to compare them. If the educators were using this programme then it must be in line because all public schools are obliged to follow government's documents which outline the learning outcomes and assessment standards for all learners. Because there has been no firm guidance from the DOE, the management and educators have felt that this programme was sufficient, and the educators were grateful to have something to work from.

In conclusion, it is clear that most of the educators had not seen the key national or provincial policy documents, nor had they seen or taken cognisance of the school policy yet they are committed to teaching HIV and AIDS and sexuality to the best of their ability at CJPS. The school teaches HIV and AIDS and sexuality education, it devotes resources to this (8 teachers) and it has an HIV and AIDS policy. These suggest that HIV and AIDS and sexuality education is taken seriously at CJPS.

4.4 PRIMARY SCHOOL EDUCATORS' UNDERSTANDING OF HIV AND AIDS AND SEXUALITY EDUCATION

The following section is important in that if educators understand HIV and AIDS and sexuality then this will have positive spin-offs in their lessons in the class. The attitudes, culture, gender and ages of educators will influence the manner in which they teach. The following questions therefore enabled the researcher to get an in-depth idea of how the CJPS educators viewed HIV and AIDS and sexuality education.

4.4.1 How do you teach HIV and AIDS?

Information attained via the interviews revealed that HIV and AIDS education is not linked/integrated to the other learning areas in CJPS. Respondent 5 stated that he "taught HIV and AIDS education in term three and for one hour a week". Respondent 1 felt she "could never cover the entire HIV and AIDS programme in one term and it should be on-going". These statements suggest that HIV and AIDS is not taught according to

national policy, which states clearly that HIV and AIDS education must be taught continuously at school and must be integrated into all learning areas. It is clear that the CJPS educators are experiencing difficulties in trying to teach HIV and AIDS in just one term because the topic is too vast. Had they read the DOE policy documents and abided by them, they might not be attempting the burdensome task of finishing the programme in one term.

Respondent 7's understanding of HIV and AIDS education focused on how "Children become sexually active at a very young age because they are exposed to it [sex], even in their own homes. You have to tell them how they can contract it [HIV] and some of their parents probably have it [AIDS]. They need to know how to cope and deal with it and sometimes without proper education and proper knowledge you can't cope and handle things. As educators we need to make it clear to the children and give them some helpful guidelines on how they should help and deal with AIDS". This respondent had a fairly good idea of what HIV and AIDS education should involve and focused on what should be taught to the learners and how they would be able to protect themselves, but this is only one aspect of HIV and AIDS and sexuality education.

Respondent 3 was adamant that educators must "teach those [learners] in moderation and according to their ages. Knowledge has to be age specific. AIDS is now a global problem and therefore there is an important need to teach learners about HIV and AIDS as it affects all people". She also emphasized the importance of starting HIV and AIDS education from a very young age and ensuring that information and lessons on HIV and AIDS were age-appropriate. She touched on the need to teach youngsters how to live healthy lives and the importance of appropriate behaviour. She felt that this would help lessen the risks of learners being infected with HIV and AIDS. This motivation doesn't come from an understanding of what is going on at the school but from a distant understanding of the pandemic.

Respondent 4 said that “in a grade 4 class basically I introduce and explain what HIV and AIDS is generally”. All of the educators interviewed had a core understanding of HIV and AIDS education but focused only on one or two aspects. They ensured that the learners knew what HIV and AIDS was all about and thought that the information needed to be age-appropriate.

4.4.2 What do you understand by the term “sexuality education”?

The most “advanced” view now is that we should call it sexualities (plural) education to indicate that there are many forms of sexuality. Each educator interviewed had a different understanding of sexuality education and it seemed to the researcher that their understandings were shallow when compared with the National policy on HIV and AIDS and sexuality education. Reference is made to this policy in Chapter 2. Sexuality is an integral factor in the development of gender identities, and relates to how boys and girls understand themselves and are understood by others. (SIECUS 1991) cited in Life Skills and HIV/AIDS Education Programme (1998: 69) emphasis that “Sexuality Education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, and affection, intimacy, body image, and gender roles”. From this meaning it is clear that sexuality education involves much more than just teaching about sex. Sexuality education is on-going and is taught so that learners can make responsible, wise and informed choices about their bodies, feelings, beliefs, values, fantasies, behaviours, relationships etc. It should start at home and continue throughout a child’s schooling (Vernani & Frank, 1998).

