

**INVESTIGATING EXPERIENCES OF FOUNDATION PHASE EDUCATORS AND THE
SUPPORT THEY RECEIVE IN TEACHING HIV AND AIDS TOPICS IN THE
CLASSROOM – A CASE STUDY OF TWO PUBLIC SCHOOLS IN JOHANNESBURG.**

by

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Declaration of Authenticity

I Thato Ncube hereby declare that the mini dissertation submitted as partial compliance with the requirements for the degree, Masters (Social Behaviour Studies in HIV and AIDS) to the University of South Africa is my own independent work and has not previously been submitted for a degree to another University.

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Summary

The problem this research seeks to address is the support educators receive in teaching HIV and AIDS topics in the classroom. The reason for the choice of topic is to contribute to the revival of HIV and AIDS education in all schools in South Africa. This exploratory study uses the empowerment theory and presents the qualitative research findings based on in-depth interviews with six educators, four school managers and two parents. Thematic content analysis is used to analyse the data.

The study found out that the Department of Education had in the past two years provided training workshops for principals of schools, educators and peer educators in the last two years yet the findings from the two schools under study painted a different picture all together. Findings from the interviews show that any support from the Department of Education or any other stakeholder involved in education, such as the Teacher Unions, happened some years ago. Some of the respondents were not very comfortable on this topic as to most of them HIV and AIDS education is not really being taught as it used to years ago.

Finally, the research made some recommendations to these two schools on what could be done as a way of reviving HIV and AIDS education to help children and youths to grow up better able to challenge HIV and AIDS. This is in line with the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEC) 2011 report that the education sector has a critical role to play in terms of the delivery of effective HIV and AIDS prevention and awareness programmes.

The findings were important as they highlighted the need for the Department of Education to monitor and evaluate the implementation of HIV and AIDS policies in all public schools. They also they gave recommendations on the way forward on HIV and AIDS education in primary schools.

Key words: empowerment, experiences, foundation phase, support system.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS: Acquired immune deficiency syndrome

CAPS: Curriculum and assessment policy statement

CBO: Community-based organisation

DBE: Department of Basic Education

FBO: Faith-based organization

GDE: Government Department of Education

HIV: Human Immunodeficiency virus

NACOSA: National AIDS Coordinating Committee

NAPTOSA: National and Professional Teachers of South Africa

NGO: Non –governmental organization

SACMEQ: Southern and Eastern Africa Eastern Consortium for Monitoring Education Quality.

UNAIDS: United Nations Programme on HIV and AIDS

UNESCO: United Nations Educational Scientific and Cultural Organisation

UNGASS: United Nations General Assembly Special Session on HIV and AIDS

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION

South Africa has undergone numerous political, social and economic challenges since the inception of its democracy in 1994. South African youths are generally faced with many social problems including HIV and AIDS, child abuse, poverty, rape and gender – based violence. HIV and AIDS life skills education is part of the education curriculum and starts in the Foundation Phase (Grades 1 -3).

The Department of Education's response to HIV and AIDS over the past ten years, has been guided by the National Policy on HIV and AIDS for Learners and Educators in Primary schools, and Students and Educators in Further Education and Training institutions developed in 1999 (UNGASS 2012). The primary intervention instituted by the Department of Education in response to the policy has been the HIV and AIDS life skills Education Programme. Its focus has been on prevention of HIV and AIDS, among learners through knowledge and skills building mainly through the Life Orientation Learning area and subsequently integrated into other learning areas.

In 2010, the Department of Education developed the Integrated HIV, Sexually Transmitted Infections (STIs) and AIDS strategy to guide the response among over 12 million learners and their educators. According to (UNGASS 2012:20), 'With the South African youth aged 15 to 24 experiencing among the highest HIV prevalence in the world, the development of effective HIV prevention programmes is a top health and policy priority.' Horrison, Newell, Imrie and Hoddinott (2010) as cited by (UNGASS 2012:20) point out that, 'Comprehensive sexuality education is considered an important means of addressing adolescent risk behaviours, although little evidence supports its direct impact on biological measures of prevention success, particularly HIV and other STIs.'

Education on HIV and AIDS is disseminated to people in different ways. It is done through the mass media which utilises social mobilization (such as peer education and

community dialogues) posters, booklets, television and radio. South Africa and other Sub-Saharan African countries such as Botswana, Zimbabwe and Zambia have HIV and AIDS education and topics on HIV and AIDS are taught from formative years, that is, at primary school (Wiseman & Clover 2012).

This study is primarily based on the experiences of Foundation Phase educators and the support they receive (from different stakeholders involved or interested in the education of the child) in teaching HIV and AIDS topics in the classroom.

This chapter discusses the background of the study, gives an overview of how HIV and AIDS life skills education came about in Sub – Saharan Africa, and highlights what has been happening particularly in South Africa since the late nineties.

The thrust of why the education sector developed HIV and AIDS policies, how the policy would be implemented as part of the curriculum and the purpose of HIV and AIDS education is also be mentioned. This chapter will also give the statement of the problem, the rational of the study, the aim and objectives of the study, research questions on the study and definition of key terms.

1.2 Background to the study

South Africa's National Policy on HIV and AIDS for Learners and Educators in Public Schools of 1999 happened at a time when ministries of education in the Sub – Saharan Africa took the cue from the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) and called upon governments to develop and implement national strategies to reduce HIV infection among the 15 to 24 years old youths (Wiseman & Clover 2012). A similar call for the intensification of educational interventions had been made by the Education International First World Congress which encouraged countries worldwide to be active in promoting comprehensive school health policies (Wiseman & Clover 2012). This brought about the genesis for the formulation of education sector HIV and AIDS policies by the ministries of education in the Sub – Saharan Africa.

By 1992 South Africa had created NACOSA (National AIDS Coordinating Committee) which brought a wide range of actors including education in its fight against HIV and

AIDS. Multi – sectorial approaches were being implemented in the different countries as governments were responding to the scourge of HIV and AIDS. According to Biggs (2012) harnessing multi - sectorial approaches was seen as essential in responding to complex issues like HIV and AIDS.

The South African government had, as early as in its National Education Act of 1996, stipulated that school governing bodies (SGBs), acting within their functions under the South African schools act, should give operational effect to the national policy by developing and adopting an HIV and AIDS implementing plan that would reflect the needs, ethos and values of a specific school or institution and its community (Government of South Africa 1999). The Department of Education (GDE) further supported its call for continuing HIV and AIDS life skills education through the development and distribution of the 'Tirisano'/Working Together' document that provided guidelines for educators on HIV and AIDS.

The thrust for the education sector to develop these policies on HIV and AIDS according to Kelly (2000a) as cited by (Wiseman & Clover 2012) was driven by the impact of the epidemic on education, namely that:

- AIDS reduced the *supply* of education as teachers and education personnel became infected, fell sick and died. In addition, the AIDS epidemic impacted on educational planning and management processes. AIDS related illnesses and funeral attendances as well as operating budgets, were diverted to support these additional costs and diminished core educational activities. These factors eroded the quality and effectiveness of educational management at central, district and local levels.
- AIDS reduced the *demand* of education in several ways. First of all, fewer children were born when large numbers of women of child bearing age contracted the HI virus. This reduced the number of children eligible to enter school. Secondly, AIDS struck parents of school children resulting in the loss of wage earners in the family and brought about poverty.

The purpose of HIV and AIDS life skills education in South Africa was to prevent the spread of HIV infection, to allay excessive fears of the epidemic, to reduce stigma attached to it, and to instill non-discriminatory attitudes towards persons with HIV and AIDS (Department of Education 2010). Van Dyk (2005) cited by Wood (2013) alludes to this, stating that HIV and AIDS education should prevent HIV, relieve extreme fears regarding the pandemic, reduce stigma, encourage acceptance of HIV – positive persons and teach age – appropriate safer sex skills.

According to (SANAC 2007) the National Strategic Plan (2007-2011), mandated that all school children be taught life skills as a way to curb the rising HIV and AIDS rates. In South Africa, HIV and AIDS education had also been prioritized and legislated by a number of educational policies (Simbayi, Skinner, Letlape and Zuma 2005), as cited by Wood (2013) and Bosede 2011.

Educators are expected to demonstrate an ability to develop a supportive and empowering environment for the learner. They are also expected to respond to the educational and other needs of the learner, including HIV and AIDS life skills education, which according to Ngoepe as cited by Simbayi (2005) is a critical dimension. Educators are viewed as ideally placed to track children's well- being, to recognize changes in their lives and to identify vulnerable children as they see children every day, for five days in a week (Department of Basic Education 2010).

The HIV and AIDS pandemic represented a major challenge for the social and economic nations located in Sub – Saharan Africa (SACMEQ 2011:1). The United Nations, according to this policy recognised that the education sector has a critical role to play in terms of the delivery of effective HIV and AIDS prevention and awareness programmes. National Ministries of education responded by implementing education initiatives that aim to see all young people possessing the basic knowledge that is required to make informed decisions about behaviours related to HIV and AIDS that will protect and promote health (SACMEQ 2011).

The Southern and Eastern Africa Consortium for Monitoring Education and Quality SACMEQ (2011:1) policy cites the primary school level as a crucial access point for HIV

and AIDS prevention education programmes because most children attend these schools. Primary schools are also viewed as important in improving the knowledge of children about HIV and AIDS before they became sexually active, involved in high-risk behaviours and also before they develop negative attitudes towards HIV infected peers. This view is corroborated by Shenker and Jenker (2002) as they view schools as key settings for educating children about HIV and AIDS and for halting the further spread of HIV infection. Van Dyk (2012) also concurs, pointing out the importance of empowering children with education and life skills. This authority states that HIV and AIDS education teaches learners to prevent themselves from being infected by the HI virus so that they can learn to become compassionate, caring members of a society that will be struggling with the aftermath of HIV and AIDS for a long time to come.

This research is a case study at two public schools (former Model C) in Johannesburg. Its aim is to investigate experiences of foundation phase educators and the support they receive in teaching topics on HIV and AIDS in the classroom from different stakeholders involved in the education of the child. Stakeholders in the education sector in this study included the Government Department of Education (GDE), school management, teacher unions, private and independent basic education providers (such as love Life, Soul City), the (SGB), non – governmental organisations (NGOs), community – based organisations (CBOs), faith –based organisations (FBOs), academics, researchers, funders and any other development partners.

Former Model C schools in South Africa are those schools that were reserved for white learners during the apartheid regime. They are now government schools that are administered and largely funded by the parents and the alumni body. These schools are found in the affluent suburbs and still have the best facilities, best teachers and best educational opportunities.

Two challenges that the education sector has faced in relation to the HIV and AIDS programme implementation in schools in South Africa according to (Department of Education 2006) are:

- That some former Model C schools choose not to implement the programme within their school setting because they do not consider the social problems dealt with by the programme to be relevant for their learners.
- The inadequacy of age appropriate material.

1.3 The statement of the problem

Although HIV and AIDS life skills education has been part of the school curriculum in South Africa since the early 2000 there is paucity of literature on this topic, especially at foundation phase level (grades 1 – 3). According to Bosede (2011) research is lacking in life skills for young children ages 3 – 9. This writer opposes the conservative idea that children are too young to learn about HIV and AIDS because children face risky situations in areas in high HIV and AIDS prevalence areas. Professor Cycil of the University of Pretoria (head of early childhood department and a leading scholar in HIV and AIDS studies) concurs to this in the message she sent to the researcher which says, ‘We have not yet done research on HIV in the foundation phase.’

The problem the researcher has observed as an educator is that topics on HIV and AIDS seem to be sidelined or are no longer being taught at this level. They seem to be left out for the intermediate and the senior part of the school to teach. This indicates a gap in knowledge, making it a relevant topic of the study. It will be interesting to find out from educators in the selected schools what their experiences are in teaching about HIV and AIDS and what support they receive from the different stakeholders.

Therefore, the statement of the problem can be designed as follows:

A cross – sectional qualitative study investigates the experiences of foundation phase educators and the support they receive in teaching HIV and AIDS topics in the classroom from institutions that are responsible or interested in the education of the child by using in –depth interviews.

1.4 Rationale of the study

Van Wyk (2007:22) observes that society is constantly exposed to HIV information and this has led to comments such as “not HIV and AIDS again, we know everything we are

supposed to know, why don't they just stop giving HIV information?' Although everybody seems to know about HIV and AIDS as some people allege, the HIV curve in South Africa is not coming down (SACMEQ 2011).

Wood (2013) believes that education is the main tool to 'turn the tide' on HIV and AIDS and halt the spread of the disease. If children remain free of HIV infection as they grow up it is possible that they can change the face of the epidemic. Ndlovu (2005) and Bosede (2011) view children as our 'window of hope' into the future and point out that it is important that they learn about this important subject at an early age.

According to Bosede (2011), the term 'window of hope' implies that education before 15 is necessary if South Africa is to reduce HIV infection rates in ages 15 – 25 by 50%. The assumption is that, the younger children ages 3 – 9 are likely to internalize preventative measures against HIV contraction than older children because they are younger.

A further justification for the study, is that the (SACMEQ: 2011) report states that teachers' knowledge about HIV and AIDS is relatively high in South Africa compared to other Southern African Development Community (SADC) states. This report points out that knowledge level of HIV and AIDS among Grade 6 pupils is below regional average knowledge. It then recommended that more research needs to be done investigate this unexpected result.

The researcher's hopes are to address stakeholders in the education sector to make a recommitment to the implementation of HIV and AIDS life skills education policies in all schools in South Africa and the Sub – Saharan Africa, starting at foundation phase level and to highlight the plight of foundation phase teachers in teaching about HIV and AIDS.

1.5 Aim of the study

The aim of the study was to:

Investigate the experiences of Foundation Phase educators and the support they receive in teaching HIV and AIDS topics in the classroom from institutions that are responsible or are interested in the education of the child.

1.6 Objectives of the study

To achieve the aim of the study, the following research objectives are addressed,

- To find out what foundation phase educators' experiences are in teaching topics on HIV and AIDS and the support they receive from different stakeholders in the education sector.
- To identify gaps in the support given to educators in HIV and AIDS education
- To set out recommendations to the stakeholders on the importance and the need to implement HIV and AIDS policies in all schools in South Africa.

1.7 Research questions

The following research questions are addressed as the basis of the study, in conjunction with the objectives stated above –

- What are educators' experiences in teaching topics on HIV and AIDS in the classroom?
- What support do educators receive in teaching topics on HIV and AIDS and from different stakeholders who are interested in the education of the child in South Africa?

- What gaps educators see in the way that they are supported in teaching about HIV and AIDS?
- What materials do Foundation Phase Educators need to teach topics on HIV and AIDS?
- What recommendations can be proposed in order to have HIV and AIDS life skills policies implemented in all schools in South Africa?

1.8 Definition of key terms

Empowerment: is a construct that links individual strengths and competencies, natural helping system and proactive behaviours to social policy and social changes (Rappaport, 1981, 1984) as cited by Zimmerman and Perluns (1995). Empowerment theory, research and intervention link the individual well - being with the larger social and political environment. Theoretically the construct connects mental health to mutual help and the struggle to create a responsive community. It compels us to think in terms of wellness versus illness, competence versus deficit and strengths versus competencies. Empowerment research focuses on identifying capabilities instead of catalogue risk factors and exploring risk factors and exploring influences of social problems instead of blaming victims. Empowerment – oriented intervention enhance wellness while they also aim to ameliorate problems, provide opportunity for participants to develop knowledge, skills and engage professionals as collaborators instead of authoritative experts (Zimmeman et al 1995)

Experiences: The knowledge or skill acquired by a period of practical experience of something especially that gained in a particular profession (Oxford dictionary) Available at www.oxforddictionaries.com/definition/english/experience. Accessed on 12 / 09 / 14.

Foundation Phase: refers to Grades R – 3. At foundation phase there are three learning programmes, Language (in the 11 official languages), Mathematics and Life Skills (this is the subject that includes HIV and AIDS education).

Support system: it's a network of personal professionals, contacts available to a person or organization for practical or moral support needed. Available at [www.thefreedictionary.com / support system](http://www.thefreedictionary.com/support-system). Accessed on 12/09/14

1.9 Summary

Chapter one has presented the problem and its setting. The background of the study, the statement of the problem, the rationale or purpose of the study, the objectives of the study and the questions pertaining to the study have been described in this chapter. Important terms used in this study have been defined. The next chapter will review the literature related to the study on HIV and AIDS education.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Although HIV and AIDS life skills education has a long history in South Africa there is very limited research on it, especially at foundation phase level (Bosede 2011). Literature on HIV and AIDS life skills education in a school environment will therefore be reviewed and discussed. The chapter will also incorporate the empowerment theory which belongs to the behavioural change theories. This theory is important for educators if they are to be well equipped and confident in teaching about HIV and AIDS to the young learners. Wood (2013:56) points out the basic assumptions and relevance of this theory to the African context and these have been listed later in this chapter.

2.2 HIV and AIDS education

Education can act as a 'social vaccine' against HIV and AIDS (UNAIDS 2005, Wood & Hillman 2013). The social vaccine concept according to (Wiseman & Clover 2012) is derived from an institution or personal trait that provides an individual with a layer of protection against an undesirable health outcome. The concept of HIV and AIDS education as a 'social vaccine' can help prevent transmission of HIV and offer care and support for those already infected and affected (Coombe 2000) cited by (Wood & Hillman 2013:28). According to (Wood & Hillman 2013:29) 'Education is an effective, proven weapon against HIV and AIDS'.

'Peter Pivot, the director of UNAIDS as quoted by UNAIDS 2002 cited by (Wood & Hillman 2013:28) states that, 'Without education, AIDS will continue its rampant spread. With AIDS out of control, education will be out of reach.' This is an indication of how important HIV and AIDS education is to everyone including children.

The purpose of HIV and AIDS life skills education is to educate learners in life skills before they become sexually active (Larson & Narain 2001:32) cited by Coombe (2003). These authorities suggest that the life orientation approach can only take root where:

(1) It is implemented rigorously, intensively and extensively and;

(2) Where there is a climate in learning institutions that affirms the principles of respect, responsibility, rights and transparency, which projects an image of good sanitation, safe water, and good health.

Kelly (2007) as cited by UNESCO indicates that a comprehensive education sector response to HIV and AIDS embodies opportunities for progress and reform in such areas as:

- Greater involvement of the community
- Improving instruction practice;
- More interactive student – centered learning;
- Greater focus on the acquisition of productive skills;
- Managing the challenge of equity in favour of the poor girls, rural children and those with special educational needs;
- Decentralization in reality and in intent;
- Enhanced and more mutually beneficial relationships between education ministries and teachers;
- Deeper and more effective partnerships;
- Improved information about the system through the application of a needs – based education management information systems

In addition, society expects its education system to use resources at their disposal to halt the spread of HIV and AIDS, and be involved in an appropriate way; in care, support and treatment; and work with other partners to mitigate the negative effects of the epidemic.

In education, as in other domains where AIDS is prevalent, things cannot continue running as usual. The AIDS epidemic challenges every education system to plan and provide the kind of education that will prepare children and youths to live responsibly,

productively, creatively and happily, and give hope in the world they face – a world that has changed very radically since the time when most of the current education systems are designed. A major responsibility for educational authorities is to analyse the consequences of the epidemic in order to adapt educational structures and provision to be more relevant to the needs of an HIV and AIDS affected environment.

HIV and AIDS according to Kelly (1999) affect education in the following regards:

- The availability of resources for education.
- The potential clientele, e.g. more orphans and the strain they place on extended families and the welfare system, and the needs of children who are heading households as well as other vulnerable children to generate income.
- The process of education, for example, new social interactions because of people living with HIV and AIDS attending and working at schools, erratic school attendance and teaching activities.
- The contents of education, e.g. making HIV and AIDS part of the curriculum and equipping learners with life skills.
- The role of education, for example new counselling roles for educators and the system and the need for the school to be seen as a multi - purpose development and welfare institution.
- The organization of schools, for example, developing a flexible timetable and bringing schooling to orphans and children from homes where people are living with HIV and AIDS.
- Planning and management in the education system.
- Donor support, for example, concerns that the epidemic and its effects might undermine their efforts in both the short and long term through extended training happening in vain.

This authority also mentions that there are great benefits found in an HIV and AIDS education that is integrated in the curriculum. However, due to the sensitive nature of the subject and time constraints in already overcrowded curriculum, children are often

denied HIV and AIDS related education (UNAIDS (e) 2000; UNAIDS (c) 1997) cited by Burger (2008).

2.3 The challenge of HIV and AIDS to education

According to Kelly (2007:74) as cited by UNESCO the HIV and AIDS epidemic has resulted in significant changes in the economic, social, cultural and health environments in which the education systems operate. It has major sectorial impacts in terms of the demand for education, the supply of teachers and other educational personnel, the costs of providing education, the management of education, the process of education and the quality of education.

Education systems have a central role to play in responding to the epidemic. The epidemic is providing opportunities that challenge education systems to initiate reforms, and is stimulating them to move in directions that are good and desirable (Kelly 2007).

2.4 HIV and AIDS education in schools

Coombe (2003) suggests that schools are like a vaccine for children at risk. Children who drop out of school are more vulnerable to HIV infection. Simply put, the more education, the less HIV.

HIV and AIDS education according to (Bosede 2011), for young children in or out of school is seen as one of the primary means for prevention in the absence of a cure or a vaccine. Kelly (2000:9) as cited by Breidlid et al (2009:3) concur stating that 'education might be the single most powerful weapon against HIV transmission, since through it potential messages lead to a change in how sexual infections are transmitted.' (Kelly 2000; Coombe 2000, Gallant & Maticka 2003) also cited by the same author mention that formal education has long been recognized and accepted as a key strategy in the fight against HIV and AIDS, not only in South Africa, but around the world.'

According to World Bank (2002) as cited by Biggs (2012) the education sector is significant in that it can positively affect the country's socio - economic viability and have access to a ready – made infrastructure for delivering prevention programmes to children and young people. Education is also seen as the foundation of lifelong learning

and human development (EFA Declaration, 1990) cited by (Wiseman & Clover 2012). It is also viewed as an essential ingredient in the fight against poverty and the promotion of individual and national development. A good basic education according to Wiseman and Clover (2012) ranks among the most effective and cost – effective means of preventing HIV. These authorities also point out that studies have suggested that the chances of young children with little or no education contracting HIV are likely to be twice those who have completed primary school.

A basic education according to (Wiseman & Clover 2012) has a general preventative impact as it informs the youth and enables them to make decisions concerning their own lives and brings about long - term behavioural change and also gives them the opportunity for economic independence which is all fundamental to prevention of HIV infection. In addition, these authorities suggest that instruction focused on HIV and AIDS prevention is crucial to closing persistent fundamental gaps in knowledge. The latest report by the UNAIDS (2009) shows that 30 years into the epidemic, millions of young people, even in badly affected countries, are ignorant or have misconceptions about the disease.

Schools are viewed as “natural vehicles for knowledge transmission” (Breidlid 2009:15). These authorities view formal schooling as one of the key preventive strategies against the HI virus. The assumption is that ‘schools have a captive audience, that is, children many of whom, it is assumed, may not be sexually active.’ The other assumption is that ‘providing children with sufficient knowledge may serve to delay their sexual debut and enable them to make informed decisions about their sexual practices and behaviours.’

According to Van Dyk (2012) prevention is the best defense against HIV infection currently since there is no cure for HIV infection. Flint (2011:17) alludes to this suggesting that, ‘preventing the spread of HIV and AIDS is as important as treating it.’

Van Dyk (2012) warns though that HIV and AIDS education should never concentrate on the dissemination of information on HIV and AIDS alone. This authority has the view

that for it to be successful there should be a balance between knowledge, life skills, values and attitudes.

Research, according to (Biggs 2012) shows that the HIV and AIDS curriculum tends to focus almost exclusively on knowledge and facts, with little or no attention given to attitudes, values, and behaviours. Biggs (2012:26) further states that, 'As education is increasingly seen as a 'panacea or 'vaccine' for many problems, namely HIV and AIDS, teachers are under great pressure to include more and more topics in their instruction, which they often have little or no training for'.

Educators are said to view frequently mandated HIV and AIDS education curriculum in most schools with skepticism, anxiety and frustration. Lack of adequate training and support makes teachers report negative attitudes on talking to children about matters of sexuality. This is likely to lead to curriculum change or avoiding to teach the subject completely. This is said to happen when teachers are under pressure of high – stakes testing, used to evaluate teacher and school performance, and when classroom time and teacher energy is limited (Biggs 2012).

2.5 HIV and AIDS education in South African schools

The South African government has used the school-based HIV and AIDS life skills education, which is part of the Life Orientation Programme to build HIV prevention and awareness programmes to promote change among young people. The National Department of Education made this an educational priority for grades 1 to 12 (Van Dyk 2012).

The UNGASS (2012:42) report asserts to this, viewing the school system as an important intervention area of disseminating information and creating awareness around issues related to HIV. The GDE has strengthened the HIV and AIDS life skills education programmes and the activities included,

- A review of the sexuality education curriculum against the UNESCO International Guidelines on sexuality education.
- Classroom observations of lessons

- Development of scripted lesson plans for educators
- Conducting qualitative research to better understand factors that facilitate and inhibit the teaching of Life Orientation in schools.

Again the GDE according to the above report has focused on capacity development, with 3545 teachers trained as Master Trainers, 24 275 teachers capacitated from January 2010 to December 2011 to deliver Life Skills through the curriculum. A total of 1 920693 sets of Learning and Training Support Material (LTSM) were distributed to 24 624 schools. LTSM distributed to schools included a range of materials on sexuality, drugs and substance abuse, stigma, discrimination, peer pressure and HIV and AIDS. Functional peer education programmes are said to have been established in 16 505 primary and secondary schools (UNGASS 2012).

The current National Strategic Plan (NSP2012–2016) shows that the intervention of the GDE against the scourge of HIV and AIDS in South Africa brought some positive results. These include the increase in the number of learners who have access to education, particularly girls and the provision of HIV and AIDS life skills education in all schools and grades, as a compulsory part of the education curricula SANAC (2011).

2.6 Shortcomings in the HIV and AIDS prevention programmes

An analysis of case studies from some African countries according to Coombe (2003) highlights shortcomings of current prevention programmes and these are listed below;

- Most of the programmes start too late, for children aged nine and up;
- They are developed with little consultation with parents, teachers and young people, are more concerned with the biology of human reproduction;
- Delivery is almost in the hands of teachers who are poorly prepared;
- The discredited cascade model used to train them (if they receive training at all) often dilutes or even misrepresents content;
- Many teachers are poor role models and feel uncomfortable talking about sexuality;

- Cultural beliefs, expectations, traditions and taboos related to behavior receive little attention, and materials generally portray sexuality as heterosexual and consensual
- thus ignoring problematic issues of rape and harassment and risking levels of incest, homosexuality and child abuse;
- Programmes are driven by ministries of education, with little except ad hoc unofficial support from parents in the sector or other social sectors; and
- There has been no effective evaluation of life skills programme content, implementing outcomes so that the extent to which such programmes reduce HIV transmission, STDs, rape or coerced sex is not known.