Sexuality education should be taught if we want any success with HIV and AIDS education. One cannot be taught without the other. This section will discuss the CJPS educators’ understanding of sexuality education, which was unimpressive. Each of them highlighted only one aspect of sexuality. For instance Respondent 8 equated the content of sexuality education with “how boys see themselves as boys and girls see themselves as girls and how boys view girls and how girls view boys as being boys in terms of their

sexuality. It also includes relationships and if you have a partner then you need to see yourself in relation to that partner, so your sexuality plays a role in your behaviour. It plays an important role in HIV and AIDS education”. His understanding was exclusively heterosexual and very basic.

Respondent 1 also had a single idea - “This sort of education expands throughout one’s life with no scope and boundaries” - but did not want to expand on her answer. Respondent 4 focused on the fact that sexuality education was “Teaching children about sex, we have to teach children about sex at schools too”. Respondent 6 felt that sexuality education “goes hand in hand with HIV and AIDS education. We will have to be as open as possible with the children”. None of them touched on gender in sexuality. It is this partial understanding of sexuality that will be passed down to the learners, rather than the fullness of the truth.

Respondent 2 did not have a clear understanding of sexuality education: “I think that sexuality education is to help the children. They must not have sex while they are young. Yeah, it is on how the girls behave, don’t start things before time”. She merely spoke about sex and how important it was for our children not to contract the HIV and AIDS virus.

The findings at CJPS give us a glimpse of how educators view HIV and AIDS and sexuality education. The educators had a fairly good idea of the official reasons for teaching about HIV and AIDS and sexuality although they had not been trained or exposed to the policy documents. All of them are presently teaching this learning area without much guidance and without resistance. My hypothesis is that if these LO educators were given proper training, had the necessary documents, and combined this with their own experience, they would have a clearer understanding of what HIV and AIDS, and especially sexuality education, involve within the gender regime.

4.5 ATTITUDES OF EDUCATORS TOWARDS THE TEACHING OF HIV AND AIDS AND SEXUALITY EDUCATION IN A PRIMARY SCHOOL

The main question underlying this section is “What are the attitudes of educators at CJPS towards the teaching of HIV and AIDS and sexuality education lessons?” All of the educators interviewed agreed that it was important to teach HIV and AIDS in a primary school, and saw the major benefits lying in the area of medical health. When answering the above question the educators who taught grade 4 and 5 learners focused on HIV and AIDS and did not mention sexuality or sex education, while the grade 7 educators also touched on sex education. As with so many primary school educators, the attitudes of the educators at CJPS are impacted by their own knowledge, values, age, gender and culture.

Respondent 7 said “I think it is very important because HIV is a human disease and something that affects humans and the next generation. What future are they going to have if we can’t protect them now? If they are not protected for the future, then our world will not exist. As an educator, my primary aim is to educate children. Since there is no cure for AIDS, we need to educate children”. Respondent 8 stated “Well it is absolutely necessary to teach HIV and AIDS and its prevention. It is compulsory because you find that a lot of people are dying with AIDS. People have this mindset about AIDS that it will not infect/affect them and we must help change that. When it comes to HIV and AIDS, you must educate, educate, educate... Like I told you, it is important to teach HIV and AIDS education from an early age so that it can be ingrained in the child, what it is to live with HIV and also what it is to be deprived of a long healthy life”.

Respondent 6, the 59-year-old-educator (the oldest educator interviewed) had a different view from the other educators when she stated “I think it is necessary in this adult world, children shouldn’t be coping with things like this. It might send out the wrong message, that it was fine to have sex at a young age as long as you protect yourself”. She felt that teaching children about sex at a young age was not such a good idea because learners in primary school were not emotionally ready to be sexually active, but saw the need to teach HIV/AIDS education to young learners because of what they are exposed to today.

It is heartening to see that the educators at CJPS have a positive attitude towards teaching HIV and AIDS and sexuality education and are not hostile towards it although they have not been trained and have no documents from the DOE. They are not simply ignoring this learning area because of the shortcomings of their training and support but instead are using whatever they have at their disposal, for example, their knowledge, experience, the media and information from colleagues, to continue teaching. They value HIV and AIDS and sexuality education in primary schools.