2.7 Teaching about HIV and AIDS in the foundation phase

The National Department of Education has made HIV and AIDS life skills education an educational priority for grades one to twelve (Department of Education 2006). Van Dyk (2012:183) corroborates with this by saying, 'AIDS education should begin as early as the foundation phase (or grade 1)'. This authority recommends this because she believes that at this early stage, children's behaviour patterns have not yet been established and they are very receptive to the principles that govern healthy behavior. She goes on to state that sexuality and HIV and AIDS education should always be tailored so that it is appropriate to a child's developmental stage. It is important for educators to have a clear idea of the degree of cognitive, emotional, social, moral and sexual developments in children's specific age groups.

Learners in the Foundation Phase (approximately seven to nine year olds) can only reason in terms of the observable reality or objects in front of them (Meyer 1998, Piaget 1969 cited by Van Dyk 2012). Eggen and Kauchak (2013) allude to this as they state that the operational concrete stage is characterized by the use of concrete materials if learners are to be enabled to think logically. These authorities believe that to apply Piaget's theory of children's developmental stages educators need to keep the developmental needs of their learners in mind when they design and implement instruction.

Educators are also to provide concrete experiences that represent abstract concepts and principles, help learners to link concrete representations to the abstract idea, use social interaction to help learners verbalise and refine their developing understanding, and design learning experiences as developmental bridges to more advanced stages of development.

2.8 Perceptions of illness and HIV and AIDS to foundation phase learners

Young children in this phase do not understand what illness is – mainly because they are unable to think operationally (Piaget 1993 & Piaget 1969 as cited by Van Dyk 2012). It is believed that their thought processes are still concrete and so they tend to focus on external, observable, perceptual events, and they make no spontaneous reference to internal, invisible ideas or concepts. Their perceptions of illness are concrete, and therefore, to them people merely look ill (Van Dyk 2012).

According to Piaget (1970) cited by (Van Dyk 2012) children in the foundation phase have no concept of causes, symptoms or consequences of illness. However, Schonfeld et al (1993) as cited by Van Dyk (2012) warn that it is important not to underestimate what young primary school children are capable of learning about HIV and AIDS. In their studies, the authors found that first graders are capable of understanding and retaining basic information on the mechanisms by which HIV is transmitted. Montauk (1989) as cited by Van Dyk (2012) found that young children often have many questions regarding the clinical aspects of HIV and AIDS, while (Fassler 1990 & Van Dyk 2008) cited by Van Dyk 2012 found that young children had numerous misconceptions about the disease.

Van Dyk (2012) advises that children in grades 1 to 3 are not interested in the causes, symptoms, consequences or prevention of AIDS or any other illness. They also do not understand how sexual intercourse can be a means of transmission of the HI virus. She puts it succinctly that it should not be discussed with children when they are this young. Teachers are therefore advised to present sexual information to this age group as a normal part of development.

Although children in the foundation phase do not really understand what HIV and AIDS are, they are afraid of AIDS because it is something vague and menacing over which they have no control (Van Dyk 2012). This fear is likely to be contributed by friends, parents and mass media. Shenker (2002) concurs stating that education on HIV and AIDS prevention cannot be taught effectively if fear and uncertainty surround the disease. These fears, attitudes, feelings and anxieties may inhibit their learning.

The main aim of HIV and AIDS life skills education in the foundation phase according to Van Dyk (2012) should be the reassurance of children and the eradication of irrational fears. Their cognitive limitations should be taken into considerations and specific information such as causes, symptoms and prevention should not be included. They should be given very basic information about HIV and AIDS.

2.9 Educators and teaching about HIV and AIDS

Educators according to Wood (2013: ix) are in an extremely powerful position to influence learners, parents, community members and society in general. Burger (2008) alludes to this suggesting that they are important in terms of intellectual, moral and cultural preparation of learners. This responsibility according to Wood (2013) cannot be taken lightly, but very little help has actually been given to teachers to enable them to become effective HIV and AIDS educators. Coombe (2003) also alludes to this, pointing that it is assumed that educators will be at the battlefield, but they are generally unarmed. Wood (2013) mentions that educators need to become ambassadors for the creation of a safe, caring environment, in which both those infected and affected can be nurtured to reach their full potential.

The document Norms and Standards for educators according to the Department of education (2006) requires a teacher to be many things, a specialist in a learning area, a specialist in teaching and learning, a specialist in assessing, a curriculum developer, a leader, administrator and manager, lifelong learner as well as a professional playing a community, citizenship and pastoral role. Rispel, Letlape and Metcalf (2006) consider educators as important in the implementation of HIV and AIDS intervention

programmes. These authorities believe that proper training can result in a positive response for the students, the educators and the programme. Weber (2011) asserts to this, stating that there is overwhelming evidence of teachers and schools delivering HIV-related information. Schools are viewed as having a responsibility to provide accurate and reliable HIV and AIDS information to young people and help to support parents and communities. This Newscast also points out that HIV and AIDS programmes need to be culturally appropriate, age appropriate and context – specific, not censoring vital information but putting it into a context that is accessible for learners and respectful of learners and the communities that educators teach in.

Educators according to UNAIDS (2006b:26) as cited by Wood and Hilman (2013:38) need to:

Understand the responsibilities that they have towards learners, both as key mentors in the learning process and as adults who serve as important role models and as protectors of children. Teachers may need to change their behavior significantly in order to respect the rights of learners. They may also have to change their interactions with communities, parents, educational leaders, and educational institutions within the system as each component changes to be more sensitive to meeting each learner's right to a quality basic education. One obvious point of entry for working with teachers' knowledge and teaching behaviour is through teacher preparation and training on HIV and AIDS, gender, human rights and life skills.

Breidlid (2009) points out that there is a marked lack of research at micro-level on educators and schools. Assumptions are that educators are able, willing and in the 'best' position to mediate knowledge about HIV and AIDS. Educators are believed to be those who can mediate knowledge about the 'deeply private' in the public arena of the classroom (Breidlid & Baxten 2009:18). This authority also mention studies that have been done on educators focus on these professionals as objects of structure and system or deliverers of curricula rather than as individuals who work and live in the contexts where they are contributors, shapers, negotiators and mediators. On the other hand studies by Akoulouze (2001) as cited by Breidlid (2009:8) have portrayed

educators as “lacking knowledge and skills to teach life skills or sex education programmes effectively.”

Few studies according to Bredlid (2009:13),

Take account of educators’ lives as a key mediating factor in the teaching of HIV and AIDS. It would seem the assumption is made that if educators have knowledge and skills to teach, they will, can and will want to teach effectively, notwithstanding how they position themselves (or are positioned) within the HIV and AIDS discourse. Neglected, too, is how these educators are positioned in and out of school and how within such spaces, cultural and social practices shape their experiences and understanding of the disease.

According to Reddy, James and McCauley (2005) gaps identified in a study that was conducted in KwaZulu Natal in 2000 were that, the HIV and AIDS Life Skills education Programme was not comprehensive and teachers were not involved in the planning.

Effective teaching methods employed in educating about HIV and AIDS according to Shenker et al (2002) differ from more traditional subject areas. Educators need to learn additional skills, instructional methods and models, and they also need to deal with and overcome their own social feelings of discomfort, as well as their biases and prejudices. These authorities observe that in implementing HIV and AIDS programmes, educators may feel threatened, tested, concerned and uncomfortable to do so. For educators to feel competent and comfortable in teaching on HIV and AIDS they need to be well trained and this can start at teacher training colleges, followed up by in – service training. Through their own efforts educators can also scale up their preparedness and effectiveness in teaching HIV and AIDS topics in the classroom by acquiring most up – to - date relevant information on HIV and AIDS.

In an online education course, teacher educators from Malawi, South Africa, Tanzania and Namibia compiled a summary of the elements that teachers should be taught in order to be empowered to deal with the issues of HIV and AIDS as shown in the table below (Wood & Hillman 2013:38);

Table 2 Empowering factors in dealing with HIV and AIDS

Field	Empowering factors
Child and adolescent psychology	Teachers need to be able to understand what is happening in their learner's mind, the challenges they face at each developmental stage, and how these influence their social interaction, mental and physical well – being.
Sociology and economics	Teachers need to know how social, economic and cultural aspects influence the way in which the community experiences the pandemic. Through this they gain a view of the 'bigger picture' and of the interrelatedness of the different aspects of the pandemic.
Life – skills pedagogy	Many teachers do not feel comfortable dealing with issues such as sexuality, but it is imperative that all teachers can help learners to acquire responsible decision – making skills. Teachers should be trained in integrating life – skills education into their subject teaching.
Self – awareness	Teachers need be aware of their own values, beliefs, assumptions and attitudes regarding HIV and AIDS, in particular, and regarding life in general. They also need to know their own strengths and weaknesses, so that they can realize where and how they can help, and when

	they should seek help for themselves.
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A South African study of HIV and AIDS for school – based programme according to (Matthews et al 2006 cited by HSRC (2006:32) found that teacher training improved the implementation of HIV and AIDS education by raising awareness among learners and educators about HIV and AIDS problems and the importance of responding to these.

2.10 Support for educators in HIV and AIDS education

Most HIV and AIDS responses according to Biggs (2012:46) tend to focus on learners and the curricula and limited attention has been given to educators who often struggle to deal with challenges arising from the epidemic. According to UNESCO (2008) as cited by Biggs (2012) effective sector responses depend on teacher education (both pre – service and in - service) and support, and on educator commitment, confidence, knowledge, attitude and skills. This authority also points out that educators are often ill – equipped to deliver prevention programmes due to inadequate training and materials.

Another way in which educators and learners can be supported is through the implementation of education sector workplace policies, in this case it is the school policy on HIV and AIDS. A UNESCO / ILO HIV and AIDS workplace policy for education staff and stakeholders at both national and international levels which is used in the Caribbean and Southern Africa covers six key areas:

- Prevention of HIV through workplace prevention.
- Education and training programs.
- Reduction of vulnerability arising from unequal gender and staff/student relationships.
- Elimination of stigma and discrimination on the basis of real or perceived HIV status and adherence to the rights of infected or affected staff and students.

- Care, treatment and support of staff and students who are infected and / or affected by HIV and AIDS and management and mitigation of the impact of HIV and AIDS in education institutions; and
- Safe, healthy, and non-violent work and study environments (Biggs 2012).

2.11 Theoretical framework

This study was informed by the empowerment theory. Empowerment, according to Zimmerman and Perlun (1995) is both a value orientation for working in the community and a theoretical model for understanding the process and consequences of efforts to exert control and influence over decisions that affect one's life, organisational functioning and the quality of community life. These authorities state that empowerment theories provide principles and a framework for organising people's knowledge. The same authorities also suggest ways to measure the constructs in different contexts, to study empowering processes and to distinguish empowerment from other constructs such as self-esteem, self-efficacy or locus of control.

Foundation phase educators need to be empowered with the knowledge and skills in HIV and AIDS and teaching materials are of paramount importance in empowering the learners. Colleges of education, the GDE, the education unions, and other stakeholders such as NGOs have a responsibility to equip the educators with the latest knowledge and skills in teaching about HIV and AIDS.

Personal empowerment which is needed in teaching about HIV and AIDS can be equated to self-efficacy (a construct well known in the Social learning theory) and self-esteem. Self-efficacy can help the educators in the foundation phase to believe in their capability and capacity to teach about HIV and AIDS to the young learners.

Staff development courses can be conducted in the schools (a responsibility that can be taken up by school managers) in their clusters. These courses can empower educators and make them feel competent and supported in teaching topics on HIV and AIDS in the classroom.

Wood (2013:56), points out the basic assumptions and relevance of the empowerment theory to the African context.

The assumptions are;

- Sharing experiences with like-minded people
- Holding a dialogue around change
- Gathering information
- Finding solutions in collaboration with others

The relevance of this theory is that it;

- Addresses social, economic and environmental barriers to change
- Includes all stakeholders
- Recognizes that HIV and AIDS prevention programmes must be integrated with economic and social development
- Challenges and changes social norms and environmental cultures

This theory hinges on the importance of empowering the educators with valuable knowledge and its relevance to HIV and AIDS education. It can be used as a means to explore the theoretical and practical understanding of HIV and AIDS by educators who need to teach children about HIV and AIDS.

2.12 Summary

This chapter traced broadly issues related to HIV and AIDS education in the education sector and particularly in South Africa. In South Africa intervention to curb the scourge of HIV and AIDS started close to twenty years ago. The department of education has drawn policies and strategic plans and revised them over the years. The theory applicable to the study was identified and discussed in this chapter. The next chapter explains the research methodology that was adopted to conduct this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter has reviewed the literature pertaining to HIV and AIDS education in general and to the foundation phase in particular. From the literature in Chapter 2, it emerged that teaching HIV and AIDS to all learners at primary school level is what the South African Department of Education has mandated in its policies and strategic plans.

This chapter is on research methodology which is a way to systematically solve the research problem and a way on how research is done scientifically. It helps the researcher to know steps to adopt in studying a research problem along with the logic behind them.

The chapter has described the research method and design, sampling methods, data collection, data processing and data analysis and ethical considerations that were used in the study.

3.2 Research method

This study adopted a qualitative research method because it endeavored to understand experiences of foundation phase educators in teaching topics on HIV and AIDS in the classroom and the support they received from different stakeholders in the education sector. The researcher chose this method because according to Kothari (2004) it is concerned with subjective assessment of attitudes, opinions and behavior. Research in such a situation is the function of the researcher's insight and impressions. HIV and AIDS education in formal education and the perceptions of educators on the pandemic needs to be understood, and for this in – depth understanding within the specified context like the school, the researcher found qualitative research methods more relevant than quantitative approaches.

Qualitative research according to Maxwell (2013: viii) is research that is intended to help one better understand (1) the meanings and perspective of people one studies – seeing

the world from their point of view, rather than simply from their own (2) how these perceptions are shaped, and shape, their physical, social and cultural contexts, and (3) the specific processes that are involved in maintaining or altering these phenomena and relationships.

Qualitative research is concerned with in – depth understanding of the issue under examination. It relies heavily on individuals who are able to provide rich accounts of experience (Liamputtong 2013:14). This research method is said to usually work best with small numbers. According to Morse (2006:530) cited by Liamputtong (2013) qualitative researchers sample for meaning, rather than frequency. They are not interested in how much, or how many, but in what.’ This authority also points out that, qualitative research aims to examine a ‘process’ or the ‘meanings’ that people give to their own social situations.

One of the major characteristics of qualitative research according to Punch (2010:194; Leedy & Ormrod 2013:139) is that it is naturalistic and prefers to study things and people in their natural settings. Its richness and complexity means that there are different ways of analyzing social life. Jurs and Wiseman (2009:13) concur mentioning that it usually takes place in a naturally occurring situation. They also point out that qualitative research stresses a phenomenological model in which multiple realities are rooted in subjects’ perspectives. Phenomenology, according to Grbich (2013:92) is an approach that attempts to understand the hidden meanings and the essence of an experience together with how participants make sense of these.

Qualitative research digs deep as numerous forms of data are collected and examined from different angles to construct a rich and meaningful picture of a complex, multi - faceted situation (Leedy & Ormrod 2013). Qualitative researchers are viewed as people who rarely try to simplify what they observe as they recognize that the issue they are studying has many dimensions and layers, and try to portray it in its multi - faceted form.

Liamputtong (2013) views qualitative research as a legitimate and appropriate tool for studying people’s subjective experiences (which is what this research study is about)

and understanding the meanings and interpretations individuals have within the contexts of their lives.

Two public primary schools were selected for the study in Johannesburg, one of the schools being where the researcher teaches. Data gathering for this study was done by in – depth interviews to explore experiences of foundation phase educators in teaching topics on HIV and AIDS in the classroom and the support they get from stakeholders involved in the education sector in South Africa. School management, grade heads and learning area heads (Life Skills) were interviewed. Data analysis was done by means of qualitative approaches.

3.3 Research Design

Research designs according to Creswell (2014) are types of inquiry with qualitative, quantitative and mixed methods approaches that provide specific direction for procedures in a research design. Kerlinger (1986) as cited by Kumar (2011:94) and Vogt (2007) define a research design as a plan, structure and strategy of investigation so conceived as to obtain answers to research questions or problems. The plan is the complete scheme or programme of the research. Denzin and Lincoln (2011) cited by Creswell (2014) also point out that research designs have been called strategies of inquiry.

This research was a case study that took place at the two schools as stated above. A case study refers to an in – depth and detailed analysis of a person, group, a situation or a sample of a whole. It is undertaken on an individual and specific case as a model of certain phenomena especially in social and life sciences. It involves the systematic collection of data, analysing such data, then drawing conclusions that may lead to a report on the findings www.qualres.org. Accessed on 12/ 09 /14.

3.4 Area of study

The study took place at two public primary schools in Johannesburg. They are former Model C schools and they are both multiracial schools. Former Model C schools were defined earlier.

3.5 Target population

A target population in research is the entire set of units under study which is used to make inferences. It can also be defined as the eligible population that is included in the study.

The target population in this study consists of educators, school managers and parents. School managers and parents are included in this study as they are the immediate support system to the educators in the education system. One of the objectives of the study is to find out about the support the educators receive in teaching about HIV and AIDS in the classroom.

3.6 Sampling Design and Procedures

Qualitative researchers typically draw their data from many sources and the particular entities they select for analysis comprise their sample, and the process is called sampling (Leedy & Ormrod 2013). These authorities point out that sampling for qualitative researchers is purposeful, that is, they select those individuals that will yield the most information about the topic under investigation. Qualitative research relies heavily on purposive sampling strategies (Patton 2002; Morse 2006; Teddie & Yu 2007; Holloway & Wheeler 2010; Hesse – Biber & Leavy 2011; Neuman 2011; Bryman 2012; Padgett 2012) cited by (Liamputtong 2013). It refers to the deliberate selection of specific individuals, events or settings because of the crucial information they can provide that cannot be obtained so well through other channels (Carpenter & Suto 2008) cited by Liamputtong (2013).

In this study purposive sampling was done on foundation phase educators who are responsible for the Life Skills subject, who could either be the learning area head or the grade head. These are the most likely information-rich individuals from which the

researcher can learn extensively about the teaching of HIV and AIDS topics at foundation phase. Information rich cases offer in-depth understanding and insights into the findings instead of empirical generalisations (Liamputtong 2013).

3.6.1 Sample Size

Qualitative inquiry typically focuses on in – depth or relatively small samples, even single cases, selected purposefully (Patton 2002:230) cited by Liamputtong (2013). According to (Carpenter & Suto 2008:80; Patton 2002) cited by Liamputtong (2013) a crucial point in qualitative research is to select the research participants meaningfully and strategically, instead of attempting to make statistical comparisons or to ‘create a representative sample’.

The focus of sample in qualitative research is on ‘flexibility and depth’. A fundamental concern in this type of research is quality, not quantity (Liamputtong 2013).

In this study, the sample consisted of six educators from the two schools, one educator from each Grade in the foundation phase (grade 1 to 3), two school managers, one from each school and two parents, one from each school. A total of eight respondents participated in the study.

An educator from each Grade (1 to 3) who was a respondent in the study was either the grade head or the life skills learning head. These were selected because they both are responsible for the plans of the Life Skills subject in each grade. The school management consisted of a deputy principal or a head of department in the foundation phase and parents were members of the school governing body (SGB). Deputy Principals and head of departments are responsible for what happens in the foundation phase when it comes to the education of the child. The two parents are members of the SGB because this body is mandated by the South African government to give operational effect to the national policy by developing and adopting the HIV and AIDS implementation plan that reflect the needs, ethos and values of a specific school or institution and its community (Government of South Africa 1999).

3.7 Data collection instrument

The data collection steps include setting the boundaries for the study, collecting information through unstructured or semi – structured observations and interviews, documents, and visual materials as well as establishing the protocol for recording information (Creswell 2014). This authority also point out that the idea behind qualitative research is to purposefully select participants or sites (or documents or visual material) that will best help the researcher understand the problem and the research question.

In this study in-depth interviews were conducted as the major tools or instruments of obtaining data in the research. The researcher used this instrument because an in–depth interview according to Punch (2010:168) is one of the main data collection tools in qualitative research. It is a very good way of accessing people’s perceptions, meanings, and definitions of situations and constructions of reality. It is also viewed as one of the most powerful ways we have of understanding others.

Kvale 2007 as cited by Liamputtong (2013:42) concurs stating that through conversation, individuals have an opportunity to know others, learn about their feelings, experiences, and the world in which they live. This authority also mentions that in – depth interviews aim to elicit rich information from the perspective of a particular individual on a selected topic under investigation. Interviews according to Wallace and Atkins (2012:86) are a very flexible tool which can be used to gather a range of different types of information, including factual data, views and opinions, personal narratives for histories which make them useful as a means of answering a wide range of research questions. The dialogue is said to allow the interviewer to probe and clarify and check that they have understood correctly what is being said.

Open - ended questions were used in the study and according to May (2011) this kind of questioning give respondents a greater freedom to answer the question because they answer in a way that suits their interpretation. The interviewer then records as much as possible of the answer, which is analysed after the interview. The researcher in the interviews focused on content specified by the research objectives of this study. All questions posed to the participants were aimed at establishing experiences of

foundation phase educators in teaching HIV and AIDS topics in the classroom and the support they get from the school management and other stakeholders in the education sector.

Data for qualitative evaluation typically comes from field work. According to Neuman (2012: 328), 'Qualitative data comes in the form of photos, written words, phrases, or symbols describing or representing people, actions, and events in social life'. Punch (2010:141) on the other hand mentions that for the qualitative researcher, 'the range of what can count as useful data and ways of collecting them are very wide'.

Interviews are a very flexible tool which can be used to gather a range of different types of information, including factual data, views and opinions, personal narratives for histories which make them useful as a means of answering a wide range of research questions (Wallace & Atkins 2012:86). The dialogue is said to allow the interviewer to probe and clarify and check that both parties have understood correctly what is being said.

Kvale (2007) as cited by Liamputtong (2013:42) concur stating that through conversation, individuals have an opportunity to know others, learn about their feelings, experiences, and the world in which they live. This authority also mentions that in-depth interviews aim to elicit rich information from the perspective of a particular individual on a selected topic under investigation that the researcher seeks to study.

The in-depth interviews used were a face-to-face and a one-on-one interaction between the researcher and the participant. Johnson (2002:106) as cited by Liamputtong (2013:430) postulates that this method permits the researcher to delve into the 'hidden perceptions' of their research participants.

The unstructured type of interview was used. This means that participants were asked questions but the researcher had no fixed pattern in the way the questions were asked. The advantage of unstructured interviews is that the interviewer is able to rephrase questions when the interviewees experience problems in responding to these questions. Creswell (2014:205) state the fact that unstructured interviews allow the

researcher to ask open-ended questions that permit the participants to create various possibilities.

In the study letters were sent to participants before the interview took place. This was done to familiarize respondents with the topic and the questioners and also to arrange time for the interviews. Individuals were interviewed separately to help the researcher to get independent responses. This also created an opportunity where each participant was able to express themselves freely and at the same time be certain of the confidentiality with which the information was treated.

Creswell (2014) is in favour of the one-to-one interview and suggests that it is useful for asking sensitive questions and also for participants to ask questions or provide comments that go beyond the critical questions. This authority warns though that the disadvantages or limitations of this research method are that there is high likelihood of bias.

This could be from both the researcher and the participants. HIV and AIDS have affected everyone's life and people have different perceptions and attitudes towards this disease. Talking about it might bring out some sad memories and emotions which might not positively benefit the study. This is likely to affect the analysis of the study.

The research instruments were pre – tested before they were finalized and used in the study with educators who were not involved in the study. These educators are from two other schools which were not involved in the research. This was done to help the researcher to check on the questions that had been prepared for the research. Some questions had to be reviewed so that they were in line with the objectives of the study.

The interviews were held to obtain the individual views of the participants on experiences in teaching topics about HIV and AIDS in the classroom. The questions were used to initiate a dialogue between the researcher and the educators. The participants were expected to reply as freely and as extensively as they wished and if the answer was not rich enough the researcher probed further.

Interviews according to Leedy and Ormrod (2013) can yield a great deal of information. Silverman (1993) cited by Leedy and Ormrod (2013) believes that using interviews the researcher can ask questions related to any of the following:

- Facts (e.g. biographical information)
- People's beliefs and perspectives about facts
- Feelings
- Motives
- Present and past behaviours
- Standards for behavior (i.e. what people think should be done in certain situations)
- Conscious reasons for actions or feelings e. g. why people think engaging in a particular behaviour is desirable or undesirable.

May (2011:131) has similar views, that interviews yield rich insights into people's biographies, experiences, opinions, values, aspirations, attitudes and feelings.

A tape recorder was used to record the interviews with the permission of the interviewees. The researcher listened to the recordings and made interpretations which lead to the findings that are recorded in the next chapter.

3.8 Data analysis

Qualitative data analysis methods were employed. Data collected was recorded on a tape recorder and a field notebook.

The process of data analysis in qualitative research is complex and a combination of three key areas according to Grbich (2013) is involved;

- The first step is to do with the researcher' views and choices in the research journey and the impact of these on the data collected and analysed.
- The second step relates to the design and methods used, the quality of the data gathered and how it is managed, and

- The third step involves display of the findings and the theoretical interpretations of the analysed data, presented for the reader to assess.

Data analysis in a case study typically involves the following steps (Creswell, 2007; Stake 1995) as cited by Leedy and Ormrod (2013: 141,142)

- Organizational details about the case. The specific 'facts' about the case are arranged in a logical (e, g chronological order).
- Categorisation of data. Categories are identified to help cluster the data into meaningful groups.
- Interpretation of single instances. Specific documents, occurrences and other bits of data are examined for their specific meanings that they might have in relation to the case.
- Identification of patterns. The data and their interpretations are scrutinised for underlying themes and other patterns that characterize the case more broadly than a single piece of information can reveal.
- Synthesis and generalization. An overall portrait of the case is constructed. Conclusions are drawn that may have implications beyond the specific case that has been studied.

According to (Lincoln & Guba 1985) as cited by Creswell (2014) the final step in data analysis involves an interpretation of the findings or results. Asking, 'What questions were learned?' captures the essence of this idea. In answering these questions the researcher will explain the research findings in the next chapter.

3.9 Ethical Considerations

Permission to conduct the study was sought from the principals of the two schools. Individual permission was sought from all the respondents. Participation in the study was voluntary after explaining the purpose and significance of the study. All respondents were assured of confidentiality and signed consent forms.

According to Israel and Hay (2006) as cited by Creswell (2014:92) researchers need to protect their research participants, develop a trust with them, promote the integrity of

research, guard against misconduct and impropriety that might reflect on their organisations or institutions; and cope with, challenging problems. Ethical issues today are said to be apparent in such issues as personal disclosure, authenticity and credibility of the research report, the role of researchers in cross-cultural contexts and issues of personal privacy through forms of Internet data collection.

According to Liamputtong (2013) ethical issues have become an essential aspect of research and more so in qualitative research because of the close interaction between the researcher and the participants as well as the unstructured and unpredictable nature of qualitative research methods (Mishna et al 2004, Liamputtong 2007, Morse 2007, Christians 2007 & Padget 2008) as cited by Liamputtong 2013).