4.5.1 What values do educators place on HIV and AIDS and sexuality education?

Educators carry with them particular values which interact with those of the school environment, such as cultural values, gender values, religious values, modern day values, etc. I am going to focus here on cultural and gender values.

It has been found that the gender values of members of the teaching profession sometimes reinforce pre-existing gender inequality in schools. Morrell (1994:56) believes that “schools are widely acknowledged as important; some would say critical, locations where gender values are created and disseminated”. Gender must be understood against the backdrop of the AIDS mortality and morbidity figures, which are already highly gendered. There is no visible HIV or AIDS at CJPS or in the community – and some of the educators interviewed indicated that they had no personal experiences with AIDS. This information impacts on how the educators teach HIV and AIDS and sexuality education at this school. If there is an absence of AIDS in the community then people are not really concerned with the disease, because they feel that it will not affect them. The responses from the female educators therefore focused on race and culture.

Respondent 2 (the only African educator at the school) touched on the issue of race and how this school did not really see the importance of teaching HIV and AIDS education to primary school learners. She went on to state that “They [the educators and learners] did not bother... they [the educators] feel they don’t need to deal with this [HIV and AIDS]. In this school they say the children are still young and I believe that they must know about

AIDS from when they are young”. These are powerful words and they are particularly trenchant because she has had personal experiences with AIDS in her family, which have prompted her to start teaching young children about HIV and AIDS.

Respondent 1 (an Indian female) touched on how “certain cultures allow them to have sex. We need to focus on different cultures and teach them that they cannot go around having two/three relationships. Make them wise about the use of condoms. All the above are important and must include personal values, moral values and cultural values. They all overlap and learners can now see that this is not acceptable”.

Respondent 7 (an Indian female) also focused on “Cultural values for the children and before [previously] things were different. Now we must adopt these cultural values then it can help to protect us, because things are changed and we have changed”.

Although educators understood the need to teach AIDS education, they didn’t place much emphasis on teaching about HIV and AIDS. Many of the female educators spoke of their culture and how this influenced how they taught this subject. Some of the educators felt that the learners needed to learn to care for those who are HIV positive or have AIDS. The male educators focused on sex, the HIV/AIDS pandemic, and the need for learners to protect themselves. According to Mac an Ghail (1994) male educators are often viewed as not willing to engage with the emotional issues in teaching. The responses by the male educators interviewed were similar to the above findings and are as follows:

Respondent 8 a male said “There is a place for HIV/AIDS in our education. Education must include the reality of the situation. They will learn from pictures, books and the teachers about HIV and AIDS. They will learn the health values of not getting infected when we teach them about HIV and AIDS and the importance of the preventative measures”. The male educator would rather use pictures and books as resources and avoid discussions.

Respondent 5 (also a male) stated that “It is important to teach HIV and AIDS education in primary schools because it has now become a global problem. We as educators need to teach learners about keeping safe and not getting sexually active at a young age”.

Respondent 4 (a male educator) stated that “I look at the scenario in the world and I will place the importance of HIV and AIDS education at school. Children need to protect themselves from AIDS”.

Most of the educators, both male and female, made reference to HIV and AIDS but barely mentioned sex or sexuality throughout their interviews. The embarrassment that male and female educators may differently experience with regard to delivering HIV and AIDS and sexuality education may result in their avoiding the subject or skimming over the issues of sex and sexuality. I have no evidence to support this thought as my research did not include classroom observations. HIV and AIDS were seen as the major point of the intervention, not gender equity. Educators did not seem to be clearly addressing gender equality.

The gender variations were evident to a slight degree because all of the female educators were really passionate about teaching learners about HIV and AIDS and sexuality education, but the male educators did not come across as being very passionate, although they said that it was important. Many of the female respondents used terms such as “it is a must, children must learn, I think it is very important, it is absolutely vital in this day and age, with the new generation of children today it is very important, I cannot emphasise enough how important the teaching of HIV and AIDS education is”, while all 3 male educators just stated “well I think it is compulsory therefore we must teach it, we have to teach them ‘this’ because they need to know about sex, well it is important to teach”. It is possible that the gendered nature of the educators’ attitudes to HIV and AIDS education represented here might have been cascaded into the classrooms and impacted either negatively or positively on the learners.

4.6 FACTORS THAT INFLUENCE THE EDUCATORS' ATTITUDES

In this section the educators had to answer the question “What factors influence the educators’ attitudes?” The educators were asked to talk about their own experience and how they had been influenced by their fellow educators and the management.

4.6.1 How have your own experiences influenced your attitudes towards the teaching of HIV and AIDS and sexuality education?

The researcher focused on the educators’ experiences and found that only 2 educators had experiences with learners who were AIDS infected/affected and one educator had personal experiences with family members infected by AIDS.

Respondent 6 had some experience with a boy in her class whose mother was HIV positive. She had no proof that the mother was HIV positive, but only heard this from the learner. She felt that the experiences had been an eye-opener and this had prompted her into getting more involved in teaching learners about HIV/AIDS. The two educators who had personal experience of someone with AIDS were enthusiastic in their involvement in the teaching of the programme.

Respondent 3 was the only educator who openly disclosed that she had encountered a learner with AIDS: “Yes I have taught a young child with AIDS a few years ago and it was rather sad when he died. We were not allowed to discuss this as it was strictly confidential. There was no medical report but his aunt had informed us that his mother had died from AIDS and she believed that the child might also be infected as he was also very sick”. Because of the need for confidentiality, she could not intervene, but in her lessons she encouraged the learners to be tested. This made her realize the need to educate our learners on all aspects of HIV and AIDS, as it can affect anyone.

Respondent 2 stated that she was passionate about teaching about HIV and AIDS. Her personal experiences with HIV and AIDS had influenced her attitude. She said “You know what I lost three step-children from this and that is how I was interested to know

how to help people with HIV and AIDS. I was scared of these people because if I looked after these people it will affect me. Whether I liked it or not I had to look after them. That's how I learned a lot of things". Although Respondent 2 was scared because she had no knowledge about HIV/AIDS, she felt obliged to look after her sick family members. Her personal experience had made her enthusiastic about teaching LO at CJPS.

4.6.2 Has your approach to teaching HIV and AIDS and sexuality education been influenced by your fellow educators?

The teachers had influenced one another in their teaching of HIV and AIDS education, but not significantly. They relied on their own knowledge and experience when teaching HIV and AIDS education, as described above. Those who had not been influenced by their fellow educators cited the lack of time as their reason for not meeting or discussing issues of HIV and AIDS and sexuality education. Too many other demands were made on them, like high performance in the languages, mathematics and sports, which were more highly prioritised as compared to HIV and AIDS education.

Respondent 7 exemplifies this: "My influence has really come mainly from the media they depicts things very clearly. Very little influence has come from my fellow educators who have gone to workshops. Our busy schedule does not allow us to talk and communicate about AIDS. Yes, we have heard something and that it is important to teach it at schools but there was no actual feedback as to what is expected of us." Lack of time seems to prevent HIV and AIDS and sexuality discussions between the educators at CJPS.

Respondent 1 said: "To a certain extent not all educators are as passionate about teaching about AIDS as I am and considering that I teach LO. We do discuss aspects of HIV and AIDS in our grade 7 meetings for educators so that they know what is being taught. Feedback from educators is very limited because our interaction is very limited because of time".

Some of the other educators felt differently and claimed not to have been influenced at all by their fellow educators. Respondent 8 argued: “I would say definitely no. I teach this Learning Area to my class because I have a commitment to these young learners, so that’s why I teach LO”, while Respondent 4 stated: “Basically my own personal views had influenced me and I was not influenced in any way by fellow educators”.

The educators were not influenced by each other but relied on their own experiences and knowledge of AIDS. The educators also felt strongly that management did not get involved or influence them in their teaching of HIV and AIDS and sexuality education.

4.7 What is the position or approach of the School Management Team towards HIV and AIDS and sexuality education?

The educators were divided on the management’s involvement but all agreed that the management did not take an active role in the teaching of HIV and AIDS education. It is the educators who took the responsibility.

Respondent 1 claimed: “I will be lying if I say they did not support but they have not been fully involved either. It has been my own initiative and nobody really comes out to see if you have really done it. It solely lies on the educator. I feel that management should get more involved”.

Respondent 2 (the only African educator) argued that “They don’t bother and have a don’t-care attitude. They feel they don’t need to deal with this. In this school they say the children are still young and I believe that they must know from when they are young. When you approach the principal on how you are going to implement this, he just accepts what you show him and does not question anything. He says what we are doing is good enough”.