According to Babbie (2012) social research takes place in a social context. Researchers must therefore take into account many ethical and political considerations alongside scientific ones in designing and executing their research. Streubert and Carpenter (2011) remind social researchers that protection of participants must remain at the forefront of all research studies. Liamputtong (2013:32) concurs saying, 'Ethics is a set of moral principles that aim to prevent research participants from being harmed by the researcher and the research process.' Neuman (2012:53) notes that,

'Social researchers must balance two values, which are, the pursuit of knowledge and the rights of research participants or of others in society. Doing professional social research requires more than knowing the proper research techniques and design (e.g.) sampling, it also requires being aware of ethical principles and applying them prudently.'

For this study, the researcher took into consideration the importance of ethical principles in executing the research. The researcher adhered to the following ethical principles, voluntary participation of participating educators in the selected schools, informed consent, avoidance of harm (which could be physically, emotional, social, political and economic) and protection to privacy (which includes anonymity and confidentiality).

Voluntary participation - Babbie (2012) views this as a major tenet of social research and that no one should be forced to participate. In the study the researcher developed a fair and explicit agreement with the participants and allowed them to decide voluntarily,

knowingly and intelligently to be involved in the research. The participants at the schools were not be coerced to take part in the study. They voluntarily participated in the study. They had a choice of not continuing with the interview if they didn't feel comfortable.

Informed consent – Emmanuel et al (2000) as cited by Liamputtong (2013:34) define informed consent as ' the provision of information to participants, about the purpose of the research, its procedures, potential risks, benefits, and alternatives, so that the individual understands this information and can make a voluntary decision whether to enroll and continue to participate.' This code of ethics is grounded in the 'ethical principles of respect for the dignity and worth of every human being and their right to self – determination' (Miller and Boulton 2007: 2002 cited by Liamputtong 2013) Foundation phase educators at the sampled schools were given the opportunity to choose to participate or not to participate in the research after receiving full disclosure of the nature of the research by the researcher. This means that the participants were be made aware of the pros and cons; and benefits or risks of participating.

No harm to participants – According to the principle of non- maleficence, researchers have the responsibility to ensure the responsibility to ensure the physical, emotional, and social well- being of their research participants (Padget 2008) as cited by Liamputtong (2013). Babbie (2012) warns social researchers that they should never injure the people being studied even if they volunteered for the study. In the study the researcher did her best to be alert of any dangers that could harm the educators who took part in the study. This is likely to come in the reporting and analysis of data. Babbie (2012) also mentions that voluntary participation and no harm to participants are easy in theory than in practice.

Anonymity and confidentiality – Confidentiality according to Liamputtong (2013:36) aims to conceal the true identity of the participants. This authority also points out that the most disturbing and unethical harm in research is when participants are damaged by the disclosure of their private world.

A researcher's greatest concern according to Babbie (2012) should be to protect the participants' interest and well – being by protecting their identity, more so, if revealing the names of their schools and the district they teach in will injure them in any way. This authority goes to state that a research project guarantees confidentiality when the researcher can identify a given person's name but promise not to do so publicly. In the study, the researcher did not identify the name of the participants, the schools and their locations. She just mentioned that it was a study that was carried out in two schools in Johannesburg North.

Attention in the study was to be directed toward ethical issues prior to conducting the study, beginning of the study, during data collection and data analysis, and in reporting, sharing and storing the data.

Data collection methods in this study were consistent with ethical principles. Participants were informed about the nature of the study and its purpose (this is informed consent). Any data collected will not be traceable back to particular individual, that is maintaining the participants' right to privacy. Pseudonyms or aliases for the names of the schools and participants were used with participants during data collection as well as in the research report to protect their identities.

3.10 Summary

This chapter identified the appropriate research design for this research and explained its major characteristics, its advantages and disadvantages. Data collection procedures were laid down and the types of interviews available to a researcher were explained. Data analysis in a qualitative research and the ethical considerations that were used in the research were discussed. The next chapter (chapter 4) presents the findings of the study.

CHAPTER FOUR

RESEARCH FINDINGS

4.1 INTRODUCTION

Chapter 4 deals with the presentation and analysis of data that was collected from the field. Data was collected from two schools in the suburbs of Johannesburg. In this chapter the experiences of foundation phase educators and the support they receive in teaching HIV and AIDS topics in the classroom that emerged from the six interviews carried out with the participants are laid down. Sentiments of four school managers and two parents form part of the findings of this research.

4.2 Characteristics of the respondents

The schools that participated in this study are being referred to as school A and school B. All respondents in this study are be coded.

Educators are coded according to the grades they teach and the school they are in. Those in school A are referred to as A1, A2 and A3, while those in school B are referred to as B1, B2 and B3. School managers are referred to as MA and MB according to the school they manage while parents are referred to as PA and PB according to the school they represent.

The ages of the all the participants who participated in the study ranged from twenty six to fifty eight years. The teaching experience of educators was from two to thirty two years. The two school managers had more than five years' experience in the posts they held. The two parents had five and six years' experience with the respective schools.

The professional qualifications of the educators ranged from Diploma in Education to Honours in Education. The two school managers had ACE Management and Honours degrees in Education.

4.3 Findings

4.3.1 Experiences of educators on HIV and AIDS education

The major issues that emerged from the interviews show that in the past five to seven years HIV and AIDS education was not being seriously considered as a topic in Life Skills in these two schools. It was no longer viewed as an important subject. Educators taught whatever they thought was relevant on HIV and AIDS with whatever materials they had. Some educators completely omitted it in the plans of the year whereas other used materials they acquired years ago. There was no support from any stakeholder on HIV and AIDS life skills education and the GDE was not monitoring what is happening in schools. To some educators HIV and AIDS life skills is not included in the new CAPS curriculum. Below are responses from the educators.

3A's comments were;

'My teaching experience on HIV and AIDS dates back some 15 or 17 years ago at Milpark primary school where Nkosi Johnson, one of the pioneers of HIV and AIDS was a learner. We got quite involved in teaching about HIV and AIDS as teachers and we had a lot of support in terms of knowledge, teaching strategies and materials from different NGOs then. However, parents at the school were up in arms with the school as they did not want their children to learn with Nkosi because he was HIV positive. Some of the materials I got then I still use in my classroom. What I can say though now, pertaining to the topic at hand is that nobody cares about HIV and AIDS being taught, especially in our phase. I personally make it a point that learners in my class learn about HIV and AIDS. I know though that the upper grades have books on HIV and AIDS and I believe they are teaching it. My child at high school at times complains that they are actually inundated with lots of materials on HIV and AIDS'.

3B's comments were;

'Although HIV and AIDS is a topic that is supposed to be covered in Life Skills it can easily be skipped in the plans of the year and the new CAPS curriculum is really silent about it. I know how important it is to teach learners and make them aware of the disease. However, time is the major issue here. There are many themes in Life Skills to cover in a year. The other issue also is that the new CAPS curriculum has too much work to be covered in all subjects. In the end topics on HIV and AIDS just fall by the way side even if as an educator I know how important it is to enlighten the learners about this scourge. At grade 3 level we are supposed to discuss myths and facts surrounding the disease and one thing I can point out is that learners are very keen to learn about HIV and AIDS even though they are generally scared of it'.

2A's comments were;

'These years there are no teaching materials even if one is keen to teach. When I have to teach about HIV and AIDS I have to make my own plans using materials that I got from workshops when I was still working in KwaZulu Natal some six years ago. I would really want to attend developmental courses on HIV and AIDS if they are available. However, I have not heard of any since I moved to Johannesburg. HIV and AIDS is a sensitive issue especially to learners who are either infected or affected because it is talked about a lot in the media, especially the radio and the television.'

2B' comments were;

'In our grade HIV and AIDS topics are supposed to be incorporated under the theme Hygiene and Healthy Living but it is not covered broadly. We only cover precautions on infections, such as, how people can and cannot be infected with the HI virus. We talk about not sharing needles, razor blades and avoiding being in contact with someone else's blood. We don't talk about sex as a medium of transmitting the virus as this is not appropriate for the ages of the children in we teach. There are no learning materials though besides the chart I found in my classroom four years ago'.

IA's comments were;

'In our grade we do not have a topic on HIV and AIDS but we just mention about it briefly under the theme 'Safety'. We have a chart on precautions that learners need to be aware of like, you cannot get HIV from sharing food, using same utensils or the same toilet with a person infected with the virus. It is not easy to explain much at this level because children do not understand very well about HIV and AIDS. I do not get support from the school. I lack teaching materials especially looking at the grade I teach. It is difficult for me. I don't know how far I can go when teaching on HIV and AIDS to these learners because it is a sensitive issue. It is splashed about a lot on radio and television and children have a lot of unanswered questions on it.'

1B's comments were;

'Teaching about HIV and AIDS is not easy for an educator in at foundation phase level especially because there are no workshops that are conducted be it by NAPTOSA or our cluster to develop educators on how to teach the young learners on HIV and AIDS. It is a topic that is not even spoken about at the school, even issues like how do you help a child who is HIV positive. Anything to do with HIV and AIDS is dealt with in the office by the deputy principal or the head of guidance. Educators are not equipped to deal with it, even in terms of what to teach and how to teach about HIV and AIDS. I have two years in the teaching profession and I definitely need to be equipped in teaching this sensitive subject. The new CAPS curriculum does not have anything on HIV and AIDS education. It is not there, and it's like it has been dropped from the curriculum.'

4.3.2 Educators' attitude towards teaching about HIV and AIDS at foundation phase.

All the respondents viewed HIV and AIDS education as very important in South Africa because of the high statistics of HIV infections among the youths. The educators were willing to teach about it and their plea was to be empowered by the GDE and teacher unions with the knowledge, skills and learning and teaching materials. The challenge that was raised by some educators did not know what to cover with these young learners as HIV and AIDS was a sensitive issue.

3A' comments were;

I have no problem with teaching children about HIV and AIDS at this level because to tell you the truth South Africa is a country that has so many social ills like violence, rape, poverty etc. If children can be equipped with the knowledge and skills I am sure it will be a great help for this nation, and actually maybe for the whole of Sub- Saharan Africa which has the highest statistics on HIV and AIDS in the world.'

3 B's comments were;

'I don't feel sad when talking about HIV and AIDS referring to the chart. I know it is one of the issues I must make children aware of because it might in the long run help against stigmatization and discrimination of those who are infected. It is not a choice really not to teach about HIV and AIDS to our learners because this is a pandemic in our country and it is a pity that it is not included in our present work schedule that is the CAPS curriculum.'

2A's comments were;

'Teaching about HIV and AIDS to the Foundation Phase learners might not be appropriate. I find it perplexing that young children who are egocentric in general should be given too much medical information that they cannot fully understand or interpret. Maybe I am wrong since I really do not know what needs to be covered on HIV and AIDS in my grade. Well, I do agree that children should know about HIV and AIDS. Maybe what I needed was to be equipped with the knowledge and skills to do so. This interview is actually making me realize that I don't know much about to teach about HIV and AIDS to young learners, especially because there are no teaching and learning materials.'

2B's comments were;

'Although HIV and AIDS is a sensitive issue I believe I can teach about it. It is sensitive mainly because it talks about sexuality and teaching it to Grade 2 learners is not easy. I really have no problems teaching about it, but I think the GDE needs to take it seriously and equip educators with all the necessary knowledge and skills. We really can't afford as a nation to let this disease escalate yet we can do something about it.'

1A's comments were;

The GDE can help educators to have a positive attitude towards this subject if only they could take it seriously and hold workshops as they do for other aspects of Life Skills such as ART. NAPTOSA holds many workshops and seminars during the year but I have not seen anything on HIV and AIDS lately. Teaching learners about HIV and AIDS at this early age might help in reducing stigma and discrimination. Our children can learn not to shun away from their friends or relatives who might be infected with the virus. I am very comfortable to teach about HIV and AIDS in my classroom.

1B's comments were;

'I have no problems in teaching my learners about HIV and AIDS as this might help in stopping the stigmatization and discrimination of people living with the HI virus or those that are affected by AIDS. Schools are the proper places where children need to be conscientised about HIV and AIDS and grow knowing about it. It will help them in a way to start learning about it in these lower grades as they will continue to learn about it in the higher grades. It must be taught, we have no choice really. There are so many social ills happening in our country, such as rape, violence, drug abuse including HIV and AIDS and if children are educated early in their lives they can be equipped with the knowledge and life skills they will need in their future. As an educator I am more than willing to teach about HIV and AIDS but I need the learning and teaching resources so that I know how far I can go with the detail at the children's developmental level.'

4.3.3 The support educators receive in HIV and AIDS education

The responsible and interested stakeholders in education this research referred to were the school managers, Government Department of Education (GDE), education unions, others such as national and international NGOs (Love Life), Private voluntary and Faith based organisations. The support was in terms of knowledge and skills and strategies in the teaching of the subject, teaching materials to use in their practice. The main findings

of the research were that the stakeholders mentioned above offered limited support if any on HIV and AIDS life skills education.

3A's comments were;

'NAPTOSA used to run workshops in the past on HIV and AIDS. Love Life was been to our school over three years now and worked mainly with learners in the senior part of the school. There is little that I can say about the support from the school or the GDE in terms of teacher development on this subject. I just teach about HIV and AIDS to my learner as an educator because I know how important it is to empower my learners with the knowledge I got over ten years ago. Nkosi Johnson was our student and I really understand the importance of teaching children about this disease, especially here in South Africa where the statistics are alarming. Really as things are at the moment, this scourge will not live us unless we do something about it. I am bothered by the fact that it seems like it is left to the Department of Health only to deal with HIV and AIDS as if it is just a health issue.'