Respondent 7 agreed: “I don’t think they get involved. As for management they don’t tell us what is to be taught and there has not been any help from them. At no time did my HOD or principal come to me or my class to check on me teaching my LO lessons. The

principal does not really get involved in LO and it is left up to the teachers. Management should get more involved especially the principal. The other management members do their fair share”.

Respondent 6 stated: “Basically they are doing what the department had asked them to do, nothing more. The educators are really just following the programmes. The department should get more involved in training the educators and not expect the school do to everything”.

Respondent 4 argued: “Priority at this school is sports and they have a very negative view on AIDS. Basically they don’t even bother or check. We are left to do what we want to in this learning area and we are following the programme which serves as a guide to us educators”.

The educators had accepted the hours allocated to them by the management to teach LO (HIV and AIDS education). The management at CJPS wanted more teaching time for the languages, sciences and mathematics. Any shortcomings in the area of HIV and AIDS education can at least partly be attributed to the school management and not only to the teachers. The educators felt that the management showed little interest in this learning area. They felt strongly that management was not greatly concerned about the teaching of HIV and AIDS and sexuality education, but chose to focus more on the languages, mathematics, science and sports. What came across was that if management took more of an interest in HIV and AIDS education, then that positive attitude might filter through to the whole school both with educators and learners.

4.8 CONCLUSION

Educators at CJPS relied on their own knowledge and experiences to teach HIV/AIDS and sexuality education. Consequently, the problems that male and female teachers may experience with regard to delivering HIV and AIDS and sexuality education may result in teachers avoiding the subject or skirting the issue of sexuality. Educators who were not

trained at CJPS did not shy away from teaching HIV and AIDS and sexuality education but instead they took it upon themselves to get information from reading the newspapers, watching television and listening to friends. They based their lessons on these experiences and, coupled with this, they used the OBE Plus workbook which the school had purchased to help the educators in planning their lessons. The educators at CJPS used their own individual experiences of, or attitudes towards, HIV and AIDS as guidelines when preparing their lessons. The drawback in using one's own experiences and attitudes is the unevenness of the teaching of HIV and AIDS and sexuality education in primary schools. According to Bhana (2007:323) "People who have the greatest authority (as the teacher articulates) are often the least willing to speak about these matters". She too found that primary school educators were not too willing to teach certain aspects of HIV and AIDS and sexuality education.

5. CHAPTER 5 - CONCLUSION AND RECOMMENDATIONS

The focus of this study has been to examine the views of educators regarding HIV and AIDS and sexuality education. The research was undertaken at an urban Durban primary school (CJPS). The scale of the project was modest as it only focused on 8 senior primary LO educators. This study identified certain weaknesses in the delivery of LO and specifically HIV and AIDS and sexuality education. It is clear from this study that there exist many challenges that educators face in the teaching of HIV and AIDS and sexuality in the primary schools. This study also provides an insight into the various issues that need to be addressed in order to give young learners a clear understanding of the HIV/AIDS pandemic and show them how gender inequalities and questions of sexuality are implicated in the transmission of the disease. The findings of this research, confirm the findings of a similar local study undertaken by Moroney (2000) in two high schools in KwaZulu-Natal.

Although all the LO educators were teaching HIV and AIDS and sexuality education, only those that were trained felt confident to teach HIV and AIDS and sexuality education. The untrained educators maintained that they were uncomfortable and felt uneasy to teach HIV and AIDS and sexuality education especially issues about sex and sexuality. Many of the grades 4/5 LO educators did not have a clear understanding of sexuality education nor did they teach issues relating to sexuality education. Educators stressed the need for them to attend training on HIV and AIDS and sexuality education to increase their confidence in imparting the necessary age appropriate knowledge and skills.

Another insight to this study is that despite national legislation and policy that prescribes approaches to teaching about HIV and AIDS and sexuality and gender, at the school level there is little evidence of support from provincial or national DOE structures. Learning materials from DOE are not available in this school. On the other hand, the School's management, educators and board of governors in general have responded

positively to the challenge of teaching about HIV and AIDS and sexuality. The timetable includes two one hour sessions per week for LO and the school commits educators to teaching these lessons. Unfortunately not all educators are trained for this work and many are 'shooting in the dark' because the necessary school and national policy documents are not circulated, not available nor are used to structure lessons. It is clear from the interviews that these educators have very basic knowledge about HIV and AIDS and sexuality. The educators indicated that, in relation to the lessons themselves, they did not get much support from the Principal and felt that the Principal needed to take more of an interest in this subject. However, it is pleasing to note that the principal and his management members have accepted the teaching of HIV and AIDS and sexuality education at CJPS. They have also responded positively to the few DOE's HIV and AIDS workshops. Having stated the above, it is imperative that support must come from the top and in the absence of such leadership, the efforts of management, educators and learners could remain uneven and often go unresourced.

Lastly, this study has emphasized the importance of educators' interpretation and implementation of HIV and AIDS and sexuality education policies and there was a certain degree of inconsistency in terms of the use of these policies. Only 2 educators had seen the National and Provincial policies but did not read them citing the lack of time as the problem and the remaining educators interviewed did not see nor read these policies. The school did have an impressive HIV and AIDS and sexuality policy which did seem to be in line with the DOE's policy. Only one educator interviewed had interacted with this policy as she was instrumental in drawing it up for the school.

It is evident from the analysis that the respondents perceived HIV and AIDS as an important part of the primary school curriculum. Although many educators were not trained in this area, they were willing to teach HIV and AIDS and sexuality education. The findings highlighted views of primary school LO educators and the researcher is uncertain as to what extent this is true only for primary schools in South Africa.

5.1 RECOMMENDATIONS FOR EDUCATORS

It is education that equips and moulds learners for tomorrow, and therefore the school should play a prominent role in educating the learners on HIV and AIDS and sexuality. HIV and AIDS and sexuality education should be given great priority in all the plans and programmes of the educationalist and the government to ensure that it is successful in preventing our learners from getting infected with HIV and AIDS. It is important to conclude this study by providing guidelines in the form of recommendations for educators:

1. The DOE, health departments, community and schools should take the initiative and work together in fighting HIV and AIDS and help reduce the number of new infections. These efforts should incorporate effective approaches in trying to prevent the spread of HIV and AIDS in the community but more especially amongst the learners. Educators have a significant influence on learners' holistic development therefore strenuous efforts should be made by instituting HIV and AIDS prevention workshops.
2. Educators must promote healthy behaviour among their learners and reduce the risk of HIV and AIDS infections and effective risk-reducing programmes must be implemented at primary schools by the DOE and NGO's (Non Governmental Organization).
3. The DOE should make every effort to periodically train and re-train all LO educators. The educators' professional role and expertise on HIV and AIDS and sexuality education must be constantly developed to keep up with the rapid pace of change in knowledge, technology and the ever-increasing demands imposed on educators.
4. Educators should encourage parents to become more involved and aware of their children's needs especially in the HIV and AIDS, sexuality, relationships and sex education. Parents need to be encouraged to spend more time guiding, talking and listening to their children. This can be done by schools running workshops for the educators, parents and learners.

5. Schools must include HIV and AIDS and sexuality education as a visible component of the schools' curriculum and policies. Educators should capitalize on opportunities to talk about HIV and AIDS to their learners, colleagues and management.
6. Management teams must make periodical enquiries and input about the implementation of LO and the HIV and AIDS and sexuality curriculums.

Educators must play a vital role in the above and this will stimulate and encourage social and behavioural change amongst our learners which will lead to a HIV and AIDS-free life. Intervention by educators on primary school learners can lay important foundations that will be useful during adolescence when experimentation and risk-taking constitute a much greater challenge for secondary school educators.

5.2 RECOMMENDATIONS FOR FURTHER STUDIES

Life orientation is an examinable subject like all other subjects in the primary schools but schools seem not to value the subject as they do others. While it was not evident in my study, many schools do not teach HIV and AIDS and sexuality education in their LO lessons.

It is recommended that larger studies on educators' views on HIV and AIDS and sexuality education be undertaken across many different schools so that generalisability can be reached. As there is limited information available about educators' level of comfort in teaching HIV and AIDS and sexuality in primary schools, it is recommended that research be undertaken on a larger scale in this area. However, this study could be used as a stepping stone to future research as it provides some information about areas where primary school educators may benefit from inputs.