3B's comments were;

'A church offers the services of a counsellor who attends to learners who need counselling. Once I remember the counsellor had to come in and help talk to children when one of the children had brought a magazine which had something to do with HIV and AIDS. The pictures were really inappropriate for young learners to see. A child had reported the incident to his parents and they were not happy about it and complained to the school. The children had to be addressed by the counsellor who talked to them mainly about behavior. I must say that in the three years I have taught in this school I have never heard anything mentioned in any meetings (be it the grade or staff meeting) on HIV and AIDS teaching or the policy, though at the beginning of each year Language and Mathematics policies are reviewed. I am actually surprised to learn that the school has an HIV and AIDS policy. It is really news to me.'

3B's comments were;

'My main concern is that there are no new developmental programmes on HIV and AIDS education. HIV and AIDS is a complex subject which needs to be addressed more often for educators to be competent to teach about it and more so in our phase. These children are still young to comprehend abstract issues like HIV and AIDS. As educators we need new learning and teaching materials so that we can be able to impart the knowledge. I can't really say there is any support that we get to teach about HIV and AIDS in the classroom. In a way, maybe that is why we easily skip it in our plans of the year because learners are inquisitive and they would like to know more about condoms which they hear a lot in the media.'

2A'S comments were;

'I believe I have enough knowledge to teach to my learners. I have taught for many years on this subject and I do have knowledge on HIV and AIDS but what I need appropriate is teaching strategies. You know how it is presented on the media, it can confuse children. I try to be resourceful and get materials from magazines, clinics and the internet to teach on HIV and AIDS in the classroom.'

2B's comments were;

What I have as teaching materials in my classroom on HIV and AIDS is a poster that is found in every classroom. Maybe these posters came from the GDE or the department of health and they were just sent to the classes. However, as educators I think we need to be equipped more if we are to tackle this sensitive as well as an important topic in children's lives. To teach more on HIV and AIDS at the moment one has to be resourceful and find own materials from the internet, magazines television and radio programmes.'

1A's comments;

'I really cannot say that we are being supported in terms of development on how we can impart knowledge to these young learners on HIV and AIDS. Maybe we need awareness campaigns; for example, during AIDS day or an AIDS club in our school to help empower children more on HIV and AIDS and this might help when we teach about it in the classroom. Children could be encouraged to do drama at assembly to keep HIV and AIDS alive in children's lives.'

1B's comments;

'Besides the charts we have in the classrooms I would not say we get any support from the school at all on this issue. If the GDE was serious about HIV and AIDS education as it was years ago it would be supporting educators on it as they do with other subjects. We would go out there to attend workshops and seminars specifically on HIV and AIDS. The truth is that teaching about HIV and AIDS has gone quite in recent years. Maybe I am saying so because some years ago it was a topical issue in education. Now it's like it belongs to the medical department and the media only. Maybe it is time HIV and AIDS education is revived in the education field and talked about much more to save our children.'

4.3.4 Knowledge, skills and teaching materials educators need

Some educators believed that they had enough knowledge on HIV and AIDS and what they needed was to be developed in the teaching methods and techniques. Some

however, needed to know what topics to cover and suggested that teachers' guides and learners' activity books would be of great benefit.

3A's comments were;

'I believe I have enough knowledge on HIV and AIDS and what I need most is to be developed in the teaching methods and techniques on this sensitive topic.'

3B's comments were;

"With what we are expected to teach on HIV and AIDS at the moment there is so much information out there in health institutions, on internet and in magazines. I believe we need to be developed more on how to teach about it. This might help us to make sure that we make an effort to include it in our year plans'

2A's comments were;

'The knowledge I have should be sufficient for me to teach my learners but the challenge would be on how to teach the subject and where to draw the line. I would need to attend workshops and be empowered with the skills in teaching this sensitive topic.'

2B's comments were;

'I would not say that the information on the chart I have in the classroom is outdated though but I would appreciate more current information which is appropriate for the developmental ages of our learners from the GDE. Workshops and seminars would also empower us educators, especially on skills to teach the subject.'

1A's comments were,

'We need teaching and learning materials to be guided to be effective educators in this subject. We really are lacking this. The new CAPS curriculum has textbooks and teachers' guides in other subjects but there is nothing on HIV and AIDS not even in the GDE blue books. I think this is an omission on the part of the GDE.'

1B's comments were;

'As much as I believe I am knowledgeable on HIV and AIDS for the grade I teach I think we need learners' activity books, teaching guides, comic books, puzzles, posters and charts. I think these can really motivate us to teach the subject.'

4.3.5 Observations and challenges during lessons

Learners were said to be keen to learn about HIV and AIDS and they react differently during lessons. They are said to be interested in knowing more about how it is transmitted and also in myths and facts on HIV and AIDS. Most learners are said to have understood the blood issue.

3A's comments were;

'Learners to react differently, as soon as the words HIV and AIDS are mentioned. Some giggle or are intrigued by these words, some are quiet and some want to understand words like sex and condoms. Knowing about sex is an issue at this level and learners giggle when it is mentioned. What I tell them is that they will learn about it in the higher grades. I also refer them to their parents because I do not believe it is my responsibility to talk to learners on such an issue.'

3B's comments were;

'Learners are more interested in knowing more about how it is transmitted. Another thing I have observed is that learners have understood the blood issue. Whenever, one learner is hurt and there is blood, during break the friends will not touch blood. Instead they will take the learner to the office. If it is in the classroom the learner will ask for a bandage that is available. If one is bleeding the friends will quickly run to take a tissue and give to him or her. The learners know that it is important not to touch anyone's blood even if it is a loved one's, for example, a mother.'

2A's comments were;

'At this level learners are interested in knowing more about myths and facts on HIV and AIDS. They hear a lot and at times get confused. Some are even aware of or know people who are HIV positive in their families and they would really want to learn more on HIV and AIDS.'

2B's comments were;

'The learners have a lot of questions on myths and facts as they hear so many conflicting messages on HIV and AIDS. They understand very well that they should not touch anyone's blood.'

1A's comments;

'At this level we talk about the blood issue and children take it as the gospel truth. They don't even ask questions even when you mention that they can be infected by HIV and AIDS.'

1B's comments were;

'Learners just listen and learn about the importance of not touching each other's blood. I don't even think they notice when the words HIV and AIDS are mentioned during the lesson.'

4.4 Sentiments of school managers

4.4.1 The role of education in the fight against HIV and AIDS in South Africa

Both managers believed education had a big role to play in the fight against HIV and AIDS. They also believed that people were now tired of hearing messages on HIV and AIDS. Though they knew the importance of HIV and AIDS life skills education in their schools they had relegated it to the guidance educator and the HOD for foundation phase. They really were not aware of what was happening in their schools pertaining to HIV and AIDS life skills education. The interviews we had were sort of a wakeup call for these school managers on this subject. One of the managers even suggested that the researcher could assist her to revise the school's HIV and AIDS policy.

MA's comments were;

I believe that HIV and AIDS education is an integral part in the fight against HIV and AIDS in South Africa. It is every school's responsibility to ensure that HIV and AIDS are taught in the classroom and that everybody is being educated on what HIV and AIDS is and its dangers. Schools must make sure that the curriculum is sufficient to provide the information that every child needs, so that learners are taught about the facts on HIV and AIDS, how it is contracted and this should be at the children's developmental level. It is every school's responsibility to ensure that every child is educated on HIV and AIDS at their developmental level. HIV and AIDS must actually start at pre-school. Children should be taught at a very age about blood and its dangers. In grade one children should already be knowledgeable about the disease and they could learn more and more facts about prevention and all other issues related to HIV and AIDS, for example caring for the infected, sexuality e t c, as they progressed through the grades. As far as the curriculum is concerned teachers are knowledgeable about HIV and AIDS and they know that it is their responsibility to teach about it. The training programs you mention about should have been for selected schools, maybe those in the rural areas and the townships – quintile 1, 2 and 3. I don't think quintile 4 and 5 (which the former Model C schools) were not invited. Maybe it is time now for the GDE to start looking at HIV and AIDS education again and refresh everybody's mind so that learners can be educated on it and the schools can prioritise it in their plans of the year. It is important that the children, the teachers and the parents be educated on HIV and AIDS the whole time. It cannot be ignored with the alarming statistics of HIV and AIDS in this country.'

MB's comments were;

'HIV and AIDS had its time when all government departments were busy about it but of late it is quite and it is no longer an urgent issue anymore. The other reason for lack involvement is because children or their parents do not have to reveal their HIV status. As it is the schools does not know how many children are HIV positive and those that we know are purely by chance. It is really not easy to tackle this issue as the policies tend to make it a hidden issue, you know. There is not much really we can do as schools. Our hands are tied. Maybe government should start all over again on its approach on HIV and AIDS and develop educators about his important intervention programme. Government instead of saying prevention, condoms, ARVs all the time maybe should start saying abstinence as a way of changing the approach on HIV and AIDS. South Africa as a nation really needs to concentrate on children's morals and values. I have not been involved in any workshop or seminar on HIV and AIDS in the past 5 or more years. There could be some materials in the archives that the school received from the GDE on HIV and AIDS about 10 years ago. These are study guides, books and materials on HIV and AIDS. At one stage there was so much information or an overload on HIV and AIDS that teachers started disregarding the importance of teaching on the issue. Educators just became saturated with the information that as soon as they saw any new material they would just say its HIV again and not care to look at what it was because children were bombarded, the nation was bombarded; television bombarded everybody with HIV and AIDS information. However, now not much is said in schools about HIV and AIDS because of so much work for both educators and school managers are expected to do within the school time table. I must admit I am not really sure of what is happening in the foundation phase. Maybe the guidance teacher and the HOD can be able to enlighten you more on this. HIV and AIDS is an important issue in this nation. It cannot just be put at the back of people's minds. The refresher courses on HIV and AIDS are really a must because nothing has is happening at the moment in terms of empowering the educators to be able to empower children. There is also need for newer materials with the new and latest information that educators need to be given.'

4.4.2 Schools' HIV and AIDS policies

Both schools had an HIV and AIDS policy. In school A all educators had the policy in their files whereas in school B the policy was only in the principal's file. Some educators in school B did not even know that the school had the policy. It was basically a policy that was kept in the principal's file for the GDE.

MB's comment on why the HIV and AIDS policy was in the principal's file and not in the educators' files as other policies were was that;

'Everybody knows about HIV and AIDS, and this policy is just symbolic in that it was there so that when the GDE wanted to see it when they visited the school it would be made available. The nation has become numb towards the disease. The HIV and AIDS policy had been drawn maybe between 2002 and 2005. I am not quite sure when exactly this one was done as I was not at this school then. Maybe you can help me to revise it.'

MA's comments on the schools' HIV and AIDS policy were that;

All educators have the policy in their files as they do with all other policies that the GDE expects them to have. It is one policy we have overlooked I must say because HIV and AIDS education has taken a back seat if I may say so. I am also not sure when it was drawn as I was not at this school. I have not been involved in drawing of the HIV and AIDS policy even in my previous school.

The 2 policies were drawn from a CD that was provided by the DBE when this department had a huge drive to set policies in place. Schools had been given templates on how these policies should look like and they had to use the templates as a guide. The researcher managed to get hold of the CD that was used and the policies of these two schools are almost identical. These policies clearly state that parents should be involved in the drafting of the policies and that they should know what their children were learning on HIV and AIDS.

On parental involvement MA's comments were;

'Parents should know the content of what their children learn on HIV and AIDS just like in all other subjects. Some parents are ignorant about HIV and AIDS and they can learn from their children.'

MB's comments were;

It is important that as a school we make sure that parents know what their children are learning about HIV and AIDS. It might benefit those parents who have limited information on the disease.'

Both managers believe that when these policies were drafted the school management, teachers and SGB members were to be involved as this was stated in the guidelines by the GDE.

The school policies of both schools were made available to the researcher. They both explicitly state that: Parents of learners and students must be informed about all HIV and AIDS education offered at the school and institution, the learning content and

methodology to be used as well as values that will be imparted. It also stipulated that parents were to be invited to participate in parental guidance sessions and be made aware of their role as sexuality educators and imparters of values at home.

4.4.3 Challenges or plight of Foundation Phase educators

Both managers realised that they could not say they were aware of challenges foundation phase face in teaching about HIV and AIDS in the classroom as they had relegated the responsibility to the educators, the guidance educator and the HODs. They pointed out that in the past seven years teachers had not been developed regarding their skills and knowledge on HIV and AIDS life skills because of the assumptions mentioned earlier that everybody was supposed to know.

They suggested that development workshops needed to be conducted regarding teaching about HIV and AIDS in the classroom as a way of supporting educators. These could be done at school and at cluster level. At the moment it was not happening in both schools.

There was very little support given by other stakeholders such as the GDE and teachers' unions on HIV and AIDS life skills education. The GDE was said to have once overburdened schools with the teaching materials and now they had just made it part of the curriculum and were doing nothing about it.

MA suggested that,

'The GDE may be needs to think about renewing everybody's knowledge and teaching skills regarding HIV and AIDS on a yearly basis. It could select a few teachers from each school every year to go on a refresher course it was conducting.'

Both managers were of the opinion that schools were not receiving any support from the government besides the fact that it was just part of the curriculum. This suggestion is contrary to what the (UNGASS 2010, 2012) report states clearly, that school principals and educators were being trained in HIV and AIDS education. The researcher feel there is need to research if these training sessions were only for quintile 1, 2 and 3 schools and not for former Model C schools as these respondents suggested.

MB went on to suggest that;

'Maybe if the school approached the district and asked specifically for support for teachers to improve their knowledge and skills regarding HIV and AIDS they could be willing to help the schools. The help is there I believe. Schools just need to ask as they do for other subjects. The support structures are in place to visit schools to renew skills and knowledge, to refresh teachers' memories on any subject matter. It is something that maybe schools need to think about. NAPTOSA used to conduct courses on HIV and AIDS a few years ago and in the past two years they have also been silent. Other unions such as SADTU are quiet on teacher development.'