5.3 CONCLUSION

When I began interviews, I did not expect to find the commonality of concerns, interests and issues that emerged. I did imagine that gender would be a salient experience. This study therefore brings us to the conclusion that the educators and the LO curriculum are faced with new demands nationally, at the schools and in the classroom and these demands need to be addressed by the National DOE with immediate effect for any hope for our future nation. Educators need to break the silence about HIV and AIDS and sexuality by talking about and teaching it in schools. It is hoped that the positive responses given to the educators in this research will ultimately lead to the successful implementation of HIV and AIDS and sexuality education and LO, particularly in primary schools. I conclude my thesis with the wise words of Nduati & Kiai (1997:220):

“Every young person that is reached by an HIV/AIDS prevention message and who successfully adopts safe patterns of behavior is a saved life. Our children and our youth are the most important resource that our nations have and we owe it to them to create an environment in which they can learn skills that will help them negotiate life successfully in this era of HIV/AIDS.”

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7. ANNEXURE A – CONSENT BY PRINCIPAL

The Principal

Sir/Madam

I, Minalyoshini Naicker, am an M. Ed. Student at UKZN, presently engaged in Gender in Education studies and researching “Educators’ views on HIV and AIDS and Sexuality education in a middle class primary school in the Durban area.” As part of my research I would like to involve educators from your school in an interview. The interview would take about 30-45 minutes to complete. The data from the interviews will only be used for research purposes and will not be used for any other purpose. Kindly allow me to conduct my research using the educators from your school.

I would like to give an undertaking that the name of the school and participants in the study will be kept anonymous. Furthermore, research will only be conducted after the University’s Research Ethics Committee has given its consent.

I thank you in advance for your on-going support and co-operation. If you require any further information, please feel free to contact my course supervisor, Professor Robert Morrell on 031-2601127.

Yours sincerely

Minalyoshini Naicker

8. ANNEXURE B – CONSENT BY EDUCATOR

Dear Mr/Mrs/Miss _____

I, Minalyoshini Naicker, am a Masters in Education student at UKZN, presently engaged in Gender in Education studies and doing my research studies on “Educators’ views on HIV and AIDS and Sexuality Education in a middle class primary school in the Durban area”. As part of my research I would like you to participate in an interview on the above topic. You have been chosen on account of your involvement at CJ Primary School as a Life-Skills educator in the senior primary phase. The interview should take about 30-45 minutes to complete. The data from the interviews will only be used for research purposes and will not be used for any other purposes without your consent. You are not obliged to answer all the questions that I ask. Please remember that participation is voluntary and that you are free to withdraw from the study at any stage and for any reason you see fit. Please be informed that no real names will be used in any material that I write up for the research and every attempt will be made to keep the material confidential. All interviews will be recorded and upon completion of the interviews, the relevant data will be extracted and the recorded tapes will be stored in a safe place. Please fill in the declaration form below, which will be collected on _____.

I thank you in advance for your on-going support and co-operation. If you require any further information, please feel free to contact my course supervisor, Professor Robert Morrell on 031-2601127.

Yours sincerely

Minalyoshini Naicker

I, _____ (full name of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT

DATE

9. ANNEXURE C - SEMI-STRUCTURED INTERVIEWS

PARTICIPANT: _____

Questions : (Basic biography and curriculum information)

1. How many years have you been teaching?
2. How many years have you been teaching at this school?
3. What subjects do you teach and in what grades?
4. How many years have you been teaching Life-Skills lessons?
5. How many hours (or periods) of Life-Skills do you teach per week in a particular class?
6. Is there a difference between the teaching times for different subjects and why? .
7. What are some of the topics you have covered in Life-Skills this year?
8. How old are you?

RESEARCH QUESTION 1 – What do educators at CJ primary school consider to be the (official) reasons for teaching HIV/AIDS and sex education at their school? ‘Official’ is taken to include National and Provincial policy as well as school policy.

- 1.1. Does your school have an HIV/AIDS and sexuality education policy?
- 1.2. Did you receive any National or Provincial documents on HIV/AIDS and sexuality education?
- 1.3. Are you aware of guidelines on the teaching of HIV/AIDS and sexuality from the department of education?
- 1.4. What do you understand to be the scope and/or content of HIV/AIDS education?
- 1.5. What do you understand to be the scope and/or content of sexuality education?
- 1.6. What do you consider to be the official reasons for teaching HIV/AIDS and sexuality education in primary schools? And does your school have any particular reason for teaching (or not teaching) about HIV/AIDS and sexuality?

RESEARCH QUESTION 2 – What training have the educators at C J Primary School had to teach HIV/AIDS and sexuality education?