The comment above makes the researcher wonder what this means. The school managers were aware of HIV and AIDS education and its importance and they knew where they could get the support, but the findings of this research show that they were not seeking or giving the necessary support. Could the challenges that were found out in former Model C Schools by the GDE be still true, 'That some former Model C schools choose not to implement the programme within their school setting because they do not consider the social problems dealt with by the programme relevant for their learners (Department of Education 2006)? If this is so then the Department of Basic Education still has a lot of work to do pertaining to the implementation of the curriculum as a whole in these schools.

4.4.4 Support given to the foundation phase educators

Apart from having HIV and AIDS life skills education as part of the curriculum, at the moment both schools admitted that they were not doing anything in terms of supporting the teachers in teaching about HIV and AIDS. Time constraints, the workload and the belief that everyone knew about HIV and that there was an overload of information were the main reasons brought forward.

Not much attention was paid to HIV and AIDS life skills as it should. Everybody had become used to the idea that people were sick, people had become numb towards HIV and AIDS, and it was now part of people's lives. It had become an assumption that everybody knew or were supposed to know about HIV and AIDS including teachers and learners.

The managers suggested that the government through its different departments should constantly remind and educate people about HIV and AIDS and educate children about HIV and AIDS. They pointed out that this was lacking at the moment.

MB admitted,

'This is actually an interesting topic because it had reminds me about the seriousness of HIV and AIDS in this country and we as educationists need to pay more attention to it. This reminds me that my son who is a doctor always talks about the plight of people who are infected with HIV in hospital and it has never hit home as it does now during this interview.'

If this research could make more educationists think along these lines and act in such a manner then this research would be worth it.

4.5. Sentiments of the parent body (SGB)

4.5.1 HIV and AIDS education in schools

Both parents believed that HIV and AIDS was an important subject that should be taught to children because HIV and AIDS affected everyone including children. They also believed that HIV and AIDS life skills education should actually start at home, and at school it should start at grade 1. Children needed to understand that it was an illness that could affect anybody. If they understood that it was an illness and knew that someone had it children would learn about the importance of caring for each other.

PA's comments were;

'It could be a good thing if children could be taught about HIV and AIDS at school as many parents do not talk, inform or educate their children on the topic. Any topic related to sexuality in our culture is usually viewed as taboo. I am sure many parents would appreciate it if schools tackled this issue really, especially in our country South Africa. So many things happen that make children vulnerable to issues like HIV and AIDS.'

PB's comments were;

'Some parents think it would never happen to them, that is, to be infected or affected by HIV and AIDS. Children should be taught basics such as knowing your body, blood issues, caring for each other in whatever situation we find ourselves in, and then at intermediate and senior level it should be taught in –

depth as children in this country are known to be sexually active at an early age. One thing I have noticed is HIV and AIDS issues are splashed a lot in the media.'

4.5.2 Content in HIV and AIDS education

Both parents were not really aware of what was happening regarding HIV and AIDS education, especially in the lower grades. They were not aware of any SGB meetings that had anything regarding HIV and AIDS in their tenure of office.

PA's comments were;

'It is important that parents are aware of what the children learn on HIV and AIDS so that they could fill in the gaps.'

PB's comments were;

'I have noticed from my daughter's books that children do learn stories that mention feelings and emotions around HIV and AIDS. I must say I started seeing this when my daughter was in grade 4 and not in first three years of school. I am not quite sure though about the depth of the knowledge imparted to the children at primary school.'

4.5.3 Support given to educators by the SGB.

Both respondents were of the opinion that their SGB committees were not doing much to get parents to participate much on HIV and AIDS education. They were also of the opinion that it was important that the parent body worked together with the school to educate and empower children so that they could avoid HIV infections, and also that they learn to care for those who were infected whenever they came in contact with them. They suggested that the parent body could work closely with the school management and organize sessions to be conducted in the afternoons or even during school hours where different professionals could be invited to give talks to children.

PA's comments were;

'As SGB members we are aware of parents who can be of assistance to the school on issues related to HIV and AIDS, one of the parent works for love Life and there is a counselor from a local church. There are many more if we were really to take this issue seriously.'

PB's comments were;

'Parents can be involved in doing awareness campaigns together with teachers and children, throughout the year and more so during the AIDS week. Parents with skills such as social workers, counselors, nurses, doctors, psychologists, actors and celebrities could assist by availing themselves to assist the schools in educating learners at the school about HIV and AIDS. Parents could also avail themselves by offering to assist orphans with food, school uniforms, medical expenses and fees.'

These were suggestions that were brought forward which the researcher hopes could be implemented in the future.

4.5.4 What government should be doing more in the fight against HIV and AIDS?

Both parents were of the opinion that government needed to do more in the fight against HIV and AIDS. Education and awareness campaigns were suggested as the answer to this problem.

PA's comments were;

I believe when children are educated about HIV and AIDS and am aware of issues such as stigma and discrimination that are related to it and that it can be avoided, this might be part of the solution to lowering of the HIV the statistics in our country. At times I wonder if condoms and ARVs are the solution to this problem because HIV is no longer a health issue only.'

PB's comments were;

'Empowering children with information and education is the way forward instead of dishing out social grants to girls who fall pregnant and have babies for money and in the process get infected with this deadly virus. It is a fact that in most communities most children are orphans, some come from child - headed homes or have single parents. Education should be viewed as key in the fight against HIV and AIDS if South Africa.'

Some points raised by parents were that government should become more involved in holding workshops in schools and supporting the vulnerable children. They pointed out that teachers needed to be supported with the knowledge on HIV and AIDS and appropriate teaching materials. They suggested that the multi sectorial approach by different government departments such as Health, Social Development Services and education could help in the fight against HIV and AIDS.

4.6 Theory integration

The findings of the research show that the respondents in these two former Model C schools value the importance of HIV and AIDS education in the classroom. Foundation Phase educators were willing to teach children about HIV and AIDS, but they needed to be empowered with the knowledge, learning and teaching materials, and also skills to teach on this important subject. The educators would really appreciate provision of these in the form of learners' activity books and teaching guides just like in all other subjects. For this to happen the GDE needs to use the empowerment theory in working with educators on HIV and AIDS life skills in all schools in South Africa. Since the inception of the new CAPS curriculum educators go on workshops and seminars to equip them on how to teach different subjects according to the new curriculum. The same needs to be done with teaching about HIV and AIDS in all schools.

The UNGASS (2012) report though show that training workshops have been happening for principals and educators but the findings of the research show that they have not been done for all schools. If the findings of the research are true then the government of South Africa needs to look into this matter and correct the situation.

The relevance of these theories to the African context according to (Wood 2013:56) is that:

- They address the social, economic and environmental barriers to change
- They include all stakeholders
- They recognise that HIV and AIDS prevention programmes must be integrated with economic and social development
- They challenge and change social norms and environmental culture.

The lack of empowerment, being too busy with administrative issues done by teachers in the schools and lack of support from relevant stakeholders is likely to make HIV and AIDS education life skills extinct in some schools in South Africa. One of the educators pointed out that there was a lot of work to be done in the Foundation Phase. According to this educator teaching in the Foundation Phase keeps teachers on their toes with lots of files to work on.

It should be remembered by governments in the Sub – Saharan Africa that HIV and AIDS education life skills is of vital importance as an intervention strategy for these nations which have the highest prevalence of HIV and AIDS in the world. Wood and Hillman (2013:28) and UNAIDS (2005) view HIV and AIDS as a ‘social vaccine’ or a ‘panacea’ since at the moment there is no cure or vaccine for HIV and AIDS. Wiseman and Clover (2012) suggest that a good basic education ranks among the most effective means of preventing HIV and AIDS.

Biggs (2012) points out that lack of adequate training and support for teachers makes teachers report negative attitudes on talking to children about matters of sexuality. From the interviews it was evident that the majority of educators were not sure of what to teach on HIV and AIDS, on where to draw the line and they were uncomfortable when the word sex came up during the lessons.

4.7 Summary

This chapter and gave an analysis of the findings of this research. What emerged from the interviews, was that there were no specific topics on HIV and AIDS and that there was no support given to the educators in terms of knowledge, learning and teaching materials and teaching strategies which educators needed if they were to teach the topics effectively. It would look like HIV and AIDS life skills education is almost forgotten especially by the school managers of these two schools that are the immediate support system to the educators. Theory integration was also discussed in this chapter.

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter summarises, concludes and makes some recommendations based on the findings of the study on the two schools under study. HIV and AIDS education was introduced in schools in the Sub – Saharan Africa to show commitment and to contribute to the multi sectorial responses to HIV and AIDS (Drake Sam, Manda, Tembon, Mannathoko, Patrikios, Burdy, 2010). Education according to these authorities can help children and youth to grow up better able to challenge HIV and AIDS.

5.2 Summary

This research focused on investigating experiences of Foundation Phase educators in terms of the availability of teaching and learning materials and the support they receive in teaching HIV and AIDS topics in the classroom.

The research findings show that in both schools there is no learning or teaching materials offered to the foundation phase teachers. Both school managers agree that schools used to receive these materials years ago but they had discarded them because no one was taking HIV and AIDS seriously anymore. The assumption they believe is that everyone is always inundated with HIV and AIDS information from the media. This kind of thinking is really unacceptable especially coming from educationists who are responsible for the holistic development of the child.

Researchers such as Bhana (2006) as cited by Bosede (2011) believe that government should work on strengthening the schools, making sure teachers are trained properly to deliver HIV and AIDS life skills education in age and culturally appropriate way.

Educators definitely need learning and teaching materials and the school managers of these two former Model C schools have to play their part and provide educators with these. The learning and teaching materials available in the GDE are useful tools that will empower both educators and learners.

The findings also show that in recent year's educators in these two schools lack support from any stakeholders or interested partners in education in teaching topics on HIV and AIDS in the foundation phase. Educators are left on their own to teach what they think is appropriate for their classes on HIV and AIDS. This is however, contrary to what the Department of Basic Education mentions in its reports that it has been holding training workshops for principals, educators and even peer educators on this important subject (UNGASS 2010, 2012). There is definitely a gap that needs to be filled if HIV and AIDS life skills education is to be kept alive in all public schools in South Africa.

The findings of the study also show that educators believe that there are no topics on HIV and AIDS. The UGASS reports point out that there are learners' activity books and teachers' guides that were sent to quintile one schools. What then does this mean? It means that learner activities and teaching guides are available in the Department of Education. These former Model C schools need to source them from the department if they really want to revive HIV and AIDS education in their schools.

It is also unfortunate that some educators think that the new schedule or CAPS curriculum has excluded HIV and AIDS life skills education completely when in actual fact it is incorporated into one of the four aspects of the Life Skills subject (Social-Wellbeing). Each educator is teaching what they think is right for their learners or grade when it comes to teaching or mentioning anything pertaining to HIV and AIDS. There is need for the standardization of the HIV and AIDS life skills education per grade as it is done with the other subjects in the foundation phase.

To some educators work in the foundation phase is intense and even if HIV and AIDS education was left out completely in the plans of the year no one cared about it. The researcher is of the opinion that it is not the best option for educators to have such an attitude towards HIV and AIDS life skills education in schools, especially now when education is viewed as a 'social vaccine' in the absence of a cure or a vaccine of HIV and AIDS.

School managers and parents who were participating in this study agreed that educators lacked support on HIV and AIDS life skills education. The positive thing that

came out from the interviews though, is that this immediate support system is willing to work together and see to the revival of HIV and AIDS life skills education in these two schools. The researcher hopes what they stated (that is, organizing training workshops with the GDE in their clusters and talks from parents who are involved in the HIV and AIDS field), will be implemented soon for the betterment of educating the child on HIV and AIDS.

It is the hope of the researcher also that the educators' attitudes will be positive when training workshops are organized by the schools or their clusters and that they will be keen to attend them. The plea of the educators from is that they want to be empowered on teaching about HIV and AIDS. Teacher training through seminars and workshops (as was pointed out by the respondents in the study) is essential to improve the teachers' knowledge and skills in teaching any subject in the classroom. Teachers need to be provided with current factual information on HIV and AIDS, sexuality, anatomy and adolescent development. Their capacity needs to be facilitated to implement the HIV and AIDS life skills education policy. This can be made possible by educators, school managers and parents who can start asking questions such as, How can we improve what is happening within the context of HIV and AIDS in the education field?

School managers need to purchase or source the available learners' books and teachers' guides to equip educators with the necessary information and teaching skills. They also need to organize workshops in clusters to develop educators mainly on teaching strategies. These will assist educators to empower the children with the necessary knowledge and skills they will need in the future to combat the challenge of HIV and AIDS in their lives. This is supported by (Rotheram – Borus, Mahler & Resono 1995, Schaden, Abraham, Gilmore & Kok 2004, WHO 1997) as cited by Ortega, Sirkin, Caudin & Pisk (2007:409) who believe that life skills prevention programmes teach skills and knowledge required for the practice of prevention behaviour and foundation of protective factors.

These factors are believed to enhance probability of positive outcomes (autonomy, high self – esteem, and successful school performance), and reduce the probability of negative outcomes. According to (Bok & Moroles 1998, Gaskins, Schonfeld 200 & Whitt

1995) again cited by Ortega et al (2007) because life skills building takes place as part of the developmental process, it requires specific age – appropriate activities and contents in order for children to process at their level. The main goals of the HIV and AIDS programmes should be to enhance the children’s ability to take responsibility, make healthier choices, resist negative pressures and avoid risky behaviours.