- 2.1 Can you tell me what training you underwent in order to become a teacher?
- 2.2 Did you receive any specific training in Life-Skills either in the period when you were studying to be a teacher or subsequently? [The question should allow the respondent to reflect on his/her initial teacher training as well as on subsequent INSET (and other) courses.]
- 2.3 More specifically, can you tell me what training you have you had in HIV/AIDS and sexuality education?
- 2.4 Can you think of any other kinds of training or experience that might equip a teacher to teach life skills/HIV/AIDS education and sexuality education?

RESEARCH QUESTION 3 – What are the attitudes of educators at CJ primary school towards the teaching of HIV/AIDS and sexuality education lessons? Do they consider it necessary to teach about these issues?

- 3.1 What are your views on the teaching of HIV/AIDS and sexuality education in a primary school?
- 3.2 What values (i.e. How important do you think it is) do you place on HIV/AIDS and sexuality education in a primary school?
- 3.3 Do you think your teaching of HIV/AIDS and sexuality education has had any impact on the learners? If so, what sort of impact do you think it has had?
- 3.4 Do you consider it necessary to teach HIV/AIDS and sexuality education in a primary school?

RESEARCH QUESTION 4 – What factors influence the educators' attitudes?

- 4.1 How have your own experiences influenced your attitudes towards the teaching of HIV/AIDS and sexuality education?
- 4.2 Has your approach to teaching HIV/AIDS and sexuality education been influenced by your fellow educators?
- 4.3 How has the department's training programmes impacted on your teachings of HIV/AIDS and sexuality education in the primary school?
- 4.4 What is the position or approach of the School Management team towards HIV/AIDS and sexuality education?

GENERAL

- 5.1.1. How much teaching time have you spent on HIV/AIDS and sexuality this year?
- 5.1.2. Is there anything else that you would like to say on the teaching of HIV/AIDS and sexuality education in a primary school? No I think I have said every thing that I wanted to say.

10. ANNEXURE D – CJPS’S HIV AND AIDS POLICY

1. Sexuality Education, morality and life skills will be implemented and provided by this institution to learners – to provide them with healthy morals and guidance regarding sexual abstinence until marriage.
2. The constitutional rights of all learners and educators will be protected on an equal basis.
3. Existing statutory health regulations pertaining to infections/communicative diseases will apply.
4. All parents of learners will be informed of vaccination/inoculation programmes and their possible significance for the well-being of learners with HIV/AIDS.
5. Educators will ensure that learners acquire age and context appropriate knowledge and skills in order to adopt and maintain behaviour that will protect them from HIV infection.
6. Learners will receive education about HIV/AIDS and abstinence in the context of life skills on an ongoing basis.
7. Educators at this institution will feel at ease with the contents of sexuality education and the ‘Aids Awareness Programme and will be a role model with whom the learners can identify with.
8. Educators must respect their position of trust and constitutional rights of all learners in the context of HIV/AIDS.
9. No learners or educator with HIV/AIDS will be unfairly discriminated against.
10. All learners and educators with HIV/AIDS would be treated in a humane and life affirming manner.
11. No learner may be denied admission to this institution or continued attendance on the grounds of his/her HIV/AIDS status.
12. No educator will be denied the right to a post on his/her HIV/AIDS status or perceived HIV/AIDS status.
13. If a learner with HIV/AIDS becomes incapacitated through illness, the school will make work available to him/her for study at home.
14. No learner or educator is compelled to disclose his/her HIV/AIDS status to the school.

15. Voluntary disclosure of a learner's/educators HIV/AIDS status will be welcomed.
16. Unauthorized disclosure of personal Aids-related information could give rise to legal liability.
17. All necessary precautions will be implemented to eliminate the risk of all blood and borne pathogens including HIV, effectively in the school environment.
18. First aid kits will be readily available to learners and educators.
19. Each class will have a pair of latex or household rubber gloves readily available at all times.
20. Learners are instructed never to touch blood, open wounds, sores, breaks in the skin on their own. They should call for the assistance of the educator.
21. The learners will abide by all rules aimed at preventing behaviour which may create a risk of HIV transmission.
22. Refusal to study with a learner or to work with an educator with HIV/AIDS should be pre-empted by providing accurate information on HIV/AIDS to all.
23. A Health Advisory Committee will advise other stakeholders on health matters including HIV/AIDS.