5.3 Conclusion

The research findings show that educators need support from the stakeholders involved in the education of the child to improve in teaching HIV and AIDS education to the young learners in these two schools in Johannesburg. Possibly this is the plight of many educators in most South African primary schools. According Rose P (2012) research conducted by SACMEQ (as stated earlier on grade 6 learners), show that two thirds of South African learners do not know enough about HIV and AIDS to protect their health. The Millenium Development Goal report by the United Nations (2013) points out that the basic understanding of HIV and how it is spread is fundamental to behavior change. The Department of Education can play a big role in the learners’ lives if they can consider the importance of HIV and AIDS education in schools and monitor how it is taught to all South African children.

The problem educators have according to Wood (2011) is that they have not been trained to cope with educational, social and psychological consequences of HIV and AIDS. This authority mentions that it is important that educators be trained not only to know the correct facts about the virus and how it is transmitted, but also on condom use, pregnancy and sexually-related issues. This may mean that the educator has to be comfortable with talking about these subjects which might not be an easy task when one has been culturally conditioned to avoid them. Wood (2013) further suggest that for one to be an effective HIV and AIDS educator they need to be aware of their beliefs, values, feelings and behavior because what one believes and does in the classroom will convey either a positive or negative message around HIV and people living with HIV and AIDS.

Educators in the two schools have a positive attitude about teaching topics on HIV and AIDS in the classroom. The school managers and parents were also supportive of reviving this important subject in the lives of the children. It is clear from the findings that the educators find it difficult to effectively teach about HIV and AIDS because of lack of appropriate knowledge to teach, skills and teaching materials. The school managers, the Government Department of Education (GDE) and the schools' parent body (SGB) have a task of making sure that HIV and AIDS policies are implemented in schools.

The multi-sectorial approach where all stakeholders, who are interested partners in education needs to be revisited by these stakeholders if positive results are to be seen on HIV and AIDS education in all schools in South Africa.

It is the researcher's observation that in recent years the government of South Africa seems to be in favour of the bio-medical approach (the antiretroviral therapy) more in its HIV and AIDS drive or campaigns, and maybe that is why other sectors seem not to show great enthusiasm in playing their role in the fight against HIV and AIDS. This is mainly evident as one watches news and programmes on television, listens to the radio and reads articles in the newspapers and magazines on HIV and AIDS.

5.4 Recommendations

The study recommends,

- That school managers provide leadership to mobilise all stakeholders to help in initiating, coordination and integration of interventions to form a coherent and consistent school response to HIV and AIDS. They need to be proactive in setting up structures that will implement policies on HIV and AIDS and in hold relevant forums and meetings. They can initiate multi – sectorial approach by identifying potential partners in the community and establishing a forum, for example, with local church leaders, local nurses and doctors, community leaders and NGOs involved in HIV and AIDS issues, gender violence and child protection work. Some television programmes such as Takalani Sesame which cater for children as young as 3 year olds can be utilized in a classroom situation as a tool in HIV and AIDS education in the schools. 'We care', which was an

AIDS education television programme for 6 – 9 year olds shown from 2001 – 2005 for children in primary school can also be sourced by schools and used in the classrooms. There is also a HIV and AIDS life skills education currently being conducted by UNESCO entitled 'Building knowledge, skills and hope: HIV and AIDS Education for African children', which tries to strengthen the HIV and AIDS education for young children in Southern Africa (Bosede 2011). According to Buthelezi (2013:113) research has shown that involvement of and cooperation of all stakeholders determines the success or failure of HIV and AIDS policies. When the principal is not supportive of the intervention it is unlikely that the teachers will be successful in implementing the programme. Similarly, when parents are not involved they might be suspicious of the messages conveyed to the learners.

- There should be adequate monitoring of HIV and AIDS education by the South Africa government that life skills is properly taught to all children as it is mandated to curb the rising HIV and AIDS rates among its people. Monitoring of the curriculum for effective implementation by teachers is meant to reduce the possibility of children becoming victims of sexual or physical exploitation and abuse by teachers (Dunn 2005). The HIV and AIDS policies in schools need to be implemented and revised regularly just like all other policies in the schools. Monitoring and evaluation of the HIV and AIDS life skills education also need to be done yearly. Teachers will need to be supported after the evaluation in order to standardise the implementation of the programmes.
- Educators need to be encouraged to apply newly acquired skills to their daily activities, to refine their communication and problem-solving techniques and to reflect on personal development.
- Schools should use a multi – pronged approach which focuses on different aspects of relating to the pandemic such as focusing on prevention and helping the infected and affected in the fight against HIV and AIDS.

- Advocacy and awareness campaigns that aim at keeping HIV and AIDS messages alive should be regular in the schools.
- Use of visual and participatory methodologies (videos and photographs) need to be used in the classrooms as educators work with the young children who are still at concrete stage level in their development.
- Drawing is a powerful technique for eliciting opinions and beliefs generating discussions and this can be used with learners of all ages from pre – scholars to adults (Theron, Mitchell, Smith and Stuart 2011) cited by De Lange AND Stuart (2013:132). From the drawings learners can be encouraged to write about the picture and thus add value of the exercise and further thinking about the topic.

5.5 Limitations of the study

The very obvious limitation of the study was the limited use of a small sample size of two schools, six educators, two school managers and two parents. The findings can therefore not be generalized to other former Model C schools.

Time factor was another limitation. According to the Government Department of Education's ethical clearance research was not to interfere with school times. Interviews were therefore done in the afternoons, a time when educators wanted to rush home and bit the traffic jam. It is possible that some of the respondents could have given the researcher what they thought the researcher wanted to hear.

However, due to the in-depth nature of the study, together with the literature review on the phenomena it is possible to draw some conclusions about HIV and AIDS education in some of these former Model C schools because of clear-cut generalized findings and patterns which emerged in the interviews.

The in-experience of mature interviewing skills by the researcher could also have restricted the depth of the interviews.

5.6 Recommendations for further study

There is need for future studies to be conducted on the implementation of HIV and AIDS policies in schools, monitoring of HIV and AIDS life skills education in schools, training of educators on HIV and AIDS education, the provision of HIV and AIDS teaching materials to schools and on the impact of HIV and AIDS education to learners in schools even at foundation phase level.

Further research on HIV and AIDS education in schools need to take priority for the Education Department if this department is to continue taking part in the fight against HIV and AIDS in South Africa and maybe be a model to the South – Saharan Africa.

This study also recommends that further research on the topic would need a bigger sample in order to have findings which can be used in a more general application. An interesting contribution will be to compare what is happening in other countries on HIV and AIDS life skills education in primary schools. A similar study should also be done in other provinces to get a broader picture on the topic.

Again, research in Quintile 1-3 schools which are said to have had principals of schools, educators, and peer educators trained on HIV and AIDS life skills education and receiving teaching materials in the past four years is important as it might shed light on what is happening regarding HIV and AIDS life skills education in these schools.

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8. APPENDICES

APPENDIX A

CONSENT FORM

I the Principal / Deputy Principal / HOD / Grade Head, Learning Area Head of Life Skills, parent (SGB member) **give consent** to take part in the research conducted by Thato Ncube a student at UNISA –Masters of Arts (Social Behavioural Studies in HIV /AIDS).

The purpose of the research has been explained to me and I have full understanding of its aims and objectives. We have discussed the code of ethics that bind this research.

I am aware that I have every right to pull out of the research at any time should I feel that it is not fulfilling its aims and objectives.

I am a willing research participant.

Signed.....at.....
.....day of2013.

APPENDIX B

LETTERS OF INTRODUCTION TO RESPONDENTS

The Letter

B4 Elderwood

308 Fern Avenue

Ferndale

2194

The Principal

RE: Request to embark on a research at your school

Dear Madam,

I am requesting to embark on a research at your school. I am a student at UNISA doing an MA (Social and Behavioural Studies in HIV/AIDS). The topic of my research is;

Investigating experiences of Foundation Phase Educators and the support they receive in teaching HIV and AIDS topics in the classroom.

The objectives of the study are to,

- To find out foundation phase educators' experiences and the support they receive in teaching topics on HIV and AIDS.
- To identify gaps in the support given to educators in HIV and AIDS education.
- To identify ways to support educators in teaching topics on HIV and AIDS.
- To set out recommendations to stakeholders on the importance and the need to teach HIV and AIDS topics to the young learners.

I am an educator in one of the schools in Johannesburg. I know I am bound by the ethical codes of education and I will adhere to these in doing this research. I am attaching the interview schedule for all parties who will be involved in the in-depth interviews. Each interview is scheduled to take 30 to 40 minutes.

Your assistance in this matter is greatly appreciated.

Yours Sincerely

Thato Ncube (Student Number 35657553).

Dear Parent,

This is a request to interview you. The interview is about the involvement of the SGB in the HIV and AIDS life skills education at your school. The research is done as part of Masters Studies, under the supervision of Prof. Blessing Mbatha from the Department of Sociology at the University Of South Africa (UNISA).

I am particularly interested in the support foundation phase educators get from stakeholders that are involved in education on this subject matter. The information you provide will be helpful as it will assist me in finding out how the HIV and AIDS life skills education is being rolled out at foundation phase level. Furthermore, the information will assist in the debate on the teaching of HIV and AIDS to learners in these early years of their schooling.

Your participation in this research is voluntary and you may choose not to take part in the interview. The information gathered will not be used to harm you in any way. Individual information will only be known to the researcher. The name of the school and your name will remain anonymous. The findings of the research will only be included in the Masters Research and possible journal publications that may emanate from the research.

Should you wish, you may request a copy of the research report when it is completed, from the undersigned Masters' student. The data collected from the interviews will be kept in storage in accordance with the regulations of the University of South Africa, after which it will be destroyed.

I kindly request that you look at the information interview will cover. It should not take you more than 40 minutes. I will contact you so that we can set the date and time for the interview.

Thank you in advance for your time and participation.

I _____ (name and surname) will voluntarily participate in the research being conducted by Thato Ncube. I understand that I may withdraw from the research at any time should I wish to do so.

Mrs Thato Ncube

(Student number 35657553)

Dear Colleague,

This interview schedule is about experiences of Foundation Phase educators and the support they get (from all stakeholders involved in education) in teaching topics on HIV and AIDS life skills at foundation phase level. The research is done as part of Masters' studies under the supervision of Prof. Blessing Mbatha from the Department of Sociology at the University of South Africa (UNISA).

I am particularly interested in your personal experiences on this subject matter. The information you provide will be helpful as it will assist me in finding out what is actually happening in the classrooms. Furthermore, the information will assist in the debate on teaching about HIV and AIDS to learners in these early years of their schooling.

Your participation in this research is voluntary and you may choose to not take part in the interview. The information gathered will not be used to harm you in any way. Individual information will only be known to the researcher. The findings of the research will only be included in the Masters' research dissertation and possibly journal publications that may emanate from the research.

Should you wish, you may request a copy of the research report when it is completed, from the undersigned Masters' student. The collected data from the interviews will be kept in storage in accordance with the regulations of the University of South Africa, after which it will be destroyed.

I kindly request that you look at what the information interview will cover. It should not take you more than 40 minutes. I will contact you so that we can set the date and time for the interview.

Thank you in advance for your time and participation.

I _____ (name and surname) will voluntarily participate in the research being conducted by Thato Ncube. I understand that I may withdraw from the research at any time.

Mrs Thato Ncube

(Student number 35657553)

APPENDIX C

QUESTIONNAIRES

A. Questions for the interview sessions of the school management (the principal or her deputy or the HOD of the Foundation Phase)

1. As school management what role do you see education playing in the fight against HIV and AIDS?
2. Does your school have an HIV and AIDS policy? Yes / No. If yes who were involved in drafting it - Do parents know or do you think they should know what their children are taught on HIV and AIDS in the early grades of their learning? Please elaborate.
3. Do you think any challenges or the plight of Foundation Phase Educators in the teaching of HIV and AIDS is known - If so what is the GDE and teachers' unions doing about it? If not what do you think should happen?
4. What support would you say (as school management) you give to Foundation Phase Educators in teaching topics on HIV and AIDS to these young learners - What would you say are the shortcomings of teaching about HIV and AIDS at this stage?

B. Questions for the educators (Grade Head and Learning Area Heads)

1. What are your experiences as a Foundation phase educator in teaching topics on HIV / AIDS in the classroom? Name the topics or themes and relate any challenges you encounter and how do you deal with them.
2. How would you describe your attitudes towards this subject at Foundation Phase Level and what do you do with them?
3. What would you say about the support you get as an educator from the responsible stakeholders - GDE, education unions, others e g national and international NGOs, family private initiatives on the following?

-Knowledge and skills in the teaching of the subject

-Teaching materials

-Support in teaching of the subject and related issues on HIV and AIDS from school management and the community

4. What are your observations and challenges in the learning sessions as you interact with the learners and how do you react as an educator?

C. Questions for parents (SGB members)

1 What do you think about the teaching of HIV and AIDS in schools – At what level do you think it should start? Please explain.

2. Are you as parents aware of what your children are learning about HIV and AIDS in the different Grades at your school? Yes / No. If no what do you think should happen?

3. As parents what support do you give to your school on the subject of HIV and AIDS? Please elaborate.

4. What do you think government should be doing more to help in the fight against HIV and AIDS, especially looking at children and the youths?

D. The Questionnaire

This will be filled in at the beginning of the interview as the researcher builds rapport with the research participant.

Name of school

Name of interviewer.....

Date of interview.....

Position held: Principal / Deputy Principal / HOD / Educator / SGB member

Gender: Male / Female

1. What grade do you teach?

2. What is your qualification?

3. What are ages of your learners?Boys..... Girls.....
4. How long have you been teaching at this school?
5. How many years of teaching experience do you have?
6. Did you learn about HIV and AIDS education at college? Yes / No
7. Have you ever attended a seminar, workshop or refresher course on teaching of HIV and AIDS? Yes / No. It was organized by.....Year
8. Is the National HIV / AIDS policy easily available to educators? Yes / No.
9. Does the school have its own HIV /AIDS policy? Yes / No